Texas Department of State Health Services March/April 2010

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Texas EMS Magazine

Features

Departments

***Above**, Montgomery County Hospital District paramedics treat a patient presenting with chest pain. Photo by Will Rennard.*

***On the cover**, Wise County paramedics in action. Photo by Joe Duty.*

Texas Department of State Health Services

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

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Town hall meetings bring DSHS to you

FROM THIS SIDE

Kelly Harrell
Editor

Wondering about how recent legislation will affect you? Have a question about National Registry? The Office of EMS/Trauma Systems is holding a series of town hall meetings to answer any questions you have. The dates and cities have been set through this spring, and we expect more to be added, including one during Texas EMS Conference in November. This is your chance to ask any questions you've ever had about the how and why of EMS regulation. The locations of the meetings will be posted on our website as soon as they are confirmed. Check the link on the homepage of our website for updates. See page 10 for dates and cities confirmed for upcoming meetings.

Sad news recently about three line of duty deaths on a medical helicopter during a training exercise in El Paso. Paramedics John Sutter and Anthony Archuleta and pilot William Montgomery crashed on final approach to the landing zone. We will, of course, pay tribute to them at Texas EMS Conference during the Tuesday luncheon.

At the last Texas EMS Conference, we tried out some new exhibit hall hours. The result was mixed — some liked the new hours, but most people wanted at least a few hours on Tuesday. So we've fiddled with the hours again. We'll be open 2 – 7 pm on Sunday; 11 am – 6 pm on Monday; and 8 – 11 am on Tuesday. The hall will close for good before the luncheon, but exhibitors will not be able to move out until after the luncheon so the noise does not disturb the luncheon. It's a little risky — it will be hard to corral the exhibitors. But we're going to see if we can make this work. The hall will be open the same number of hours it has always been open: 15.

I know, I know. Weather forecasters are notorious for not getting it right. And when hurricane prediction centers say we'll have a busy season, we take a wait-and-see attitude. But the truth is regardless of the number of storms we actually get, we still have to be ready just in case. We still need providers to sign our memorandums of agreement to respond to any disasters in Texas. Go to our website for more information and click on the ambulance at the top of the page.

We haven't wrapped up this issue of the magazine and already we're looking for content for our next issue. A couple of years ago, we began dedicating our May/June issue to EMS calls that made a difference in people's lives — usually a lifesaving one. We are again looking for stories that illustrate EMS personnel doing what they do best. All I need is for you to send a bit about the story and how we can contact the patient. We'll take care of the rest. See the ad on page 12 for more details. Hope to hear from you!

Kelly

Medical chopper crashes, kills 3, during training exercise near El Paso

Two paramedics and a pilot were killed on February 5 when a Southwest MedEvac helicopter crashed during a simulated medical evacuation outside Fort Bliss.

Lost in the crash were Anthony Raymond Archuleta, 54, EMT-P; John Ivan Sutter, 34, EMT-P; and pilot William Montgomery, 63. There were no patients on board. The helicopter crashed around 7:30 pm on final approach to a landing zone. Southwest MedEvac is contracted with Fort Bliss for emergency medical services. The crew members will be honored at the Awards Luncheon during Texas EMS Conference. – *Kelly Harrell*

EMS Local Projects Grant applications available soon

Does your EMS organization need financial assistance to purchase equipment, non-expendable supplies or other prehospital health care necessities? Apply for a Local Projects Grant (LPG). This grant program supports and improves the development of the Texas Emergency Health Care System and increases the availability and quality of emergency prehospital health care. Approximately $1 million will be available for fiscal year 2011 grants.

DSHS expects the next Local Projects Grant request for proposal (RFP) to be available soon. The RFP posted this spring will be the document you will use to request funds available in fiscal year 2011, which begins September 1, 2010. Please note that if you are awarded funds from this grant, items cannot be purchased until you have entered into a contract with the state and can only be spent during that contract period.

Who is eligible for LPG funds? Department-licensed EMS providers, department-registered first responder organizations, Regional EMS Trauma Advisory Councils (RACs), EMS education organizations and prehospital injury prevention organizations may be eligible to receive funds.

What types of projects are funded through LPG? In the past, we have awarded funds for EMS personnel certification training, specialty training related to prehospital health care management, communication equipment, patient care equipment (including ambulances and non-disposable supplies), injury-prevention projects and continuing education programs.

Check our website this spring for the open RFP announcement: www.dshs.state.tx.us/emstraumasystems. We will also make an announcement on the EMS listserv and mail postcard announcements to licensed EMS providers and registered first responder organizations. Go to the LPG webpage (www.dshs.state.tx.us/emstraumasystems/LPGfunding.shtm) for more answers to your questions about Local Projects Grants.

Texas EMS Certifications
as of
February 1, 2010

ECA	3,291
EMT	30,246
EMT-I	3,789
EMT-P	13,788
LP	5,848
Total	56,962
Basic Coordinator	122
Advanced Coordinator	215
Instructor	1,775

EMS Obituaries

Anthony Archuleta, 54, of El Paso, died February 5, 2010, in a helicopter crash during a medical training flight. Archuleta was a paramedic with Southwest MedEvac.

Valeriano "Vale" Arriaga, Jr., 62, of Laredo, died January 4, 2010. Arriaga was the owner and CEO of Ambulance Service of Laredo, Inc.

David Eaves, 40, of Fort Worth, died February 6, 2010, in an automobile crash. A firefighter and EMT, Eaves was an 11-year veteran with the Fort Worth Fire Department.

Wilfred A. Kasper, 74, of Kaufman, died December 23, 2009. Kasper was a retired firefighter and EMT with Garland Fire Department and had two sons who are paramedics with Carrollton and Garland Fire Departments.

William Montgomery, 63, of Avondale, Arizona, died February 5, 2010, in a helicopter crash during a medical training flight. Montgomery was a pilot with Southwest MedEvac.

John Sutter, 34, of Las Cruces, New Mexico, died February 5, 2010, in a helicopter crash during a medical training flight. Sutter was a Texas paramedic with Southwest MedEvac.

EMS Week, May 16–23, 2010

EMS Week is just around the corner! National EMS Week 2010 is May 16 through May 22, with Wednesday, May 19, set aside as Emergency Medical Services for Children Day. This year's theme is: "EMS: Anytime. Anywhere. We'll Be There." With that theme in mind, EMS services across the state will be hosting events to promote safety, enhance their community presence and pay tribute to the important work of everyone in the EMS and trauma communities.

The American College of Emergency Physicians (ACEP) will again offer an EMS Week planning guide to give you ideas for a week's worth of festivities and a year's worth of public education and safety programs. Order your 2010 EMS week planning kit from ACEP at www.acep.org/practres.aspx?id=30212 or contact EMS Week coordinators at emsweek@acep.org.

Use EMS Week to do a little self-promotion. As you start planning, think about what you want the community to think when they see your ambulance. How will you fit your message to appeal to all of your customers? Once you have those points in mind, use all of your available resources and sponsors to plan outreach activities that serve the public and increase awareness of the importance of what EMS provides.

From senior citizens through toddlers, you can appeal to all age groups with programs such as blood pressure checks, AED demonstrations, healthy cooking classes, fall prevention information, flu education, home safety guidelines, safe driving programs for teens and bike rodeos for kids. An open house can be an important part of the week, as well. Plan activities for the entire family, gather up some great food and open your polished and shiny doors to the entire community.

EMS Week is also a good time for giving back to the EMS community at large. Organize a thank-you lunch for all the services in your community, participate in a large scale event, such as the National EMS Memorial Bike Ride, or offer your services as an honor guard.

Ready Teddy can be there for you.

The popular EMS safety mascot Ready Teddy is ready for service! You can order Ready Teddy coloring books, stickers and other EMS materials from DSHS using the order form on page 2 of this magazine. The Ready Teddy mascot suit is available for loan on a first-come basis. To reserve the suit for your organization, call the DSHS Trauma Systems Coordination office at (512) 834-6700, x 2363.

On Duty

NASEMSO issues brief on respirators

Looking for information and best practices about how to protect EMS personnel from infectious diseases? We reported last issue that the Centers for Disease Control and Prevention (CDC) has developed a website about NIOSH-approved respirators. The ever-helpful National Association of State EMS Officials now has developed a briefing document that sorts through conflicting information from the scientific community, news media and other organizations about masks and respirators. The brief includes best practices and links to reputable information, and has a question and answer section that's very helpful. Find it at www.nasemso.org/Advocacy/PositionsResolutions/IssueBriefs.asp.

Grants available for ECA training

Are you in a rural area that needs more EMS personnel? DSHS has a total of $50,000 this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and 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, as well as other expenses such as printing and supplies. OEMS/TS will accept grant applications on a first-come-first-served basis until the funds run out for the fiscal year. Eligibility requirements for ECAT grants: 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. The course coordinator must be affiliated with an educational program. And give yourself plenty of time: It takes about 60 days for an ECAT grant to work its way through the DSHS approval process. 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.

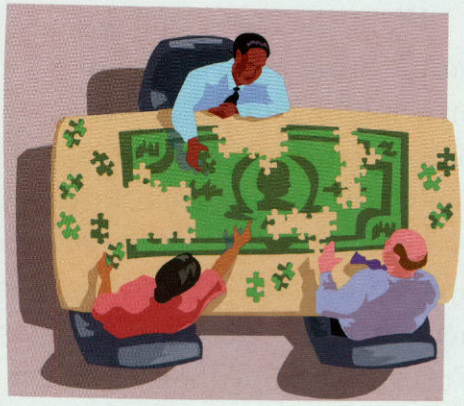
Recently awarded grants:

Coryell County Memorial Hospital Authority
Rankin Volunteer Ambulance Service

DNR form changes coming

The 81st Texas Legislature made changes to Health and Safety Code 166, affecting the Out-of-Hospital Do-Not-Resuscitate form. The proposed rules were published in the Texas Register on February 12. After a comment period, the rules will go back the Health and Human Services Commission before the final rules are published in the Texas Register, probably in late spring. That means the new rules – and the new form – may go into effect early this summer. Please watch our website and the listservs for information. The new form reflects the legislative changes, including allowing a notary public to sign in lieu of two witnesses and the addition of the ability to sign the form electronically. The form will still carry the Texas graphic with the words "Stop" and "Do Not Resuscitate." And remember: Any form, no matter which version or when it was signed, is still in force until it is revoked or the patient dies. This will be the third revision of the form since the law went into effect in 1995. Check our website for the latest version: www.dshs.state.tx.us/emstraumasystems/dnr.shtm. We've also added an approved manufacturer of metal DNR bracelets and necklaces, bringing that list to three. The Texas Medical Association is the approved provider for the plastic bracelets.

Tips may help make funding request a success



Has your area suffered a devastating event that might qualify you for Extraordinary Emergency Funding? The Extraordinary Emergency Fund is available to assist licensed EMS providers, hospitals and registered first responder organizations if unforeseeable events cause a degradation of service to the community. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies. You can increase your chances of success in requesting funding by remembering these simple guidelines:

- Organizations eligible to apply include: licensed EMS providers, licensed hospitals and registered first responder organizations.
- Your organization must be meeting its Regional Advisory Council (RAC) participation requirements. Contact your RAC to verify this requirement.
- Requests are evaluated to determine whether there will be a degradation in the service you currently provide to your community if the request is not fulfilled.
- Items cannot be purchased prior to receiving a contract. This fund is not a reimbursement grant. Items funded can only be purchased during the contract period once the grant is awarded.
- In the case of a malfunctioning piece of equipment, include with your request the documents showing the repair history of the product. Other helpful documentation could include a supportive statement from the manufacturer indicating that the product is outdated and cannot be fixed.
- Extraordinary Emergency Funding is not available for equipment upgrades or enhancement of services. Please contact our office or your local EMS regional staff about the annual Local Projects Grant for non-emergency funding opportunities (see page 6 for details).

After a request has been funded, your organization must send in receipts to verify purchase of the requested items/services. You also will be required to send an impact statement of how the funding has helped your organization and community at large.

F.Y.I.

On Duty

Paramedic programs face January 1, 2013, deadline

A big change is coming for paramedic programs. Beginning on January 1, 2013, all students who take the NREMT paramedic exam must have completed a nationally accredited paramedic program. (EMT-I, EMT and ECA programs are **not** affected by this.) Currently, only 15 of the 100 or so paramedic education programs in Texas are nationally accredited, but many programs are looking toward accreditation. Luckily, programs have more than three years to achieve the accreditation, which begins with a program of self-study and evaluation. And there are resources to help. GETAC's Education Committee will hold information sessions about accreditation throughout the year. For more information about accreditation, go to www.coaemsp.org or to www.naemse.org, or contact members of GETAC's Education Committee: www.dshs.state.tx.us/emstraumasystems/EducationCommittee.pdf.

On Duty

Testing for NREMT? Take identification

Taking your NR exam at a Pearson VUE testing center? Make sure that the name on your identification matches exactly what the testing center has in its records. The name on the application must be the same as the legal name on the identification. NREMT reports that the most frequent reason students are turned away is that IDs do not match student information. NREMT recently renewed its contract with Pearson VUE to administer the exams. Based on the contract, NREMT projects no cost increases for the computer-based exams through 2016.

List of stroke centers online

DSHS began designating stroke centers late last year and we've already got 42 approved or pending facilities who have met the requirements for stroke designation. To find a list of the centers or other information about stroke designation, including an application, go to www.dshs.state.tx.us/emstraumasystems/etrauma.shtm.

DSHS schedules "town hall" meetings

Want the latest updates on EMS from DSHS? Plan on attending one of the town hall meetings DSHS EMS is scheduling around the state. Hear about rules, instructor guidelines, approved instructor courses, national registry, accreditation and the EMS Agenda for the Future. DSHS will also conduct a question and answer session. Check the website for current locations and times, as additional meetings may be added.

Amarillo	March 24
Harlingen	April 8th or 9th
Tyler	April 15
Midland	April 22

First extremely drug-resistant TB identified

And here's another reason to learn about respirators: The first case of a patient with extremely drug resistant TB (XXDR-TB) has appeared in the United States. Extremely drug resistant TB is much rarer than extensively drug resistant TB (XDR-TB) and has been seen in only a handful of patients worldwide. XXDR-TB is resistant to both first and second-line drugs for TB. In a related event, a patient with XDR-TB was able to board a cross-country flight recently even though he was on a federal "do not board" list. That list was created in 2007 to prevent the spread of contagious diseases like tuberculosis. Since then, 88 people have made the list, all of them infected with tuberculosis. For the history of the list, go to the CDC's website at www.cdc.gov/mmwr/preview/mmwrhtml/mm5737a1.htm.

It's the law: Report abuse

On Duty

EMS and first responders are in a unique position to help identify and report evidence of child abuse by the very nature of the services provided. But did you know that EMS personnel are *required* by law to report any suspected abuse encountered while on the job?

