Texas Department of State Health Services November/December 2009

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_____ **"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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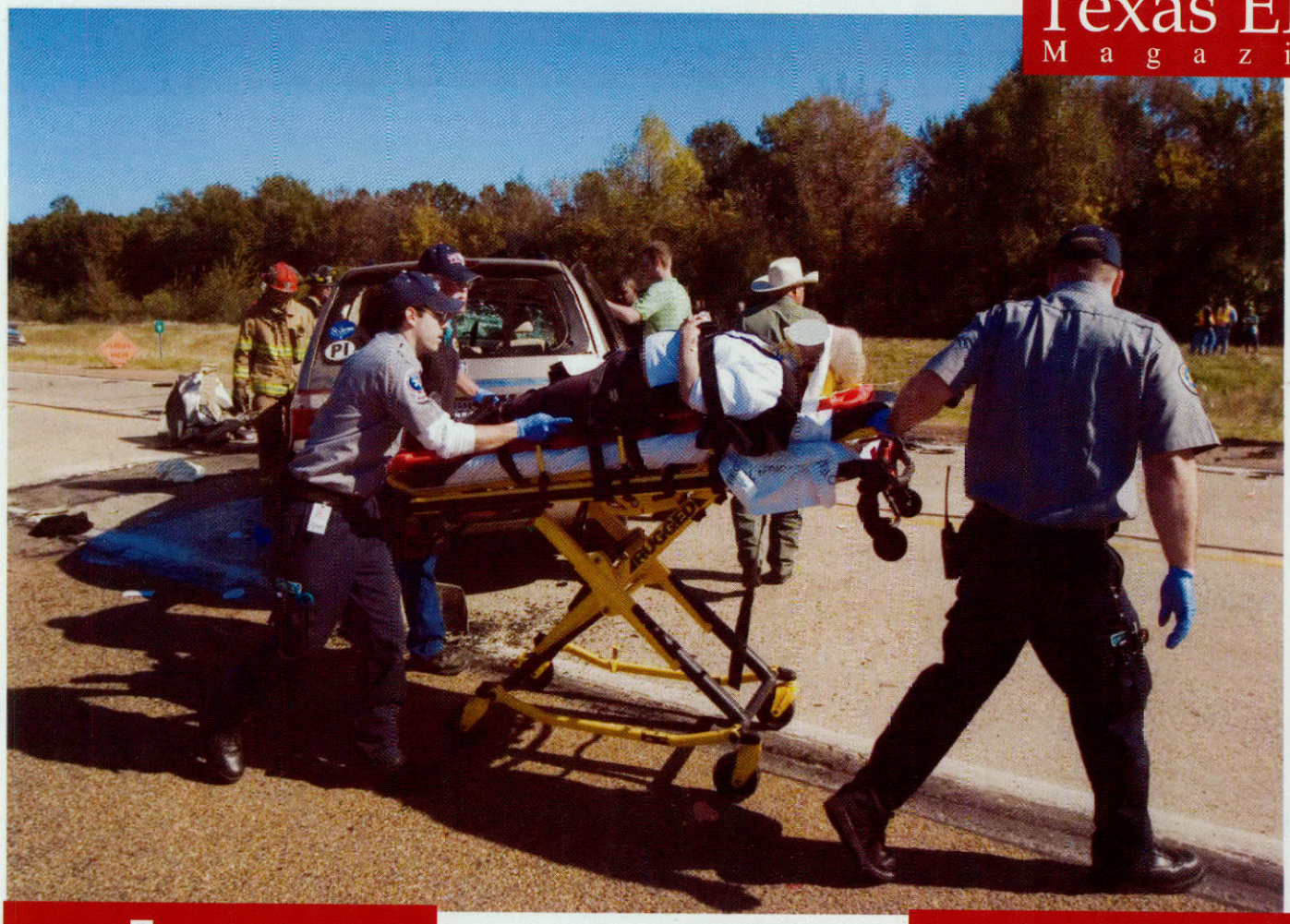
Texas EMS Magazine



Features

Departments

Above, *a LifeNet ambuance crew secures a patient to a stretcher at the scene of a vehicle crash. Photo by Tanner Spendley.*

Cn the cover, *a paramedic assesses a foot injury in Montgomery County. MCHD EMS makes 40,000 calls a year. Photo by Douglas Wilson.*

Texas Department of State Health Services

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(806) 655-7151

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(817) 264-4720

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Mailing: EMS Compliance 509
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Editor's office: (512) 834-6700, Office of EMS Trauma/Systems MC 1876, PO Box 149347, Austin, Texas 78714-9347 or FAX (512) 834-6736.

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No hurricanes so far, but verdict out on flu

FROM THIS SIDE

Kelly Harrell
Editor

Am I jinxing us by saying we dodged the hurricanes this year or just being optimistic? I'm leaning toward optimistic as we head into the second half of October. However, there is a potential storm on the horizon: an outbreak of H1N1. So far, it's been a fairly normal year, flu-wise, except that H1N1 seems to be the bug voted most likely to make people sick. DSHS is ready for whatever happens. Our Multi-Agency Coordination Center (MACC) stands ready to respond if flu cases begin to climb, threatening to overwhelm health care systems. You can always find the latest information on the flu in Texas at www.texasflu.org. The situation changes rapidly, so bookmark the site and check it often.

Speaking of websites, the debut of our new DSHS site has been pushed back to mid-February. The entire DSHS site is being completely overhauled – more than 36,000 pages – and that is taking a bit more time than at first thought. Here at EMS/trauma systems, we will try to keep as many of the same links as we can so you can find the things on our website that you're used to finding. I am the liaison for the Regulatory Division for this project and I'm working hard to make sure our voices are heard.

If you're coming to the conference – and I hope you are – be aware of some schedule changes. In the end, we think you'll like the new schedule even better. In a nutshell, we're opening the exhibit hall much earlier on Sunday and staying open all day Sunday and all day Monday. At 3:00 on Monday, the exhibit hall closes and exhibitors move out. There will be no exhibit hall on Tuesday or Wednesday, but there will be classes as usual. The new hours actually give attendees the same number of hours of exhibit time and many more hours in which classes do not conflict with the exhibit hall. It will save the conference money by cutting out exhibitor lunches and additional exhibit hall rental on Tuesday.

GETAC meets, as usual, during the conference. Committees meet on Saturday and Sunday at the Omni; GETAC meets Monday evening. For a complete schedule, turn to page 14. And don't forget to print out the handouts for the committees you want to attend. Find all the meeting documents at www.dshs.state.tx.us/emstraumasystems/governor.shtm.

Are you smarter than the average medic? Come show off your brain power at the Valsalva Bowl, a fast-paced quiz show featuring teams of three medics competing against each other in a game of EMS knowledge. It's fun to participate and fun to watch. Sunday night we'll have teams from Texas competing for the state crown. On Monday, the Texas team will compete against teams from across the country to find out who has bragging rights to the national title. Sound like fun? Turn to page 19 for more details.

See you in November!

Kelly

First responders honored at Star of Texas Awards

On September 11, Texas Governor Rick Perry presented the 2008 Star of Texas Awards at the Capitol, honoring first responders who were killed or seriously injured in the line of duty. The 78th legislature created the Star of Texas Awards and designated September 11 as "Texas First Responders Day" to honor the bravery, courage and determination of Texas men and women who assist others in emergencies.

Governor Rick Perry presents the Star of Texas award to the family of Michael Sanchez during an awards ceremony on September 11 at the Texas Capitol. Photo courtesy of the Office of the Governor.

EMS first responders killed in the line of duty responding to a medical call:

Paramedic Michael Sanchez, Valley Air Care

Flight Nurse Raul Garcia, Valley Air Care

Pilot Robert Goss, Valley Air Care

On February 5, 2008, Sanchez, Garcia and Goss died in a helicopter crash while responding to a call on South Padre Island.

The following EMS first responders were killed in the line of duty responding to a call other than a medical call:

Firefighter Cory Galloway, EMT, Kilgore FD

Captain James Harlow, EMT, Houston FD

Firefighter Damion Hobbs, EMT, Houston FD

Firefighter Kyle Perkins, EMT, Kilgore FD

The following EMS first responders were injured in the line of duty responding to a call other than a medical call:

Peace Officer Carlos Diaz, ECA, Harlingen Police Department

Correction
American Heart Association courses

We goofed. When we ran an article in the September/October issue of Texas EMS Magazine about the American Heart Association courses, we meant to say American Red Cross. A little background: The American Red Cross used to have a DSHS-approved, U.S. Department of Transportation course that allowed students to take the NR test once it was completed. Students in *that* course will no longer be eligible to take the NR test. The American Heart Association, on the other hand, was just minding its own business, offering several different courses. To set the record straight:

- The American Heart Association has never offered a First Responder Course or a certification course specifically for first responders.
- Licensed or certified EMS professionals generally take an AHA Basic Life Skills (BLS) for Healthcare Providers; in addition to the BLS course, paramedics take AHA ACLS and PALS courses.
- AHA's Heartsaver First Aid course does offer training on using the Epi-pen.

None of the AHA courses ever would have made a student eligible to take the NR First Responder exam. Our apologies to the American Heart Association.

EMS Obituaries

Cameron D. Burchett, 61, of El Paso, died September 25, 2009. A paramedic, Burchett helped found TX-1 DMAT and was part of the El Paso EMS community for more than thirty years.

Ron Johnston, 50, of San Marcos, died September 28, 2009. An EMT for more than ten years, Johnston was most recently providing services for the Seguin area with Akin Ambulance.

Tom Martin, 57, of Clyde, died June 27, 2009. Martin was an EMT and a firefighter in Abilene for more than 30 years.

Paul Grant Mitchell, 43, of Canton, died August 22, 2009, following a brief illness. Mitchell was a paramedic and had been part of the EMS community for 23 years.

Bryan Peeler, MD, 46, of Plainview, died August 30, 2009, after being struck by an automobile. Dr. Peeler previously held faculty positions at Southwestern Medical Center in Internal Medicine and Emergency Medicine. He also practiced Emergency Medicine full-time first at the Methodist Medical Center in Dallas and later in Plainview.

Doug Spray, 37, of Rowlett, died August 29, 2009. A paramedic and firefighter with Addison Fire Department since 2003, Spray remained certified during his four-year treatment for cancer.

Texas EMS Certifications
as of
October 1, 2009

ECA	3,356
EMT	30,100
EMT-I	3,750
EMT-P	13,658
LP	5,818
Total	56,682
Basic Coordinator	109
Advanced Coordinator	220
Instructor	1,759

Partnering with EMS professionals to improve prehospital emergency care for all children

Texas Emergency Medical Services for Children

By Tony Gilchrest, EMT-P, Senior Project Coordinator

Not much causes more anxiety for EMS providers than arriving on the scene to find a critically ill or injured pediatric patient. We have all been there. Before you can get your jump bag out of the unit, a frantic mother thrusts the limp body of her eight-month-old baby girl into your arms, or you find an unresponsive toddler with multiple trauma at the scene of a motor vehicle incident. If you were lucky, you may have known from dispatch information you were responding to a critical pediatric call and had at least the few minutes to mentally review pediatric protocols. But, more often than not, you get little warning other than the constant nagging that this next call could be "that one."

The reality is that the limited pediatric education and training for prehospital providers, coupled with the infrequency of encountering critical pediatric patients, lead to a swift erosion of both skills and confidence.[1] Studies further indicate that the underutilization of skills leave emergency care providers feeling reluctant or fearful about performing critical interventions in pediatric patients, which can translate into a lower quality of care.[2, 3] In addition, the 2006 Institute of Medicine (IOM) report entitled "Emergency Care for Children: Growing Pains" highlighted deficiencies in pediatric-appropriate equipment and supplies, as well as in the areas of research, data collection and planning.[4] Of particular concern to emergency care providers is the absence of pediatric issues in disaster management planning.[5]

In order to improve the care of children in our state, the Texas Emergency Medical Services for Children (EMSC) program wants to partner with EMS professionals on the front line to find better ways to meet the unique challenges of pediatric emergency medical care. Celebrating its 25th year of providing assistance to state governments and academic centers, EMSC is the only federal program solely focused on improving the quality of emergency medical care for children. EMSC's mission is to reduce child and youth morbidity and mortality resulting from severe illness or trauma by ensuring (1) that state-of-the-art emergency medical care for the ill or injured child and adolescent is available when needed, (2) that pediatric services are well integrated into existing emergency medical services and backed by optimal resources, and (3) that the entire spectrum of emergency services, including primary prevention of injury and illness, acute care and rehabilitation, is provided to children and adolescents at the same level as it is for adults.

The EMSC State Partnership Grant is managed by the Baylor College of Medicine, which partners with pediatric hospitals, universities, EMS providers and DSHS to form a statewide network of pediatric advocates and specialists who can help promote the mission of EMSC through education; research; illness and injury prevention programs; and more. EMSC will continue to expand its network of partnerships to include representation from all areas of the state and a variety of disciplines.

The EMSC program is here to help provide you with the knowledge, skills and resources you need to be ready for the next critical pediatric call you make. To achieve this goal, EMSC will be working closely with EMS professionals, educators and decision makers to develop research and educational programs, to implement quality improvement measures and to advocate for issues important to pediatric prehospital care providers in Texas. Additionally, to help guide our efforts and measure our progress, we will be periodically collecting data from EMS providers in the form of electronic surveys.

EMSC needs your input to accurately assess the needs of EMS providers in Texas. We want to know how EMSC can partner with you to improve the quality of emergency medical care for the children in your area. We would love to hear from you.

[1] Institute of Medicine. 2006. *Emergency Care for Children: Growing Pains.* Washington, D.C.: The National Academies Press.

[2] Orr, R. A., Y. Y. Han and K. Roth. 2006. Pediatric transport: Shifting the paradigm to improve patient outcome. In *Pediatric Critical Care* 3rd ed, eds. B. Fuhrman and J. Zimmerman. St. Louis: Mosby, Elsevier Science Health, 141–150.

[3] Gausche, M., R. Tadeo, M. Zane and R. Lewis. 1998. Out-of-hospital intravenous access: Unnecessary procedures and excessive cost. *Academic Emergency Medicine* 5(9):878–882.

[4] Institute of Medicine. 2006. *Emergency Care for Children: Growing Pains.* Washington, D.C.: The National Academies Press.

[5] Maternal and Child Health Bureau. 2004. *Emergency Medical Services for Children. Five Year Plan 2001–2005: Midcourse Review.* Washington, DC: EMS-C National Resource Center.

Contact Information

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National EMSC Website: www.childrensnational.org/EMSC

On Duty

Don't make 'em like they used to?

Do you think the old cars – let's say from the 1950s – are tanks that would roll over any new car? Think again. The Insurance Institute for Highway Safety recently conducted a crash test between a 2009 Chevrolet Malibu and a 1959 Chevrolet Bel Air and the results are fascinating. Safety engineering has come a long way in the last 50 years. Go to www.YouTube.com and search for "Bel Air Malibu crash."

New site features food safety info

The federal government has unveiled a new website designed to help consumers get the latest information on food safety and food recalls in one place. The website includes information from several agencies that deal with critical food and food safety information and includes tips about how to handle food safely and alerts on food recalls. Consumers can sign up in one place to receive alerts on recalled or potentially unsafe food and hear from the top scientific experts across the government on food safety. Go to www.foodsafety.gov to get more information.

Trauma funds distributed at end of year

The Office of EMS/Trauma Systems announced fund distributions in August from the Designated Trauma Facility/EMS Account (3588 monies) and Regional Trauma Account ("red light cameras" monies). The distributions fund a portion of uncompensated trauma care provided at eligible hospitals. This is the second disbursement from 3588 monies for the fiscal year, and it came from funds accumulated after the first disbursement in May. Disbursement of the Regional Trauma Account happened as a result of HB 4586, the 2009 supplemental appropriation bill, which authorized the account to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities located within the trauma service areas where the red light cameras are located.

August 31 disbursements:

- $23,078,602 from the Designated Trauma Facility and Emergency Medical Services (DTF/EMS) Account (3588 monies) was distributed to 250 eligible hospitals. The grand total distributed to eligible hospitals since the inception of this funding source is $309,552,685.
- $9,192,322 from the Regional Trauma Account ('red light camera' monies) was distributed to 128 eligible hospitals. The grand total distributed to eligible hospitals since the inception of this funding source is $9,192,322.

The funding formula and each facility's disbursement is on the website at www.dshs.state.tx.us/emstraumasystems. Look under News/Features.

EMTALA options for pandemic

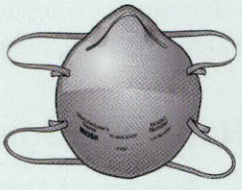
If you're wondering how a pandemic would affect hospitals, you're not alone. The Centers for Medicaid/Medicare Services (CMS) has been fielding questions for months about EMTALA requirements during an outbreak. CMS has developed a new fact sheet that clarifies options that are permissible under EMTALA during an unusual circumstance such as a flu pandemic. The National Association of State EMS Officials has developed key points to help EMS practitioners understand this important issue. For information, go to the NASEMSO website at www.nasemso.org and scroll down under "EMS News and Resources."

Traffic, poisoning lead death causes

No surprise that traffic deaths were the leading cause of injury deaths in 2005-2006 in the United States among people under 31 years old and older than 58. A bit more surprising is that poisoning death rates were higher than motor-vehicle traffic death rates among adults aged 34 to 56 years. Of the poisoning deaths, 92 percent of poisoning deaths involved drugs. As if to illustrate the fact,

the Substance Abuse and Mental Health Services Administration (SAMHSA) recently put out an alert that substantial amounts of cocaine (including crack cocaine) may be adulterated with levamisole – a veterinary anti-parasitic drug. There have been approximately 20 confirmed or probable cases of agranulocytosis (a serious, sometimes fatal blood disorder), including two deaths, associated with cocaine adulterated with levamisole. Call the Poison Control Centers (1-800-222-1222) to report suspected adulterated cocaine reactions and for assistance in clinical management. For more information, including symptoms, of agranulocytosis, go to www.samhsa.gov. The National Vital Statistics System mortality data on causes of death is available at www.cdc.gov/nchs/deaths.htm.

NIOSH science blog focuses on respiratory protection



The 9/11 attack on the World Trade Center showed how vulnerable emergency responders could be in responding to terror attacks if they did not have the right personal protective equipment. Since then, the National Institute for Occupational Safety and Health (NIOSH) partnered with its stakeholders and RAND, a nonprofit research firm, to assess personal protective gear, including respiratory protection, in which advancements to protect responders were needed. Findings and recommendations from that assessment are published in four NIOSH/RAND reports featured on the NIOSH blog site: www.cdc.gov/niosh/blog/nsb090909_respirator.html.

CDC offers exercise guidance for adults

You've heard it all before: The stronger your muscles, the better off you'll be as you age. Don't know where to start? The Centers for Disease Control and Prevention can help. The CDC has published a 126-page book, *Growing Stronger: Strength Training for Older Adults*, that can help older adults figure out how to get started on a strength training program. Generally, the activities you choose should work all the major muscle groups of your body (legs, hips, back, chest, abdomen, shoulders, and arms). According to the *2008 Physical Activity Guidelines for Americans*, adults gain substantial health benefits from two hours and 30 minutes (150 minutes) a week of moderate-intensity aerobic activity (i.e., brisk walking), in combination with muscle-strengthening activities on two or more days a week that work all seven major muscle groups. To find the publication, go to www.cdc.gov/nccdphp/dnpa/physical/growing_stronger/growing_stronger.pdf.

EMS/Trauma Registry reminder

The deadline for submitting your data to the Texas EMS/Trauma Registry is March 31, 2010. To confirm that your data has been received and accepted, check your submission status by going to the online EMS/Trauma Registry System at www.txetra.com, log in, select Report Period 2009, scroll down to the Breakdown by Month, and confirm the number of accepted records.

Contact the Texas EMS/Trauma Registry for assistance at (800) 242-3562.

On Duty

On Duty

TEEX offers grants

The Texas Engineering Extension Service (TEEX), in conjunction with the Texas Department of Transportation, has training grants available with the goal of improving prehospital and emergency response in rural and frontier areas. This grant program can help with initial EMS training, refresher training, continuing education and instructor training. Eligible courses include initial training for ECA/first responder, EMT and EMT-I; refresher courses for ECA, EMT, EMT-I and EMT-P; continuing education (PHTLS/ITLS, Pedi PHTLS, EVOC and EMD); and training for PHTLS/ITLS instructor and EMS instructor. Best of all, the instructors come to the students — minimizing time away from the station and keeping responders in their communities. Funding for the program is provided by the TxDOT Traffic Safety Division. For more information about the grants, go to www.teex.org/ems and scroll down to "Rural/Frontier EMS Funding," or contact Pam West at pam.west@teexmail.tamu.edu or (979) 845-2906.

THREE RECALLS AFFECT EQUIPMENT

Check your equipment—recalls may affect equipment used by EMS providers. The Food and Drug Administration has recalled LIFEPAK CR Plus Automated External Defibrillators (AED). This Class I recall affects AEDs manufactured and distributed from July 9, 2008, through August 19, 2008. An extremely humid environment may cause the recalled devices to improperly analyze the heart rhythm and may cause the device to delay or fail to deliver therapy.

Philips announced a voluntary recall of approximately 5,400 HeartStart FR2+ automated external defibrillators (AEDs). This recall is being conducted due to the possibility of a memory chip failure that may render the device inoperable. Only certain HeartStart FR2+ AEDs (models M3860A and M3861A, distributed by Philips; and models M3840A and M3841A, distributed by Laerdal Medical) manufactured between May 2007 and January 2008 are included in the voluntary recall.

There is also a nationwide voluntary recall of Portex Uncuffed Pediatric-Sized Tracheal Tubes (sizes 2.5, 3.0 and 3.5 mm). A small number of tubes were manufactured with internal diameters slightly smaller than indicated on the labeling, which may cause the clinician to experience difficulty passing through or withdrawing the suction catheter. The health consequences include the inability to remove secretions from the device and from the patient's airway, resulting in partial or complete obstruction of the airway and an inability to ventilate the patient. In addition, this defect may increase airway resistance and compromise the ability to ventilate the patient. There is a reasonable probability of serious injury and/or death. For more information on any recalled products, go to www.fda.gov/Safety/MedWatch/SafetyInformation.

National Registry rep list updated

The list of National Registry representatives who can administer skills exams in Texas was recently updated on the DSHS website. Go to www.dshs.state.tx.us/emstraumasystems/NatlRegReps.shtm for names and contact information.

GETAC meets November 21-23

Grants available for ECA training

Are you in a rural area that needs to beef up your EMS roster? DSHS has a total of $50,000 in this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and instructors to conduct ECA courses in rural or underserved areas of the state lacking local EMS training resources. Grant funds cover the cost of instruction and textbooks, and 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. Eligibility requirements for grants are a minimum of three students; 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 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 or contact Roxanne Cuellar at (512) 834-6700 ext. 2377 or roxanne.cuellar@dshs.state.tx.us.

Recently awarded grants:

Princeton Volunteer Fire Department
RAC E/Collin County

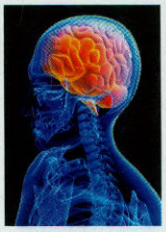
Archer City Ambulance Service
RAC C/Archer County

Wills Point Fire Department
RAC G/Van Zandt County

Rules review schedule posted

Wondering when a rule might be changed? State agencies are required to review rules every four years. The Office of EMS/Trauma Systems has posted the tentative schedule of when rules will be opened and shepherded through the many steps it takes for a rule to become final. Of course, any legislative changes mean a rule will move to the top of the schedule so it will reflect the new law. We will update this list as it changes, so keep the website bookmarked: www.dshs.state.tx.us/emstraumasystems/RuleReviewSchedule.xls.

Texas lands brain injury grant



Health and Human Services Office of Acquired Brain Injury has been awarded a $1 million federal grant to identify and help children in the juvenile justice system who have undiagnosed brain injuries. HHSC will be working with the Texas Juvenile Probation Commission, the Texas Youth Commission and an expert on brain injury screenings. Plans call for as many as 12,000 children to be screened for brain injuries during the four years of the grant. Screenings of children entering the Texas juvenile justice system are scheduled to begin in 2010.

Fingerprints for initial apps start in January

You may have heard this before, but it's a big change so we're telling you again: Beginning January 1, 2010, initial applicants will be required to undergo an FBI fingerprint criminal history check. L-1 Identity Solutions (www.L1id.com) is the contracted provider for the federal background checks. The FAST Pass form from L1 Identity Solutions will be attached to the initial application. Any fees associated with the process will be the applicant's responsibility. Please note, this new step will increase application processing time. Fingerprint checks for reciprocity and renewal candidates have been in place for some time.

On Duty

On Duty

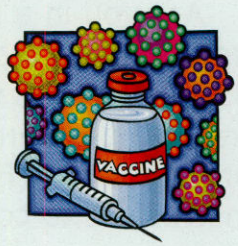
Stroke designation underway

DSHS began the stroke designation process for hospitals on October 1, and by October 2 the first application had arrived at the offices. A little background: In 2005, the 79th Legislature passed Senate Bill 330, which mandated development of an emergency treatment system in the state so that stroke victims may be quickly identified, transported and treated in appropriate stroke treatment facilities. DSHS was given the authority to designate stroke centers in the state of Texas. The rule implementing this authority went into effect August 30, 2009. Information about stroke facility designation, including the stroke facility designation rule and the application for stroke facility designation, is available on the DSHS website (www.dshs.state.tx.us/emstraumasystems/strokedesignation.shtm).

If you have questions regarding this process, please contact Emily Parsons at (512) 834-6794 or emily.parsons@dshs.state.tx.us.

TEXAS EMS Conference 2009

Be prepared for flu



As this magazine goes to press, the H1N1 hasn't hit full stride – and maybe it won't. After all, we have dodged hurricanes so far this year. However, it never hurts to be prepared. Below is a list of online flu resources. Check them frequently for updates. And DSHS is asking EMS providers to consider assisting their local health departments by volunteering paramedics to work in vaccination clinics in your area. Paramedics can be an invaluable asset during a mass vaccination if extra personnel are needed. Contact your local health department offices to find out how EMS can help. And the federal Agency for Healthcare Research and Quality recently put a good reference online, *Mass Medical Care with Scarce Resources*. The 70-page booklet can help community planners prepare for public health emergencies, such as pandemic flu, when demand for medical resources outstrips supply. The guide includes information on ethical and legal issues, and on the provision of services to address prehospital, acute hospital care, alternative care sites, and palliative care during a public health emergency. The prehospital chapter contains information for planners and approaches to allocating scarce resources. The website is at www.ahrq.gov/prep/mmcessentials/mcc4.htm.

H1N1 Resources

DSHS – the latest info for Texas
www.texasflu.org

Centers for Disease Control and Prevention
www.flu.gov

Centers for Disease Control and Prevention
www.cdc.gov/h1n1flu

Interim guidance for cleaning EMS transport vehicles during flu pandemic
www.pandemicflu.gov/plan/healthcare/cleaning_ems.html

Interim recommendation for face mask and respirator use
www.cdc.gov/h1n1flu/masks.htm

Weekly flu activity updates from CDC
www.cdc.gov/h1n1flu/update.htm

Texas EMS Conference 2009
November 22-25
Fort Worth
Exhibit Hall open November 22-23

After such a great conference in 2008, how could we resist going back for more? Texas EMS Conference returns to Fort Worth for 2009 and promises all the best of what you loved last year plus some new features we know you will appreciate.

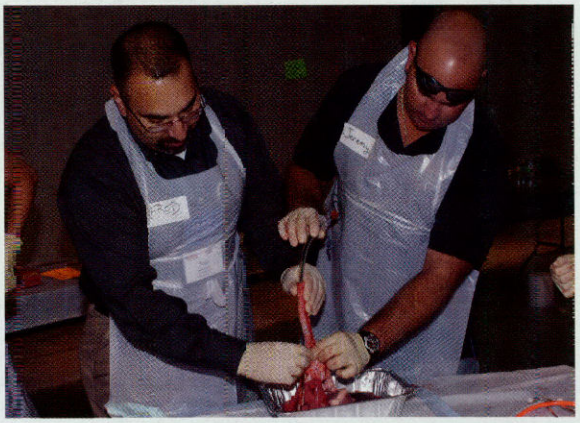
The Fort Worth Convention Center will remain our base of operations, where we enjoyed lots of space and a great location. Conference 2009 will include all the benefits you've come to expect—top-notch education, speakers and exhibits that will keep you on top of the latest innovations in emergency medicine.

The hugely popular two-hour, hands-on workshops will remain one of the top attractions, and dozens of one-hour lecture sessions with some of the best names in EMS education will cover a wide variety of topics and issues. New for this year, the exhibit hall will be open all day on Sunday to allow even more time to check out cutting edge emergency medicine technology. Tuesday's Awards Luncheon in the convention center is your chance to pay tribute to the Texas EMS community. We have some changes in mind that will allow even easier access and maybe a little more space during the luncheon.

Even with all these perks, we remain committed to giving you the best value for your dollar. Our low conference rate includes access to 15 hours of continuing education, a tote bag, coffee and snack breaks, a buffet lunch and the Awards Luncheon.

Special room rates for conference attendees and exhibitors are available at four downtown hotels. Right across the street from the convention center, the newly built Omni Fort Worth Hotel will be our host hotel. Hilton Hotel and Sheraton are both just a block from the convention center, and the historic Renaissance Worthington is seven blocks away. You know the rooms will go fast, so make your reservations soon to take advantage of the rare rates offered by these luxurious hotels.

We'll look for you in November!



Other meetings happening during the conference

Saturday, November 21
GETAC committee meetings, 9:00am–5:30pm, Omni Fort Worth
RAC Chairs meeting, 5:30–7:00pm, Omni Fort Worth
TETAF Board meeting, 7:00–9:00pm, Omni Fort Worth

Sunday, November 22
TTCF meeting, 8:00am–1:00pm, Hilton Fort Worth
GETAC committee meetings, 9:00am–5:30pm, Omni Fort Worth
Valsalva Bowl State Championship, 7:00pm, Omni Fort Worth

Monday, November 23
Trauma Registry Q&A, 11:00–12:00pm, Omni Fort Worth
EMS Expo Top Product Award, 12:15–12:45pm, Convention Center Exhibit Hall
Valsalva Bowl National Championship, 12:45pm, Convention Center Exhibit Hall
Stroke designation Q&A, 2:00–3:00pm, Omni Fort Worth
New committee member orientation, 3:00–5:00pm, Omni Fort Worth
GETAC meeting, 6:00–9:00pm, Omni Fort Worth

EMS Ride-Alongs

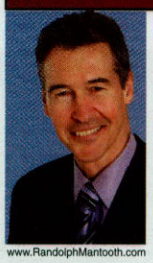
MEDSTAR EMERGENCY MEDICAL SERVICES *Based on availability Reservations required*

Would you like to experience EMS in the Fort Worth area? MedStar EMS responds to more than 92,000 calls a year and is the exclusive 9-1-1 provider serving Fort Worth and 14 surrounding communities. Also available are tours of MedStar's communications center and looking in on the Advanced Practice Paramedic class (November 23).

To schedule a ride-along, communications center tour or class observation, please contact Anita Rivers in the Scheduling Department at (817) 632-0531. You may also email her at arivers@medstar911.org.

PREPARE FOR THE FUTURE:

Health and Safety in Emergency Services



www.RandolphMantooth.com

Presented by:

Randolph Mantooth

&

Dr. Bryan Bledsoe

Monday, November 23, 2009 (11:00 AM-12:00 PM)
Texas EMS Conference, Fort Worth, TX

Randolph Mantooth has traveled the distance from his portrayal of LA County Firefighter/Paramedic Johnny Gage on the 1970s TV show *EMERGENCY!* to being a well-known and respected advocate today for all emergency responders. His personal, from-the-heart talk, "CO: The Quiet Killer" is guaranteed to motivate firefighters and paramedics to take a more proactive role in reducing on the job risks to their health and safety. Don't miss this presentation! For more information, visit www.COSafetyNet.org.

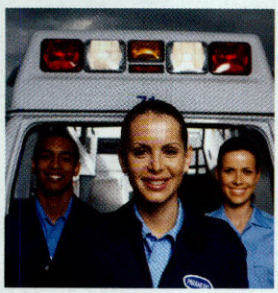
Dr. Bryan Bledsoe is an emergency physician and Clinical Professor of Emergency Medicine at the University of Nevada and an Emergency Physician at University Medical Center in Las Vegas. He is the author of numerous EMS texts and a popular conference speaker.

MASIMO

This presentation sponsored by Masimo Corporation.

**- Celebrity appearance subject to change*

EMS Job Fair



Looking for a new job? Looking to hire some good medics? Here's your chance to meet face-to-face with employers and employees at no cost! Texas EMS Conference will host an informal EMS job fair from 10 a.m. until 4 p.m. on Tuesday, November 24, at the Fort Worth Convention Center.

Employers, this is your chance to meet the best and brightest in EMS. Grab a table and set out information on current job opportunities, employee benefits and community highlights. Job seekers, bring your resumes and check out providers from across the state.

Best of all, Texas EMS Conference is providing this service at no cost to employers or job seekers! Contact Kelly Harrell at kelly.harrell@dshs.state.tx.us or (512) 834-6743 if you are interested in reserving a table for your organization.

Governor's EMS and Trauma Advisory Council (GETAC)

Omni Fort Worth Hotel
1300 Houston Street
Fort Worth, Texas 76102

Saturday, November 21, 2009

9:00am – 10:30am Disaster/Emergency Preparedness Committee
10:30am – 12:00pm Stroke Committee
1:00pm – 2:30pm Education Committee
2:30pm – 4:00pm Injury Prevention Committee
4:00pm – 5:30pm Trauma Systems Committee

Sunday, November 22, 2009

9:00am – 10:30am EMS Committee
10:30 am – 12:00pm Cardiac Care Committee
1:00pm – 2:30pm Air Medical Committee
2:30pm – 4:00pm Medical Directors Committee
4:00pm – 5:30pm Pediatrics Committee

Monday, November 23, 2009

6:00pm – Governor's EMS and Trauma Advisory Council

Locations for these meetings may be found on the Omni Fort Worth Hotel's daily schedule reader boards. Agendas will be available soon on the GETAC web page: www.dshs.state.tx.us/emstraumasystems/governor.shtm. For more information, please call the Office of EMS/Trauma System Coordination at (512) 834-6700.

Equipment exchange in exhibit hall

Have equipment you want to return to someone? Missing a backboard? Bring your orphan equipment to the conference! We'll be hosting an equipment exchange in the exhibit hall. For information, contact Watson Kohankie at rwk3i@yahoo.com.

Schedule

Conference At-A-Glance

Sunday, November 22

7:00 am -	7:00 pm	Registration in Convention Center
10:00 am -	7:00 pm	Exhibit Hall opens
3:00 pm -	5:00 pm	Welcome Reception

Monday, November 23

7:00 am -	6:00 pm	Registration in Convention Center
8:15 am -	9:30 am	Opening Session - Second Level Convention Center Ballroom ABC
9:00 am -	3:00 pm	Exhibit Hall open
9:45 am -	10:45 am	Workshop Breakouts
11:00 am -	Noon	Workshop Breakouts
12:00 pm -	1:00 pm	Lunch
2:00 pm -	3:00 pm	Workshop Breakouts
	3:00 pm	Exhibit Hall closes
3:15 pm -	4:15 pm	Workshop Breakouts
4:30 pm -	5:30 pm	Workshop Breakouts

Tuesday, November 24

7:00 am -	3:00 pm	Registration in Convention Center
7:30 am -	8:30 am	Early Bird Workshop Breakouts
8:45 am -	9:45 am	Workshop Breakouts
10:00 am -	11:00 am	Workshop Breakouts
11:45 am -	1:30 pm	Awards Luncheon
2:00 pm -	3:00 pm	Workshop Breakouts
3:15 pm -	4:15 pm	Workshop Breakouts
4:30 pm -	5:30 pm	Workshop Breakouts

Wednesday, November 25

8:30 am -	9:30 am	Workshop Breakouts
9:45 am -	10:45 am	Workshop Breakouts
11:00 am -	noon	Closing Session
Noon		Conference adjourns

GRAND PRIZE - $250; FIRST PLACE - $175; SECOND PLACE - $100; THIRD PLACE - $75; HONORABLE MENTION - $50

2009 Texas EMS Photography Contest entry form

Photographer's name_____

Employed by_____

Address_____

City_____ State ___ ___ Zip_____

Phone (HM)__ __ __/ __ __ __-__ __ __ __ (WK)__ __ __/ __ __ __-__ __ __ __

E-mail address _____

Mail to: Texas Department of State Health Services
Office of EMS/Trauma Systems MC 1876
PO Box 149347
Austin, TX 78714-9347

Deadline for entering: November 10, 2009

Tape this form to the back of the photo.

Brief explanation of scene: _____

_____

_____

Photo Contest Rules

- **Winning categories and prizes:**
  Grand Prize winner—$250
  First Place—$175
  Second Place—$100
  Third Place—$75
  Honorable Mention—$50
- **Deadline:** Entries must be received no later than **November 10, 2009.** All photos will be displayed at Texas EMS Conference, and winners will be printed in the January/February issue of *Texas EMS Magazine.*
- **Photos**: Send unmatted prints, in color or black and white (5 X 7 to 9 X 12 is best). Fill out the entry form, tape it to the back of your photograph and mail your entry to: Texas Department of State Health Services, Office of EMS/Trauma Systems MC 1876, PO Box 149347, Austin, TX 78714-9347
- **For digital photos**: Please print out a copy and mail it with the entry form attached. You also may e-mail the photo in .jpg format, using CMYK colors, to texasemsphotos@gmail.com.
- Submission grants permission for Texas EMS Magazine or Texas EMS Conference to use the photo in promotional materials. Photos will be identified with credit to the photographer.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- The ownership of the negative will remain with the photographer.

Schedule

1-hour lectures
subject to change

Monday

General Session: 8:15–9:30 Ballroom ABC Ed Racht, MD Saving Lives and Other Duties as Assigned (CE: CRO)

Room	9:45–10:45am	11:00am–noon	2:00–3:00pm	3:15–4:15pm	4:30–5:30pm
Ballroom AB	Handling Prehospital Burns **Bouvier** *Trauma*	CO: The Quiet Killer **Bledsoe / Mantooth** *CRO* 11:00am–12:30pm	Just Breathe: Pediatric Emergent Management **Bolleter** *Pedi*	Big 3 Weather Emergencies: Hurricanes, Floods and Tornadoes **Bouvier** *CRO*	Research Update in Prehospital Trauma Care **Pepe** *Airway*
Ballroom C	**Change room set-up**	Trauma Under the Influence **Hollett** *Trauma*	Don't Be a Pain in the Ambulance **Racht** *Medical*	Understanding Pharmacology Instead of Memorizing **White** *Prep*	Do You Want Me To Be Nice or Save Your Life? **Racht** *Medical*
200	Child Abuse: How the EMS Report and Documentation Can Help Ensure an Abuser Is Convicted **St. Claire** *Pedi*	Infant Resuscitation **Frost** *Pedi*	It's a Code STEMI **Griffin / Klaff** *Medical*	Pediatric IV Access **Frost** *Pedi*	Controlling Controlled Substances **Griffin** *CRO*
201A	Tie 'Em Down or Put 'Em Down: Chemical versus Physical Restraint **Cosentino** *Medical*	Stroke: From Recognition to Reperfusion **Labiche / Knappage** *Medical*	If I Die, I Want To Be in Austin, Texas **Hayes** *Airway*	Sex, Drugs and R&R **Wigginton / Pepe** *Medical*	What Your Patient Doesn't Care About and More Importantly What They Do **McFarlane** *Pt. Assessment*
201B	Trauma in Pregnancy: Double Trouble? **Hollett** *Spec Cons*	Crash, Bang, Boom: Making Sense of Mechanism of Injury **Wolfe** *Trauma*	When No Means No: Sexual Assault and Forensics **Hollett** *Spec Cons*	The Pentagon Attack: A Clinical Review **Wolfe** *CRO*	Subpoena!Court! **Jaquith** *Prep*
201C	Fairy Tales, Myths and the Science of Cardiovascular Management **Beeson / Hayes** *Medical*	Pediatric Emergency Ultrasound **Spear / McCreight** *Pedi*	The MI Experience **Knappage** *Medical*	How Do I Tell Them He Died? What Do I Do Then? **Jeffery / Hayes** *Spec Cons*	Going Home at the End of the Day: Ambulance Vehicle Operations **Wait** *Prep*
202AB	Operation Safe Arrival: Intersection Safety **Bradley** *CRO*	Tactical Medicine and Its Application to the Street Level Medic **Weinzapfel** *CRO*	Fireground Medical Considerations **Williams** *Trauma*	Major Bleeding Control: What Are My Options (Dispelling Some Myths) **Weinzapfel** *CRO*	What Do You Know About Sepsis? **Mayfield** *Medical*
202CD TTCF Nursing	How the EMT/Paramedic Can Help/Hinder the Trauma Care Team **Mattox** *Trauma*	Three's Company **Pointer** *Trauma/Pedi*	Was This Life Worth Saving? **Carter / Carter** *Trauma*	All Terrain Vehicles: Injury Patterns and Prevention **Fitzgerald** *Trauma*	It's Just Cough Medicine **St. Claire** *Pedi*
203AB	Dealing with Difficult People: When Leaving Them Isn't an Option **McFarlane** *Pt. Assessment*	Airway Management **Migala** *Airway*	They Take Two Friends with Them **McFarlane** *Pt. Assessment*	"Because It's in My Protocols" Is Not the Right Answer **Royder** *Prep*	Rodeo Injuries **Dush** *Trauma*
203C	TASERS, Sudden Death Syndrome, and What the Medic Needs to Know **Staton / Nealy** *Spec Cons*	Decreasing Non-emergency 9-1-1 Use in Houston **Persse** *CRO*	Excited Delirium: What It Is and What To Do **Turner** *Pt. Assessment*	"And Don't You Forget It!" **Teel** *Spec Cons*	Drug Facilitated Assault **Turner** *CRO*
204AB Educator	Paramedic Educational Program Accreditation: Writing Your Self-Study, Part 1 **Cason / Hatch** *CRO*	Paramedic Educational Program Accreditation: Writing Your Self-Study, Part 2 **Cason / Hatch** *CRO*	Paramedic Educational Program Accreditation: Writing Your Self-Study, Part 3 **Cason / Hatch** *CRO*	Paramedic Educational Program Accreditation: Preparing for Your Site Visit **Cason / Hatch** *CRO*	Resuscitation Science: Top Five Papers for Your Practice **Navarro / Fowler** *Medical*