The following excerpt from the Health and Safety Code, Subtitle E, Chapter 261, Subchapter B, regarding abuse reporting requirements details the specific mandate:

> (b) If a professional has cause to believe that a child has been or may be abused or neglected, the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state, and who, in the normal course of official duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, and day-care employees. (**Ed. Note:** A legal opinion includes EMS in this list.)
>
> SEC.261.103. **REPORT MADE TO APPROPRIATE AGENCY**
> A report shall be made to:
> (1) any local or state law enforcement agency;
> (2) the department (Texas Department of Protection and Regulatory Services);
> (3) the state agency that operates, licenses, certifies, or registers the facility in which the alleged abuse or neglect occurred; or
> (4) the agency designated by the court to be responsible for the protection of children.

There may be some misconceptions about a first responder's responsibilities. The following list can help you determine the best course of action.

Myth: If one of the responding crew reports the suspicion of abuse, neglect or exploitation, that report covers everyone.

Fact: State law requires a report from anyone who has encountered the victim of abuse, neglect or exploitation. (Yes, this does mean that multiple reports will be made.)

Myth: I can report the abuse to the doctor.

Fact: While you may well want to report the suspicions to the doctor as part of your patient report, such a report does not meet the statutory requirements for a report to TDFPS or law enforcement.

Myth: The hospital social worker will take care of it.

Fact: Again, such a report does not remove your legal obligation to make a report to law enforcement and/or TDFPS.

Myth: I have to have concrete proof of abuse, neglect or exploitation before I can make a report.

Fact: Texas Family Code Chapter 261 and Texas Human Resources Code §48.051 et. seq requires a report when the reporter believes that abuse, neglect or exploitation has occurred.

On Duty

Busy hurricane season predicted

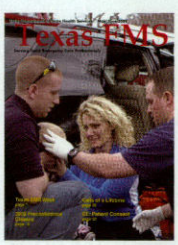
Two hurricane prediction centers have issued early season projections of more storms than last year – and more storms than an average tropical season. WSI, a private forecasting company, is forecasting 13 named storms (tropical storms and hurricanes), including three major hurricanes. A major hurricane is considered one of category 3 or higher, which is a storm with a sustained wind of at least 131 mph. Colorado State University is forecasting 11 to 16 named storms, including six to eight hurricanes and three to five major hurricanes. The 50-year average is 9.6 named storms, 5.9 hurricanes, and 2.3 major hurricanes per year. This year's predictions are pegged to El Nino, a weather phenomenon currently active and causing a colder and rainier winter, at least in Texas. El Nino is expected to decline during the upcoming summer. Here's where it all comes together: When El Nino is present during a hurricane season, there are typically fewer storms. The season following an El Nino has historically had an average or above average number of storms.

New DSHS website debuts in March

It's true we've been talking about a newly redesigned website since last fall, but this time the debut date is fairly firm. If you log onto the DSHS website after March 24, you'll see a completely new DSHS website. The OEMS/TS did not have a lot of input on the design, so we can't tell you what to expect. However, if you have trouble navigating the new site or find something is missing from the EMS/trauma pages, just drop us a line and we'll do our best to get it fixed.

Parkland approves plans for new structure

Parkland Memorial Hospital in Dallas has plans to build a $1.27 billion facility to replace the current structure, built in 1954. The Level I trauma center is a public hospital, supported by tax dollars from Dallas County property owners. The hospital currently receives about one million patient visits per year, including a large number of trauma patients. The new facility will include an 862-bed, full service, 17-story acute-care hospital that includes 1.7 million square feet, an outpatient center of 380,000 square feet, a 275,000-square-foot office center, parking for 6,000 vehicles, a utility plant and other support facilities. The new facility is scheduled to open in 2014.



Looking for stories of saves!

Have you had a call that made a life-changing impact on a patient? We're looking for stories of patients who survived the odds – thanks to EMS and the trauma system – and want to tell their story. Send your stories to Kelly Harrell at kelly.harrell@dshs.state.tx us. Please give us the basic story plus the patient's name and contact information. We'll take care of the rest!

Coordinator Update

On January 1, DSHS began federal background checks on all initial applicants (an individual who doesn't currently have a Texas EMS certification). Now, in addition to the regular processing time of four to six weeks, applicants need to figure in the time it takes to undergo an FBI fingerprint criminal history check. (See page 30 for more information about the process.) Coordinators can help by encouraging students to submit their initial EMS certification applications early – ideally just after beginning the course. Once they submit their applications, students should submit their fingerprints through the Fingerprint Applicant Services of Texas (FAST) for Texas/FBI criminal history check by L-1 Identity Solutions (www.L1id.com). By submitting the application and fingerprints early, the applicant will cut down on the processing time once the course is completed. An application is good for two years; once fingerprints are submitted, they do not need to be submitted to DSHS again. If DSHS has received the criminal history and the application, once we receive notification from the National Registry that the student passed their exam, staff should be able to complete the department's certification process much more quickly. See our website for more information: www.dshs.state.tx.us/emstraumasystems/CrimHxJan2010.shtm

– Maxie Bishop, State EMS Director

Governor appoints and reappoints GETAC members

The Governor's Office notified the Office of EMS/Trauma Systems in February of the following appointments to the Governor's EMS and Trauma Advisory Council:

Vance L. Riley, LP
Victoria, Texas
Reappointed, term expires January 1, 2016
Representing fire chiefs
Will serve as GETAC chair

Donald G. Philips, DO
Weatherford, Texas
New appointment, term expires January 1, 2012
Representing medical directors

Michael Click, RN
Brownfield, Texas
Reappointed, term expires January 1, 2016
Representing rural trauma facilities

Linda Dickerson
New Braunfels, Texas
New appointment, term expires January 1, 2014
Representing general public

Exhibit hall hours changing … again

We heard you! The exhibit hall hours for Texas EMS Conference are sliding back to Tuesday. We won't be shortening the number of hours we're open – you will still have 15 hours to peruse the exhibits, the same number you've had for years.

Sunday 2 – 7 pm
Monday 11 am – 6 pm
Tuesday 8 – 11 am

On Duty

Texas EMS Conference 2010

November 21–24
Austin Convention Center
Exhibit Hall open November 21–23

You kept asking for it, and now we can finally give you what you want . . . Texas EMS Conference comes back to Austin for 2010, just in time for our 25th anniversary! We are always looking for ways to improve the conference experience, and this year's tweaks should create a great experience for everyone.

The first thing we did was shift the exhibit hall hours back to include Tuesday. The latest innovations in emergency medicine will be yours to explore Sunday from 2 to 7 pm, Monday from 11 am to 6 pm and Tuesday from 8 to 11 am. As always, we will bring the best faculty from Texas and around the country for one-hour lectures and two-hour, hands-on workshops that cover a wide variety of topics and issues. And we will have ample space and easy access through the exhibit hall for the buffet lunch on Monday. The Austin Convention Center, right in the heart of downtown, and six near-by hotels will make your stay both comfortable and convenient.

Texas EMS Conference remains one of the most affordable choices for your continuing education dollar. Our low registration rate includes access to 15 hours of continuing education credit, a tote bag, coffee and snack breaks, a buffet lunch, and the Awards Luncheon.

Six downtown hotels have offered special room rates for conference attendees and exhibitors. The Hilton Austin, directly across the street from the convention center, will be our host hotel. Also across the street are the Residence Inn and Courtyard Marriott. The Hampton Inn and Radisson are just a couple of blocks away, or treat yourself to one of Austin's most luxurious hotels, the Four Seasons. The rooms will go fast, so make your reservations now!

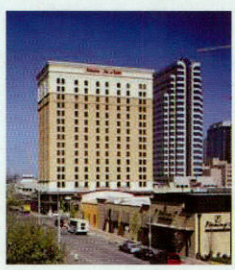
The May/June issue of Texas EMS Magazine will provide the first chance to review the preconference classes and register for the conference.

See you in Austin in November!

Book your hotel by telephone by calling your hotel of choice and indicating the booking code listed below. Online reservations at the conference rate are not yet available, but check our website often—we will create links as soon as online booking is available for each hotel.

Hilton Austin
500 East 4th Street
Austin, Texas 78701
(800) 236-1592
$115/$175
Booking code: EMS
The Hilton Austin, adjacent to the convention center, will be the conference host hotel.

Hampton Inn & Suites
Austin-Downtown
200 San Jacinto Boulevard
Austin, Texas 78701
(512) 472-1500
$115/$175
Booking code: Texas EMS
The Hampton Inn is just one block west of the convention center.



Radisson Hotel & Suites
Austin-Town Lake
111 Cesar Chavez Street
Austin Texas 78701
(800) 395-7046
$85/$125
Booking code: Texas EMS Conference
The Radisson Hotel is at the corner of Congress Ave and Cesar Chavez St, about three blocks west of the convention center.

Four Seasons Hotel Austin
98 San Jacinto Boulevard
Austin, Texas 78701
(512) 685-8100
$149/$179
Booking code: EMS Conference
The Four Seasons Hotel is near Lady Bird Lake and just one block south of the convention center.

Courtyard Austin Downtown
300 East 4th Street
Austin, Texas 78701
1-800-Marriott
$99/$119
Booking code: Texas EMS
The Courtyard Marriott is just up the block from the convention center entrance and adjoins the Residence Inn.

Residence Inn Austin Downtown
300 East 4th Street
Austin, Texas 78701
1-800-Marriott
$99/$119
Booking code: Texas EMS

Schedule

Conference At-A-Glance

Sunday, November 21

7:00 am - 7:00 pm	Registration in Convention Center
2:00 pm - 7:00 pm	Exhibit Hall opens
4:00 pm - 6:00 pm	Welcome Reception

Monday, November 22

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

Tuesday, November 23

7:00 am - 3:00 pm	Registration in Convention Center
7:30 am - 8:30 am	Workshop Breakouts
8:00 am - 11:00 am	Exhibit Hall open
8:45 am - 9:45 am	Workshop Breakouts
10:00 am - 11:00 am	Workshop Breakouts
11:00 am	Exhibit Hall closes
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 24

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

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

2010 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, 2010

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, 2010.** 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.

The EMS Experience

Saluting those with 20 years or more in EMS

James Futrelle, EMT-P

James Futrelle, EMT-P, currently with Scurry County EMS, has been a paramedic in West Texas since 1988.

What was your first day on the job?

My first day on the job was September 24, 1985. That was my 18th birthday.

Which services have you worked for over the years and why did you get into EMS?

I started as a firefighter with Pinewood Volunteer Fire Department while I was still in high school in North Carolina. My experiences as a firefighter made me want to transition to EMS. I learned to help a lot of folks as a firefighter, but I could only stand and watch while people suffered. That same year a friend died on New Year's Eve, and as able as I was a firefighter, I was helpless to stop the pain and suffering. I don't do helpless. As soon as I went away for college in August of 1986, I joined the Cape Carteret Volunteer Fire Department. They were a fire and EMS service. They put me through EMT school at night while I took college classes during the day.

I left college in North Carolina in 1987 and came to Big Spring, Texas, to continue my education. I became a paramedic in June of 1988 and have been one ever since. I worked for Rural Metro/AMT in Big Spring from 1988 through 1996. I worked for Southern Ambulance in Midland from 1996 through 2001. I opened my own computer business in 2001, and I worked part time as a paramedic for the Howard County Sherriff's Office until the end of 2007. I took a job with Scurry County EMS in May of 2008 and have been here ever since. Working in Scurry County reminds me every day how much I love this job.

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

How has it not? I love the toys.

James Futrelle, left, works a scene in the early 1990s. Yep, the medics were in compliance—gloves have been standard equipment for only the past 15 years or so.

Power stretchers are my favorite. My first stretcher was an old two-man. I spent 20 years lifting people. Now, push a button, and they go up! Push a button, and they go down!

We have 12-lead EKG as a standard in most places; I learned on the three lead LP5. Glucometers, pulse oximetry and capnography are just a few more of the technological wonders augmenting our assessments. Keep in mind, I said *augmenting* our assessments. No "toy" should ever replace a thorough and competent physical assessment. The biggest change though, can be seen in the attitudes. I've watched EMS develop in the eyes of the public and our peers. We have shed the image of "trained monkeys" and earned a place as medical professionals, capable of making educated, diagnostic evaluations and treatment decisions. We have come so very far and have so much further to go.

Is there a particular moment or call that stands out?

There are a number of calls that stand out in my mind. Some were funny, and I laughed so hard I could not breathe. Others are so tragic that I will never forget the faces. The greatest moment though, is when you first step out of the ambulance at a call. Any call and every call. It does not matter what type of call it is. It is like Neil Armstrong stepping on the moon.

You're taking that first step into an unknown situation, with unknown circumstances and an unknown outcome. Like Superman, people expect us to show up and have the a solution to their problems. If you can't fill those shoes, then don't get out of the truck. That sensation, that first step, will never get old.

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

My partners. I've worked with clowns and cynics, activists and pacifists, martyrs and morons. I've worked with people who have no business in this field, and I've worked with some of the most dedicated and brightest this field can offer. In every place I have worked, I have been privileged to find partners who were exceptional assets to this occupation and made a direct impact on my own growth and development. My current posting is no exception. My first partner was the most profound, though. She was a 50-year-old ECA when I first became an EMT. She taught me the most important lesson that any of us can hope to learn: We are treating people, and people are more than just things.

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

Local & Regional EMS News

by Kathy Clayton

Miles Electric Vehicles donated a ZX40S electric car to Rice University as part of a scholarship competition in 2009. The car was immediately presented to Rice EMS to use for on-campus transportation.

Electric car donation goes to Rice EMS

A new all-electric car, emblazoned with the Rice University logo, has been added to the Rice EMS (REMS) fleet. An advanced-level responder service, REMS responds to more than 600 calls on Rice's campus and the surrounding area in the center of Houston. REMS, made up of 38 volunteer basic and intermediate level EMTs, is on call for campus emergencies and special events, including public speakers and athletic events.

Rice freshman Josh Rutenberg played a vital part in REMS's receipt of the vehicle. Rutenberg was the 2009 winner of the Miles Revolution Contest. The contest is hosted by the Miles Electric Vehicles company, which manufactures fully electric vehicles. Rutenberg received a $1,000 scholarship and the company presented a ZX40S electric car to Rice University. Rice Director of Sustainability, Richard Johnson, facilitated the donation of the car to REMs.

Students submitted videos based on the electric car for the contest, and the winner was determined by the number of YouTube hits the video received. Rutenberg, an environmental engineering major, said he entered the competition in high school, fulfilling a videography requirement and putting two year's worth of videography studies to use. "I really enjoyed the fact that the contest combined videography and the environment, because those are two things I'm really interested in," he said. Rutenberg also noted that EMS was in need of a new vehicle for on-campus driving and that he was excited the car was being used for such an appropriate, philanthropic purpose.

This report was adapted from an article originally printed in the *Rice Thresher*, the student newspaper at Rice University.

NETRAC hosts symposium

The first Trauma and Acute Symposium for Northeast Texas Regional Advisory Council was held in September in Mt. Pleasant. More than 160 people attended, including nurses, EMS personnel, student nurses and community partners. Northeast Texas Regional Advisory Council's mobile medical asset unit was set up and used as the vendor sponsors area. The symposium offered continuing education credits for nursing and EMS staff and was themed, "Remembering 9/11."

Victor Wells of Champion EMS provided the opening comments and Russell VanBibber made a RAC/HGP presentation and tributes. Continuing education lectures included Ricky Cameron, MD, ER physician at Trinity-Mother Frances Hospital in Tyler, speaking on trauma transfer protocols; Jill Roberts, RN, MNSc, ACNP-C, acute care nurse practitioner for trauma surgery at Trinity Mother Frances Health System, presenting "Blue Hair, Blood Thinners & Bourbon"; Mark Ryan, PharmD, Director, Louisiana Poison Center, speaking on treating snakebites in 2009; and Liz Roberts on Code Stemi. Other presentations included lessons learned from 9/11 and a stroke break-out session. Vendor breaks and a lunch sponsored by Sanofi – Aventis rounded out the day-long event.

Planned to be an annual event, the second symposium, "Disaster Preparedness and Emergency HealthCare," is already scheduled for September 2010.

Local & Regional EMS News

Christmastime and Santa Claus brought a new helicopter to the Teddy Bear Transport system at Cook Children's Hospital in Fort Worth. The new EC145 will upgrade the fleet, and the cabin size helps ensure that a parent can usually ride along during the flight.

Cook Children's Hospital adds new helicopter to ground and fixed-wing transport

Fort Worth's Cook Children's, a nationally recognized children's hospital, is supported by one of the largest pediatric transport programs in the nation, known as Teddy Bear Transport. About 2,000 children are transported to Cook Children's annually, most for critical care.

A new EC145 helicopter was delivered in December by Santa Claus to Cook Children's, which serves Dallas, Fort Worth and the surrounding regions. The helicopter was added to the Teddy Bear Transport system and will allow Cook Children's to take advantage of the most modern technology available to assist in transporting children with medical emergencies.

Teddy Bear Transport service also includes ambulance and fixed-wing airplane transport. The program's first helicopter entered service in 2004. The new EC145 will upgrade the fleet, and the cabin size helps ensure that a parent can usually ride along during the flight, according to Jack Sosebee, director of Teddy Bear Transport.

FWISD coaches save athlete's life

Quick thinking and the availability of an automated external defibrillator (AED) saved the life of a Fort Worth high school student in October. A few minutes into running laps during baseball practice, the student collapsed on the track at Trimble Technical High School. He was unconscious and not breathing. Coach Tyson Wormsbaker immediately started CPR while Coach Mike Garza called another teacher to bring the AED and call 9-1-1. Within moments the coaches had secured the student's airway and begun administering CPR. When Coach Jason Braud arrived with the AED, they used it to revive the student. By the time MedStar's ambulance crew arrived, the student was breathing on his own and was transported to a nearby hospital.

In recognition of their quick thinking and use of CPR and the AED, MedStar presented the coaches with a MedStar Community Hero Award at a Fort Worth ISD board meeting. The award is given in recognition of individuals who have contributed to the well-being of the community through their support of emergency medical services. Community Hero award recipients are nominated by MedStar paramedics, emergency medical technicians and emergency medical dispatchers.

CLEMC receives remounted ambulance

Clear Lake Emergency Medical Corps (CLEMC) recently placed a newly remounted ambulance on duty. A $30,000 Local Projects grant from DSHS assisted CLEMC with the ambulance remount. By remounting one of its older ambulances, CLEMC was able to save more than $60,000 in costs associated with purchasing a new vehicle. The remounted ambulance will serve district 4, including Clear Lake Shore, El Lago, Kemah, Seabrook, Taylor Lake Village and the south Pasadena area. The ambulance is a Type-3 rig, with a walk-through space between the cab and the patient care area. It can transport two patients and is equipped as a mobile intensive care unit. Osage Industries and Phoenix Group of Texas worked together to remount the vehicle. The upgrade meets the scheduled fleet replacement program, which aims to replace each ambulance every five years.

CLEMC is a not-for-profit paid/volunteer organization serving the Clear Lake area. It has provided 9-1-1 services to the area for 33 years and currently runs about 4,500 calls per year with five Type-3 ambulances, two emergency response vehicles, and a supervisor mass casualty vehicle.

Memorial Health System of East Texas relocates ED

Each year Memorial Health System of East Texas treats approximately 54,000 patients suffering from cardiac arrest, stroke, injuries and major illness. That number is expected to increase now that Memorial has opened the area's largest emergency department.

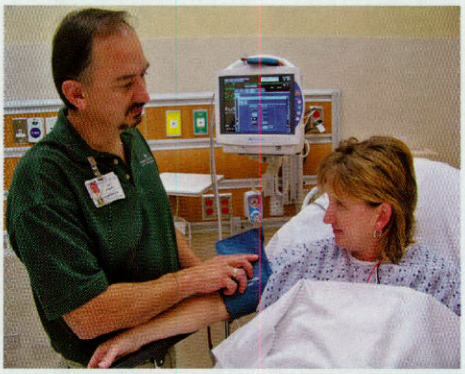
In October Memorial Health System of East Texas doubled the total number of emergency patient rooms to 32. The updated facility is located on the first floor of the Cardiovascular and Stroke Center and includes three rooms that are designed with pediatric patients in mind. Themed murals decorate the walls, giving pediatric patients a sense of calm and relaxation.

"When designing the emergency department, we wanted the look and feel to be different than the typical emergency or hospital setting by using warm, friendly colors, natural lighting and wood grain fixtures and flooring," said Jerry Fears, RN, BSN, BSBM, director of emergency services. They also focused on improving emergency processes through layout, patient flow, advanced equipment and having employees trained in multiple areas.

Along with major trauma and life threatening illness, nurses specialize in heart and stroke care. A dedicated stroke team with board-certified neurologists and a telemedicine partnership with Methodist Hospital gives stroke patients an advanced level of care. Administration of tPA and other treatments that stop the effects of stroke also are available, and in-department laboratory, respiratory and imaging staff lead the way in expediting patient flow and treatment.

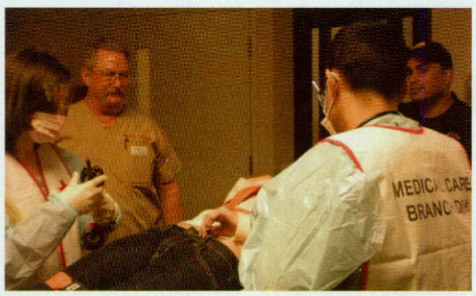
A rooftop helipad for air ambulance and a dedicated elevator transports patients between the helicopter and emergency department within minutes, while the waiting area is equipped with a 24-hour security station and campus-wide video surveillance to protect patients and guests.

As the largest health care system in the East Texas area, Memorial Health System of East Texas is a private, not-for-profit hospital that provides care to almost a quarter of a million patients each year. Memorial, which consistently ranks among the nation's best for exceptional health care and patient satisfaction, is comprised of four hospitals: Memorial Medical Center—Lufkin; Memorial Medical Center—Livingston; Memorial Medical Center—San Augustine; and Memorial Specialty Hospital, the only rural long-term acute care facility within the area.



Doubling Memorial Health System of East Texas's number of emergency rooms, 32 patients' beds opened in October in the area's largest emergency department. Jerry Fears, RN, BSN, BSBM, checks a patient's blood pressure and vital signs in a new emergency patient room.

Medical City/ Medical City Children's Hospital conducts drill



The Regional Emergency Preparedness Committee recently led a community disaster drill at Medical City/Medical City Children's Hospital in Dallas. All levels at the hospital participated and were evaluated by local fire and EMS services.

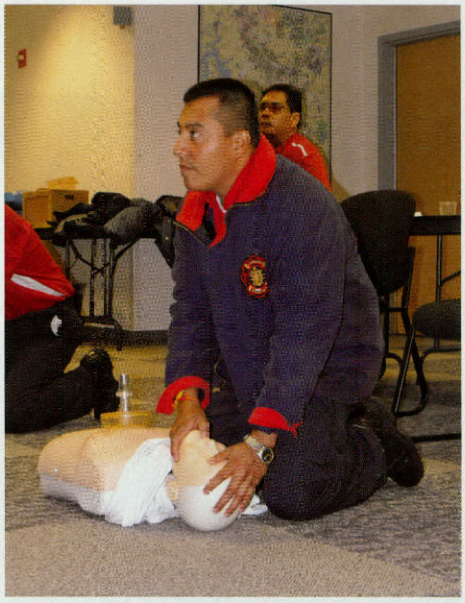
Medical City/Medical City Children's Hospital in Dallas recently had an all-level participation in the community disaster drill, "Boreas," coordinated by the Regional Emergency Preparedness Committee. Chief Stephen Bock of Farmers Branch Fire Department and Captain Steve Deutsch of Irving Fire Department evaluated the exercise. This was the second drill over the past several weeks, and improvements in the IC structure and radio interoperability were commended. Ronna Miller, a disaster medicine physician with UT Southwestern, also attended and offered advice and praise for the emergency department's level of teamwork. Captain Coker from Dallas Fire Rescue Hazmat, Lieutenant Glen Phipps and Chief Todd Jamison, were also on site to closely observe the process and offer advice for additional improvements.

All participants were invited to take part in the after action break-down and discussion. Led by Medical City Children's Hospital CEO, John O'Neill, the entire staff heard the evaluators' critiques and note their suggestions for areas of improvement. The staff was able to discuss the focus points for the future and celebrate their achievements as a team.

ATCEMS hosts Saltillo paramedics

In December 2009, six paramedics from Saltillo, Coahuila, in Mexico, arrived in Austin to participate in CPR and AED classes provided by Austin-Travis County EMS paramedics. Saltillo has been Austin's sister city since 1968—Austin's longest established sister-city relationship. Austin and Saltillo share a unique history as the "two capitals" of Texas. Saltillo was the capital of Texas when its territory was part of the Mexican state of Coahuila, before Austin became the capital of the Republic of Texas. A variety of exchanges between the two cities have focused on government, culture, education, business and athletics.

The paramedics' visit continued this tradition as they learned valuable assessment and treatment skills through lecture and scenario-based training. The CPR/AED classes were held at the Austin-Travis County EMS, Professional Practices and Standards Division Building in Austin. The paramedics were presented with certificates and American Heart Association CPR cards at a ceremony following the training sessions. After the presentations, the Saltillo and Austin paramedics teamed up for a workshop to discuss prehospital treatment and transport of trauma patients. The Saltillo paramedics also had the opportunity to ride on ambulances and command units to observe ATCEMS practices.



Austin and its sister city, Saltillo, arranged for six paramedics from Saltillo to visit Austin in December. The visiting medics participated in CPR and AED classes, received their certificates and CPR cards at a ceremony hosted by ATCEMS, and then the two groups teamed up for a workshop to discuss prehospital treatment and transport of trauma patients.

MedStar EMS receives national accreditation

MedStar EMS, the exclusive ambulance service provider to 15 Tarrant County cities, now joins the elite group of medical transportation service providers that are accredited by the Commission on Accreditation of Ambulance Services (CAAS).

Of all the licensed ambulance providers in North America, only 133 are CAAS accredited. With this achievement, MedStar becomes only the fourth ambulance service to be accredited in the state of Texas. CAAS is a non-profit organization established to encourage and promote quality patient care in America's medical transportation system. The primary focus of the Commission's standards is high-quality patient care by establishing national standards that not only address the delivery of patient care, but also the ambulance service's total operation and its relationships with other agencies, the general public, and the medical community

"CAAS accreditation signifies that the MedStar system has met the gold standard determined by the industry to be essential in a modern emergency medical services provider," said Jack Eades, MedStar's Executive Director. "This is another example of commitment to excellence on the part of every one of our employees."

The 18-month application process included a comprehensive self-assessment and an independent outside review of MedStar operations, including a multi-day on-site review by national experts in emergency medial services.

In order to meet the challenge of receiving accreditation, every area of MedStar was reviewed and numerous improvements were put into place, including implementing process improvement training, documenting follow-up process on every patient complaint, testing the emergency communication plan, implementing a strategic plan, completing numerous facility upgrades, tracking and quality insurance of fleet maintenance, proving back up and off-site storage for all computer systems and assuring all employees are aware of all policies.

Got news? Send in for Local and Regional News!

Tech*Star sponsors air medical Christmas lunch in Gorman

*Attending Tech*Star's luncheon were left to right: Wayne Dennis, EMT; Mark Dent, RN, Air-Evac; Ramiro Montalvo, EMTP, Air-Evac; Phillip O'Rear, pilot, Air-Evac; Steven Nelson, RN, Air-Evac; Teresa Campbell, RN, CareFlite; David Dunson, EMTP, CareFlite, Bonnie Clark, LP, Air-Evac; Adam Paterson, pilot, Air-Evac; and Mike Rarity, pilot, CareFlite.*

On December 13, 2009, Tech*Star EMS Education held its third annual Air Medical Luncheon. Wayne Dennis, EMT and Program Director for Tech*Star EMS Education said, "This is just a small gesture to show our appreciation for all that these providers do for the citizens in the Gorman and Eastland County area." At this year's luncheon, each crew member was presented with a notebook portfolio and a pint of homemade plum jelly. Air-Evac crews from Brownwood and Mineral Wells and the Granbury CareFlite crew were able to attend. The Gorman Volunteer Fire Department set up the landing zone.

Drive-thru H1N1 clinic in Nacogdoches

Nacogdoches Medical Center, Nacogdoches Memorial Hospital and DSHS teamed up to provide approximately 900 H1N1 vaccinations to community members at a drive-through clinic at the Nacogdoches County Expo Center in November.

All of the groups involved were able to provide qualified personnel, doses of the vaccine and the necessary supplies to administer the medicine. Nursing students from Stephen F. Austin State University and Panola College were there to lend a hand as well.

A drive-through tent, set up and operated by local EMS services, was so popular that cars were waiting in line for two hours before the clinic opened. The Nacogdoches police department and Constables were there to manage the lines.

Tim Hayward, CEO of Memorial, and Ed Price, Chief Clinical Officer from Medical Center, were on the scene to oversee the event.

All patients were prescreened while waiting in line for the drive-through vaccinations. "We were glad to be called upon to help in this situation and give immediate assistance," stated Gary Stokes, CEO of Medical Center. "This is a great example of two competing entities meeting each other halfway to put the needs of the community first by providing exceptional community service beyond compare," Stokes said.

Chief Clinical Officer of Nacogdoches Medical Center Ed Price, RN, MBA, helps direct traffic at a H1N1 vaccination clinic in November in Nacogdoches. The clinic was a cooperative effort between Nacogdoches Medical Center, Nacogdoches Memorial Hospital and DSHS.

2010 award nominations due October 8

Sure, we know it seems like a long way off – but now is the time to start looking around for people or organizations worthy of a Texas EMS and trauma award. If you've been nominated or done the nominating, you know just how exciting it is when the awards are announced at Texas EMS Conference.