Tuesday

Room	7:30–8:30am	8:45–9:45am	10:00–11:00am	2:00–3:00pm	3:15–4:15pm	4:30–5:30pm
Ballroom AB	Bye-Bye to Boo-Boos: Assessment and Management of Pediatric Prehospital Pain **Shah** *Pedi*	You Should Have Seen It in Color — Procedural Anatomy **Bolleter** *Trauma*	Evolution and Revolution in Cardiopulmonary Resuscitation **Pepe** *Airway*	Surely Oxygen Can't Be Bad? **Bledsoe** *Medical*	A Jew and a Redneck: The EMS Comedy Tour III **Grayson / Safer** *Spec Cons*	Just a Spoonful of Medicine — Medical Emergencies **Scadden** *Medical*
Ballroom C	The ECG is Showing … Something: Strange and Unusual ECGs **Brosius** *Medical*	Duck, Duck, Goose **Clarke** *Pt. Assessment*	Can't See the Patient for the Leads **Williams** *Pt. Assessment*	Battlefield Airway Management: Lessons Learned from OIF and OEF **Mabry** *Airway*	The Fall Out **Tee** *Spec Cons*	**OPEN**
200	Intranasal Medication Administration in the Prehospital Setting **Davis** *Medical*	Critical Decision Making in EMS **Fowler / Beeson** *Spec Cons*	Patient Refusals: Isn't It Just Sign on the Line? **Goodloe** *Pt. Assessment*	Physical Assessment: Intial Training Meets the Present Day of EMS **Fowler** *Pt. Assessment*	Ventilations and Compressions: The Science Behind Blowing Slow and Pumping Fast **Goodloe** *Airway*	It's a Gland Problem **Migala** *Medical*
201A	My Blood Is Stuck: Management of Sickle-Cell Crisis **Garcia** *Medical*	ROSC! Now What? **Kovar** *Spec Cons*	Broken Hearts: Recognition and Management of Congenital Heart Defects **Garcia** *Pedi*	"B" Is for Breathing **Kovar** *Medical*	Ground Ambulance Safety **Swartz** *CRO*	The Golden Hour: Fact or Fiction? **Navarro** *Trauma*
201B	The Invasion of the Ventricular Assist Devices **Wolfe** *Medical*	Just Breathe **Cortez** *Airway*	Training Your Replacement: Creating a Productive FTO Program **Langan** *Spec Cons*	I Can't Drive 55 (Mechanism of Injury) **Yates** *Trauma*	Who Put The @## in Assessment? **Suprun / Skinner** *Pedi*	Rx for Tragedy: The Rise of Prescription Drug Abuse **Yates** *Medical*
201C	Suicide — Our Dirty Little Secret **Mittelman** *Medical*	Friday Night Lights: EMS Response to High School Sports **Mittelman** *Trauma*	I'm S.O.B. and Can't Figure Out Why **Mittelman** *Medical*	Making the Best of a Bad Situation: Should We Really Have Prehospital RSI? **Guillote / Dush** *Airway*	H1N1 / Swine Flu **Wait** *Prep*	Inside the Mind, Body and Soul **Dush** *Spec Cons*
202AB	Recertification the Easy Way **Mabbitt** *CRO*	Tots in Trouble **Gilmore** *Pedi*	An Eye in the Sky: Looking at Injuries Using GPS **Hellsten / Beal / Beasley** *Trauma*	Off the Road and Coding: A Case Study in Sudden Cardiac Arrest **Gilmore** *Medical*	Size Does Matter: Obesity's Impact on EMS Transport **Dush** *Spec Cons*	Naughty Neonates **Gilmore** *Pedi*
202CD Disaster	**OPEN**	Health Effects of Radiation **Whitener** *Spec Cons*	So, You Want To Be on a Strike Team? **Wait** *CRO*	The Yardagan Factor: Pediatric Disaster Preparedness **Rinard** *Pedi*	Anachronistic Catastrophes: The Past, Present and Future of Disaster Medicine **Pepe** *Spec Cons*	"I Can't Take the Pressure." Recognition and Management of Compartment Syndrome **Garcia** *Spec Cons*
203AB	Twenty-First Century CPR: Rise of the Machines **Navarro** *Medical*	Plain As the Nose on Your Face? Look Again **Royder** *Medical*	Gut Check: Medical Causes of Abdominal Issues **Bonewald** *Medical*	Do We Have to Take All the Toys? **Shannon** *Prep*	Scene Safe? Ha! Tactical Medine in the EMS Environment **Sturdevant** *Prep*	STEMI Imposters **Mabbitt** *Medical*

Tuesday cont.

Room	7:30–8:30am	8:45–9:45am	10:00–11:00am	2:00–3:00pm	3:15–4:15pm	4:30–5:30pm
203C Admin	Escaping the Parking Lot: Overcoming ER Delays **Bennett** *CRO*	EMS and Public Health—Expanding Community Service **Porter** *CRO*	Staying Alive: Threat Awareness for EMS Personnel **Seeber** *CRO*	Workplace Laws for Beginners **Wait** *Prep*	Yeah, I Know That Moron; I Was His FTO. Are We Setting Ourselves and New EMS Providers Up for Failure? **Quick** *CRO*	From the Street To the Office: Leadership Principles for EMS **Porter** *CRO*
204AB Educator	**OPEN**	Does Your Test Really Test What You Think It's Testing? **Page** *CRO*	Making the Grade! Tips to Prepare and Succeed During Paramedic School **Page** *CRO*	Action Research for the Classroom **Navarro** *CRO*	I Love You . . . Now Please Change **Williams** *CRO*	Utilization of Student Learning Styles in EMS Education **Bonewald / McCrea** *CRO*

Wednesday

Room	8:30–9:30am	9:45–10:45am	11:00am–Noon
Ballroom AB	Hey Guys, Watch This! The Art of Reporting the Cause, Manner and Intent of Injuries **Hellsten** *Trauma*	An Eagle, Two Legal Beagles and an Aggie **Ogilvie / Ayres / Isaacs / Wait** *Prep*	"Hear No, See No, Speak No" Challenged Patients **Scadden** *Spec Cons*
Ballroom C	The Traumatized Airway **Migala** *Trauma*	Demystifying the Elusive and Magical "Clinical" Experience. **Page** *Prep*	
200	All Bang, No Luck! Blast Injuries and Related Mishaps **Miller** *Trauma*	Where's the Bleed? Pitfalls and Promises in Hidden Hemorrhagic Shock **Miller** *Pt Assessment*	

Key to CE

- Airway = Airway
- CRO = Clinical Related Operation
- Medical = Medical
- Pedi = Pediatric
- Pt. Assessment = Patient Assessment
- Prep = Preparatory
- Spec Cons = Special Considerations
- Trauma = Trauma

It *is* easy being green…

We all want to cut down on the natural resources we use. So, just like last year, we're relying on you to bring printed copies of classroom handouts to Texas EMS Conference. **Paper copies of handouts will not be provided at the conference.** Instead, we're posting electronic versions on our website (www.dshs.state.tx.us/emstraumasystems/09conference.shtm). Before leaving for the conference, visit the website, download the handouts for any classes you might want to attend, and print them. We do this to save paper and continue to keep conference costs low. The handouts will remain available on our website for several months after the conference as well. If you have any questions, please email Adrienne Kitchen at adrienne.kitchen@dshs.state.tx.us, or call her at (512) 834-6700, ext. 2380

Look for the flier

Arriving at the conference on Saturday or Sunday? Ask your hotel concierge to give you a Texas EMS Conference flier that has maps showing you where to go to register in the convention center and where the preconference and GETAC meetings are being held.

Monday

Room	9:45–11:45am	1:00–3:00pm	3:30–5:30pm
103AB	What Do I Do Now? Revisiting the Basics of Patient Assessment **Langford** *Pt. Assessment*	What Do I Do Now? Revisiting the Basics of Patient Assessment **Langford** *Pt. Assessment*	What Do I Do Now? Revisiting the Basics of Patient Assessment **Langford** *Pt. Assessment*
104	Techniques of Splinting **Jechow** *Trauma*	Techniques of Splinting **Jechow** *Trauma*	Techniques of Splinting **Jechow** *Trauma*
107/109	I Wanna Be on Your Team! A Look at Team Building Skills **Mittelman / Mittelman** *Prep*	I Wanna Be on Your Team! A Look at Team Building Skills **Mittelman / Mittelman** *Prep*	I Wanna Be on Your Team! A Look at Team Building Skills **Mittelman / Mittelman** *Prep*
110AB	Moulage **Stafford** *Prep*	Moulage **Stafford** *Prep*	Moulage **Stafford** *Prep*
113/116	Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work **Grayson / Saffer / Scadden** *Pedi*	Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work **Grayson / Saffer / Scadden** *Pedi*	Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work **Grayson / Saffer / Scadden** *Pedi*
121A	Seat of the Pants Rescue **Green** *Trauma*	Seat of the Pants Rescue **Green** *Trauma*	Seat of the Pants Rescue **Green** *Trauma*
121B	Can You Ventilate? **Page** *Airway*	Can You Ventilate? **Page** *Airway*	Can You Ventilate? **Page** *Airway*
121C	Advanced Airway Management Under Simulated Real Life Conditions **LeFlore / Holmes / Anderson** *Airway*	Advanced Airway Management Under Simulated Real Life Conditions **LeFlore / Holmes / Anderson** *Airway*	Advanced Airway Management Under Simulated Real Life Conditions **LeFlore / Holmes / Anderson** *Airway*

Cash prizes at Texas Valsalva Bowl 2009!

The Valsalva Bowl is back—with cash prizes! And it's for the national championship! In case you forgot, or never heard of it, the Valsalva Bowl is a fast-paced quiz show featuring teams of three medics competing in a contest of speed, luck and oh yes, medical knowledge. The state champ will be chosen on Sunday night and then will go on to compete against the winners of other states the next day. Each Texas state champ receives $100, a trophy and, of course, bragging rights! Each state runner-up team member will receive $50. Each *national* champion team member will get $100, plus the national trophy.

The teams (made up of ECA, EMT-B, EMT-I, EMT-P or LP, RN, MD, DO, whatever) compete against each other and the clock to correctly answer questions from EMS practice. The questions will vary in difficulty—60 percent basic level, 30 percent ALS and 10 percent trivia! Each team member will hit a buzzer to answer, but they better be fast or the other team may beat them to the buzzer. A large scoreboard with a countdown timer keeps track of the game. And the questions and answers are up on a screen for everyone to see!

The competition preliminaries will take place on Sunday night, November 22, at the Omni Fort Worth at 7:00 p.m. The finals will be at 12:45 p.m. on Monday, November 23, on the exhibit hall stage.

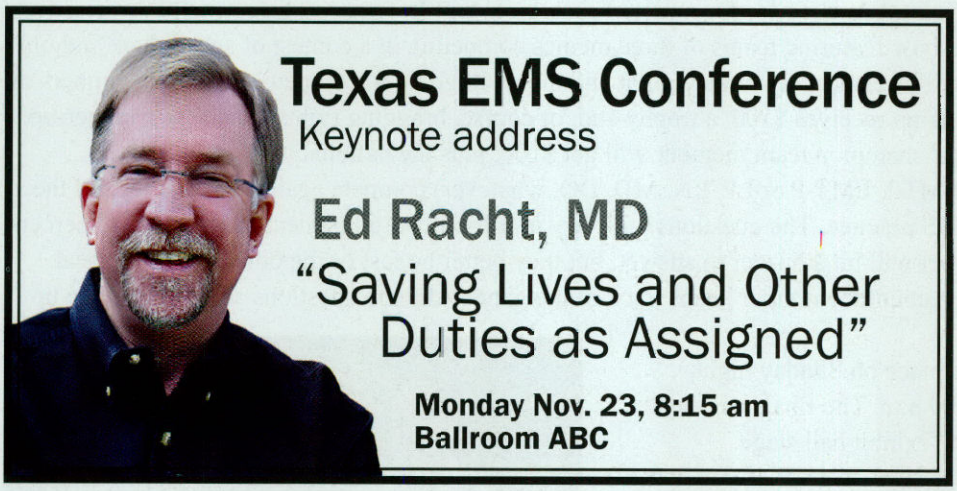
We will take the first 16 teams of three to sign up. Even if you don't get in, come to the event as some teams may lose their nerve once they see the competition. Competitors are HIGHLY encouraged to wear matching uniforms, shirts or whatever to show your team spirit!

The emcee and all-around amusing guy is Bob Page, native Texan and winner of the Valsalva Bowl in 1992. Don't delay! Send your team information today to Kelly E. Weller at Kelly.E.Weller@lonestar.edu. And even if you can't be on a team, come cheer and jeer (and maybe learn a thing or two).

Medstar took home top honors at last year's Valsalva Bowl.

Tuesday

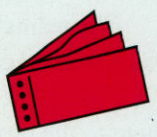
Room	7:30–9:30am	9:45–11:45am	2:00–4:00pm
103AB	Educational Simulations—You Too Can Do It! **Hardy / Shiplet / Fritz / Puryear** *Pt. Assessment*	Educational Simulations—You Too Can Do It! **Hardy / Shiplet / Fritz / Puryear** *Pt. Assessment*	Educational Simulations—You Too Can Do It! **Hardy / Shiplet / Fritz / Puryear** *Pt. Assessment*
104	Drug Awareness and Recognition **Riemer** *Spec. Cons*	Drug Awareness and Recognition **Riemer** *Spec. Cons*	Drug Awareness and Recognition **Riemer** *Spec. Cons*
107/109	When Sugar Isn't So Sweet: Managing Diabetes Emergencies **Levesque / McCrea** Medical	When Sugar Isn't So Sweet: Managing Diabetes Emergencies **Levesque / McCrea** Medical	When Sugar Isn't So Sweet: Managing Diabetes Emergencies **Levesque / McCrea** Medical
110AB	Guts and Gore: Heart and Lung Lab **Kern / Camp** Airway	Guts and Gore: Heart and Lung Lab **Kern / Camp** Airway	Guts and Gore: Heart and Lung Lab **Kern / Camp** Airway
113AB/116	MCI Triage: The "Cure" for a MASSive Headache **Miller** *Pt. Assessment*	MCI Triage: The "Cure" for a MASSive Headache **Miller** *Pt. Assessment*	MCI Triage: The "Cure" for a MASSive Headache **Miller** *Pt. Assessment*
121A	TASER: A Hands-On Event **Turner** *Prep*	TASER: A Hands-On Event **Turner** *Prep*	TASER: A Hands-On Event **Turner** *Prep*
121B	Stethoscopy for Dummies **Page** *Prep*	Stethoscopy for Dummies **Page** *Prep*	Stethoscopy for Dummies **Page** *Prep*
121C	Preshospital Emergency Ultrasound **Spear / Bailey / Mabus** *Trauma*	Preshospital Emergency Ultrasound **Spear / Bailey / Mabus** *Trauma*	Preshospital Emergency Ultrasound **Spear / Bailey / Mabus** *Trauma*
121D	High Risk OB Transport Skills **Skinner** *Pedi / Spec. Cons*	High Risk OB Transport Skills **Skinner** *Pedi / Spec. Cons*	High Risk OB Transport Skills **Skinner** *Pedi / Spec. Cons*



Don't forget to check the blog!

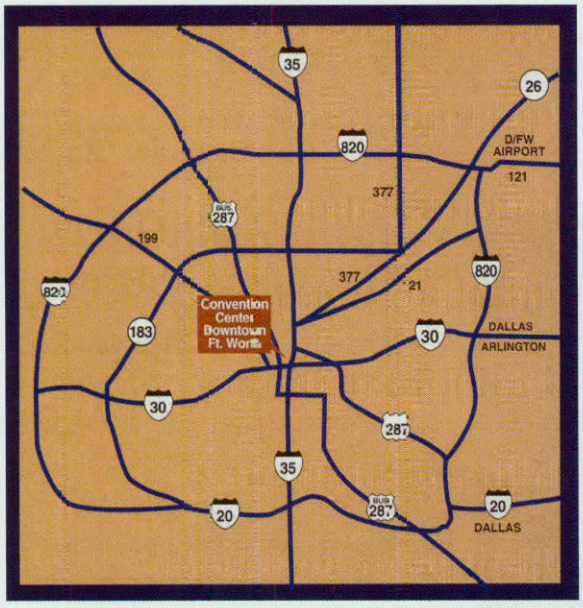
Want the latest information about the conference? Check www.dshs.state.tx.us/emstraumasystems/ConfBlog2009.shtm for any last-minute information on the conference.

Sign up for two-hour classes starts at 7:00 Sunday morning!

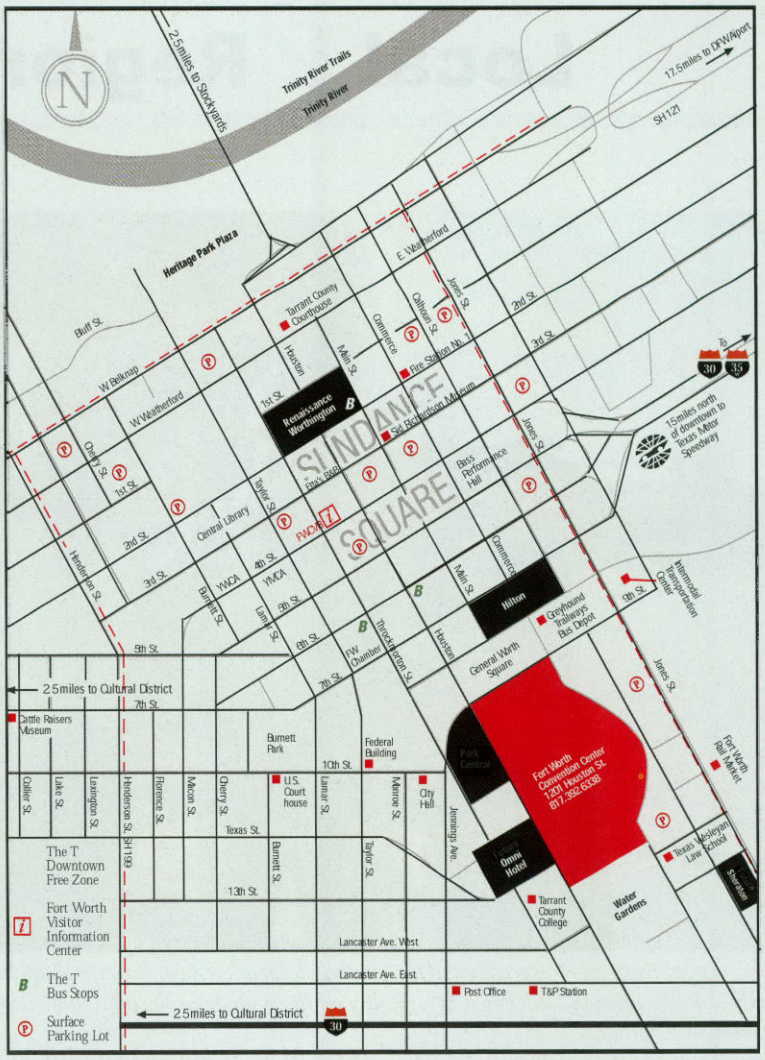


Two-hour classes that emphasize intense, hands-on experiences in a small classroom are back for another year. Here's the important part: Because class attendance is limited, you MUST sign up for the class in advance and get a ticket to be admitted to class. Once the tickets for that class are gone, no more will be issued. Sign-up for the classes at conference registration beginning at 7:00 am on Sunday, November 22.