Each category honors a person or organization that exemplifies the best that EMS/trauma systems has to offer. It's quite an honor to be nominated and to win. The categories and the explanations are listed below and on the nomination form. Once you've chosen the correct category, the rest is pretty easy.

How can I nominate someone or a service for an award?

Go to www.dshs.state.tx.us/emstraumasystems/10AwardsIntroduction.shtm. Save the nomination form to your computer and fill it out by clicking in the gray areas beside each question. When you finish, save the file and email it to EMSAwards@dshs.state.tx.us.

Include written explanations of why this person or organization should win. Please be specific, using examples when possible. Keep in mind that the people who review the nominations most likely won't be as familiar with your nominee as you are.

Send the file to us by email no later than October 8, 2010. The packets are then given to programs in the Office of EMS and Trauma Systems Coordination and sent to each EMS zone office. Each program and zone ranks the nominations for each category and returns the information to the Office, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference.

Award Categories 2010

EMS Educator Award honors a state-certified EMS instructor or course coordinator who advances EMS education in Texas through innovation, collaboration and a commitment to students.

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization, and who continually demonstrates a commitment to excellent patient care.

EMS Administrator Award honors an administrator, researcher or manager at the local, city, county, regional or state level who has made a positive contribution to EMS and is committed to building a strong team able to respond effectively.

Public Information/Injury Prevention Award honors an EMS group or individual for outstanding achievement in public education or injury prevention.

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

Private/Public Provider Award honors a ground or air organization that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

Volunteer Provider Award honors an organization staffed by volunteers that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

First Responder Award honors a first responder organization that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

Air Medical Service Award honors a public or private air medical service in Texas that has demonstrated the highest standards in providing patient care, leading the way in innovation and commitment to patient care.

Outstanding EMS Person of the Year honors an EMS-certified/licensed person who has demonstrated uncommon leadership and courage in providing emergency medical service to the citizens of Texas.

Telecommunicator of the Year honors a person or team who handled a call or system event with a level of professionalism and efficiency that allowed the first responders on the scene to give the patients the best care possible. An individual or a team is eligible for the award.

Trauma Center Award honors a designated trauma facility in Texas that has demonstrated leadership and high standards in implementing injury prevention programs and providing trauma patient care to the citizens and visitors of Texas.

Regional Advisory Council Award honors a regional advisory council in Texas that has demonstrated leadership and high standards in improving emergency medical service and improving the Texas EMS/Trauma System.

FAQ Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

Q I submitted my Texas EMT renewal application a few days prior to my expiration date. Can I still work after my EMT expiration date if my application hasn't been approved?

DSHS: No. According to TAC §157.34(a) (3), to maintain certification status without a lapse, an applicant shall submit a completed application for recertification and shall meet all requirements for renewal of the current certification prior to the expiration date of the current certificate, but no earlier than one year prior to the expiration date.

Application processing time is approximately four to six weeks. To ensure there is no lapse in certification, applicants need to submit a complete renewal application *at least* four to six weeks prior to the expiration date. As of midnight on your certification expiration date, you are considered expired and are no longer able to work legally in Texas. For a renewal application, go to the EMS Certification website: www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm. For questions or more information, contact the EMS Certification office at (512) 834-6700.

Q I'm Texas-certified as an EMT-Paramedic and would like to become a certified Instructor. I'm already an Instructor with the Texas Commission on Fire Protection. Do I still need to take the DSHS Instructor course and exam?

DSHS: No. As of August 25, 2009, in accordance with Policy P09-a, "Effective on the signature date of this policy, until this policy is rescinded, the following training programs are approved by the department 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 only approve other methods of teaching instructor courses that are based on the Department of Transportation's/National Highway Traffic Safety Administration (NHTSA) current instructor curriculum."

Q I just completed an EMT course and submitted my Texas initial EMT application. I received a deficiency letter stating that my application could not be approved because the EMS Certification office does not have my National Registry score yet. I haven't taken the National Registry exam yet. Why did I get this letter?

DSHS: The deficiency letter you described was sent to notify you that the EMS Certification office received and processed your initial EMT application, but it was unable to approve the application because you have not yet met the National Registry requirement. Once you take and successfully pass the National Registry exam, your score will be sent to the EMS Certification office automatically, and your application will be approved. Once you have received your National Registry card, check the EMS Certification website. If you are not listed as certified, you may fax a copy of your National Registry card to the EMS Certification office at (512) 834-6714. You can check your status on the EMS Certification website at www.dshs.state.tx.us/emstraumasystems/NewCert.shtm. If you have further questions, please call the EMS Certification office at (512) 834-6700.

Q I am currently certified as an EMT and am about to complete EMT-Paramedic training. I know as of January 1, 2010, initial applicants must submit fingerprints for an FBI background check. Because I will be submitting an initial paramedic application, do I need to have the FBI background check done too?

DSHS: No. The requirement for an FBI background check is for applicants who do not currently hold EMS certification. Upgrades in certification, such as EMT to EMT-I, EMT-I to EMT-P, or EMT-P to Licensed Paramedic, do **not** have to meet the background check requirement. Also, if you hold a current EMT certification and apply to be a certified Instructor, you are **not** required to meet the background check requirement. If you have further questions concerning fingerprinting and FBI background checks, please contact the EMS Certification unit at (512) 834-6700.

Q I attended a great lecture at the 2008 Texas EMS conference, but that speaker evidently was not invited back in 2009. Why? When will I know who's presenting this year?

FAQ Frequently Asked Questions

DSHS: The selection process is "at large" each year, so we don't limit participation or guarantee any particular presenter from year to year. Each January we put out a "Call for Presentations," announcing a general invitation for speakers to present at our conference. We post the notice on our website and broadcast emails to previous faculty and any other prospective presenters of whom we are aware. Because we consider any and all submissions, the process can be fairly long and deliberate, so we have to start early to be able to make selections by summer. It could be the speaker did not send in a presentation for us to consider.

Q How can I help a specific presenter get chosen from year to year?

DSHS: One great way is by filling out the speaker evaluation form at the conference and encouraging other attendees to do the same. Also, if you know of excellent speakers, just send us an email with contact information for him or her.

Q Why don't you have more national / international speakers at your conference?

DSHS: We have our fair share of renowned speakers both from within and outside of Texas, even though we are well known as an "affordable" conference. A few speakers can not come to Texas EMS Conference because we cannot pay their fees and expenses. However, many sought-after speakers will overlook the small honorarium and come as an altruistic offering of community service and to share valuable information for the sake of good patient care. (Plus, our conference is one of the largest, and extra exposure never hurts.)

Q I'm not rich, so I depend on your conference almost exclusively for my continuing education accrual each year. Is there a way you can squeeze a few more classes into the forum?

DSHS: We do the best we can. However, we also strive to provide a blend of conference activities, so lectures and workshops are pretty much topped out at 15 hours. The blend I'm referring to includes vendor exhibits, an awards luncheon, in-depth preconference classes, Governor's EMS/Trauma Advisory Council (GETAC) meetings and a variety of other meeting and networking opportunities.

Q In recent years, I've noticed that the conference offerings are called different things. For example some are lectures, some are workshops, and some are classes. I think I know which is which, but would you mind clarifying, just in case?

DSHS: We've categorized the various presentations as follows: 1) a *lecture* is a one-hour presentation, usually offered only once during the conference, in which one or two faculty speak to a large audience and there is minimal interaction; 2) a *workshop* is a two-hour presentation that often combines classroom teaching with hands-on interaction and is limited to 25 attendees; and 3) a preconference *class* is an in-depth session lasting from four to 16 hours, presented the weekend prior to the conference; extra fees may apply to preconference classes.

Q A few times I've noticed you offer more than one category of CE in a particular lecture or workshop. When I'm documenting my CE hour accruals, how do I divide it out?

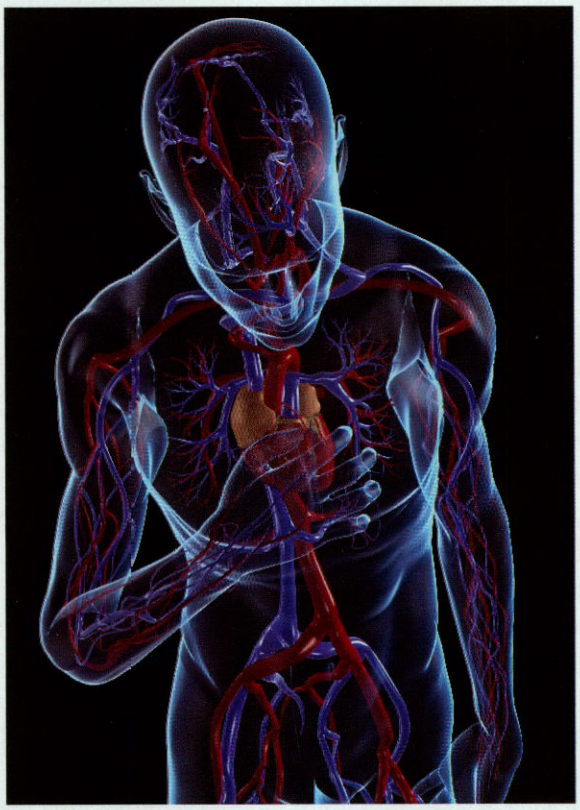
DSHS: We seldom split between CE content areas, but if we do, it's not to be divided in increments less than one credit hour, as defined in 25 TAC, §157.2. That means one-hour lectures with more than one CE content area may be used as one hour in any one of the content areas listed. Two-hour workshops with more than one CE content area may be divided evenly or both hours counted in either content area.

Q When do you accept applications for the EMS coordinator course that's traditionally held at the Texas EMS Conference?

DSHS: In the past, we didn't accept them until after the preconference course announcement was published in the May/June issue of Texas EMS Magazine. This year we've decided to accept them earlier, so it's available now. To download an application and view detailed instructions, go to www.dshs.state.tx.us/emstraumasystems/10CoordinatorCourse.shtm.

How *we* do it
Implementing induced hypothermia

By Mark Gamber, DO, MPH, FACEP, and Russell Griffin, NREMT-P, FP-C
Plano Fire Department and McKinney Fire Department



This is the first article in an occasional series highlighting what EMS providers are doing across the state.

Prehospital emergency medical providers play a critical role in the outcome of patients suffering from out of hospital cardiac arrest (OOHCA) — EMS can set the tone for the care of the OOHCA patient. A policy statement from the American Heart Association published in *Circulation* indicates that "Control of temperature during the initial hospital period after resuscitation from OOHCA is an important factor in recovery. Randomized trials demonstrated that in-hospital induction of mild hypothermia (33°C to 34°C) for 12 to 24 hours in comatose survivors resuscitated from ventricular fibrillation (VF) improved survival and neurological recovery. Case series that included patients with non-VF cardiac rhythms have also demonstrated favorable outcomes."[1]

Based on recommendations from its EMS Vision Committee, the Plano Fire Department (PFD) began its investigation of implementing an induced hypothermia protocol in 2008. The Plano Fire Department EMS Vision Committee is comprised of 10 firefighter/paramedics, the EMS medical director and the EMS coordinator. The purpose of the committee is to discuss current EMS literature in order to provide the best medical care possible for our patients.

We recognized that an induced hypothermia (IH) program would require partnering with local hospitals. For IH started in the field to be effective, it must be continued in the emergency department (ED), the cardiac catheterization laboratory (CCL) and the intensive care unit (ICU). Although IH in the field is relatively inexpensive, IH continued in the hospital typically requires more expensive equipment to closely manage the patient's core temperature. Furthermore, significant training of ED and ICU nursing staff is required to operate this equipment. Also, a number of specialty physicians, such as emergency physicians, cardiologists and critical care physicians need to collaborate on patient care and in-patient protocol development.

During its 2008 quarterly meetings with major receiving hospitals, PFD indicated its interest in IH therapy and sought the hospitals' partnership. At that point none of the local hospitals were performing in-patient IH. However, The Medical Center of Plano (TMCP) was going through Cycle III Accreditation for

chest pain. The accreditation committee included the PFD EMS medical director, the EMS coordinator, PFD EMS battalion chief and EMS captain, and it became a venue to coordinate the prehospital and in-hospital IH program.

The IH protocol was refined throughout 2009 and shared with local hospitals at PFD receiving hospital meetings. Quarterly CE with the medical director focused on evidence for the use of IH and practical aspects of IH protocol application. TMCP began its in-hospital IH program in 2009. In September 2009 PFD performed IH megacodes and skills checkoff at the two stations treating the highest proportion of OOHCA. After a successful IH trial protocol implementation period of three months at these two stations, IH was implemented system-wide in December 2009.

PFD has relatively short transport times. Thus, we felt IV benzodiazepines would be sufficient to blunt the effect of shivering caused by ice packs and chilled fluids. Based on our review of the current literature, we chose to include any return of spontaneous circulation (ROSC) patient in our IH protocol regardless of initial rhythm. We chose not to have a minimum systolic blood pressure prior to performing IH. We feel the fluid bolus portion of IH will augment the blood pressure of a hypotensive patient and want to implement the neuroprotective aspects of IH as fast as possible. PFD chose to monitor core temperature with the Datatherm esophageal temperature probe.

In 2009, PFD performed IH on six patients. Three of the six patients survived. All three survivors were Cerebral Performance Category 1 (neurologically normal). In Plano, patients with OOHCA who received prehospital IH achieved goal temperature *two hours faster* than patients who had OOHCA and in-hospital initiated IH.

As of January 2010, only TMCP and Medical Center of McKinney perform in-hospital IH that is continued from EMS IH. However, the entire HCA North Texas Division is beginning to implement in-hospital IH. Also, in Plano we anticipate that two other local hospitals will have IH programs in place by the summer of 2010. The Plano Fire Department is moving toward implementation of the Cardiac Arrest Receiving Facility concept as outlined in the policy statement by Nichol referenced above.

To our knowledge, Plano and McKinney are among the first fire-based EMS systems in the state to implement IH and may be the first to do so with offline protocol management. Furthermore, we feel this program is evidence of fire-based EMS systems driving excellent patient care that will lead to IH programs at all of our cardiac arrest receiving facilities.

Gamber is with Plano Fire Department and Griffin is with McKinney Fire Department.

[1] Nichol G, Aufderheide TP, Eigel B, Neumar RW, Lurie KG, Bufalino VJ, Callaway CW, Menon V, Bass RR, Abella BS, Sayre M, Dougherty CM, Racht EM, Kleinman ME, O'Connor RE, Reilly JP, Ossmann EW, Peterson E; on behalf of the American Heart Association Emergency Cardiovascular Care Committee; Council on Arteriosclerosis, Thrombosis, and Vascular Biology; Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; Council on Cardiovascular Nursing; Council on Clinical Cardiology; Advocacy Committee; and Council on Quality of Care and Outcomes Research. Regional systems of care for out-of-hospital cardiac arrest: a policy statement from the American Heart Association. *Circulation*. 2010:121.

The article is presented for informational purposes only and does not reflect the policies or recommendations of DSHS.

FCC regulations call for narrow frequencies in 2013

By Kevin McGinnis, MPS, EMT-P
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Historically, radio systems, including those used by emergency responders, use 25 kHz-wide channels. That's about to change. The Federal Communications Commission (FCC) has mandated that agencies operating below 512 MHz move to 12.5kHz "narrowband" voice channels.

Megahertz is a unit of bandwidth in the overall range of bandwidth. The very high frequency (VHF) range includes the traditional EMS frequencies 155.340, 155.325, 155.355, 155.385 and 155.400 MHz and ultra high frequencies (UHF) in the 450-470 MHz range (once used widely for EKG telemetry sent to hospitals).

What is narrowbanding? Today, your license for an EMS frequency (say 155.340) would include a bandwidth 25 KHz (kilohertz) wide around the center frequency 155.340 (we'll call this "wideband" or WB). After 2013, your equipment can emit frequency 155.340 with only a 12.5 KHz width (we'll call this "narrowband" or NB). Eventually, the FCC intends to make these bandwidths 6.25 KHz wide. The purpose is to relieve congestion by creating new, narrower frequencies. It is not guaranteed that you will get two frequencies to use for each one "narrowed," according to the FCC. Nor are you automatically entitled to the frequencies created around yours…an issue which may cause interference down the road.

Every EMS provider (prehospital and hospital emergency department) is potentially affected by narrowbanding and must comply with its provisions by January 1, 2013. Because the narrowbanding rules may require the replacement of portable and mobile radios, as well as hospital and other radio consoles and other infrastructure, the need to plan for these changes in the budgetary cycles of most EMS agencies and the municipalities that support us means starting the research now. If you have an EMS frequency radio, this means you! This does not affect 700 and 800 MHz systems.

Despite the fact that the FCC has provided many years of advance warning on this, a surprisingly large number of people in public safety systems across the country are just now taking notice. So, be concerned if you haven't started to think about this, but know that you are not alone in the boat.

How big is this problem for you? Depends. Most radios and equipment purchased after 1997 should be narrowband capable and may require no more than reprogramming. Older equipment will need to be replaced. One of the first steps in your narrowbanding process will be to decipher whether your equipment is narrowband capable or not. In all likelihood, you are not the one to do this. It is not straightforward for most of us. For instance, different models of one of Motorola's most popular handheld units may or may not be narrowband capable and there are a gazzilion of them out there.

My point in emphasizing this is that, unless you are a radio communications engineer or technician, you need help. To successfully go through the narrowbanding process, you must have either a staff communications support tech or a radio service vendor with a clue (about narrowbanding).

Once you have confirmed that your radio tech is up-to-speed on narrowbanding, there are some general steps to take. The information that follows was adapted from a smart radio guy named Nick Ruark, www.qualitymobile.com/Part90NBNav.htm and www.wirelessradio.net/; the latter is a frequently updated website on narrowbanding.

(1) Verify that your agency or facility has a current and valid FCC Part 90 radio station license. Your service tech should be able to help you with this and, if necessary, can contact your FCC-certified frequency coordinator. The list of licenses (they vary by type of public safety agency), is at www.fcc.gov/pshs/public-safety-spectrum/coord.html. The International Municipal Signal Association (IMSA) is the frequency coordinator for EMS; go to fireems@imsasafety.org for more information. These folks can help track down the license, coordinate revising it to add the narrowband (NB) emitter designation and remove the wideband (WB) emitter designation. Some people have suggested changing the license in two steps — add the NB so that you can operate in mixed WB/NB mode as you change and cutover equipment, and then (before January, 2013) remove the WB and operate solely on NB. Others discourage mixed WB/NB operation because of potential interference. Also, there is a frequency coordination fee each time you change your license. How you handle this will depend on the complexity

of your system and your inventory of equipment. Your service tech should have the final say in the conversion and relicensing process.

(2) Conduct a full inventory of all radios in your system, including all portable, mobile, dispatcher-used, wireless data, and on- or off-site base or repeater radios (include makes and models and, if possible, serial numbers).

(3) With your service tech, determine which equipment can be re-programmed and which must be replaced.

(4) Establish the necessary budget figures to cover the services and equipment required for NB transition, including all licensing fees. Make sure that the budget cycle supports complete transition and relicensing before January 1, 2013.

(5) Develop a WB to NB system conversion plan that addresses the following key steps.

a. The elimination of WB-only equipment and installation of NB-capable off-site base or repeater stations and all other needed radio equipment.

b. The actual reprogramming of all radios in the system as close to simultaneously as possible.

c. Coordination with agencies/hospital facilities that routinely communicate with you on these frequencies.

(6) Schedule and coordinate the actual system conversion. Verify that all radio users have been advised in advance and are aware of the process. Again, all hospitals and local EMS agencies should coordinate with you during the process as much as possible. Be aware that mixed WB/NB operations in any given locale can cause interference.

(7) Modify your FCC radio station license to remove any WB emission designators, replacing them with the correct NB emission designators. Make any other changes or updates to a license that may be required (see 1 above).

Again, given the long and difficult budgeting processes that most of us have, this process should have started yesterday — **wait no longer!**

The following are additional resources that may be helpful as you address the FCC narrowbanding mandate:

International Association of Fire Chiefs (IAFC)
FCC Narrowbanding Mandate: A Public Safety Guide For Compliance
www.iafc.org/associations/4685/files/comm_Narrowbanding.pdf

FCC
Tech Topic 16: Narrow Banding Public Safety Communication Channels
http://www.fcc.gov/pshs/techtopics/techtopics16.html
FCC "refarming" history (with jpegs)
http://wireless.fcc.gov/services/index.htm?job=operations&id=private_land_radio
FCC's "narrowbanding" mandate
http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-04-292A1.pdf (2004 Order)
http://hraunfoss.fcc.gov/edocs_public/attachmatch/DOC-271692A1.pdf (2007 Order)
http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-08-127A1.pdf (2008 6.25 KHz Migration Clarification)

Association of Public-Safety Communications Officials (APCO)
www.apcointl.org/frequency/documents/NBFLIER.pdf

Yahoo Forum (this is an on-going forum on NB)
http://groups.yahoo.com/group/LMR_Narrowbanding

National Institute of Justice (NIJ)
Understanding Narrowbanding
www.ojp.usdoj.gov/nij/topics/technology/communication/fcc-narrowbanding.htm

*Kevin McGinnis is communications technology advisor to four national EMS associations (the National Association of State EMS Officials, the National Association of EMS Physicians, the National Association of EMTs, and the National Association of EMS Educators). This article is adapted, with permission, from an article McGinnis wrote for the National Association of State EMS Officials. He also wrote "**Guide to Emergency Medical Services Information Communications Technology (ICT) Systems For EMS Officials**" which may be downloaded at www.nasemso.org/Projects/CommunicationsTechnology/index.asp. (**Warning** the PDF is 76 MB because it is full of embedded files. A section and materials on narrowbanding is part of the guide.*

"Narrowbanding" deadline January 1, 2013

Fingerprinting now required for initial applicants

As of January 1, 2010, all initial EMS applicants are required to submit fingerprints for an FBI criminal history check. This is a big change, and judging by the calls and emails, there are a lot of questions. We try to answer the most common ones below. If you've got another, please drop us a line at EMSinfo@dshs.state.tx.us.

I heard fingerprints are now required for EMS. Should I do the fingerprints or the DSHS EMS application first?

A: Please submit the DSHS EMS application first. Having your application on file with DSHS before doing the fingerprints will assist us in matching up the background check results and will shorten your EMS application processing time.

What is the procedure for submitting fingerprints?

A: Initial applicants (those not holding a Texas EMS certification) are required to submit fingerprints for a criminal background check. Applicants are first required to complete the "FAST" fingerprint form and then follow the steps on that form to schedule a fingerprinting session through the contracted service, L1 Identity Solutions. The DSHS EMS FAST form **must** be used when submitting fingerprints for EMS certification. Go to www.dshs.state.tx.us/emstraumasystems/FBIFASTPASS1209.pdf to view or print the FAST form.

Following are the basic steps for scheduling a fingerprinting session with L1 Identity Solutions.

1. Log on to www.l1enrollment.com and select "Texas"
2. Select "Online Scheduling"
3. Select "All Others"
4. Select Option A
5. Select "Yes I have a FAST Fingerprint Pass"
6. Enter **TX920390Z** when prompted for Agency Number/ORI
7. Follow the prompts to enter your personal information and select a fingerprint service location, date and time.
8. ***Bring your completed DSHS EMS FAST form with you to your appointment along with government-issued identification.***

Is there an additional cost to DSHS applicants?

A: The DSHS application fees have not increased. There is a separate charge of $44.20 for the fingerprinting and background check. This charge is paid when the fingerprints are taken. (Fee breakdown: $9.95 fee for fingerprinting and $34.25 for the DPS and FBI background check.) If you pay by credit card, there is an extra charge—the total cost would be $45.45.

Where can I find the forms that must be completed?

A: The fingerprint/background check form is attached to the paper certification application. The online application for certification will direct the applicant to a link to the FAST form. The EMS paper certification application can be found at www.dshs.state.tx.us/emstraumasystems/InitialApplication.pdf. The address for the online application is www.dshs.state.tx.us/emstraumasystems/Txonlinelinks.shtm.

A firefighter in my department holds a level-3 clearance through TXDOT. Would that be sufficient for initial EMS certification or do we need to submit new fingerprints?

A: All initial applicants for EMS certification (those not holding a Texas EMS certification) must be fingerprinted regardless of any security clearances or previous fingerprints they may have provided to any other agency. Current laws do not allow agencies to share background reports. DSHS must run its own check through DPS and FBI using the unique ORI number for DSHS EMS.

I know that L1 Identity Solutions is the fingerprint contractor for DPS. I attempted to sign up for fingerprinting by calling L-1 directly. They asked me for my "fast track" number or something to that effect. I can't seem to find this number anywhere.

A: The "fast track" number is the "Agency ORI" number on the FAST form. The DSHS EMS ORI number is TX920390Z. You must have the FAST form in front of you when you call to schedule your appointment. You can print a copy of the FAST form from www.dshs.state.tx.us/emstraumasystems/FBIFASTPASS1209.pdf.

Where in my county is the closest facility to be fingerprinted?

A: When you schedule an appointment, L1 Identity Solutions will provide a current list of locations. You can view the locations on its website at www.l1enrollment.com/locations/?st=tx.

We are a city-operated EMS service. Our police department is set up to transmit fingerprints to Texas Department of Public Safety (DPS). Can our police department send a new applicant's prints to DPS for your background check and have the report sent to DSHS?

A: No, the unique ORI assigned to DSHS EMS must be used to receive background check results from DPS and Federal Bureau of Investigation (FBI). Although a local police department may be able to fingerprint an applicant, they are not able to collect the fees and forward them to DPS for the background check. Also, current state law does not allow agencies to share results.

I am an EMS Course Coordinator. Is there an option to have all my students fingerprinted at the same time?

A: Yes, you should contact L1 identity Solutions at 1-888-467-2080 to discuss the options in your area.

L-1 Identity Solutions
888-467-2080

Does the ECA level require the background check?

A: *All* levels for initial EMS certification (those not holding a Texas EMS certification) will need to go through a fingerprint-based background check and have the results reported to DSHS. New EMS Instructors and Course Coordinators do not need this check, because they would have a current Texas EMS certification.

I am an EMT, and I did the DSHS EMS fingerprint background check when I applied for my EMT certification. I am now about to complete my Intermediate course. Do I need to do another fingerprint background check?

A: No. As long as your EMT certification is current in Texas you will not need a second background check.

Where do I sign up for fingerprinting?

A: You may sign up online or by calling L-1 Identity Solutions. You must have your FAST form in front of you when scheduling an appointment. Go to www.l1enrollment.com or call 1-888-467-2080 to sign up. You can view or print the FAST form here: www.dshs.state.tx.us/emstraumasystems/FBIFASTPASS1209.pdf.

I have an EMS student who has already submitted fingerprints for his nursing license, teacher certification and/or Texas Fire Commission application. Does the student need to submit fingerprints for DSHS through the FAST process?

A: Yes. DSHS must run its own check through DPS and FBI using the unique ORI number for DSHS EMS. Other agencies are prohibited from sharing criminal history information with DSHS.

I already hold a Texas Peace Officer certification. Do I need to submit fingerprints for DSHS through the FAST process?

A: Yes. DSHS must run its own check through DPS and FBI using the unique ORI number for DSHS EMS. Other agencies are prohibited from sharing criminal history information with DSHS.

I live out of state, and L-1 Identity Solutions has an office in my area. Can I go to an office not located in Texas?

A: Possibly. Have your DSHS EMS FAST form in front of you and call L-1 Identity Solutions to discuss what is available in your area and whether the location near you can accommodate your request.

Altered mental status

by Warren Porter, MS, LP

Continuing Education

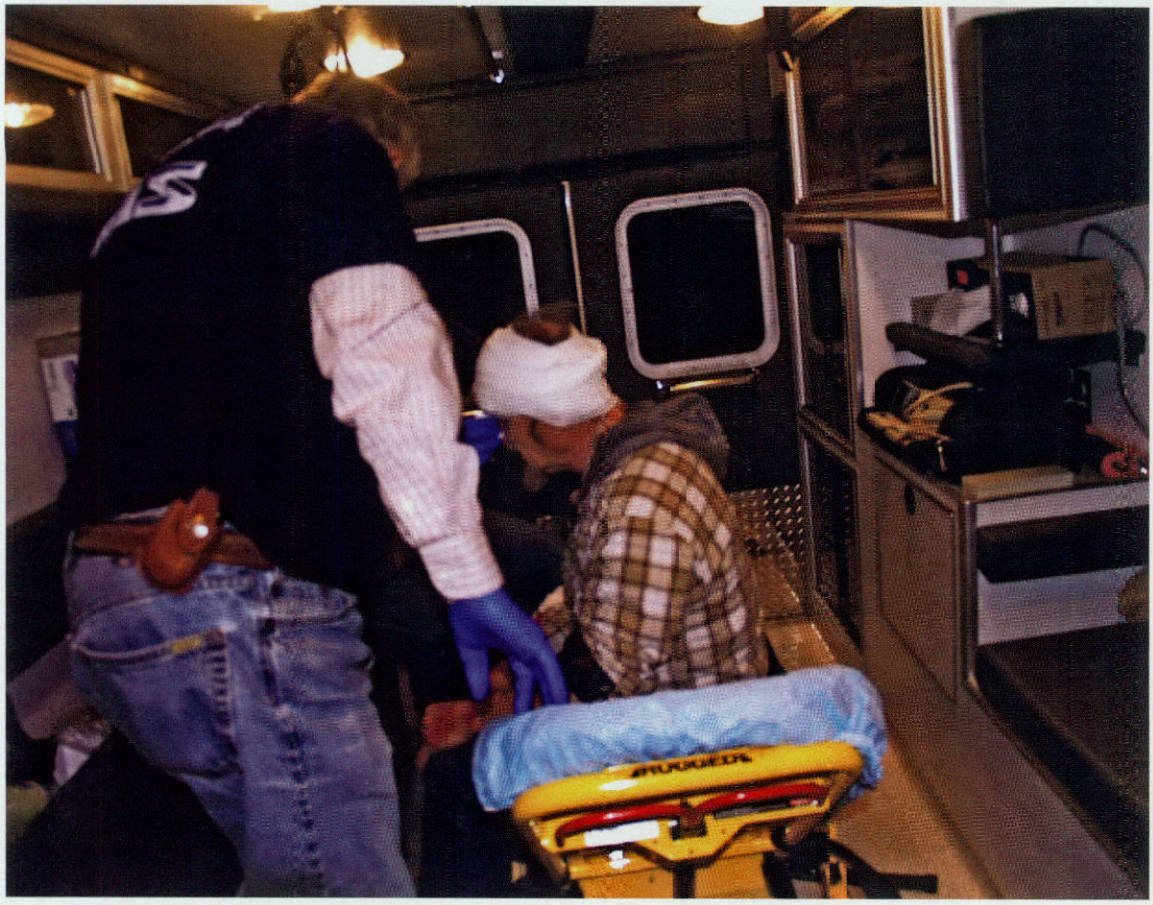

Illustration photo by Audra Horton.