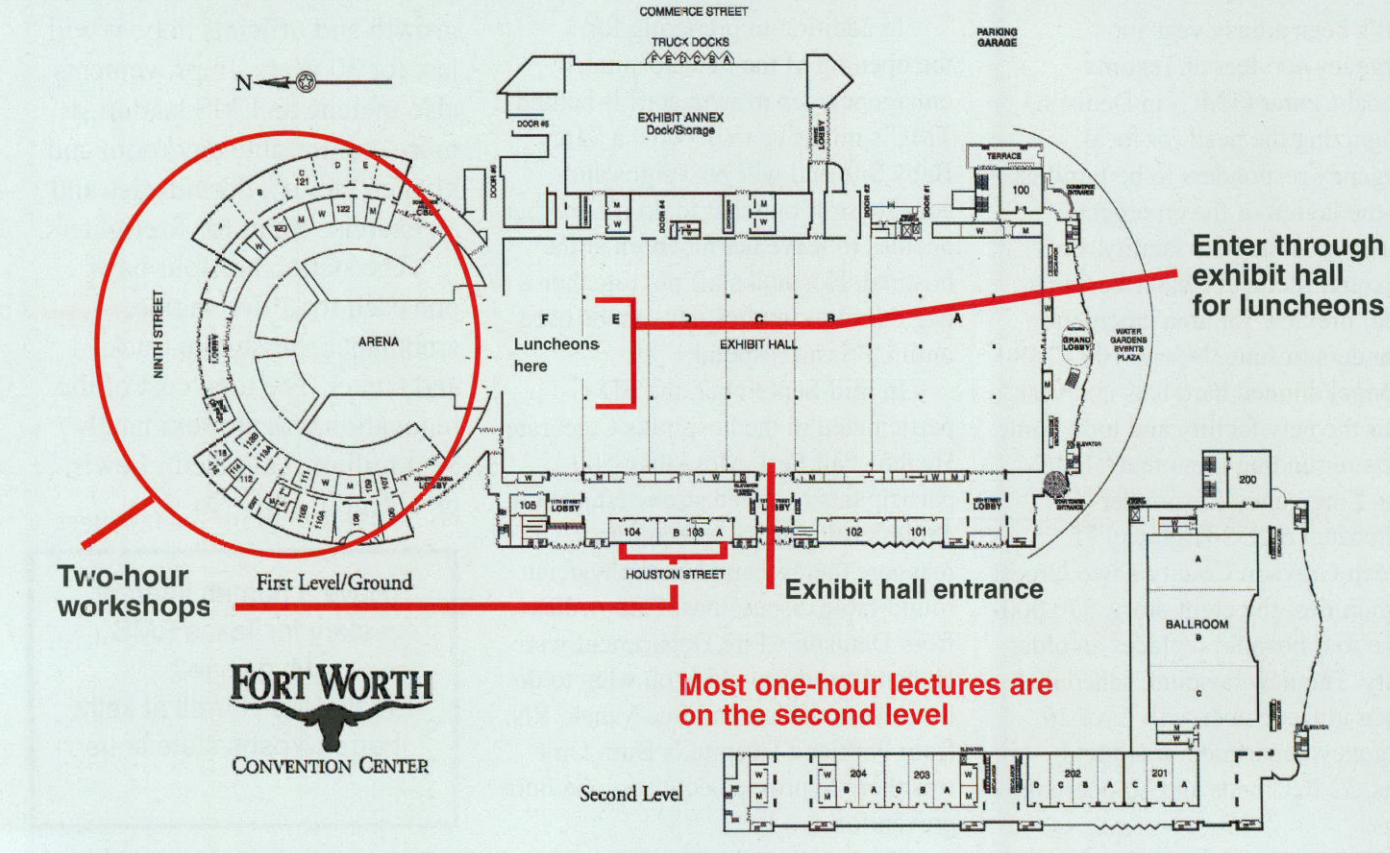
Fort Worth



Downtown Fort Worth



TEXAS EMS Conference 2009



FORT WORTH CONVENTION CENTER

Local & Regional EMS News

by Kathy Clayton

Local EMS crews were invited for an early look at the new Texoma Medical Center building scheduled to open in December. The facility replaces an older hospital in this county on the Oklahoma border.

Texoma Medical Center is on the move

It's been a busy year for emergency services at Texoma Medical Center (TMC) in Denison. Recognizing the need for local emergency responders to be familiar with the layout of the emergency department at its new facility, staff at Texoma Medical Center hosted a special preview for area emergency responders in June. Nearly 100 EMS personnel donned hard hats and vests to tour the new facility and took home t-shirts reminding them that "TMC Loves Emergency Responders!"

Located on US Highway 75 between Grayson County's two largest communities, the eight-story, 370,000-square foot hospital replaces an older facility. The new hospital, scheduled to open in December, will have 26 emergency department treatment rooms, 32 ICU beds and 10 operating rooms.

In addition to preparing for the opening of the new hospital, emergency department staff is behind TMC's initiative to become a Safe Baby Site and will post signs and educate staff on what to do if a mother decides to leave her newborn at the hospital. Hospital staff put together a bag of baby supplies that can be used until CPS can respond.

In mid-September, the ED participated in the hospital's Celebrate Health! Fall Fest. More than 500 participants received stroke education, cholesterol/glucose screenings, massage therapy and heard physician round-table discussions. Paramedics from Denison's Fire Department were on hand to educate kids on what to do in the case of fire, and Sue Vanek, RN, from Parkland Hospital's Burn Unit was there to provide education on burn prevention.

Canyon Lake Fire/ EMS opens station

Comal County Emergency Services District No. 3 hosted a grand opening for the redesigned Canyon Lake Fire/EMS station in September. More than 100 people gathered for a bagpipe performance, honor guard and addresses from Canyon Lake fire officials.

Twenty-two firefighters stood in formation as Canyon Lake Fire Chief Shawn Wherry detailed the advantages of the new facility, including a decontamination room with transition areas that make for a safer environment. The new station is the first in Canyon Lake designed to house full-time employees. It will allow for growth and officials hope it will last for 30 years. Improvements also include an EMS station, a more comfortable day room and kitchen facility, dormitories and an exercise room for firefighters.

The station has four bays, one each for a fire engine, ambulance, brush-fire truck and tanker. The total cost of the renovation was approximately $2.4 million, said Keith Lewis, president of ESD No. 3.

Have a human interest story for Texas EMS Magazine?
Email Kelly Harrell at kelly.harrell@dshs.state.tx.us

New McLennan Community College Emergency Services Education Center opens

The McLennan Community College Emergency Services Education Center, a multi-department training facility for Waco, McLennan County and McLennan Community College opened in June. From left to right, Wendy Plumler of East Texas Medical Center EMS, Waco Police Chief Brent Stroman and Waco Fire Deputy Chief Glenn Wilson opened the new facility with a ceremony.

A grand opening and building dedication ceremony was held in July for the new McLennan Community College Emergency Services Education Center (ESEC). Waco dignitaries cut the ribbon while college, local government, law enforcement, fire and EMS personnel looked on. The new building was built through a partnership between McLennan Community College, the City of Waco and McLennan County. The facility will serve all fire, law enforcement, and EMS in McLennan County, and it will be home to MCC's criminal justice, forensic science and EMS programs, as well as the law enforcement and fire academies.

The ESEC has 50,000 square feet, ten classrooms and a 150-person lecture hall. Other features include EMS and forensic labs, faculty offices, conference/library room, computer lab and a student commons area. All of the classrooms are "smart classrooms," equipped with an instructor podium/cart set with a computer and audio-visual equipment. The training center also includes a six-story burn tower, a large weight room and a large takedown room used to teach firefighters how to carry people to safety. The room also will be used to teach police officers and EMS personal how to handle aggressive people and subdue them without injury.

AED placed in county courthouse

Washington County EMS and several other county departments combined efforts to make the Washington County courthouse a little safer for everyone. The courthouse provides services to hundreds of citizens and visitors each day.

Washington County EMS was awarded a grant from the Office of Rural Community Affairs (ORCA; now called Texas Department of Rural Affairs), to have an AED installed at the courthouse. TDRA provided the AED and EMS provided training for multiple departments within the courthouse, creating what is essentially a courthouse response team. Having the AED and trained operators in-house drastically increases a patient's chance for survival during cardiac arrest.

Washington County EMS department's goal to implement Public Access Defibrillation (PAD) stations has resulted in more than 50 more defibrillators placed around the county.

Austin gets two in one day

DSHS designated two hospitals as Level I trauma centers in Austin in August. University Medical Center Brackenridge received verification for adult trauma; Dell Children's Medical Center of Central Texas for pediatric trauma. Austin had been the largest city in the nation without a Level I trauma center. To move to the higher Level I designation, both UMC Brackenridge and Dell Children's increased their trauma research and education activities as well as added certain special procedures such as microvascular surgery and digit/limb reattachment. The two medical centers have been providing many of the Level I requirements for some time, such as 24/7 availability of specialist in neurosurgery, anesthesiology, emergency medicine, radiology, internal medicine, oral and maxillofacial surgery and critical care. At UMC Brackenridge, the three most common trauma cases are motor vehicle crashes, falls and motorcycle crashes. Dell Children's Medical Center lists the same top two causes and put blunt trauma to the head as the third leading cause.

CareFlite celebrated its 30th anniversary in June with a reception in Arlington. Current and former employees got to see a collection of photos and videos looking back on three decades of service for the air and ground provider.

CareFlite turns 30

CareFlite celebrated its 30th anniversary in June with a reception at the Arlington Convention Center. The gathering also included CareFlite's Great First Responders awards and was a reunion open to all current and former CareFlite employees.

President and CEO James C. Swartz presented a series of photos and videos looking back on three decades of service. Swartz says the nonprofit organization is financially strong and upgrading its safety efforts to better serve patients in times of extreme crises. CareFlite began in 1979 as a single helicopter linking Harris Methodist Hospital in Fort Worth and Methodist Hospital in Dallas and has grown to include six helicopters (another one is on the way for 2010), 42 ground ambulances, seven wheelchair vans, one fixed-wing aircraft and more than 325 employees. The service is currently sponsored by Baylor Methodist Health Care System, JPS Health Network, Methodist Health System, Parkland Health and Hospital and Texas Health Resources.

New station for North Wheeler County

North Wheeler County Ambulance Service has a new building and a new ambulance to put inside it. The active staff of 17 volunteers and paid employees worked with Wheeler County to get the station open in May. The 3200-square-foot building includes three truck bays and a combination living quarters/office. The county funded the structure, while fundraising efforts by the EMS personnel outfitted the interior. They were also able to add a new ambulance in July to better serve the northeast Panhandle region, including Briscoe, Allison, Kelton and Mobeetie in North Wheeler County. The new ambulance will be the first unit sent on calls (they average about 30 calls a month) and a second unit will be available for back-up.

The North Wheeler County Ambulance Service, a combined volunteer/paid group of 17 in the northeast Panhandle, opened a new station in May and got an new ambulance in June. The service makes about 30 calls a month.

DSHS Preparedness held Medical Incident Support Team training courses in Lubbock and San Antonio in June. A total of 60 people attended the two-day lecture series.

Emergency management courses held

DSHS Preparedness, in conjunction with the Regional Medical Operations Center (RMOC) in San Antonio and the Central Medical Operations Center (CMOC) in Houston, held training courses in June for Medical Incident Support Team members (M-IST) in Lubbock and San Antonio.

M-IST (formerly known as ESF-8 Forward Coordinating Elements, or ESF-8 FCEs) members will be deployed by DSHS in future hurricane responses to coastal communities to assist District Disaster Councils (DDCs) and local jurisdictions with ESF-8 issues, specifically evacuation and ambulance response.

The courses, attended by 60 people, included 16 hours of lectures from experts directly involved with disaster response. These lectures included DSHS's ESF-8 function, RMOC/CMOC organizational structure, regional office roles in ESF-8, patient tracking, WebEOC, evacuation plans for the Texas coast and medical special needs shelters. After the courses, many candidates were immediately put on M-ISTs rosters.

Additionally, STRAC and SETTRAC hosted an Ambulance Staging Manager course. Held in The Woodlands in August, students were taught the strategies and tactics of staging large numbers of ambulances in a major incident. More than 35 EMS personnel attended the course at The Woodlands Fire Department Emergency Training Center.

Texas now has 60 medical incident support team members and 40 ambulance staging managers available for deployment in a state emergency.

Keller firefighters honored for saving life

After saving a choking toddler's life, five Keller firefighter/paramedics were awarded the Life Saving Medal on August 19 at the Keller Town Hall. On July 16, Kayla Smith, 3, swallowed a whole grape, which lodged in her throat and blocked her airway.

When the crew from Medic 538 arrived at the house, just blocks from Fire Station No. 3, it had been about two minutes since the child began choking, according to paramedic David Simmons. The grape was lodged below the vocal chords, making it a much more difficult rescue than they anticipated.

Paramedics Walter Wineberg and Jason Paradise established an IV. Wineberg and Donny Ramirez performed the Heimlich maneuver several times. Then Ramirez and Guy Procter inverted the girl, attempting to free the grape. After several minutes had passed, options were running out.

Then Simmons "located the grape with the aid of a laryngescope," said Fire Chief Dan Gaumont, "but it was moving up and down." That's when Simmons decided to see if a suction catheter, normally used to clear liquid from a patient's airway, would work.

It did, and as the girl's airway was freed, she began crying as they drove her to the hospital.

"The objective for the day was to save this little girl and you went to the mat," the city's medical director, Dr. Roy Yamada, said of the crew. Barb Law, emergency medical dispatcher who took the call, also received a medal.

TMA offers help to buy bicycle helmets for giveaways

Texas Medical Association wants to partner with EMS and other health care professionals to reduce the number of children seriously injured while biking, rollerblading or skateboarding. Many of these injuries are preventable—if only the children had worn helmets. And that's where TMA comes in.

TMA's Hard Hats for Little Heads bicycle helmet giveaway program makes it easy to provide free helmets to children in any community. TMA has gathered all the tools needed to plan, organize and implement a helmet giveaway, including helmets, educational materials and publicity.

TMA recommends that a physician serve as a sponsor for all Hard Hat events. But getting a physician sponsor should not be difficult. Craig Manifold, DO, medical director for the San Antonio Fire Department, has sponsored several Hard Hats events. "The program is so easy and rewarding," says Dr. Manifold. "If we prevented even one injury, it's worth it." But if you do not have a physician available, TMA will provide a Hard Hats DVD, presented by an Austin trauma surgeon, to explain why wearing a helmet is important and demonstrate how to fit a helmet properly on a child.

How the program works

Hard Hats for Little Heads is funded by a grant from the TMA Foundation, through gifts from Blue Cross and Blue Shield of Texas and Prudential Financial and through contributions from physicians and their families. Here's how it works. For every helmet purchased through TMA, the group will provide a number of free helmets. The number of free helmets is based on how many are purchased. For orders up to 49 helmets, TMA matches one-for-one. For orders of 50 to 199 helmets TMA offers 50 free helmets, and that number increases for larger purchases. The cost for each helmet purchased is between $4 and $8 depending on model.

TMA also provides free educational materials in English and Spanish, including brochures, posters, pledge sheets, banners and more.

To find out how you can sponsor a Hard Hats event, contact Tammy Wishard, TMA's outreach coordinator, at (512) 370-1470 or tammy.wishard@texmed.org. Or visit www.texmed.org/hardhats.

New policy affects instructor certification

A new DSHS policy (P-09-A) allows individuals who complete certain training programs to be eligible for instructor certification if they meet the requirements listed in the Texas Administrative Code 157.44, sections (a) and (b). The three instructor training programs are:

- The National Association of EMS Educators (NAEMSE)
- The Texas Commission on Fire Protection
- The U.S. Military Instructor Training Course

Candidates submitting applications for certification under this policy must provide documents validating they are currently certified by one of these organizations or the applicant's instructor certification application must be submitted within one year of the completion date on the training course certificate. Candidates meeting these qualifications will not be required to take DSHS's instructor exam. For a look at the entire policy, go to www.dshs.state.tx.us/emstraumasystems/spolicy.shtm.

GETAC meeting held in August in Austin

The Governor's EMS and Trauma Advisory Council (GETAC) met on Friday, August 21, 2009, in Austin. Following are the motions put forward after the chair, staff, standing committees/task forces and other groups reported on their most recent activities. Once approved, draft minutes from the meeting will be posted at www.dshs.state.tx.us/emstraumasystems/governor.shtm.

Action Items

A motion was made by Pete Wolf, EMT-P, and seconded by Ronald Stewart, MD, to accept the drafted Governor's EMS and Trauma Advisory Council procedural rules, with one exception. The section titled "work groups" will be deleted. The motion passed unanimously.

A motion was made by Vance Riley and seconded by Ronald Stewart, MD, to accept the Regional Advisory Council implementation guidelines as written. The motion passed unanimously.

A motion was made by Ryan Matthews, EMT-P, and seconded by Joan Shook, MD, to accept the recommendations for revisions and additions to DSHS EMS rules in Title 25 of the Texas Administrative Code, Chapter 157.25, Out-of-Hospital/Do-Not-Resuscitate (DNR). The motion passed unanimously.

A motion was made by Vance Riley and seconded by Ronald Stewart, MD, to accept the recommendations for revisions and additions to DSHS EMS rules in Title 25 of the Texas Administrative Code, Chapter 157.36, Disciplinary Action (Personnel). The motion passed unanimously.

A motion was made by Mike Click, RN, and seconded by Marti VanRavenswaay to accept the recommendations for revisions and additions to DSHS EMS rules in Title 25 of the Texas Administrative Code, Chapter 157.37, Certification or Licensure of Persons with Criminal Backgrounds. The motion passed unanimously.

A motion was made by Ronald Stewart, MD, and seconded by Vance Riley to accept a recommendation by the Trauma Systems Committee to request DSHS request a state survey from the American College of Surgeons Trauma System Evaluation and Planning Committee (TSEPC) to review the Texas trauma system. This review should include an overall evaluation of the system and should specifically evaluate the appropriate number of Level I, II, III and IV trauma centers in each Regional Advisory Council. The motion passed unanimously.

A motion was made by Ryan Matthews, EMT-P, and seconded by Joan Shook, MD, to request a letter be drafted by GETAC to ask for clarification of the eight items listed under the DSHS EMS rules in Title 25 of the Texas Administrative Code, Chapter 157.37, Certification or Licensure of Persons with Criminal Backgrounds, sections (e)(5)(A)(i-viii). The motion passed unanimously.

A motion was made by Jodie Harbert, LP, and seconded by Marti VanRavenswaay to request support from GETAC for the idea to require medical directors complete a medical directors course within one year of signing with a provider or by 2013. After further discussion, a friendly amendment was made by Ryan Matthews, EMT-P, and seconded by Marti VanRavenswaay to have GETAC support the investigation of all avenues that would lead to a requirement for medical directors to complete a department-approved medical directors course(s).GETAC would also work with the Texas Medical Board to accomplish this investigation. The motion passed unanimously.

The next GETAC committee meetings will be November 21-22, 2009. GETAC will meet November 23, 2009. All meetings will be held in Fort Worth, in conjunction with Texas EMS Conference, at the Omni Fort Worth Hotel.

2010 LPG Award List

Could your services use a little extra funding? This year the Office of EMS/Trauma Systems Coordination received 106 Local Project grant applications. Of those, 84 project grants were approved for funding. Emphasis was placed on grants that would upgrade the level of services available, reduce response time or improve patient care capabilities.

Next year's Request for Proposals is expected to be published electronically in the spring of 2010. 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

Alamo Heights Fire/EMS
San Antonio
Bexar
$7,600
stair chairs; stretcher; advanced cardiac life support course tuition; pediatric advanced life support course tuition

Angleton Area Emergency Medical Corps, Inc.
Angleton
Brazoria
$11,250
2 chest compression devices

Aransas County Medical Services, Inc. dba Aransas County EMS
Rockport
Aransas
$32,797
suction unit; scoop stretchers; pagers; ambulance remount

Argyle Volunteer Fire District
Argyle
Denton
$23,265
back boards; scoop stretchers; basket stretchers; stair chairs; adult spider straps; pedi spider straps; EZ-IO power drivers; oxygen tank carry bags; regulators; oxygen D-cylinders; GPS units; intubation training manikin; chest compression devices

Austin-Travis County EMS Department
Austin
Travis
$17,888
Mega Code kid manikin; simulator control unit; rhythm generators; advance life support simulator manikin; cardiac monitor/defibrillator

Bandera County EMS
Bandera
Bandera
$30,000
ambulance remount

Ben Wheeler Volunteer Fire Department
Ben Wheeler
Van Zandt
$2,101
medic kits; suction unit; CPR masks; CPR manikin

Blinn College EMS Program
Bryan
Brazos
$12,000
cardiac monitor/defibrillators

Bonham Fire Department
Bonham
Fannin
$9,198
portable ventilators; GPS unit; IV pumps

Brazos Valley Regional Advisory Council
Bryan
Brazos
$22,480
St. Joseph EMS: stretchers; Thomas Chillcore case; Chillcore power cord; data thermal kit; *Jewett EMS*: Thomas Chillcore case; Chillcore power cord; data thermal kit; *College Station Fire Dept.*: Thomas Chillcore case; Chillcore power cord; data thermal kit; *Robertson County EMS*: Thomas Chillcore case; Chillcore power cord; data thermal kit; *Texas A & M University EMS*: suction unit; ambulance child seats; extrication devices; traction splints; stethoscopes; back boards; *Washington County EMS*: ambulance car seats; head immobilizers; stretcher; *Washington County First Responders*: radios; *Hilltop Lake VFD EMS*: VHF radios; electronic stethoscope; spine board; back board pad; SAM splints; *K & L Transport*: fold wheeled stretcher

BRMC-EMS
Brownfield
Terry
$7,500
cardiac monitor defibrillator

Burnet Fire and EMS
Burnet
Burnet
$7,000
adult simulation manikin

Calhoun County EMS
Port Lavaca
Calhoun
$15,000
radio pagers

Campbell Volunteer Fire Department
Campbell
Hunt
$11,192
safety vests; oxygen cases; oxygen regulators; D-Oxygen cylinders; stethoscopes; glucose monitors; thermometers; radios; splints; manual suction pumps; GPS units; flashlights; channel lock rescue tools; automated external defibrillators

Castro County Hospital District dba Castro County EMS
Dimmitt
Castro
$3,189
CPR manikin set; EMT-Basic training course tuition

Cedar Park Fire Department
Cedar Park
Williamson
$2,830
traction splints; Ambu adult resuscitators; stethoscopes

Central Emergency Medical Service, Inc.
West Columbia
Brazoria
$30,000
ambulance remount

Citizens Emergency Medical Service
Clyde
Callahan
$35,000
ambulance

Clear Lake Emergency Medical Corps
Webster
Harris
$30,000
ambulance remount

Coleman County Medical Center dba Coleman County EMS
Coleman
Coleman
$10,658
stretcher; suction units; cardiac monitor/defibrillator

Collinsville Volunteer Fire Department
Collinsville
Grayson
$598
CPR manikin family pack; manikin case

County Line Volunteer Fire Department & First Responders
Seguin
Guadalupe
$697
desktop computer

Cross Timbers Emergency Response Team, Inc.
Morgan Mill
Erath
$9,540
medical trauma bags; "D" oxygen cylinders; radio/pagers; EMT-Intermediate course tuition; Paramedic course tuition; EMS-Instructor course tuition

District 7 Fire/Rescue
San Antonio
Bexar
$2,800
suction units; scoop stretchers; EZ-IO kits; trauma bags; traction splints; Kendrick extrication devices; airway bags

Donley County Hospital District dba Associated Authority
Clarendon
Donley
$35,000
ambulance

El Paso Fire Department
El Paso
El Paso
$28,000
automated external defibrillators

EMS of Nueces Canyon, Inc.
Camp Wood
Real
$3,804
ambulance cot; suction units; intubation kits; adult traction splint; pedi traction splint

Fisher County Hospital District
Rotan
Fisher
$35,000
ambulance

Galveston Community College
Galveston
Galveston
$11,120
infant airway trainer; torso model; Paramedic refresher course tuition; advanced cardiac life support course tuition

Galveston County Health District dba Galveston EMS
LaMarque
Galveston
$7,767
video conferencing hub; video conferencing units

Glenn Heights Fire Department
Glenn Heights
Dallas-Ellis
$35,000
ambulance

Granbury Hood County EMS, Inc.
Granbury
Hood
$10,306
glide scope intubation systems

Groom Volunteer Ambulance Service
Groom
Carson
$4,497
pedi traction splint; adult traction splint; Kendrick extrication device; pedi back board; back board; EZ-IO; suction unit; Broselow pedi system; combi board; evacu splint system; intubation bag; medication box

Hamilton County Hospital District dba Hamilton EMS
Hamilton
Hamilton
$30,000
ambulance remount

Heart of Texas Regional Advisory Council
Waco
McLennan
$14,000
EMT-Paramedic course tuition

Huntsville-Walker County EMS
Huntsville
Walker
$6,101
EZ-IO kits; GPS units; DC-30 transmitter; DC-30 GPS transmitters

Indian Harbor Volunteer Fire Department
Granbury
Hood
$14,200
radio pagers; automated external defibrillators; Stokes stretcher; scoop stretcher; stair chair; desktop computers; laptop computer; digital cameras

Jacinto City Fire Department
Houston
Harris
$35,000
ambulance

Kam Syd, LTD dba Bay Star Ambulance
Baytown
Harris
$3,851
Advanced Mega Code Kid; simulator control unit; adult airway trainer; pedi airway trainer

Kendall County EMS
Boerne
Kendall
$625
GPS units

Lake Jackson EMS, Inc.
Lake Jackson
Brazoria
$7,500
cardiac compression device

Laredo Community College
Laredo
Webb
$18,000
radios; advanced cardiac life support course tuition; pediatric advanced life support course tuition; prehospital trauma life support course tuition

Lavaca County Rescue Service
Hallettsville
Lavaca
$35,000
ambulance

Lower Rio Grande Valley Regional Advisory Council on Trauma, Service Area V, Inc.
Harlingen
Cameron
$28,125
prehospital trauma life support course tuition

Lubbock County Hospital District dba UMC Lubbock EMS
Lubbock
Lubbock
$30,220
emergency lights for first responder vehicle; automated external defibrillators; cable assembly ECGs; accessory pouches; infant/child defibrillator electrodes; first responder vehicle

Marble Falls Area EMS, Inc.
Marble Falls
Burnet
$9,500
cot; cardiac monitor defibrillator

Motley County Hospital District dba Motley County Ambulance Service
Matador
Motley
$3,929
radios; airway trainer manikin; vein light

Nortex EMS Providers Association
Graham
Young
$11,256
intraosseous injection trainer; moulage kit; stethoscopes; simulation training manikin; simulation hand and arm IV trainers; simulation adult airway manikin; infant airway training manikin; cardiac monitor/defibrillator

North Central Texas Trauma Regional Advisory Council (NCTTRAC)
Arlington
Tarrant
$50,000
EMS Registry bridge license software

North Channel Emergency Medical Services
Houston
Harris
$35,000
ambulance

NTRAC TSA-C
Wichita Falls
Wichita
$5,229
Electra Hospital District EMS: comfort zone warming system; thermometer; *Jack County Hospital District*: comfort zone warming system; thermometer; *Graham/Young County EMS*: comfort zone warming system; thermometer; *Hardeman County EMS*: comfort zone warming system; thermometer; *Nocona Hospital EMS*: comfort zone warming system; thermometer; *Seymour/Baylor County EMS*: comfort zone warming system; thermometer; *Clay County Memorial EMS*: comfort zone warming system; thermometer

Odessa Fire Department
Odessa
Ector
$24,048
laryngoscope systems; intubation heads

Olney Hamilton Hospital District dba Olney EMS
Olney
Young
$35,000
ambulance

Olton Volunteer Ambulance Association, Inc.
Olton
Lamb
$2,500
Mega Code adult manikin w/head, IV arm software and case

Ore City Volunteer Fire Department
Ore City
Upshur
$19,061
radios; rescue comb tool; 100 ft hoses; 40" ram; 20" ram; power simo unit; 30 ft portable hoses

Panhandle EMS
Panhandle
Carson
$1,119
vacu-splints; pedi back board

Panhandle Regional Advisory Council
Amarillo
Randall
$30,512
automated external defibrillator trainer; adult manikins; pedi manikins; infant manikins; intubation manikin; pedi advanced life support trainer; advanced cardiac life support trainer; advanced cardiac life support course tuition; pediatric advanced life support course tuition; basic trauma life support course tuition

Pearland EMS
Pearland
Brazoria
$7,168
cardiac compression unit

Permian Basin Ambulance
Odessa
Ector
$35,000
ambulance

Red Oak Fire Rescue
Red Oak
Ellis
$675
suction unit

Robstown EMS
Robstown
Nueces
$35,000
ambulance

Sabinal Emergency Medical Services, Inc.
Sabinal
Uvalde
$7,500
cardiac monitor/defibrillator

Scott & White EMS, Inc.
Temple
Bell
$9,000
portable 2-way radios; ambulance stretchers

Scurry County EMS
Snyder
Scurry
$15,710
digital portable radios; digital mobile radios; GPS units; advanced medical life support course tuition; advanced burn life support course tuition

Shackelford County EMS
Albany
Shackelford
$1,330
stair chair; Pedi-Mate harness; spider straps

South Hays Fire Department
San Marcos
Hays
$5,200
EMT-Basic course tuition

South Point Volunteer Fire and Rescue, Inc.
Carlton
Hamilton
$9,758
oxygen bags; pagers; suction unit; pedi back boards; manual suction pumps; radios; oxygen cylinders; oxygen regulators; board splints

Stephens County EMS
Breckenridge
Stephens
$7,750
stretchers; portable ventilator

Stephenville Fire Department
Stephenville
Erath
$3,650
Hover Jack and Hover Matt transport system

Stonewall Volunteer Fire Department and First Responders
Stonewall
Gillespie
$15,192
pagers; 2-way radios; CPR course tuition; EMT-Basic course tuition; basket stretcher; combo board; back boards; suction unit; oxygen bottles; splint kit; stethoscopes; GPS unit

The University of Texas at Brownsville and Texas Southmost College
Brownsville
Cameron
$6,000
surgical airway course tuition

Town of South Padre Island
South Padre Island
Cameron
$7,500
cardiac monitor defibrillator

Travis County ESD #6 dba Lake Travis Fire Rescue
Austin
Travis
$16,922
Mega Code kid simulator; Mega Code adult simulator w/vital SIM unit; adult trauma module kit; pedi trauma module kit; EMT-Intermediate course tuition; PEPP course tuition; prehospital trauma life support course tuition

Trenton Volunteer Fire Department
Trenton
Fannin
$7,095
stabilization struts; lifting jack; chain cluster package; strap and J Hoop package; pyramid cribs; step chocks; medium step chocks; cribbing bags

Utopia Volunteer EMS, Inc.
Utopia
Uvalde
$3,000
radios; 2-way base radio

Val Verde Hospital District dba Val Verde Regional Medical Center EMS
Del Rio
Val Verde
$1,040
antenna; GPS units; stethoscopes

Vernon Fire Department
Vernon
Wilbarger
$2,000
stair chairs; desktop computers

Victoria Fire Department
Victoria
Victoria
$5,677
airway management trainer; adult training arm; pedi training arm; Little Anne 4-pk manikin; Little Jr 4-pk manikin; Baby Anne 4-pk manikin; neonatal intubation simulators; infant airway trainers; airway 3-year old trainer

Ward County EMS
Monahans
Ward
$30,000
ambulance remount

Waskom Volunteer Fire Department/EMS Services, Inc.
Waskom
Harrison
$30,000
ambulance remount

White Deer Volunteer EMS
White Deer
Carson
$35,000
ambulance

Willacy County EMS
Raymondville
Willacy
$4,875
laptop computers; GPS units

Williamson County Emergency Medical Services
Georgetown
Williamson
$12,500
simulation training manikin

Zapata County Fire Department
Zapata
Zapata
$30,000
ambulance remount

FAQ Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

Q: ***I want to become an EMT Instructor. Which courses does the Texas Department of State Health Services recognize for Instructor certification?***
A: According to Policy P09-a, effective January 1, 2010, the following training programs are approved by DSHS for EMS instructor certification: (1) the National Association of EMS Educators (NAEMSE); (2) the Texas Commission on Fire Protection; and (3) the United States Military Instructor Training Course. Effective January 1, 2010, the department will approve other methods of teaching instructor courses that are based only on the Department of Transportation National Highway Traffic Safety Administration (NHTSA) current instructor curriculum.

DSHS offers the NAEMSE class at the annual Texas EMS Conference. This year the class will be held November 20 to 22, 2009, in Fort Worth at the Omni Fort Worth Hotel. For registration information for the NAEMSE course or to find out whether the class is full, call (512) 759-1720, or you can register online at www.texasemsconference.com.

Q: ***I submitted my EMT Renewal application on the first of this month, and it is now the 15th. Should I call the EMS Certification unit to see if there is a problem with my application?***
A: Not necessarily. Once you submit your application, it goes to the DSHS fiscal office, where all fees are processed. After approximately five to seven *business* days, the fee process is complete and your application is sent to the EMS Certification office. Once there, applications are reviewed in the order in which they are received by EMS Certification staff. The entire process can take **four to six weeks**. If your application is incomplete, or if you have a criminal history that must be evaluated, that time frame will be extended. You can always check your certification on our website, 24 hours a day, 7 days a week, at www.dshs.state.tx.us/emstraumasystems/NewCert.shtm.

Q: ***I am about to complete an initial EMT course and was told by the instructor that I need to submit an initial EMT application to DSHS, but I don't have my course completion number or National Registry number yet. Can I still submit the DSHS EMT initial certification application?***
A: Yes. You can submit the application prior to completing your EMT course or before you have your National Registry number. You can submit the application by printing it from our website and mailing it in with a check, or you can submit the application electronically and pay with an electronic check or credit card. If you don't have the course completion number or National Registry number yet, just leave that line blank. After your application is reviewed (approximately four to six weeks), you will receive in the mail what is commonly referred to as a deficiency letter, requesting the missing course number or National Registry information. Then, when you have taken and passed the National Registry exam, National Registry will send DSHS EMS Certification your results. If you received notification that you have passed the National Registry exam and DSHS hasn't received your NR score yet, you can notify the EMS Certification office directly, and we can complete and approve your application. You can find the initial EMS certification application on our website at www.dshs.state.tx.us/emstraumasystems/certapps.shtm. If you have any additional questions, you can contact the EMS Certification office at (512) 834-6700.

Q: ***I am attempting to renew my EMT-B certificate using the TxOnline electronic application system, but I keep getting an error message that states my license information does not match the information in the database. Why am I getting this error message?***
A: You could encounter this message for a few different reasons. But the most common problem is that applicants assume the system is prompting them to enter a social security and Texas driver's license number. In fact, the system is asking for your social security number and your *EMS* license number (a.k.a., your EMS personnel ID; EMS certification number), **not** your driver's license number. If you continue to see the error message, please verify that you accurately entered these numbers. Ensuring that you have entered the correct information should resolve the issue. If you have more questions, please call the EMS Certification office at (512) 834-6700.

Q: ***I saw that HB 2845 passed in the last legislative session. I know this bill regulates the criminal history prescreening of persons interested in attending an EMS training class and intending to seek EMS certification/licensure. Is this prescreening available now?***
A: No. It takes quite a while to develop guidelines and complete the DSHS rulemaking process, so the statute allows until 2010 for implementation. The effective date of the new rule and prescreening availability is predicted to be June of 2010.

Q: ***Will the criminal history prescreening authority affect all applicants? Is there a fee for prescreening, or is it included in the application fee?***
A: We **do not** recommend that all candidates submit a petition for prescreening. Prescreening should be applicable only to those who have a criminal offense *and* who are unsure about whether it will bar them from

FAQ Frequently Asked Questions

being certified. A fee of $50 will be assessed for processing prescreening petitions. The prescreening petition and the certification application are separate and distinct processes. Prescreening should be requested prior to course enrollment, as it may help avoid expenses for tuition in cases where the candidate would be found ineligible for certification.

Q: ***I heard that the law now specifically addresses certain serious offenses listed in the Code of Criminal Procedure. What are the offenses, and how would it affect my prescreening if I've been convicted of one of them?***
A: For all practical purposes, conviction for a listed offense would remove the need for you to petition for prescreening—it would be a foregone conclusion that you could not qualify for certification with one of those offenses on your record. The statute calls for revocation of certification/licensure for anyone who has been convicted of or placed on deferred adjudication, community supervision or deferred disposition for offenses listed in the Code of Criminal Procedure, Article 42.12, Section 3g (a)(1)(A)-(H). These offenses are (1) murder, capital murder, indecency with a child, aggravated kidnapping, aggravated sexual assault, aggravated robbery and substance abuse offenses for which the sentence was increased due to being committed in a drug free zone, involving the use of a child in the commission of the offense, or involving sexual assault; or (2) an offense for which the person is required to register as a sex offender.

Q: ***I read that legislation now prohibits the state from considering criminal history information for applicants whose crime history has previously been evaluated. When does this take effect?***
A: That's not exactly correct. Passed in the last legislative session, HB 846 addresses the review of criminal histories for renewal candidates. More accurately, it neutralizes any implied mandate for candidates to submit redundant information (i.e., unchanged information previously submitted) about their criminal history as a requirement for certification/licensure renewal. Information regarding any offenses committed or sentences received subsequent to the last review, or previously submitted information that has changed or been determined to be incorrect, incomplete or unclear may still have to be (re)submitted. Per the statute, implementation begins for renewal applications received on or after January 1, 2011.

Q: ***When I was at the last GETAC meeting, the council discussed a review schedule for EMS and Trauma Systems rules. I don't mean to be a pessimist, but there's no way you're going to be able to stick to a schedule—legislation, disasters and perpetual conflict result in never-ending debate. Am I wrong?***
A: Whoa! Thanks for the pep talk, dude. Actually, most of the problems you highlight are the very reasons *why* we developed a schedule. The rather deliberate administrative procedures of rulemaking require that we routinely initiate and methodically consider an assortment of rules far in advance. And we must review rules in multiple stages simultaneously. Perfect compliance with rigid timelines may be "pie in the sky," but following a moderately fluid, publicized schedule could actually stem some debate by providing lead time for stakeholders to research and resolve conflicts in advance. Conversely, *lack* of interest is also a key consideration, as some rules haven't piqued anyone's interest or been considered for years on end. Government Code 2001.039 prohibits us from kicking those cans down the road and requires a decision every four years on whether to repeal or continue each of our rules. Even rules that are intended to continue require at least a small revision or update in order to establish a current effective date. The proposed schedule has built-in buffers and will remain reasonably flexible to account for delays due to legislation and/or disasters. A spreadsheet of the schedule will be perpetually posted (but routinely updated) on the GETAC webpage at www.dshs.state.tx.us/emstraumasystems. Click on "Governor's EMS/Trauma Advisory Council."

Q: ***I like the idea of a rule review schedule, but the schedule proposed at the last GETAC meeting looks a little un-ambitious to me. Can't you review and revise rules at a quicker pace than 13 to 18 months?***
A: Interestingly, we've had about an equal number of comments that predict the schedule is too ambitious (see previous question). Our plan is for the rules to appear on the agenda of three consecutive GETAC meetings in the various stages of review (concept, draft and proposal), accounting for about six months. After GETAC and other stakeholders have reviewed the rule, the Health & Human Services Commission's (HHSC) review/approval process routinely takes about ten to twelve months. Like GETAC, the State Health Services Committee (SHSC) that reviews department rules meets only four times a year, but the overlap in meeting times can affect the overall timeline. An example diagram of the rule review process flow and timeline is posted at www.dshs.state.tx.us/emstraumasystems/RuleFlow-GETAC-HHSC.pdf.

The EMS Experience

Saluting those with 20 years or more in EMS

Vance L. Riley, LP

Vance L. Riley, LP, is chief of the Victoria Fire Department and is a member of GETAC.

What was your first day on the job in EMS?

Late in January 1980, after I had completed a Red Cross Advanced First Aid Class, I went on an ambulance call with Texas A&M University Emergency Care Team (TAMECT).

Which services have you worked for over the years?

I've worked with TAMECT, Brazos County Precinct 4 Volunteer Fire Department, Friendswood Volunteer Fire Department, Southeast Harris County Volunteer Fire Department, Clive Fire Department (Iowa), and, currently, Victoria Fire Department.

Why did you get into EMS?

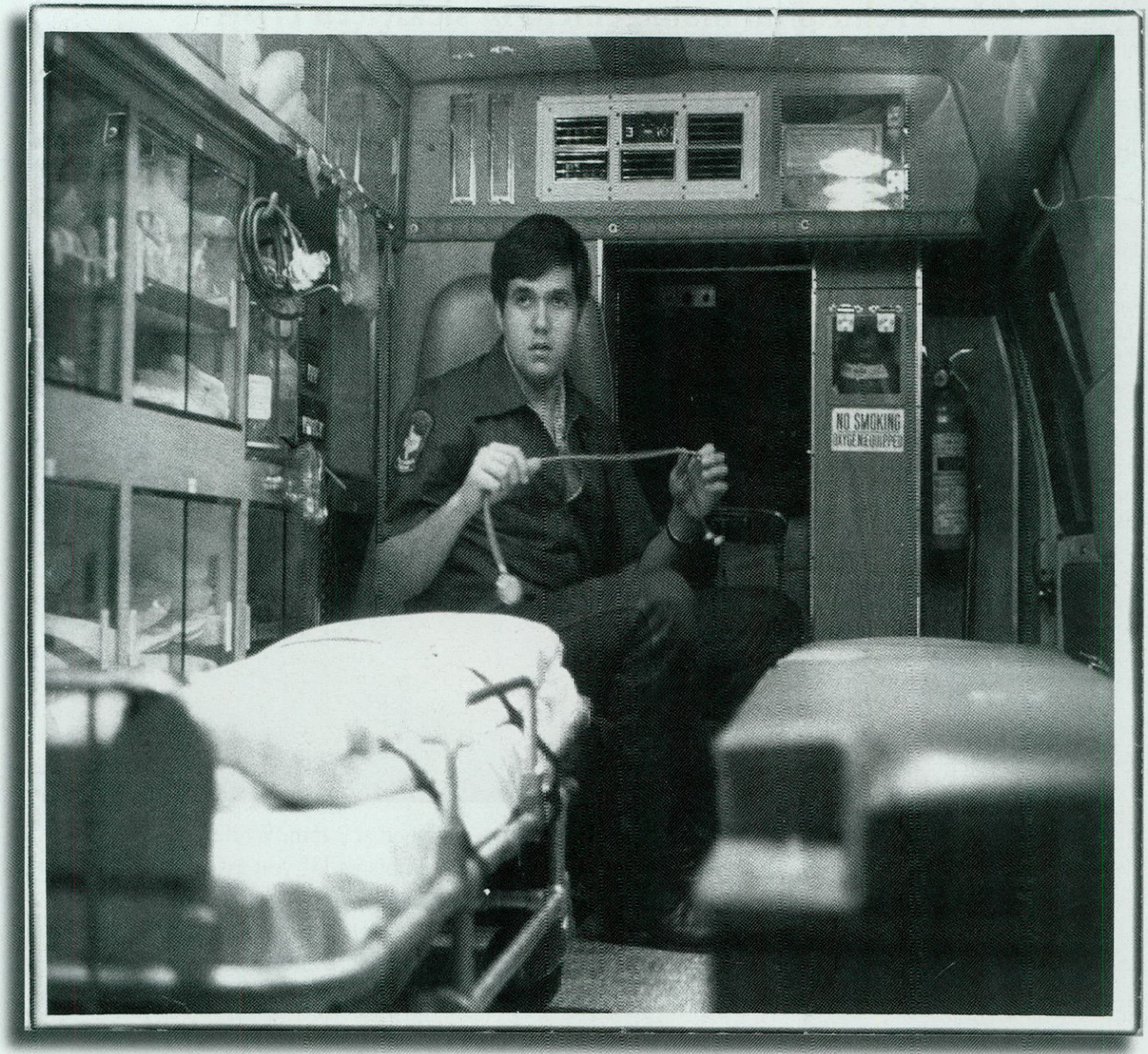
I was flunking out of my accounting major at Texas A&M and needed something else to do. Seriously, my uncle Weldon McKinney was a volunteer firefighter in Canyon, Texas, when I was a little boy. I used to watch him and the department practice when we visited during the summers. Fire/EMS got in my blood then and stayed there, I guess, even though it wasn't my first career choice. When I was at A&M, a classmate asked me to come hang out with TAMECT and I was hooked. Helping others in distress was much more satisfying than crunching numbers, for me, at least.