Objectives

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

1. Describe the importance of proper assessment of the altered mental status patient.
2. Describe the different conditions that can lead to altered mental status.
3. Describe the management of a patient with altered mental status.

Case study

You are called for an unknown medical condition at the local community library. You arrive to find law enforcement already on scene, and they direct you to a woman who is about 45 years old. She is speaking incoherently and appears disoriented to what is happening. She can state her name but doesn't know where she is, and she keeps asking you why you are there.

Introduction

Altered mental status (AMS) is a complex "condition" with multiple symptoms that can be described as different behaviors or "abnormal responses to normal events." Many times this presentation seems to be a puzzle that is missing a few pieces, and providers must solve the puzzle under all the usual time constraints. Often, what prehospital providers term as altered mental status is actually a symptom of an underlying condition. Because AMS can be caused by a variety of conditions, it is very important to precisely describe what is observed, so an accurate clinical picture can be pieced together.

Scene size-up and general impression

Upon arrival at a scene where the patient is presenting with AMS, the first step is scene-size up. As with other calls, begin by looking for potential harm to providers and the patient and gather information on what is happening. If you know en route that the patient has altered mental status, you should be especially alert for hostile or dangerous actions from the patient. If these actions are present, you

should withdraw to safety and seek further assistance.

Once potential dangers have been ruled out, providers should quickly identify any items that indicate possible causes of AMS. These can include glucomometers, medications or physical indicators of underlying medical conditions. As you approach the patient, begin to gather information to form a general impression of the patient. You can observe the patient's behavior before you even touch him or her. Based on the patient's actions, you can assess whether he is in danger, whether he poses a threat, or whether he is confused or agitated.

Note any obvious odors coming from the patient, such as acetone breath (which may indicate diabetic ketoacidosis). What does her face look like? Is it anguished, anxious, calm? Anguish or anxiety may indicate distress of some type. Is the patient posturing or does she have an unusual body position? Posturing may indicate traumatic brain injury, an infectious disease process such as meningitis, or stroke. Is the patient still or thrashing about? Uncoordinated movement may indicate hypoxia or a postictal state. Note obvious respiratory patterns and be alert for snoring respirations or loud stridor while approaching. Talk to the patient and determine what her level of response is before you touch her. Does she look up with a purpose, which means she understands you on some level, or does she sit still with no acknowledgement of the activities around her?

Initial assessment

The initial assessment is intended to find immediate threats to the patient's life. Depending on the AMS patient's presentation, the initial assessment may be challenging. AMS patients in particular need a systematic physical exam to help identify the underlying cause of the altered mental status.

Airway

The first step of any initial assessment is to assess the patient's airway for patency. Ensure that the patient can maintain his airway either on his own or by using an airway adjunct, such as an oropharygeal airway (OPA).

Breathing

Determine whether the patient is breathing and the adequacy of her breathing. Is she breathing in a regular pattern or in an irregular pattern? Different patterns of breathing may indicate different causes of the AMS. The respiratory patterns commonly observed in AMS patients are apneustic, Biot's, Cheyne-Stokes, central neurogenic and Kussmaul's.

- Apneustic respirations are characterized by long, deep breaths separated by apnea. This is usually indicative of a stroke.
- Biot's (ataxic) respirations are characterized by a lack of a coordinated respiratory pattern.
- Cheyne-Stokes respirations are characterized by a regular pattern of shallow breaths building to rapid and deep respirations followed by apnea. This may indicate a stroke or metabolic disease.
- Central neurogenic respirations are characterized by very deep and rapid respirations, which may mean increased intracranial pressure.
- Kussmaul's respirations may be very similar to central neurogenic respirations with very deep and rapid respirations, or they may be slower and deep. Regardless of whether slow or rapid, this respiratory pattern may indicate metabolic acidosis, as the body

is attempting to eliminate excess carbon dioxide.

Circulation and skin condition

Is the pulse present in the extremities or only centrally? Is it rapid, slow or irregular? While assessing for a pulse, notice whether the patient is warm, hot or cold. Hot skin may indicate conditions such as sepsis or generalized infection, whereas cooler skin may indicate decreased cardiac output. Remember that skin temperature may be influenced by the physical environment. Pale or cyanotic skin may indicate a respiratory factor in the patient's condition.

Vital signs

As with all patients, after assessing the ABCs, you will assess the patient's vital signs. AMS patients may have variable vital signs. Depending on the medic's level of certification, tools such as cardiac monitors and capnography may be used to assist with vital sign assessment.

Mental status

An important part of the initial assessment is determining a baseline mental status by utilizing the pneumonic AVPU. Is the patient **alert**? Is the patient responsive to **verbal stimulus**? Does the patient respond only to **painful stimuli?** Is the patient **unresponsive**? Another tool that may be utilized, depending on patient presentation, is the Cincinnati Stroke Assessment. Although it may not be *necessary* in all cases, this assessment can easily be included in a general AMS patient assessment. As the patient completes the assessment, his responses can demonstrate cognitive understanding as well as coordination of movement.

History

It's important to obtain a medical history, if you are able, in order to help determine the underlying cause of AMS. A medical history provides clues to the potential causes and can be obtained from a variety of sources such as family, near-by prescriptions and even bystanders at the scene.

Using the pneumonic SAMPLE can help you determine key elements of the patient's history.

- **S** *Signs/symptoms:* What was seen, heard, smelled or observed? Did the patient complain of feeling dizzy or was the patient experiencing shortness of breath prior to the onset of AMS?
- **A** *Allergies:* Does the patient have any known allergies to food, insects, medical dyes, plants or medications?
- **M** *Medications:* Is the patient on any medications, and if so what are those medications, including herbal supplements? Is the medication new and was there a recent increase or decrease in dosage?
- **P** *Past medical history:* What conditions does the patient have? The conditions found may not be "the" reason for the AMS but may lead to what is.
- **L** *Last oral intake:* What has the patient recently taken or ingested? Try to determine what liquids (including water), food or medications were last consumed. This knowledge may offer clues to the onset of AMS. For example, a diabetic patient who has not eaten for twelve hours may experience AMS.
- **E** *Events leading up to incident:* What was the patient doing that may have caused or helped cause the AMS? If immediate events do not appear to have contributed, try to determine the patient's activities for the past five or six hours.

Ongoing physical exam

Because of the dynamic nature of AMS it is important to conduct the assessment as an ongoing process. Assess the patient after each intervention so that any subtle changes can be detected and appropriate care can be continued.

Differential diagnosis

AMS patients should be considered unstable and in need of immediate transport to the closest appropriate facility if the condition cannot be corrected with basic treatments. The underlying causes of an AMS presentation are varied, and several are potentially life threatening. The causes can include structural conditions, metabolic issues, drugs (prescription or recreational), cardiovascular disorders, respiratory diseases and infectious diseases.

One method commonly utilized to remember the causes of AMS is the pneumonic AEIOU TIPS.

- **A** Alcohol abuse
- **E** Epilepsy, electrolyte, endocrine, encephalopathy
- **I** Insulin, intoxication
- **O** Overdose (opiates, lead, sedatives, aspirin, carbon monoxide)
- **U** Uremia (kidney failure) and other metabolic causes
- **T** Trauma, tumor
- **I** Infection (encephalitis, meningitis, Reye's syndrome, sepsis)
- **P** Poisoning, psychological (hysterical, psuedoseizures)
- **S** Shock, sickle cell, subarachnoid hemorrhage, space occupying lesion

The AEIOU TIPS list is extensive, and it is impossible to cover every possibility. But by examining the general categories of the above-listed conditions, it is possible to link common signs and symptoms to aid in differentiating which condition is the likely cause of the AMS.

Trauma

Five different head trauma injuries can affect mental status: cerebral concussion, cerebral contusion, epidural hematoma, subdural hematoma and intracerebral hemorrhage. It is very difficult to differentiate between these injuries in the field.

Of those mentioned, the one injury that is especially worrisome is a subdural hematoma. It's a subtle injury where the veins of the arachnoid meninges tear and a very slow hemorrhage occurs. This bleeding may not be apparent for some time. The expanding blood volume is compressed against the skull and pushes downward into the brain, causing herniation.

Patient presentation

The patient may be confused or may initially be cognitively aware and then progress toward AMS. If trauma is suspected, history of the event is important.

Patient Management

If you suspect trauma, apply cervical stabilization and generally give supportive care. Airway management, re-assessments, vital signs and transportation to an appropriate facility are next steps.

Structural and cardiovascular disorders

Because in the field it is difficult to differentiate between structural or cardiovascular issues causing AMS, I will address these issues together: tumor and stroke.

Tumors may grow in any part of the body, but in the closed space of the skull, any growth that displaces brain matter is troublesome. If the brain is herniated, it can put pressure on the brain

stem, affecting functions such as heart or respiratory rate and quality.

Strokes may be hemorrhagic or ischemic, and it may be difficult to differentiate between the two in the field. The principle for treatment is essentially the same for both: thorough assessment, supportive care and transport to an appropriate facility.

Some patients may have a mini-stroke, also known as a transient ischemic accident (TIA)—note that *accident* in the name is a misnomer and is an older term. TIAs may present with stroke-like symptoms, but the symptoms then resolve on their own relatively quickly. These events have a high potential to be precursors for devastating strokes later on. Patients presenting with TIAs should be assessed and treated in the same manner as stroke patients, and if symptoms resolve, the patient should be strongly urged to seek medical care.

Non-stroke cardiac causes of AMS are related to any condition that affects either the physical pumping of oxygenated blood to the brain or impedes the oxygen/carbon dioxide exchange at the alveolar capillaries. This disruption creates a hypoxic or hypercapnic condition (excess carbon) which then brings on an altered mental status essentially as a result of a lack of oxygen to the brain. Non-stroke cardiac conditions can include congestive heart failure (pulmonary edema), cardiac dysrhythmias, cardiomyopathy, cardiac shock (left ventricular failure) and myocardial infarction.

Patient presentation

Depending where in the brain the tumor or stroke is located, there may be a variety of signs and symptoms. The patient may complain of headache or visual disturbances, or he may have a motor deficit. Additionally, the patient may have irregular breathing patterns. Other cardiac conditions will present with primary cardiac symptoms mixed with AMS.

Patient Management

Supportive care, careful monitoring of cardiac status (cardiac monitor and capnography if available) and transportation to an appropriate facility as determined by medical direction are indicated. Do not use dextrose-containing solutions for suspected stroke, as it may worsen cerebral edema. For non-stroke cardiac conditions, reversal of the cardiac condition is the treatment for AMS.

Infectious diseases

There are three predominant infections that affect the brain: meningitis, encephalitis and cerebral abscess. Meningitis is an infection of the meningeal membrane, which may present with a variety of signs or symptoms, including drowsiness, fever, vomiting, persistent headache, neck pain and/or rigidity, as well as possible intolerance to light and noise.

Encephalitis is an infection of the brain itself. Once the infection gets settled in the brain, the patient will experience brain tissue destruction, which may lead to personality changes, confusion, or complaints of visual disturbances, headache and fever. The patient may also develop seizures, become agitated, or be in a stupor. Encephalitis can also cause neck pain and/or rigidity similar to meningitis. On assessment, the patient may have coordination problems and irregular pupils.

Cerebral abscess is a localized collection of pus within the brain. As the pus accumulates, it pushes onto the brain, compressing brain tissue and blood vessels. The patient may present with AMS and a chronic headache that worsens as intracranial pressure increases.

Patient Management

Supportive care and transportation to appropriate facility as determined by medical direction are the first responses. Some sources may advocate fluid, but it must be noted that fluid administration should be very carefully titrated to prevent overload. Do not use dextrose-containing solutions, as this may worsen cerebral edema.

Respiratory diseases

The respiratory system is not physically attached to the brain, but it can have a direct effect on the brain's normal function by regulating the intake of oxygen and the elimination of carbon dioxide. Respiratory conditions that may cause AMS include COPD, pulmonary hypertension, asthma and pulmonary edema.

Patient presentation

The patient may present with irregular respiratory patterns, headache, blurred vision, confusion, drowsiness as well as fatigue and weakness.

Patient Management

Reversing the respiratory distress will improve the oxygen/carbon dioxide exchange and should alleviate the AMS. Respond with careful assessment, cardiac and capnography monitors, if available, and possible ventilatory support.

Metabolic disorders

Metabolic disorders affect a patient's mental status by disrupting the supply of glucose to the brain. Brain cells do not have the ability to store their own glucose (glycogen) and disruption of that supply will result in AMS ranging from confusion to coma. The most common metabolic cause of AMS is diabetes.

Electrolytes also fall in this category, as they are part of the body's regulatory functions. The two most common electrolytes are sodium, which regulates water within the cell, and calcium, which is used to support the cellular wall and is important to blood clotting and nerve impulse conduction.

Patient presentation

A patient with a metabolic or electrolyte imbalance may present with confusion, agitation, drowsiness, restlessness, speech pattern disturbances, lethargy, irregular cardiac beats, irregular respiratory patterns and cool/clammy skin. There may also be an acetone odor to the patient's breath.

Patient Management

Management of this patient begins with the reversal of the underlying problem, careful monitoring and regular assessments. Treatment for electrolyte imbalances is difficult in the field; instead treatment is geared toward correction of cardiac dysrhythmias or other issues and otherwise supportive. Rapid transportation to an appropriate medical facility as determined by medical direction is warranted.

Drugs

A drug (of any category) overdose presents a difficult challenge for EMS providers. Since it is impossible in this article to describe an adverse reaction to every drug, I will describe five common drug categories as a representative sample.

Barbiturates tend to have a sedative effect, making the patient drowsy or uncoordinated. Opiates are narcotics that cause respiratory depression and loss of cognitive function. Tricyclic antidepressants may produce respiratory depression, hallucinations, heart rhythm disturbances and hypotension. Salicylates, such as aspirin, can lead to respiratory disturbances and can result in delirium, hallucinations, seizures, stupor and coma.

Patient presentation

Because of the multitude of drugs, patients may present with any combination of signs and symptoms of AMS from confusion to coma. It is important to expect the unexpected, as the patient's mental status may change rapidly.

Patient Management

Treatment focuses on reversing the underlying drug reaction and is generally supportive. Airway management, assessments and transport to appropriate medical facility as directed by medical direction is warranted.

Case study conclusion

You approach the woman at the library from a point where she can see you. She looks up but without purpose. As you begin the examination, you notice her pupils are irregular, she has very deep and rapid respirations, and she has a slightly slow pulse. Her brother is with her, and you ask for her medical history as you assess her. Upon questioning, he remembers that she was involved in a motor vehicle crash about three days ago. With the information gathered from the assessment and from her brother, you suspect head trauma as the cause of her altered mental status. You package the woman and transport her to the closest trauma center.

During your next shift you receive word from the hospital that she had a subdural hematoma and she is recovering. They credit you with a good assessment and your suspicion of head injury as critical to her receiving appropriate treatment without delay.

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Cardiac Science AEDs recalled

Cardiac Science Corporation has recalled about 12,000 automated external defibrillators that may fail during a resuscitation attempt. This is a voluntary recall, but all affected AEDs should be removed from service immediately. The AEDs were manufactured between October 19, 2009, and January 15, 2010, and include the following models:

- Powerheart 9300A, 9300E, 9300P, 9390A, 9390E
- CardioVive 92532
- CardioLife 9200G, 9231

Cardiac Science is also contacting customers by letter and affected AEDs will be replaced at no cost. For more information or to find out if an AED is affected by the recall, go to www.cardiacscience.com/AED195 or call Cardiac Science at (888) 402-2484.

Altered Mental Status Quiz

1. The goal when treating a respiratory cause of AMS is:
   A. Reversal of the underlying condition
   B. Hyperventilation to restore oxygen levels
   C. Transport is the only acceptable treatment.
   D. Administration of fluids to improve oxygen volume

2. The goal when treating a non-stroke cardiac cause of AMS is:
   A. Reversal of the underlying condition
   B. Hyperventilation to restore oxygen levels
   C. Transport is the only acceptable treatment.
   D. Administration of fluids to improve oxygen volume

3. The goal when treating a brain-injured AMS patient is to:
   A. Provide generally supportive care, possibly including airway management
   B. Alternating hyperventilation to restore oxygen levels
   C. Administer large amounts of fluids to support blood pressure
   D. Administer dextrose to improve cerebral perfusion

4. Salicylates, such as aspirin, can lead to:
   A. Respiratory disturbances, hallucinations and stupor
   B. Respiratory depression and loss of cognitive function
   C. Drowsiness or lack of coordination
   D. Heart rhythm disturbances and hypotension

5. Tricyclic antidepressants may produce:
   A. Respiratory depression, hallucinations, heart rhythm disturbances
   B. Respiratory depression and loss of cognitive function
   C. Making the patient drowsy or uncoordinated
   D. Heart rhythm disturbances, sedation and hypotension

6. Apneustic respirations are usually indicative of:
   A. AMS as a result of a stroke
   B. Non-stroke cardiac AMS
   C. Increased intracranial pressure
   D. AMS as a result of a metabolic disturbance

7. Scene size-up for a AMS call is:
   A. Essentially the same as other calls
   B. Not done due to the nature of the call
   C. Only performed with law enforcement on location
   D. Done with extra crews for safety

8. The cause of cerebral abscess is usually:
   A. An accumulation of pus in the brain
   B. A direct blow to the brain
   C. Only known on autopsy
   D. An large accumulation of CO

9. A tool used to perform a baseline mental status exam is:
   A. AVPU
   B. Cheyne-Stoke assessment
   C. Vowel assessment
   D. Glascow coma scale

10. When treating a brain-injured or stroke-caused AMS patient, it is important *not* to:
   A. Treat with dextrose
   B. Conduct an aggressive Cheyne-Stoke assessment
   C. Ask about prior strokes or injury
   D. Manage any family interference

This answer sheet must be postmarked by April 20, 2010

CE Answer Sheet Texas EMS Magazine
Altered mental status

Name _____ SSN _____

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Answer Form

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

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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.☐
7.	A.☐	B.☐	C.☐	D.☐
8.	A.☐	B.☐	C.☐	D.☐
9.	A.☐	B.☐	C.☐	D.☐
10.	A.☐	B.☐	C.☐	D.☐

Did you enclose your $5 check or money order?

Did you read?

Doctors think of drug-resistant *Staph* germs as living in two different worlds. One type lives in hospitals and can defy a wide array of antibiotics. The other lives in the community and typically resists only one or two drugs.

A new study in the journal *Emerging Infectious Diseases* finds a big jump in both types of drug-resistant *Staph* inside U.S. hospitals and gives some suggestions as to why there's an increase.

Between 1999 and 2006, there was a 90 percent increase in the incidence of methicillin-resistant *Staphylococcus aureus*, or MRSA, among patients admitted to U.S. hospitals. Zeroing in on this phenomenon, researchers discovered it's largely due to a seven-fold jump in cases of community-associated MRSA between 1999 and 2006. In other words, it's mostly due to community-associated *Staph* making its way into hospitals.

Between 1999 and 2006, there was a 90 percent increase in the incidence of MRSA.

Doctors who are treating patients in outpatient facilities and community residents who come into the hospital to visit patients or conduct other business are the leading carriers.

Why does it matter that community-associated MSRA is so much more common in hospitals? *Staph* infections can be dangerous—an estimated 20,000 Americans die of MRSA infections each year. And even though community-associated *Staph* is more treatable than the hospital-associated kind, it can cause serious illness and death. It also matters to the kind of treatment patients get, to what it costs, and to the larger battle against antibiotic resistance.

Confronted with a feverish hospital patient who has a likely bacterial infection, doctors can't wait the 24 to 48 hours it would take to get results of a standard bacterial culture to determine which kind of bug it is. So they tend to assume it's a hospital-associated MRSA infection, which is resistant to a number of front-line antibiotics that work against community-associated MRSA.

In other words, they prescribe expensive "big gun" antibiotics. The more these drugs are used when they're not necessary, the more likely it is that resistant *Staph* microbes will emerge.

The new study—part of a project to fight antibiotic resistance called Extending the Cure—shows that a growing number of MRSA infections among hospital patients are really community-associated and can be treated perfectly well with less-fancy antibiotics.

A quick test can distinguish the type of MRSA, Klein says, "but it's expensive and not available on a widespread basis." What's needed, he says, is for doctors to know what kinds of MRSA are circulating in their communities—inside and outside hospitals—so they can treat accordingly.

"Most insurance companies won't pay for microbial swabs done for surveillance purposes," Klein says. "And most hospitals aren't set up to share information on resistant organisms. So we need some sort of regional coordination. And we need to show these mechanisms will work in the long run to reduce costs and save lives."

From National Public Radio at www.npr.org, Staph: Blurring the Battle Lines, Richard Knox, November 24, 2009.

The reality for most people is that misplacing your keys and struggling to recall a name become more common with age. Recent studies are beginning to show how our everyday habits—what we eat, the pills we take, how we rest, and even our confidence levels—have an impact on our brain. The following list outlines what some experts say are the newest strategies for keeping your memory quick, agile and sharp.

Check your iron. Iron helps the neurotransmitters essential to memory function properly—and your brain can be sensitive to low amounts. "A poor diet or heavy menstrual periods, such as those during perimenopause, can cause your iron levels to drop enough to affect your recall abilities, even if you don't have anemia," says Laura Murray-Kolb, Ph.D., an assistant professor of international health at Johns Hopkins University.

When she gave memory tests to 149 women, those with low iron levels missed twice as many questions as those with sufficient amounts. Yet after four months of taking iron supplements, most of the women, with their iron levels back to normal, scored as well as the best group in the first test. Murray-Kolb recommends that women who don't get enough through their diets consider taking a daily multivitamin with 18 mg of iron (8 mg for postmenopausal women).

Turn off background noise. We all multitask, but just listening to the news while you answer e-mail can limit how well you're able to recall both. Usually, when you take in new

information, you process it with your cerebral cortex. "But multitasking greatly reduces learning because people can't attend to the relevant information," says UCLA psychology professor and memory researcher Russell Poldrack, Ph.D. That's because the brain is forced to switch processing to an area called the striatum, and the information stored there tends to contain fewer important details.

Luckily, this kind of memory problem has an easy fix, he says: Simply pay undivided attention to whatever you really want to recall later.

Everyday habits have an impact on our brains.

Refresh your mind. Yes, you know that meditation can reduce stress, which research shows can damage brain cells and your ability to retain information over time. But the practice may also sharpen your memory. According to a University of Kentucky study, subjects who took a late-afternoon test after meditating for 40 minutes had significantly better scores than those who napped for the same period.

Even more surprising, when the subjects were retested after being deprived of a full night's sleep, those who meditated still scored better than their study counterparts. How could that be? Meditation, like sleep, reduces sensory input, and this quiet state may provide a time for neurons to process and solidify new information and memories.

Control your cholesterol. A healthful cholesterol level is as essential for mental sharpness as it is for cardiovascular efficiency. When plaque caused by LDL cholesterol builds up in blood vessels, it can hinder circulation to the brain, depriving it of essential nutrients. One possible consequence: memory problems.

"It doesn't take much plaque to block the tiny blood vessels in the brain," explains Aaron P. Nelson, Ph.D., chief of psychology and neuropsychology at Brigham and Women's Hospital in Boston. "In addition, several studies have shown that high cholesterol is a risk factor for Alzheimer's disease." Although that connection is not fully understood, the take-home is clear: Get your cholesterol checked regularly; if it's high, work with your doctor to lower it.

Munch an apple. A couple of apples a day may keep the neurologist away. "Apples have just the right dose of antioxidants to raise levels of acetylcholine, a neurotransmitter that's essential to memory and tends to decline with age," says Tom Shea, Ph.D., director of the University of Massachusetts Lowell Center for Cellular Neurobiology and Neurodegeneration Research. In addition, antioxidants in apples help preserve memory by protecting brain cells against damage from free radicals created by everyday metabolic action, such as the processing of glucose by the body's cells.

Work up a sweat. Cardiovascular exercise can also keep your memory sharp by improving a number of aspects of brain functions. Last year, researchers from the University of Illinois, Urbana, put two groups of older, healthy adult volunteers on different regimens. One group did aerobic training three times a week for one hour; the other did nonaerobic stretching and toning.

MRIs taken after three months showed that the aerobics group actually increased their brain volume (which could reflect new neurons or cells) and white matter (connections between neurons) in the frontal lobes, which contribute to attention and memory processing. The aerobic exercisers, who ranged from age 60 to 79, had the brain volumes of people 2 to 3 years younger, said Arthur Kramer, Ph.D., who reported his results in the Journal of Gerontology: Medical Sciences.

Believe in your brain. Do you find yourself worrying about forgetfulness? Give it up! Any anxiety you feel about your occasionally wayward memory later in life may actually make it worse. In a recent North Carolina State University study published in Psychology and Aging, healthy older folks scored poorly on memory tests after being informed that aging causes forgetfulness.

When another group was told that there wasn't much of a decline in their recall abilities with age, however, they scored 15 percent higher—even better than a control group told nothing about memory and age. "Believing in negative stereotypes can be a self-fulfilling prophecy," says head researcher and psychology professor Thomas M. Hess, Ph.D. "That's a shame because your memory probably isn't nearly as bad as you fear it is."

From msnbc.com, 7 Ways to Remember Everything, posted by Liz Vaccariello, January 29, 2010.

Did you read?

For women under age 70, every 10-beat-per-minute increase in resting heart rate boosts the risk of dying from a heart attack by 18 percent, a new study has found.

Norwegian researchers tracked the health of about 50,000 healthy adults, aged 20 and older, for an average of 18 years. During that time, 6,033 men

Did you read?

and 4,442 women died. Heart attack and stroke accounted for more than 58 percent of male deaths and more than 41 percent of deaths among women.

The higher a person's resting pulse, the greater their risk of death from cardiovascular disease, particularly from ischemic heart disease (heart attack and angina). Men with a pulse of 101 beats per minute or more were 73 percent more likely to die of ischemic heart disease than those with a rate of 61 to 72 beats per minute—the normal healthy range.

Women with a resting heart rate of 101 beats per minute were 42 percent more likely to die of ischemic heart disease than those with a normal pulse. This was particularly true among women younger than 70 with a high resting heart rate—they were more than twice as likely to die of a heart attack, the study found.

The higher a person's resting pulse, the greater their risk of death from cardiovascular disease.

But the study also found that women with higher levels of physical activity had a lower risk of dying from ischemic heart disease, even if they had a high resting heart rate.

Physically inactive women with a resting heart rate of 88 beats per minute or higher were more than twice as likely to die of a heart attack than those with a lower heart rate. But women with a heart rate of 88 beats per minute or higher who did frequent and intensive exercise were only 37 percent more likely to die of a heart attack. However, this protective effect of exercise wasn't seen in men with high heart rates.

The study was published online in January in advance of print publication in the Journal of Epidemiology and Community Health.

From msn.com (HealthDay News), Faster heart rate may raise risk of heart attack death, by Robert Preidt, January 12, 2010.

A new report calls for a public health campaign against hepatitis and liver cancer similar in scope to the massive campaign against AIDS—one that includes controversial needle-exchange programs along with better education and screening.

The report released by the Institute of Medicine, the health arm of the National Academy of Sciences, recommends a renewed push against hepatitis B and C, thought to cause about 80 percent of liver cancers worldwide. As many as 1.4 million Americans have chronic hepatitis B, and between 2.7 million and 3.9 million have chronic hepatitis C. Half of all liver transplants in the United States are linked to one of those infections.

The report is of particular interest in Bexar County, which historically has had one of the highest rates of liver cancer deaths in the country, more than double the national rate. A number of studies—all inconclusive so far—have looked at relatively uncommon risk factors, from contaminated grain products to diabetes to polluted groundwater.

"There are many more, three to five times more persons, living with chronic hepatitis viral infections than with HIV infections," said Dr. R. Palmer Beasley, chairman of the IOM panel and emeritus dean of the University of Texas School of Public Health in Houston.

"These diseases impact minorities disproportionately. And chronic viral hepatitis B and C are silent killers, causing more than 15,000 deaths per year in the United States."

Even so, Beasley said, few people are aware of the impact of hepatitis and how to prevent it. "There is no national plan or strategy to combat this problem, and few resources committed to hepatitis B and C."