How has the field changed since you've been in it?

Wow! How hasn't it? I can remember high-fiving with my crew members after delivering a CPR patient to the emergency department and seeing the arterial blood gases reading come back with oxygen of 500+. Only to find out 25 years later that all we probably did was guarantee the patient wasn't coming back. Or how about setting up two large bore IVs wide open (the bigger the gauge needles, the better) for trauma patients? Later we were told to stop doing that—we were just making Kool-Aid out of the patient's blood, and it wouldn't clot or deliver oxygen. CPR thumpers came and went and have come back—not to mention all the changes in CPR itself. Traction splints are much less barbaric than when I tested with the state in the early 1980s and had to use triangular bandages to hold the leg to the splint. Back then, we never could have imagined sitting next to a patient in his or her favorite recliner at home and sending a 12-lead EKG with a complete set of vitals to the hospital via cell phone card. *And*, that information is also being sent to portable laptop computers for us to "write" our patient reports. Equipment and protocols have really changed over the years, and ultimately for the better for the patient, in my opinion.

Is there a particular moment or call that stands out?

There are many interesting calls that stand out, and most of them are multi-casualty incidents (MCI). Out of all of them, the one that will never leave my mind was the illegal immigrant smuggling deaths in Victoria County in May 2003. I had been to many MCIs in my career, but most of them involved only one or two deaths and lots of injuries. Seeing 17 (later 19) men, women and children piled up on top of each other in the back of that 18-wheeler, all dead, and



Vance Riley started his EMS career while in college at Texas A&M University.

not being able to do anything about it, really stands out to me. It looked like a picture from Auschwitz; an absolute horror. Those who responded that day assuage ourselves somewhat by remembering we were able to save or care for 40 or so other patients at that incident.

What has been your favorite part of your career in EMS?

Most definitely the people I have had the privilege to work with and learn from is my favorite part of being in EMS. There is quite a lengthy list of folks who have helped me give better patient care along the way in this journey. All of my peers may have different ideas about how to deliver the best patient care possible, but we are all still one big family of caregivers with the same mission. They have coached, counseled, mentored, taught, treated (as a real patient on occasion) and pushed me to give the best patient care possible. All of these great people have, and continue to, remind me of the basic principle that more than having good technical skills, sincerely caring for a patient by holding a patient's hand can be the most powerful medicine of all. I am truly a blessed man to have been able to work with EMS caregivers for all of my adult life. I cherish the 30 years of memories and look forward to making more with my fellow Texas EMS caregivers.

Do you have 20 years or more in EMS? Do you answer to dino-medic? We're looking for a profile of you! If you are interested, please write Kelly Harrell at kelly.harrell@dshs.state.tx.us.

Continuing Education

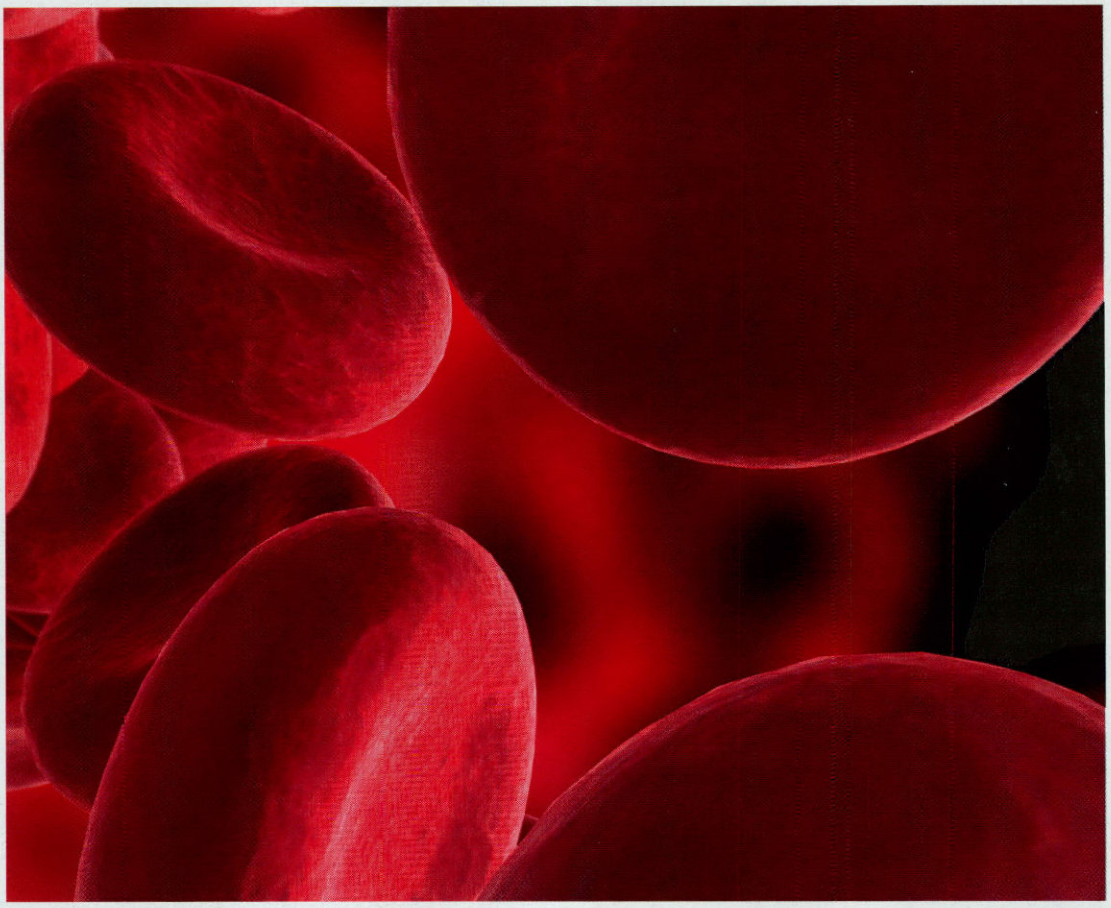
Prehospital management of sickle cell crisis

By Kenneth Navarro, LP

Objectives

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

1. Describe the pathogenesis of sickle cell disease and crisis episodes.
2. Discuss the role of analgesics in managing acute vaso-occlusive pain events.
3. Formulate a treatment plan for the prehospital management of sickle cell crisis.



Case Review

You respond to a residence in the early morning hours to evaluate a boy, age 15, complaining of severe back pain. The patient denies trauma but reports a history of sickle cell disease with many previous vaso-occlusive episodes. The pain began about four hours ago and the patient took 60 milligrams of codeine. Without experiencing much relief, the patient took an additional 120 milligrams of codeine about one-and-a-half hours ago. The patient still describes the pain as a nine on a one to ten scale.

The patient is conscious, alert and appears to be in distress. The patient's blood pressure is 146/94 mmHg, pulse rate is 128 bpm, shallow respirations are 22 bpm, and the room-air pulse oximetry reading is 95 percent. The patient is warm to the touch and the breath sounds are clear and equal.

You place the patient on nasal cannula oxygen at 2 lpm. While your partner attempts an IV, you assist the patient with the self-administration of nitrous oxide. The patient says the nitrous helps, but not very much. Once the IV is established, you begin a fluid bolus. You estimate the child's weight to be about 60 kilograms, so you administer 600 milliliters of normal saline. Medical control authorizes the slow administration of four milligrams of intravenous morphine, and you begin transport to the children's hospital, where the patient receives routine care. En route, you administer an additional four milligrams of morphine by slow IV push. The transport is uneventful and the care is transferred to the emergency department staff.

Introduction

Sickle cell disease, sometimes called sickle cell anemia, is a collection of blood disorders that produces abnormally shaped

red blood cells. The abnormal shape alters cellular flexibility, causing them to lodge in and eventually occlude small blood vessels. Sickle cell disease is a chronic condition, although many patients lead relatively normal lives. However, periodic acute episodes of vaso-occlusion produce severe pain along with several other potentially life-threatening risks.

In the United States, 1 in every 600 African Americans has sickle cell disease (Steinberg 1999). About eight percent of the African American population carry the sickle cell trait but do not require treatment or experience physical restrictions (Steinberg 1999). In 1973, the median life expectancy for patients diagnosed with sickle cell disease was 14 years, with very few surviving to see their 30th birthday (Diggs 1973). Deaths in children with sickle cell disease peak between the ages of one and three years; pneumococcal sepsis is the predominate cause (Leikin et al. 1989). The majority of the adults die during a classic crisis episode from a variety of factors, including fat embolism (Hutchinson, Merrick and White 1973), complication of narcotic administration (Cole et al. 1986), cardiovascular collapse (Platt et al. 1994), or multi-organ failure (Platt et al. 1994). Because of modern treatment, patients with sickle cell disease living in industrialized nations frequently survive into their fifth or sixth decade (Platt et al. 1994).

Pathophysiology

Under normal conditions, oxygen absorbed from the alveoli attaches to a hemoglobin molecule within the red blood cells. A normally functioning circulatory system transports the red blood cells throughout the body, thereby delivering the oxygen to the tissues. In sickle cell disease, a genetic mutation produces abnormal hemoglobin known as hemoglobin S. When saturated with oxygen, hemoglobin S floats around in the bloodstream without any problems. However, after releasing oxygen to the body's tissues, the desaturated hemoglobin molecules polymerize, or link together in a chain. This polymer chain reduces the flexibility of the red blood cell, causing it to assume a sickle-shape. These rigid sickles do not easily pass through small blood vessels and soon obstruct blood flow.

In addition, the polymerization alters the surface of the affected blood cells, causing them to stick to the lining of blood vessels (Hebbel et al. 1980). This adhesion changes the normal balance of chemicals that keeps blood flowing freely. As a result, the affected area begins to constrict. The combination of the altered cell shape, the adhesion to vessel lining and vasoconstriction work to create blood flow obstructions in larger vessels, resulting in multiple organ ischemia and infarction.

The speed with which polymerization begins following desaturation appears to be directly related to the concentration of hemoglobin S present within the individual red blood cell. If the ratio of hemoglobin S to normal hemoglobin is high, polymerization may occur in milliseconds (Steinberg 1999). Individuals with the sickle cell trait but not the disease have a concentration of hemoglobin S too low to produce polymerization under most conditions (Steinberg 1999). However, dehydration or prolonged exposure to low oxygen environments as one might experience when climbing a mountain can cause significant hemoglobin S polymerization.

Sickled cells that make it back to the lungs can pick up a fresh supply of oxygen, causing the red blood cell to resume its normal appearance. However, frequent sickling of the same cell produces irreversible changes that ultimately make

the sickling permanent. A permanently sickled cell will eventually lodge somewhere within the capillary system, unless it can be destroyed by the body's natural defenses.

Sickle Cell Disease Origin

Experts believe that sickle cell disease originated in areas of the world with a high incidence of malaria. In those regions mosquitoes transmit a parasite that enters human red blood cells. The parasite completes its life cycle there and, in the process, destroys the cell. As the parasites destroy the red blood cells, the infected patient becomes anemic and ultimately dies.

However, the parasite cannot continue its life cycle in red blood cells affected by hemoglobin S. The presence of a single mutated gene in the hemoglobin gene pair provides the carrier with some resistance to malaria, a clear survival advantage in a malaria-prone region. The carrier will still have some sickling, but no widespread problems. Therefore, this individual is a carrier of the sickle cell trait, but does not have the disease.

Unfortunately, if both the mother and father are carriers, there is a one-in-four chance that the offspring will receive two of the defective genes. When both of the paired genes are defective, the child has inherited sickle cell disease and may not live to his or her reproductive years.

Complications of Sickle Cell Disease

The spleen assists in maintaining immunity against infection, but the organ also plays a major role in removing damaged and abnormal red blood cells from circulation. The spleen, along with other tissues, helps to destroy sickled cells. In many cases however, the spleen destroys the abnormal cells faster than the body can create new ones, resulting in a reduced oxygen-carrying capacity of the blood, or anemia.

Because most of the vasculature in the spleen is very narrow, sickled red blood cells easily occlude the vessels and splenic injury is common. In fact, in most individuals with sickle cell disease, the spleen has become nonfunctional by the end of childhood, which then predisposes them to infections.

If the body cannot remove the sickled red blood cells from the circulatory system, the abnormal cells lodge in blood vessels throughout the body, which is sometimes referred to as a vaso-occlusive event. Blockages of cerebral vessels produce strokes; blockages of peripheral vessels produce extreme pain in the extremities; blockages of vessels in the penis produce a painful prolonged erection known as a priapism. Eventually, vaso-occlusion damages almost every major organ, resulting in multiple-organ failure.

Acute chest syndrome is a sometimes fatal complication of sickle cell disease. Acute chest syndrome affects about 40 percent of all people with sickle cell anemia (Steinberg 1999) and is more common in children. Patients usually present with pleuratic chest pain, fever, referred abdominal pain, hypoxia and a cough. X-ray examinations frequently reveal infiltrates. With frequent episodes, chronic respiratory insufficiency develops.

Assessment

Improving morbidity and mortality in sickle cell disease patients requires that medical personnel identify at-risk patients early in order to provide timely and effective care (Platt et al. 1994). In any given year, 60 percent of individuals with sickle cell disease will experience an extremely painful crisis episode (Platt et al. 1991). The duration of the vaso-

occlusive episodes range from a few days to several weeks (Vichinsky and Lubin 1980). Common triggers are infection, temperature extremes, or physical or emotional stress (Steinberg 1999). However, a significant number of vaso-occlusive episodes occur spontaneously with no identifiable triggers.

Signs and Symptoms

Among the more common complaints is pain in the chest, back, extremities and abdomen. Acute episodes rarely present with isolated pain. When extremity pain is present, it is common for the pain to be symmetrical (Steinberg 1999). In many cases, fever accompanies the pain (Serjeant et al. 1994).

EMS personnel do not have clinical tests or assessment findings to determine the degree of pain in any individual. As a result, pain assessment during a vaso-occlusive crisis relies on self-reporting data from the patient. Several pain intensity scales are available, including a common one-to-ten numerical scale and the Wong-Baker FACES Pain Rating Scale (Wong et al. 2001). EMS personnel should document the described pain intensity and alter prehospital treatment based on the patient's perception of the pain, not the medic's judgment of how much pain the patient is actually experiencing.

Management

Prehospital management of sickle cell crisis will focus on support of airway, breathing, circulation, pain control and rapid transport to an appropriate facility. Cardiac arrest in sickle cell crisis is relatively uncommon and usually only develops following respiratory arrest related to respiratory failure.

Administer supplemental oxygen as necessary, but 2 lpm by nasal cannula is probably adequate in most cases. The results of two small, randomized investigations did not demonstrate any reduction in pain intensity or duration in non-hypoxic crisis patients following oxygen administration (Zipursky et al. 1992; Robieux et al. 1992). Use a pulse oximeter to help determine the effectiveness of oxygen therapy and attempt to maintain oxygen saturation levels above 93 percent (Ellison and Shaw 2007).

Patients in crisis often stop hydrating because of an increased focus on the event. Dehydration can worsen a vaso-occlusive event, highlighting the need for vascular access. EMS personnel should establish intravenous access with normal saline at a keep-open rate (Yale, Nagib and Guthrie 2000). If the assessment evidence suggests dehydration, administer a fluid bolus of 10 mL/Kg. Exercise caution, however, as excessive fluids can induce pulmonary edema, especially if the patient suffers from cardiac or renal failure or pulmonary vascular injury (Yale, Nagib and Guthrie 2000).

Acetaminophen and non-steroidal anti-inflammatory agents may be useful to control pain in mild to moderate vaso-occlusive episodes (Ellison and Shaw 2007). For moderate to severe episodes, EMS personnel should consider the use of opioids (Ellison and Shaw 2007). For patients requiring parenteral narcotics, morphine is the first-line analgesic.

If there is a delay in establishing IV access, the paramedic may allow patients to self-administer nitrous oxide to assist in pain management. If the patient cannot cooperate with nitrous administration, if its use is contraindicated or if the pain is not relieved, medics should administer intravenous morphine in small increments (2 to 4 milligrams at a time). Meperidine, a popular analgesic in some EMS systems, is controversial and has fallen out of favor

in the treatment of vaso-occlusive crisis. In patients suffering from sickle cell disease, the drug is associated with an increased incidence of seizure activity, although researchers have not established a causal link (Ballas 2008).

An unfortunate but pervasive attitude among health care personnel is that patients with sickle cell disease are narcotic dependent, and this attitude might influence treatment decisions (Waldrop 1995; Pack-Mabien et al. 2001; Shapiro et al. 1997). Emergency department studies demonstrate significant delays in analgesia administration for sickle cell disease patients presenting for treatment (Tanabe et al. 2007). It is never a good idea for EMS personnel to make a value judgment as to whether a patient really needs an analgesic. If the patient has a history of sickle cell disease and is in pain, treat the pain.

The most serious complication of pain control in sickle cell patients is sedation and respiratory depression. Reversal agents should be reserved for life-threatening complications of opioid administration and then administered in small increments to preserve some of the analgesic properties (Shannon and Berde 1989).

Be careful when evaluating the respiratory rate and effort in crisis patients following analgesic administration. Initially, the patient may present with tachypnea resulting from the pain. Narcotic administration may relieve the pain, thereby reducing the respiratory rate, but the decrease in rate may also be a result of the respiratory depressant effects of the narcotics. Patients receiving narcotics, especially those receiving the maximum prehospital dose should have ECG rate, pulse oximetry and capnography values monitored very closely.

Additionally, tachypnea produces a slight hyperventilation, which reduces the amount of carbon dioxide in the patient's blood. Narcotic administration reduces the pain, causing a reduction in the patient's respiratory rate. This action promotes a slight retention of carbon dioxide in the alveoli and in the bloodstream. Carbon dioxide retention promotes oxygen unloading from the hemoglobin and increases sickling (Bunn and Forget 1986).

Conclusion

Vaso-occlusive crisis is a frequent and painful complication of sickle cell disease. Most of these patients seek medical attention for pain control, although many times the medical community does not manage the pain well. EMS personnel must guard against judging whether patients are actually experiencing pain and care for the patient appropriately.

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Prehospital Management of Sickle Cell Crisis Quiz

EMT-Basics answer questions 1 – 10
EMT-Intermediates and Paramedics answer all questions (1 – 20)

1. What is the name of the molecule circulating in the bloodstream that, under normal circumstances, serves as an attachment for oxygen that has diffused across the alveolar membrane?
   A. Hemoglobin
   B. Macroglobulin
   C. Gammaglobulin
   D. Immunoglobulin

2. What event causes normal red blood cells to alter their shape in patients with sickle cell disease?
   A. Hypoglycemia
   B. Release of oxygen to the tissues
   C. Excess hydrogen ions in bloodstream
   D. Absorption of carbon dioxide from tissues

3. What is the name of the periodic, painful episode experienced by patients with sickle cell disease?
   A. Stroke
   B. Embolic crisis
   C. Thrombolic episode
   D. Vaso-occlusive crisis

4. What is the primary focus for emergency personnel during the management of sickle cell crisis?
   A. Pain control
   B. Establish intravenous access
   C. Rapid transport to an appropriate facility
   D. Support the airway, breathing and circulation

5. A female, age 12, with a history of sickle cell disease complains of bilateral extremity pain, which is described as an 8 on a 1-10 scale. The patient is conscious and alert with a blood pressure of 138/94 mmHg, pulse rate of 126 bpm, and a non-labored respiratory rate of 28 bpm. The room-air pulse oximetry reading is 92 percent. The patient is warm to the touch and the breath sounds are clear and equal. What is the most appropriate oxygen administration dosage?
   A. No oxygen is required
   B. Nasal cannula at 2 lpm
   C. Non-rebreather mask at 15 lpm
   D. Assisted ventilation at 100 percent oxygen

6. What happens to the sickled cell if it travels back to the lungs and is exposed to a fresh supply of oxygen?
   A. White blood cells in the lungs will destroy the sickled cell.
   B. The cell will remain sickled and lodge in the coronary arteries.
   C. The cell will absorb oxygen and resume its normal appearance.
   D. The sickling will cause the cell to begin absorbing carbon dioxide.

7. What is the usual cause of cardiac arrest in sickle cell crisis?
   A. Lethargy
   B. Dehydration
   C. Severe pain
   D. Respiratory failure

8. What happens to the lining of blood vessels when red blood cells polymerize?
   A. It dilates.
   B. It is destroyed.
   C. It erodes away.
   D. It becomes sticky.

9. What is the name of the genetically mutated molecule in sickle cell disease?
   A. Oxygen
   B. Hemoglobin
   C. Red blood cell
   D. Carbon dioxide

10. What effect does dehydration have on the pain intensity during a vaso-occlusive crisis?
   A. Relieves pain
   B. Worsens pain
   C. No effect on pain

Questions 11-20 for EMT-I, EMT-P and LP

11. Which patient has a ratio of hemoglobin S to normal hemoglobin too low to produce polymerization under normal circumstances?
   A. Male with the sickle cell trait
   B. Male with sickle cell disease
   C. Female with sickle cell disease

12. Which of the following organs assists in immunity and plays a major role in removing damaged and abnormal red blood cells from circulation?
   A. Liver
   B. Spleen
   C. Pancreas
   D. Gall bladder

13. You evaluate a boy, age 13, with a history of sickle cell disease. The boy is complaining of chest pain and shortness of breath. The intensity of the pain is worse as the patient takes a deep breath and is described as a 9 on a 1-10 scale. The patient is conscious, alert and grimacing with each breath. The patient's blood pressure is 152/96 mmHg, the pulse is 134 bpm, respirations are 32 bpm and shallow, and the room-air pulse oximetry reading is 88 percent. The patient is warm to the touch and the breath sounds are clear and equal. Which of the following conditions seem most likely?
   A. Sickle cell trait
   B. Unstable angina
   C. Acute chest syndrome
   D. Congestive heart failure

14. What criterion should a medic use to determine the need for analgesic administration in a patient experiencing pain in sickle cell crisis?
   A. Distance to the hospital
   B. Patient's perception of the pain
   C. Wong-Baker FACES Pain Rating Scale
   D. Medic's judgment of the intensity of the patient's pain

15. A male, aged 28, with a history of sickle cell disease, complains of upper back and bilateral knee pain. The patient's oral analgesics appear to be ineffective, as the pain is still described as a 9 on a 1-10 scale. The patient reports dark yellow urine output for a couple of days and admits to poor oral intake for several days before that. The patient is conscious and alert with a blood pressure of 146/98 mmHg, pulse rate of 140 bpm and a non-labored respiratory rate of 38 BPM. The room-air pulse oximetry reading is 94 percent. The patient is warm to the touch and the breath sounds are clear and equal. What is the most appropriate fluid administration strategy for this patient?
   A. Fluid bolus of 10 mL/Kg
   B. Normal saline IV at TKO rate
   C. Administer enough fluids to maintain a radial pulse
   D. Administer enough fluids to maintain a systolic blood pressure of 90mmHg

16. What is the parenteral analgesic of choice for the treatment of pain during vaso-occlusive crisis?
   A. Morphine
   B. Meperidine
   C. Acetaminophen
   D. Non-steroidal anti-inflammatory agent

17. Which of the following analgesics has been associated with an increased incidence of seizure activity when administered during a vaso-occlusive crisis?
   A. Morphine
   B. Meperidine
   C. Acetaminophen
   D. Non-steroidal anti-inflammatory agent

18. Which of the following is the most serious complication of pain control in sickle cell crisis?
   A. Amnesia
   B. Hypotension
   C. Nausea and vomiting
   D. Respiratory depression

19. What is the best reason for limiting the use of narcotic reversal agents following opioid administration during sickle cell crisis?
   A. Reversal agents are expensive
   B. Preservation of analgesic properties
   C. They are ineffective in sickle cell disease

20. What is the effect on a vaso-occlusive crisis of carbon dioxide retention, such as might result from respiratory depression following narcotic administration?
   A. Relieves the crisis
   B. Worsens the crisis
   C. No effect on the crisis

This answer sheet must be postmarked by December 20, 2009

CE Answer Sheet Texas EMS Magazine
Prehospital Management of Sickle Cell Crisis
Medical CE

Name _____ SSN _____

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You will receive your certificate for 1.5 hours of medical CE in about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

Answer Form

Check the appropriate box for each question. All questions must be answered. ***Questions 11-20 for EMT-I, EMT-P and LP***

1.	A.☐	B.☐	C.☐	D.☐
2.	A.☐	B.☐	C.☐	D.☐
3.	A.☐	B.☐	C.☐	D.☐
4.	A.☐	B.☐	C.☐	D.☐
5.	A.☐	B.☐	C.☐	D.☐
6.	A.☐	B.☐	C.☐	D.☐
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11.	A.☐	B.☐	C.☐	
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13.	A.☐	B.☐	C.☐	D.☐
14.	A.☐	B.☐	C.☐	D.☐
15.	A.☐	B.☐	C.☐	D.☐
16.	A.☐	B.☐	C.☐	D.☐
17.	A.☐	B.☐	C.☐	D.☐
18.	A.☐	B.☐	C.☐	D.☐
19.	A.☐	B.☐	C.☐	
20.	A.☐	B.☐	C.☐	

Did you enclose your $5 check or money order?

Did you read?

Yearly, more than half a million U.S. children have reactions or side effects that require medical treatment and sometimes hospitalization from widely used medicines, new research shows. The study, which appeared in October's Pediatrics, was led by Dr. Florence Bourgeois, a pediatrician with Children's Hospital in Boston.

Children younger than age five are most commonly affected, and penicillin and other prescription antibiotics are among the drugs causing the most problems, including rashes, stomachaches and diarrhea.

Parents should pay close attention when their children are started on medicines since "first-time medication exposures may reveal an allergic reaction," said Bourgeois. Doctors also should tell parents about possible symptoms for a new medication, she said.

The number of children treated for bad drug reactions each year averages 585,922.

The study is based on national statistics on patients' visits to clinics and emergency rooms between 1995 and 2005. The number of children treated for bad drug reactions each year was mostly stable during that time, averaging 585,922. Bourgeois said there were no deaths, but 5 percent of children were hospitalized.

The study involved reactions to prescribed drugs, including accidental overdoses. They were used for a range of ailments including ear infections, strep throat, depression and cancer. Among teens, commonly used medicines linked with troublesome side effects included birth control pills.

Children under five accounted for 43 percent of visits to clinics and emergency rooms; followed by teens aged 15 to 18, who made up about 23 percent of visits.

Michael Cohen, president of the Institute for Safe Medication Practices, said a common problem involves giving young children liquid medicine. Doses can come in drops, teaspoons or milliliters, and parents may mistakenly think those amounts are interchangeable. Cohen said doctors should be clear about doses and parents should be sure before leaving the pharmacy that they understand exactly how to give liquid medicine.

Similar numbers of hospitalized children—about 540,000 yearly—also have bad reactions to drugs, including side effects, medicine mix-ups and accidental overdoses, recent government research suggests.

From USAToday.com, 500,000 kids a year have bad reactions to common drugs, September, 30, 2009.

Being fat could become the leading cause of cancer in women in Western countries, European researchers reported in October.

Being overweight or obese accounts for up to 8 percent of cancers in Europe. Experts said that figure is poised to increase substantially as the obesity epidemic continues, and as major causes of cancer, such as smoking and hormone replacement therapy for menopausal women, drop dramatically.

"Obesity is catching up at a rate that makes it possible it could become the biggest attributable cause of cancer in women within the next decade," said Andrew Renehan, a cancer expert at the University of Manchester. Renehan presented his findings to a joint meeting of the European Cancer Organisation and the European Society for Medical Oncology in Berlin.

Renehan and colleagues designed a model to estimate the number of cancers that could be blamed on being overweight in 30 European countries. In 2002, they calculated that 70,000 cases of cancer out of about 2 million cancer cases were attributable to being overweight or obese. By 2008, the number had jumped to at least 124,000.

Colorectal cancer, breast cancer in menopausal women and endometrial cancer accounted for 65 percent of all cancers linked to being fat. Renehan said that in the U.S., some studies found obesity was responsible for up to 20 percent of cancers.

Scientists aren't sure why being fat boosts your cancer risk, but suspect it is connected to hormones. As people become fatter, they produce more hormones, like estrogen, that help tumors grow. People with big bellies also have more acid in their stomachs, which can lead to stomach, intestinal or esophageal cancer.

Still, not all experts said obesity would produce skyrocketing cancer rates in the near future.

Obesity could become the biggest attributable cause of cancer in women within the next decade.

"It is not likely (obesity) will have as severe an effect as smoking," said Jan Coebergh, a professor of cancer surveillance at Erasmus University, who has done similar research. Coebergh expected it would take a few decades before Europeans would see a parallel rise in cancer.

Still, scientists called for more measures to fight obesity and the cancers it might cause.

Renehan said new strategies were needed to help people stay slim. "We need to find the biological mechanism to help people find other ways of tackling obesity." he said.

From MSNBC.com, Obesity on verge of becoming top cancer cause, September 24, 2009.

Do well-publicized medical cases drive people to seek care? In at least one case,

Did you read?

the answer is yes: Publicity surrounding the death of actress Natasha Richardson after a head injury triggered a 73 percent increase in emergency room visits for head trauma, according to research presented at the American College of Emergency Physicians' annual meeting in Boston.

Brian Walsh and colleagues at Morristown Memorial Hospital in New Jersey looked at the number of patients seen by doctors in 19 emergency rooms in New York and New Jersey in March 2009. During that month, more than 2,500 of nearly 87,000 visits were for head trauma.

They compared the daily visits for head injury in the 10 days before and after March 18, the day Richardson died following a skiing accident. Although the visits for head trauma increased significantly after March 18, only a very small proportion of patients—two to three percent—really had anything to worry about, said Walsh. By March 31, the number of visits returned to the pre-March 18 range.

Publicity surrounding the death of actress Natasha Richardson after a head injury triggered a 73 percent increase in emergency room visits for head trauma.

"The study quantified what we already knew: When the media make people more aware of a disease process, they get scared and come to the emergency room," Walsh said. In this case, "the media played up the 'sudden death syndrome' aspect—the idea that you can have a minor fall, look great afterwards, and suddenly die."

Although people sometimes can look all right temporarily after this type of injury, generally, "they will pass out or have a period of confusion before deteriorating," he explained.

Media campaigns that increase knowledge can be helpful, Walsh acknowledged. "But in this case, there was some exaggeration about how minor the fall was, and how perfect she looked afterwards."

From MSNBC.com, Actress' head injury death spurred ER visits, October 6, 2009.

When it comes to "preventable deaths"—an array of illnesses and injuries that should not kill at an early age—the United States trails other industrialized nations and has been falling further behind over the past decade.

Although the U.S. now spends $2.4 trillion a year on medical care—vastly more per capita than comparable countries—the nation ranks near the bottom on premature deaths caused by illnesses such as diabetes, epilepsy, stroke, influenza, ulcers and pneumonia, according to research by the nonpartisan Commonwealth Fund published in the journal Health Affairs.

The performance of the U.S. system is a mix, at best, said Mark Pearson, head of the health division at the Organization for Economic Cooperation and Development, which analyzes data from dozens of countries. "Where it's good, it's very, very good, and where it's bad, it's horrid," he said. The United States, for example, is the international leader in the detection and treatment of most cancers, he said.

For people with insurance, "America delivers care in a timely manner," Pearson noted. That stands in contrast to the situation in England, where some people have waited weeks for tests or elective procedures. But as many as 80 million Americans are uninsured or underinsured and have little access to a regular physician, checkups, preventive services, affordable prescription drugs, dental care or screening.

In tracking preventable deaths, researchers count deaths from illnesses or injuries that either need not happen at all or for which there are therapies proven to keep someone alive to a certain age. Young children dying of measles or fatal cases of skin cancer, epilepsy or surgical complications in patients under age 70 are deemed preventable. In contrast, more complicated cancers, AIDS and most heart disease are not considered preventable, because even with the best of modern medicine, patients often die before old age.

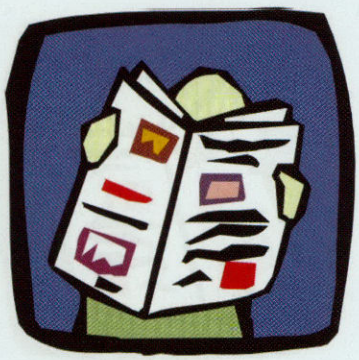
In 1997-1998, the United States ranked 15th in preventable deaths out of 19 industrialized countries. In 2002-2003, the nation fell to 19th, even as costs continued to rise.

Measuring preventable deaths can illuminate strengths and weaknesses in a health care system, according to Cathy Shoen, a senior vice president at Commonwealth Fund. Nations that dramatically lowered their preventable-death rates focused on challenges such as controlling diabetes and reducing hospital-acquired infections, she said.

The nation ranks near the bottom on premature deaths caused by illnesses such as diabetes, epilepsy, stroke, influenza, ulcers and pneumonia.

From *Washington Post*, U.S. Losing Ground on Preventable Deaths, Ceci Connolly, October 6, 2009

A cocaine vaccine developed by a Baylor College of Medicine researcher blocks patients' highs and reduces drug use, according to a new study providing the first evidence that medication can treat addiction.



Did you read?

The vaccine wasn't effective in all of the study participants, but it did well enough to prove that stimulating the immune system to attack illicit drugs can prevent them from reaching the brain and producing feelings of euphoria.

"This is as good a scientific breakthrough as you're going to get," said Dr. Tom Kosten, a Baylor psychiatry professor who has worked on the vaccine for more than 15 years. "The study showed you can take something the body doesn't normally make antibodies to and prompt it to make a lot."

Kosten said the principle can be applied to any drug of abuse except alcohol. Indeed, last week the National Institute on Drug Abuse announced plans for a trial of a nicotine vaccine using the same approach as the cocaine vaccine.

About 2.5 million Americans are dependent on cocaine and most don't receive treatment, according to the study. One of every three drug-related emergency department visits can be attributed to such dependence.

Treatment of cocaine addiction currently involves psychiatric counseling and 12-step programs. Over the years, more than 50 pharmaceutical options have been investigated and found wanting, Kosten said.

The problem is that cocaine molecules are so small, the immune system fails to identify them and make the antibodies necessary to mount an attack. To help the immune system recognize the drug, Kosten simply attached inactivated cocaine to the outside of inactivated cholera proteins.

The study looked at 94 crack cocaine users on methadone treatment at the Veterans Affairs Connecticut Healthcare System. Over 12 weeks, they received five injections of either the vaccine or a placebo. Over 24 weeks, their urine was tested for metabolized cocaine.

Thirty-eight percent of the subjects receiving the vaccine produced antibody levels strong enough to prevent cocaine highs despite many dosages of the drug.

Thirty-eight percent of the subjects receiving the vaccine produced antibody levels strong enough to prevent cocaine highs despite many dosages of the drug and another 37 percent had antibody levels strong enough to prevent highs to one or two doses. The rest had little or no response. Fifty-three percent of subjects in the first group stopped using cocaine more than half the time, compared with 23 percent of those in the second group.

"The exact numbers aren't as important as the proof of principle," said Dr. Nora Volkow, director of the National Institute on Drug Abuse. "Despite all the questions raised about this approach in past years, this demonstrates its feasibility as a strategy for treating addiction."

Kosten called the vaccine a first-generation offering that can be improved. A different carrier than cholera—a modified version of a meningitis bacterium—produced an antibody level response five to seven times higher in animals, he said.

A late-stage, multi-institutional trial, perhaps the last step before approval from the U.S. Food & Drug Administration, will begin enrolling patients in January. Baylor will be one of the sites.

From *Houston Chronicle*, Study: Baylor researcher's cocaine vaccine treats addiction, Todd Ackerman, October 5, 2009.

Chad, a yellow Labrador retriever, is an autism service dog who joined the Vaccaro family to help protect 11-year-old Milo—especially in public, where he often had tantrums or tried to run away.

Like many companion animals, whether service dogs or pets, Chad had an immediate effect—the kind of effect that is noticeable but has yet to be fully understood through scientific study. "Within, I would say, a week, I noticed enormous changes," Ms. Vaccaro said of Milo. "More and more changes have happened over the months as their bond has grown. He's much calmer. He can concentrate for much longer periods of time. It's almost like a cloud has lifted." The changes have been so profound that Ms. Vaccaro and her son's doctor are starting to talk about weaning Milo from some of his medication.

Anecdotes abound on the benefits of companion animals—whether service and therapy animals or family pets—on human health. But in-depth studies have been rare. Now the Eunice Kennedy Shriver National Institute of Child Health and Human Development, part of the National Institutes of Health (N.I.H.), is embarking on an effort to study whether these animals can have a tangible effect on children's well-being.

In partnership with the Waltham Center for Pet Nutrition in England, the child health institute is seeking proposals that "focus on the interaction between humans and animals." In particular, it is looking for studies on how these interactions affect typical development and health, and whether they have therapeutic and public-health benefits. It also invites applications for studies that "address why relationships with pets are more important to some children than to others" and that "explore the quality of child-pet relationships, noting variability of human-animal relationships within a family."

Reviews of past Waltham research programs indicated that larger studies over longer terms with appropriate control groups were needed. When it

became aware of the N.I.H. interest in this type of research, a public-private partnership was established, with the company committing more than $2 million. The National Institute of Nursing is also providing money.

People working with animals expect the research to back up their observations. At Children's

Anecdotes abound on the benefits of companion animals on human health.

Hospital of Orange County in Southern California, for instance, dozens of volunteers take their dogs to visit patients. Emily Grankowski, who oversees the pet therapy program at the hospital, observes that some patients who refused to speak will talk to the dogs, and others who refused to move often pet the dogs. The animals become part of the therapeutic program, especially in the areas involving speech and movement.

Such observations are not surprising to folks at Autism Service Dogs of America, which brought Milo and Chad together. "Many children with autism can't relate to a human," said its director, Pris Taylor, "but they can relate to a dog."

From *The New York Time*s, Exploring the Health Benefits of Pets, Carla Baranauckas, October 6, 2009.

Did you read?

When the label tells you the food you bought "contains probiotics," are you getting health benefits or just marketing hype? Maybe a bit of both.

Probiotics are live micro-organisms that work by restoring the balance of intestinal bacteria and raising resistance to harmful germs. Taken in sufficient amounts, they can promote digestive health and help shorten the duration of colds. But while there are thousands of probiotics, only a handful have been proved effective in clinical trials. Which strain of bacteria a product includes is often difficult to figure out.

There is no standard labeling requirement to help buyers make sense of probiotic products. The word "probiotic" on the label is not enough information to tell whether a given product will be effective for a particular health concern. Just as a doctor would prescribe different antibiotics for strep throat or tuberculosis, different probiotic species and strains confer different health benefits.

Consider Lactobacillus, a probiotic that comes in a number of strains, among them: Lactobacillus GG (often called LGG), which can be found in the diet supplement Culturelle as well as several milk products in Finland; L. casei DN114 001, included in Dannon products; and L. casei Shirota, found in Yakult, a popular probiotic drink from Japan.

Studies show that all of these strains are associated with reducing diarrhea; LGG has also shown a benefit in treating atopic eczema and milk allergy in infants and children, according to a 2008 report in The Journal of Clinical Gastroenterology. Meanwhile, both LGG and Dannon's L. casei strain have been shown in studies of children attending day care to reduce illness.

However, "Lactobacillus is just the bacterium," said Gregor Reid, director of the Canadian Research and Development Center for Probiotics. "With probiotics, there are strain-to-strain differences."

The outcome of a recent legal case may help clear up some of the confusion. Dannon, one of the biggest sellers of probiotic yogurts, settled a class-action lawsuit in September over its Activia yogurts and DanActive yogurt drinks, which claimed to help regulate digestion and stimulate the immune system. As part of the $35 million settlement, Dannon agreed to reimburse dissatisfied consumers and make labeling changes, among them adding the scientific names of probiotic strains it uses.

Dannon says that it settled the suit to avoid litigation and that it stands by all of its product claims. The company's Web site lists numerous scientific studies of its patented probiotic strains.

So what health problems can probiotics really help? After gathering at a Yale workshop to review the available evidence, a panel of 12 experts concluded that there was strong evidence that several probiotic strains could reduce diarrhea, including that associated with antibiotic use. Several studies have also suggested that certain probiotics may be useful for irritable bowel syndrome, with the strongest recommendation for Bifidobacterium infantis 35624, the probiotic in the Procter & Gamble supplement Align. (Two members of the panel had ties to Procter & Gamble; three others had ties to other companies that sell probiotics.)

Scientists continue to debate whether probiotics offer a benefit to the immune system.

The gastrointestinal tract is an important part of the immune system, and studies show that intestinal bacteria play an essential role in immune defenses. These bacteria not only aid digestion but essentially help form a protective barrier inside the intestine.

The Yale group, whose report appeared in The Journal of Clinical Gastroenterology in July 2008, concluded that the "immune response is definitely affected by the administration of probiotics." But it did not decide whether probiotics were useful for general disease prevention and maintaining overall health, saying more study was needed.

From *The New York Times*, Probiotics: Looking underneath the yogurt label, Tara Parker-Pope, September 29, 2009.

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.

A Ambulance Service, Laredo, TX. December 22, 2008, assessed a $6,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Abernathy, Megan A., Frisco, TX. May 22, 2009, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to falsifying a patient care report.

Acute Care EMS, Houston, TX. December 22, 2008, assessed a $2,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Adams, Kenny W., Tyler, TX. March 30, 2009, twelve (12) month probated suspension for violating EMS Rules §157.36(b)(19), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to engaging in conduct that betrays the public trust and confidence in EMS.

Alvarado, William D., Houston, TX. November 21, 2008, reprimanded 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.

Amherst Volunteer Fire Department, Amherst, TX. March 23, 2009, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Amistad Ambulance Transports, Del Rio, TX. March 23, 2009, assessed a $600.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Archangel Ambualnce, McAllen, TX. February 21, 2009, assessed a $3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Armstead, Evelyn S., Blanco, TX. May 19, 2008, placed on an 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.

Atascosa County Emergency Services, Jourdanton, TX. July 5, 2009, assessed a $3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

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 to follow appropriate protocols for a patient in cardiac arrest.

Blasingame, Stuart K., Denison, TX. March 8, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(28), and HSC §773.041(b) related to staffing an ambulance with an expired certification.

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.

Bowie Fire Department/EMS, Bowie, TX. July 5, 2009, assessed a $1,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Branstetter, Robyn, Lubbock, TX. February 21, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(28), and HSC §773.041(b) related to staffing an ambulance with an expired certification.

Brown, Chance L., Big Sandy, TX. February 21, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(21), 157.36(b)(28) related to failing to respond to a department request for information.

Calk, Christopher B., Utopia, TX. October 13, 2008, reprimanded 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.

Carr, Sally, Conroe, TX . November 6, 2008, reprimanded 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.

CB Harvill Enterprise, Inc. d/b/a North East Texas EMS, Center, TX. April 19, 2009, assessed a $13,300.00 administrative penalty for violating HSC §773.050(a) and 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.

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

City of The Colony Fire Department, The Colony, TX. July 5, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Clark, David P., Providence Village, TX. August 25, 2009, 12-month probated suspension for violating EMS Rules §157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(27) and 157.36(b)(28) related to misappropriating narcotics from an employer and submitting a positive drug screen.

Clay County Memorial Hospital EMS, Henrietta, TX. July 5, 2009, assessed a $9,000.00 administrative penalty for violating EMS Rules §157.11(l)(1), 157.11(l)(3), 157.16(d)(14) and HSC §773.050.(a) 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.

Cochran County EMS, Levelland, TX. May 22, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Coutlas, Glenn P., Alavarado, TX. July 5, 2009, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(26) and HSC §773.041.(b) related to failing to properly assess a patient and failing to properly document a patient care report.

Coven, Ramon M., Kilgore, TX. March 15, 2009, six (6) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), and 157.36(b)(28) related to engaging in conduct that betrays the public trust and confidence in EMS.

Crackel, Brandon, Pasadena, TX. March 1, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to properly document on a patient care report.

Creel, Joel L., Spring, TX. May 19, 2009, Twelve (12) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive drug screen for marijuana.

CRR Enterprises D/B/A Priority One EMS, Jasper, TX. February 21, 2009, assessed a $2,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Cy-Fair VFD, Houston, TX. August 2, 2009, reprimanded for violating EMS Rules §157.11(l)(1), 157.11(l)(3), 157.16(d)(14) and HSC §773.050.(a) 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.

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.

Denver City EMS, Denver City, TX. May 22, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Dodson, Joel R., Seagoville, TX. February 21, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(28), and HSC §773.041(b) related to staffing an ambulance with an expired certification.

Drager, Nicole A., Santa Fe, TX. November 17, 2008, reprimanded 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.

Eagle Mountain Fire Department, Fort Worth, TX. July 5, 2009, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Electra Hospital District, Electra, TX. May 22, 2009, assessed a $250.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Elliot, Holland R., Grand Saline, TX. February 14, 2009, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(26), 157.36(b)(28) related to failing to document properly on a patient care report when cardio pulmonary resuscitation was ceased on a patient.

El Paso Fire Department, El Paso, TX. July 5, 2009, assessed a $4,500.00 administrative penalty for violating EMS Rules §157.11(l)(1), 157.11(l)(3), 157.16(d)(14) and HSC §773.050.(a) 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.

Fisk, Robert E., Waco, TX. December 3, 2008, reprimand for violating EMS Rules §157.36(b)(1), 157.36(b)(13), 157.36(b)(28), and HSC §773.041(b) related to staffing an ambulance with an expired certification.

Garcia, Vincent R., Houston, TX. July 5, 2009, reprimanded for violating EMS Rules §157.36(b)(3) and 157.36(b)(26) related to failing to accurately document and/or complete patient care reports.

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.

Goodall, Joe D., Hurst, TX. May 22, 2009, twenty-four (24) month 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 a positive drug screen for methamphetamine and for multiple violations of a protective order.

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).

Greer, Holland R., Bryan, TX. December 3, 2008, reprimand for violating EMS Rules §157.36(b)(1), 157.36(b)(13), 157.36(b)(28), and HSC §773.041(b) related to staffing an ambulance with an expired certification.

Grimm, Alise, Willis, TX. March 8, 2009, reprimand for violating EMS Rules §157.36(b)(1), 157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to properly document on a patient care report.

Hale Center EMS, Amherst, TX. March 23, 2009, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and

supplied at all times.

Hardeman County EMS, Quanah, TX. February 21, 2009, reprimanded for violating EMS Rules §157.16(c) and 157.16(d)(19) related to failing to properly oversee and account for controlled substance usage.

Harris, Marsha K., Blackwell, TX. July 5, 2009, reprimanded for violating EMS Rules §157.36(b)(3) and 157.36(b)(26) related to failing to properly assess a patient and failing to properly document in a patient care report.

Harris, William H., Prosper, TX. March 8, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(28), and HSC §773.041(b) related to staffing an ambulance with an expired certification.

Hauer, Bradley L., Concan, TX. September 15, 2009, 12-month probated suspension for violating EMS Rules §157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(27) and 157.36(b)(28) related to misappropriating narcotics from an employer.

Healthcare EMS, Houston, TX. March 23, 2009, assessed a $1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Hudgens, Bruce K., Brackettville, TX. November 17, 2008, three (3) month suspension for violating EMS Rules §157.36(b)(4), §157.36(b)(9), §157.36(b)(26) and §157.36(b)(28) relating to turning over advanced patient care patients to a lower level EMT that lacked the appropriate skill level to continue appropriate care.

Janes, David A., Paris, TX. May 19, 2009, twelve (12) month probated suspension pursuant to EMS Rules §157.36(f), and 157.36(g)(5) related to prior conduct that resulted in a previous EMS license being revoked on November 5, 1999.

Jones, Jennifer, Copperas Cove, TX. May 19, 2009, six (6) month probated suspension 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.

Joshua Fire Department/EMS, Joshua, TX. March 15, 2009, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Kellems, David B., Forney, TX. October 13, 2008, reprimanded 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.

Kelly, Matthew J., Georgetown, TX. September 15, 2009, 24-month probated suspension for violating EMS Rules §157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(27) and 157.36(b)(28) related to misappropriating narcotics from an employer and/or patient.

Kutach, Douglas W., Adkins, TX. August 23, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to obtain a patient's signature for a refusal and/or document why a signature was not obtained.

Kyle, Julie, Sulphur, LA. January 26, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(3), 157.36(b)(26), and 157.36(b)(28) related to falsifying a patient care report.

Lee, Tracy L., Timpson, TX. March 1, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(28), and HSC §773.041(b) related to staffing an ambulance with an expired certification.

Lloyd, Melody E., Austin, TX. February 21, 2009, three (3) year probated suspension, for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(19), 157.36(b)(28), 157.36(b)(29), 157.36(c)(3), 157.36(c)(5) and 157.36(c)(9) related to fraudulently attempting to obtain a prescription of a controlled substance by using deception and/or fraud.

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.

Lorenzo EMS, Lorenzo, TX. March 23, 2009, assessed a $2,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Lorenzo EMS, Lorenzo, TX. May 19, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Lubbock Aid Ambulance, Lubbock, TX. March 15, 2009, assessed a $750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Matagorda County EMS, LLP, Bay City, TX. April 19, 2009, assessed a $2,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

McClean EMS, McLean, TX. March 23, 2009, assessed a $2,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles 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.

Miller, Mark L., Baytown, TX. August 25, 2009, 24-month probated suspension for violating te EMS Rules §157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(27) and 157.36(b)(28) related to misappropriating narcotics from a medical director.

Motley County Ambulance Service, Matador, TX. May 19, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Ortega, David, Harker Heights, TX. August 23, 2009, revocation pursuant to the Texas Occupations Code (TOC) 53.021(b), related to a felony conviction for driving while intoxicated.

Osborn, Vidal, Port Bolivar, TX. January 26, 2009, suspended for six (6) months for violating EMS Rules §157.36(b)(2), §157.36(b)(26) and §157.36(b)(28) related to failing to contact her medical director before stopping cardiopulmonary resuscitation, which violated her medical director's protocols.

Paducah Ambulance Service, Paducah, TX. May 19, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Plains EMS, Plains, TX. March 15, 2009, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failing to have EMS ambulance vehicles

adequately equipped and supplied at all times.

Post-Garza County EMS, Post, TX. May 22, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Pride EMS, LLC, Houston, TX. May 19, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Randle, Jason L., San Antonio, TX. November 21, 2008, reprimanded 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.

Rhea, Taylor A., Gatesville, TX. January 25, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(4), and 157.36(b)(28) related to falsifying patient care reports.

Richter, Belinda, Flationa, TX. January 26, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(12), 157.36(b)(14), 157.36(b)(28), and 157.36(b)(29) related to misappropriating equipment, books and/or use of a facility owned by her employer.

Rosenberger, Stephanie A., Bowie, TX. March 23, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(28), and HSC §773.041(b) related to staffing an ambulance with an expired certification.

Sanchez, Robert R., Lubbock, TX. February 21, 2009, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(15), and 157.36(b)(28) related to falsifying a department application reflecting 72 hours of CEs completed, when in fact only 31 hours of CEs were completed.

Scott, Lindsey C., Trophy Club, TX. February 21, 2009, reprimand for violating EMS Rules §157.36(b)(25) and 157.36(b)(28) related to failing to notify the department within ten (10) days of an arrest for any alcohol or drug related offense.

Sharp, Rodney E., Pearland, TX. August 25, 2009, reprimanded for violating EMS Rule §157.36(b)(15) related to falsifying a department application.

Shieffield, Cissy, Livingston, TX. March 8, 2009, reprimanded for violating EMS Rules §157.36(b)(22), 157.36(b)(23), 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 for any alcohol or drug related offense and failing to notify the department within thirty (30) days of a conviction.

Smith, Chris R., Bryan, TX. August 2, 2009, Reprimand, for violating the EMS Rules at 25 TAC §§157.36(b)(26), and 157.36(b)(28) related to failing to properly assess a patient.

Solsbery, Clinton W., Fort Worth, TX. May 22, 2009, 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 a positive drug screen for opiates.

Stinnett EMS, Stinnett, TX. July 5, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Taylor, Lucille, Blackwell, TX. July 5, 2009, reprimanded for violating EMS Rules §157.36(b)(3) and 157.36(b)(26) related to failing to properly assess a patient and failing to properly document in a patient care report.

Throckmorton County Memorial Hospital, Throckmorton, TX. April 19, 2009, assessed a $1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Trans Medic, Inc. d/b/a Priority One EMS, Silsbee, TX. May 19, 2009, assessed a $7,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

USA Ambulance Service, Spring, TX. July 5, 2009, assessed a $750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Van Reenan, William F., Quanah, TX. December 22, 2008, suspended through January 31, 2010, for violating EMS Rules §157.36(b)(14), 157.36(b)(26), and 157.36(b)(27) related to misappropriating Morphine and Demerol from an employer.

Walker, Dianna L., Cleveland, TX. December 22, 2008, placed on 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 patients, which violated her medical director's protocols.

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.

West, Richard M., Gladewater, TX. May 22, 2009, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(6), 157.36(b)(26), 157.36(b)(28) related to engaging in conduct that betrays the public trust and confidence in EMS.

Wills Point Fire Department/EMS, Wills Point, TX. September 15, 2009, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles 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.

Wolsch, Jayel L., Abilene, TX. August 2, 2009, 18-month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to delaying proper patient care and jeopardizing the health or safety of a person.

X-tra Mile Ambulance Service, Edinburg, TX. May 19, 2009, assessed a $3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

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

Jobs

MCHD EMS: Looking for a full-time paramedic. Just 45 minutes north of Amarillo, TX, we are a hospital-based EMS service with a down-home atmosphere. We offer a comprehensive benefits plan and continuing education courses. Come join the team at MCHD EMS. Call Jennifer Harvey at (806) 934-7852 or visit: www.mchd.net/jobs. +

Val Verde Regional Medical Center: Looking for basic, intermediate, and paramedic level EMTs to join our EMS team in Del Rio, Texas. New graduates welcome. VVRMC offers an excellent benefits package, training and continuing education to our employees. Come enjoy our new technologies, flexible scheduling, and friendly working environment. You may visit us at www.vvrmc.org or contact Sheri Weathersbee, healthcare recruiter at (830) 778-3722 or sheri.weathersbee@vvrmc.org. +

San Marcos/Hays County EMS: Now hiring paramedics and basics. Competitive pay and benefits, modern equipment, aggressive protocols and great people. Please visit www.smhcems.com/employment.html for posting details. *

Falls Co. EMS looking for EMTs, EMT-Is and paramedics: Rural service with a marginal call volume in 911 and transfers is now accepting applications for immediate openings in Marlin, TX. We offer competitive salary and benefits. Please call Rob at (254) 883-5445 or email rdouglas@fallscoems.com for more details. *

Paramedics: Immediate openings for full and part-time positions with Harris Co. Community Supervision & Corrections Department. 40 hour work week with excellent benefits for full-time and optional benefits for part-time. Great opportunity to learn and broaden your skills and knowledge in a clinical setting. If interested, download an application at: www.co.harriss.tx.us/HRRM/TechnicalResults.aspx?PageID=2757. *

Education Coordinator: CareFlite is seeking an Education Coordinator for our Ground Services Division. Must be TX certified EMT-P and have at least three years experience in related field. For information, please contact Jennifer Griffith at (972) 339-4203 or e-mail your resume to jgriffith@careflite.org. +

Immediate opportunities for EMTs, paramedics, LVNs in a fast paced surgical clinic in Fort Worth. Part-time and full-time positions available with competitive pay. Contact Karen at (817) 560-2454 ext. 2016 or email karen@h8pppain.com or fax resume to (817) 560-2450.

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, MC0285, PO Box 149347, Austin, TX 78714-9347. Call 512/834-6700 if you have a question about the meetings and notices section.

For Sale

FOR SALE: CPR manikins, face shields, disposable airways, pocket masks, BVMs, AED trainers, choking manikins, AHA books and videos, ACLS and PALS products and hundreds of other products. Our prices will beat any other source and most products are shipped the day of the order. Contact: Ron Zaring, Manikin Repair Center of Texas at (281) 484-8382, fax (281) 922-4429 or ron.zaring@manikinrepaircenter.com or rzmrctx@aol.com. Website: www.manikinrepaircenter.com.

Spine Board Pads cushion against hospital-acquired pressure ulcers. "Trauma Travel Pads" (TTPs) are used during spine board immobilization transports as a preventative measure against hospital-acquired pressure ulcers. One time use, disposable, FDA approved, latex free. Contact: Trauma Travel Pads (832) 341-9807 or rkostelny@traumatravelco.com or visit www.traumatravelco.com. +

Miscellaneous

Bachelor's degree: St. Edward's University, Austin, offers a degree in public safety management, designed for working adult students. Credit for prior learning through life experience and paramedic licenses are available. A degree completion program is available online or may be blended with classroom courses. Visit www.stedwards.edu/newc/

Meetings & Notices

pacepsm.htm or call (512) 428-105 or toll free at (877) 738-4723. +

Paramedic, Intermediate-85 and EMT-Basic courses: The 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 formats are available. Contact the HCC EMS Program at (713) 718-7694 or visit www.hccems.com for more detail on upcoming courses. *

Medic/CE.com: Provides high-quality, affordable and easy-to-use online EMS CE. Courses are available in both text and audio format and are CECBEMS/DSHS accredited. The site also features free personnel management and test creation features for training officers and EMS educators. Visit www.Medic-CE.com or call (877) 458-9498. +

National Registry skills testing: TEEX is proud to announce that we are an NREMT Advanced Practical Exam site, able to accommodate Intermediate 85, Intermediate 99 and Paramedic exams. For more information about exams or to register, please contact Stacey Elliott at (979) 458-2998 or email at Stacey.Elliott@teexmail.tamu.edu. +

Health Claims Plus: Ground and air ambulance billing for small and mid-sized services including: municipalities, volunteer, hospital bases and privately owned companies. Excellent rates and services. ePCRs and manual PCRS accepted. Educational workshops available. Contact (888) 483-9893, ext. 238 or visit www.healthclaimsplus.com. *

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

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

Methodist Dallas Medical Center is now offering a 48-hour online EMT-Basic recertification/refresher course. Please contact us to complete your CEs on your schedule and not someone elses. For more information, call us at (214) 947-8444 or go to www.emsbiocare.com or www.mhd.com. *

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. +

TEEX Training: TEEX offers training for EMS responders and management especially in rural areas; training for WMD/EMS operations and planning; as well as training for natural disaster and terrorist incident. For more information visit www.teex.org/ems. *

+ This listing is new to the issue.
* Last issue to run (If you want your ad to run again please call 512/834-6748).

Do you take EMS photos?

WIN MONEY!

Enter the EMS photo contest - deadline November 10. For more info go to /www.dshs.state.tx.us/emstraumasystems/photocontest.pdf

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, MC0285, 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!

Renewing your subscription? Use the subscription form on page 2 to renew your subscription and mark the renewal box.

EMS Profile: Montgomery County Hospital District

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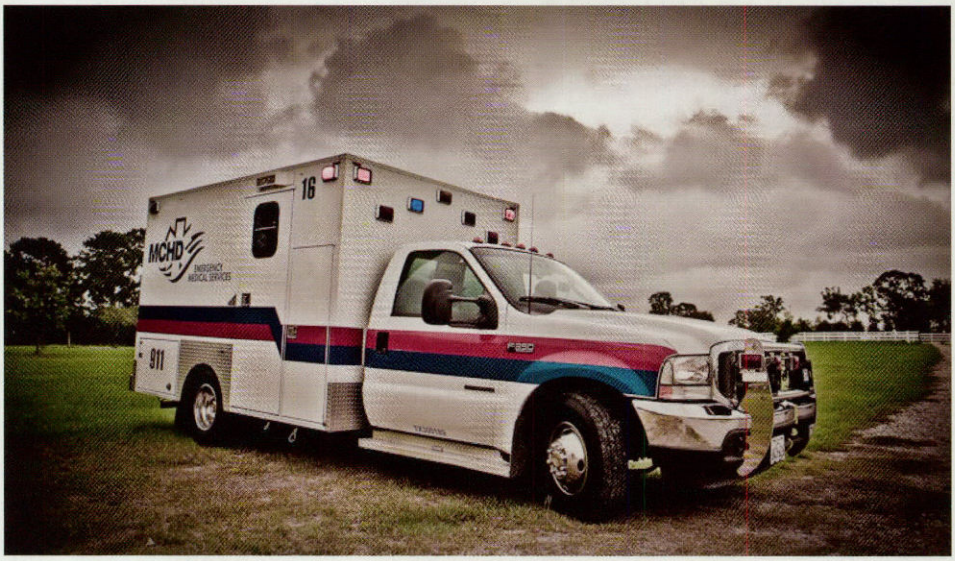

About us: The Montgomery County Hospital District (MCHD) is located on the outskirts of Houston. The District was created by special legislation in 1977 to provide indigent care for Montgomery County.

MCHD was asked to highlight some of its innovative ideas in three recent issues of *JEMS*. These articles discussed the District's approach to using data in EMS, selection of an ePCR vendor and wellness improvements.

Number of personnel and calls: District employees respond to 40,000 calls annually with a total workforce of approximately 251 employees. The Communication Center became an Accredited Center of Excellence in 2007 and also provides service for PHI and the Conroe Fire Department. MCHD is also a beta test center for the National Academy of Medical Dispatch and served as the pilot location in the Texas Regional EMD project.

Number of units and capabilities: Daily, as many as 22 MICUs cover 1,100 square miles and a population of 425,000. MCHD's internal aircraft–style preventative maintenance program for its 29 ambulances and its support vehicles is designed to limit critical failures that could negatively impact patient outcomes. Standard equipment on each unit includes CPAP, IV pumps, the ResQ-Pod, nitrous oxide, EZ-IOs and hydraulic stretchers. A comprehensive STEMI program features 12-lead ECGs and partners with five local hospitals where EMS activation of the catheterization lab achieves best practice EMS-to-balloon times. Last year, MCHD rolled out an induced hypothermia protocol for post resuscitation management.

Education: The MCHD Clinical Practice Department provides continuing education and traditional EMS certification courses. Internal resources allow for a specialized, intensive curriculum to meet the evolving needs of MCHD.

Community participation: MCHD coordinates a comprehensive, county-wide first responder program, which includes 16 fire departments, seven police agencies and many corporate partners. The county-wide AED program features more than 200 AEDs. MCHD provides CPR/first aid training to the community, health care professionals and the private sector. "Kids Don't Float" lifejacket loaner stations, SafeSitter training and child safety seat inspections are also featured.

Wellness and employee involvement: MCHD's dedication to its employees is equally as important as the public it serves. A recent success story is the District's employee-led wellness team. With assistance from the wellness team, a Weight Watchers group was formed; collectively the group has lost more than 1,200 pounds. Also, numerous people have stopped smoking or are no longer required to take insulin or cholesterol-lowering medication as a result of wellness-team-led initiatives. From a financial standpoint, insurance premiums were reduced last year, and the money saved was used to enhance employee benefits and to refund a portion of the difference to staff as part of MCHD's Reward Builder program.

MCHD understands that employee-driven decision-making enhances employee engagement, builds leadership skills, promotes trust and relationships between those who participate and develops a greater understanding in the inner workings of the organization. Some of our employee committees include: Professional Standards; Product Review; Customer Satisfaction; Wellness; and Recruitment and Retention.

Honors: MCHD's "Montgomery County Shattered Lives" program received the 2007 DSHS Texas Public Information/Injury Prevention Award. MCHD has also earned the DSHS Public Provider Award, the Excellence in Defibrillation Award from the National Center for Early Defibrillation, and was named the National Association of EMS Physicians' Showcase System Honoree.