As many as 1.4 million Americans have chronic hepatitis B, and between 2.7 million and 3.9 million have chronic hepatitis C.

Both infections are surrounded by fear and stigma. Hepatitis B is often associated with immigrants, many of whom are reluctant to be tested because they faced discrimination in their home countries. Intravenous drug use, even from casual experimentation years ago, is the biggest risk factor in hepatitis C.

Among the report's recommendations:

- **Better surveillance.** Tracking of hepatitis C is particularly poor. The committee suggests the federal government evaluate the national surveillance systems for hepatitis, and also look at targeting high-risk groups for screening.
- **Better awareness.** Both the public and the medical community know little about hepatitis. Some doctors aren't sure how to test for chronic hepatitis, how to interpret the results or how to manage patients. Many don't ask about whether patients have emigrated from areas where

hepatitis B is common, or about drug abuse.

- **Better immunization.** An effective hepatitis B vaccination is among the required childhood vaccinations in 47 states, including Texas, but 1,000 infected babies are born each year.
- Better coordination of fragmented public health programs for hepatitis.
- Because hepatitis is even more easily transmitted by blood than HIV, reducing the risk of infection from drug abuse is important, and needle-exchange programs are a key part of that, said panel member Daniel Church, hepatitis coordinator with the Massachusetts Department of Health.

Dr. Fernando Guerra, director of the Metropolitan Health District, who was invited to review the report in draft form, said he thought the panel should have acknowledged other risk factors, particularly those from blood transfusions and surgeries that took place before a test for hepatitis C was available. Also, there was little mention of other causes of liver cancer, including alcohol abuse.

From *San Antonio Express-News*, Better awareness of hepatitis urged, by Don Finley, January 12, 2010.

Did you read?

Researchers at the University of Aberdeen found that when people were asked to recall past events or imagine future ones, participants' bodies subliminally acted out the metaphors embedded in how we commonly conceptualized the flow of time. As they thought about years gone by, participants leaned slightly backward, while in fantasizing about the future, they listed to the fore. The deviations were only some two or three millimeters' shift one way or the other. Nevertheless, the directionality was clear and consistent.

"When we talk about time, we often use spatial metaphors like 'I'm looking forward to seeing you' or 'I'm reflecting back on the past,' " said Lynden K. Miles, who conducted the study with his colleagues Louise K. Nind and C. Neil Macrae. "It was pleasing to us that we could take an abstract concept such as time and show that it was manifested in body movements."

The new study, published in January in the journal Psychological Science, is part of the field called embodied cognition, the idea that the brain is not the only part of us with a mind of its own. Research in embodied cognition has revealed that the body takes language to heart and can be awfully literal-minded.

You say a person is warm and likable, as opposed to cold and standoffish? In one recent study at Yale, researchers divided 41 college students into two groups and casually asked the members of Group A to hold a cup of hot coffee, those in Group B to hold iced coffee. The students were then ushered into a testing room and asked to evaluate the personality of an imaginary individual based on a packet of information.

Students who had recently been cradling the warm beverage were far likelier to judge the fictitious character as warm and friendly than were those who had held the iced coffee.

We could take an abstract concept such as time and show that it was manifested in body movements.

The body embodies abstractions the best way it knows how: physically. One study showed that participants who were asked to dwell on a personal moral transgression like adultery or cheating on a test were more likely to request an antiseptic cloth afterward than were those who had been instructed to recall a good deed they had done.

In a report published last August in Psychological Science, Dr. Jostmann and his colleagues Daniel Lakens and Thomas W. Schubert explored the degree to which the body conflates weight and importance. They learned, for example, that when students were told that a particular book was vital to the curriculum, they judged the book to be physically heavier than those told the book was ancillary to their studies.

As Dr. Jostmann sees it, the readiness of the body to factor physical cues into its deliberations over seemingly unrelated and highly abstract concerns often makes sense, "the issue of how humans view gravity is evolutionarily useful," he said.

"Something heavy is something you should take care of," he continued. "Heavy things are not easily pushed around, but they can easily push us around." They are weighty affairs in every tine of the word.

From *The New York Times,* Abstract thoughts? The body takes them literally, by Natalie Angier, February 1, 2010.

Disciplinary Actions

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.

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.

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.

Americare EMS Polk County Ltd d/b/a Americare, Livingston, TX. September 27, 2009, assessed a $2,500.00 administrative penalty for violating EMS Rule §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.

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.

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.

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.

Bohn, William A., Orange, TX. October 28, 2009, twelve (12) 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) for misappropriation of medication from his employer.

Bond, James, Olney, TX. October 28, 2009, reprimanded for violating HSC §773.050.(a) and EMS Rules §157.36(b)(13) and 157.36(b)(28) related to staffing an EMS vehicle 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.

Bovina EMS, Bovina, TX. October 14, 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.

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.

Camp County EMS, Inc., Pittsburg, TX. November 25, 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.

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.

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.

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.

Elite Medical Transport of Texas, LLC d/b/a Elite Medical Transport, El Paso, TX. November 25, 2009, assessed a $1,875.00 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.

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.

Gaston, Ross J., Grandview, TX. October 4, 2009, six (6) month probated suspension for violating EMS Rules §157.36(b)(7), 157.36(b)(26) and 157.36(b)(28) related to performing advanced level and/or invasive treatment without medical direction or supervision.

Gemini Ambulance, Inc., San Antonio, TX. November 25, 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.

Gonzales, Joe B., San Antonio, TX. December 15, 2009, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to assess and/or failing to document a patient assessment on a patient care report.

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.

Gonzales, Paul E., San Antonio, TX. October 28, 2009, six (6) month suspension followed by a twelve (12) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(26) and 157.36(b)(28) related to a positive drug screen for marijuana.

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).

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.

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.

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.

Lee, Brandon A., Sour Lake, TX. October 28, 2009, reprimanded for violating EMS Rules §157.36(b)(7), 157.36(b)(26) and 157.36(b)(28) related to performing advanced level and/or invasive treatment without medical direction or supervision.

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.

Lockney VFD/EMS, Lockney, TX. October 14, 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.

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

Lone Star EMS, LLC d/b/a Lone Star EMS, Livingston, TX. September 27, 2009, assessed a $15,000.00 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.

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.

Marino, John P., Dallas, TX. November 25, 2009, revocation, pursuant to the Texas Occupations Coode (TOC) 53.021(b), related to a felony conviction for fraudulent possession of a controlled substance.

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.

Mercy EMS, LLC d/b/a Mercy EMS, Highland Village, TX. January 4, 2010, revocation of provider license for violating EMS Rules §157.11(d)(1), 157.11(g),157.11(1)(1), 157.11(1)(5) 157.11(l)(15)(C)(ii),(157.11(q), 157.16(d)(1), 157.16(d)(12), 157.16(d)(14) and 157.11(d)(18) related to failing to have EMS ambulance vehicles adequately equipped, supplied and staffed, and for failing to notify DSHS of business address changes.

Midlothian Fire Department, Midlothian, TX. October 4, 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.

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.

Olney Hamilton Hospital District d/b/a Olney EMS, Olney, TX. October 28, 2009, assessed a $1,300.00 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.

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

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.

Powell Professional Services, LLC d/b/a Guardian EMS, Columbus, TX. October 28, 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.

Ralls Volunteer Ambulance Service, Ralls, TX. November 25, 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.

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.

Scott, Marcus D., Killeen, TX. October 28, 2009, eighteen (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 testing positive for alcohol while on duty.

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.

Southeast Ambulance Services, Inc., Houston, TX. December 15, 2009, assessed a $16,600.00 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.

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.

Sundown VFD/EMS, Sundown, TX. September 27, 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.

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.

Trans Star Inc. d/b/a Trans Star Ambulance, Wichita Falls, TX. October 28, 2009, reprimanded for violating EMS Rule §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.

Trevino, Humberto, Houston, TX. October 28, 2009, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(15) and 157.36(b)(28) related to failing to disclose a misdemeanor conviction on a Department application.

UMC Lubbock EMS, Lubbock, TX. October 4, 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.

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.

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.

Waskom Volunteer Fire Department/ EMS, Waskom, TX. November 25, 2009, reprimanded for violating EMS Rules §157.16(c)and 157.16(d)(19) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

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

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

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.

White, Steve J., New Braunfels, TX. October 4, 2009, reprimanded for violating EMS Rules §157.36(b)(26) and 157.36(b)(28) related to failing to properly assess a patient.

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

Calendar

13th Annual Trauma Symposium: A two-day seminar presented by the Lower Rio Grande Valley RAC-V. March 24-26, 2010, at the Isla Grand Beach Resort, South Padre Island. The seminar will be of interest to physicians, nurses, firefighters, EMS and other medical personnel working in the field of trauma care. Up to 13 contact hours available. For information or to register call 956-364-2022 or go to www.tsav.org/. *

2010 Annual Meeting: April 8-9, 2010. The Texas Ambulance Association will be meeting at the Isla Grand Island Beach Resort, South Padre Island. Topics will include EMS billing, Medicare reimbursement and the status of EMS in Texas. For information on registration and room rates please contact TAA at 972/417-2878. +

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.

Trauma Conference: April 23 & 24, 2010. Attention first responders, nurses, EMS and fire personnel: NTRAC Area-C and United Regional Healthcare Systems are hosting a Trauma Conference at the Multipurpose Event Center, 1000 5th Street, Wichita Falls, Texas. For more information call 940-781-0254 or check our website at www.ntrac.org. *

Jobs

Faculty Instructor: The division of Emergency Medicine Education at UT Southwestern Medical Center in Dallas has a full-time position available for initial paramedic, EMT and CE classes. RN or paramedic with associates or bachelor in nursing or EMS related field, minimum two years experience with one year emergency experience. Email resume to debra.cason@utsouthwestern.edu or fax to 214/648-5245. For more information call 214/648-5246. EOE. +

Paramedics: Comanche County Medical Center is seeking a full-time paramedic. CCMC offers a competitive salary and an excellent benefits package. Download the application from our website www.comanchecmc.com and fax to HR director- 254/879-4990. +

Six Flags Fiesta Texas: Now hiring EMTs and paramedics. Apply online at www.sixflagsjobs.com. We are a registered DSHS first responder organization operating at an ALS level. Medics work part-time flexible hours with the benefit of an exciting environment to work in. For questions call 210-697-5363 or 210-697-5193. *

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 email ron.zaring@manikinrepaircenter.com or rzmrctx@aol.com. See our website at www.manikinrepaircenter.com +

Care Memory Band: The world's first electronic medical ID bracelet that allows you to take your entire health care history with you wherever you go. Emergency technicians can plug the band into the USB port of their computers and access information needed to expedite care. For more information contact Pete Thomas at 281-961-1899 or carememoryband@aol.com. *

Looking for equipment? West Harris County EMS is ceasing its 9-1-1 service and will have a surplus of equipment to donate to 501(c)3 corps. providing 9-1-1 service in Texas. Some of the equipment includes fully stocked ambulances, responder vehicles and supplies. If you are an EMS 9-1-1 provider in Texas and have need, please send a letter describing your needs and why you feel this equipment could serve your community, along with proof of your 501(c)3 status, to Secretary, WHCEMS, P.O. Box 6008, Katy, TX 77491. If you have any questions, please send an email to chuckb@

Meetings & Notices

remax.net, gblevins1209@att.net, and eneedham@whcems.org.*

New two-way communications equipment. Authorized Relm and Bendix King dealer. Complete line of VHF, UHF mobile and portable radios. Antennas, radio parts, and accessories also available. Call or email for a quote of below list pricing. Ten Four Communications, phone/fax: 1-800-487-9576; tenfoursales@gmail.com; www.tenfourcommunications.com. +

Miscellaneous

Looking for an EMS billing company? Health Claims Plus is a prominent billing company located in Liberty, Texas. Our primary market is small to midsize ambulance companies. Excellent rates and service. ePCRs and manual PCRs accepted. Contact Pete Thomas at 888/483-9893, ext. 238 or email pete@healthclaimsplus.com. Visit or web page at www.HealthClaimsPlus.com. +

Initial/Refresher courses: Methodist Dallas Medical Center is offering initial EMT, paramedic and National Registry refresher courses throughout the year. Please call 214-947-8444 or visit www.emsbiocare.com for more information. *

Lifesaver for Law Enforcement: Lifesaver for LE personnel is an eight-hour first aid course specifically designed for patrol officers, tactical operators, corrections officers, investigators and personnel involved in law enforcement operations. Attendees will learn to recognize and treat life-threatening conditions and perform self aid and buddy aid (SABA). For more information contact Eldon Taylor at: 254-799-7718/405-5511 or email: etaylor@etmc.org. *

Tactical Medicine: This course is 50 hours of instruction over three days and covers the 2009 Tactical Combat Casualty Care (TC-3) curriculum. Participants will receive a certificate of completion, which is good for CECBEMS continuing education credit and is recognized by the National Registry of EMTs. For more information contact Eldon Taylor at: 254-799-7718/405-5511 or email: etaylor@etmc.org. *

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. +

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 1-888-447-1993. +

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 1-888-447-1993. +

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).

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 by Doug Carlyle, LP, NREMT-P

EMS Profile:
Utopia Volunteer EMS

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

Periodical
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At Austin, Texas

About us: EMS in Utopia began with a challenge. After a local resident lost her father to a heart attack more than thirty years ago, she began training and reached the level of EMT-Special Skills. She challenged another resident to be her driver if she passed the state exam. He accepted the challenge. She passed. The Utopia branch of Uvalde County EMS was formed on April 1, 1976. In 1979, Uvalde County EMS split into four separate entities, one of which was Utopia Volunteer EMS. Today, we are the EMS provider serving the Utopia-Vanderpool ESD #1. The service area is 450 square miles, spanning portions of Bandera, Uvalde, Real and Medina Counties. The ESD serves approximately 1,750 citizens, and it experiences frequent rushes of visitors enjoying the region's equine, rodeo, hunting, bicycling, motorcycling, mountain climbing, hiking and swimming activities.

Number of units and personnel: Thanks to generous and continuing donations from residents, visitors, businesses and organizations; grant monies; and endless community support, Utopia Volunteer EMS has grown to include a total of 17 medics: one ECA, 12 EMT-basics, three EMT-intermediates and one paramedic. We operate two BLS/MICU capable units: a 2002 American-LaFrance MedicMaster and a 2009 AEV Trauma Hawk. We have one advanced-level medic on duty at the station from 6 a.m. to 6 p.m. seven days a week. Other personnel are volunteers. Ann Burgardt, MD, is our medical director.

Number of calls and unit capabilities: The organization has experienced an EMS call volume of over 200 runs per year for the last four years. As necessary, Utopia Volunteer EMS teams up with Air Evac Lifeteam or San Antonio Airlife for air transport of injured patients. Currently, 18 percent of patients are flown to San Antonio. With the appropriate personnel on board, Utopia Volunteer EMS has the following advanced-care capabilities on both units: CPAP, mechanical respiratory ventilation, ETT and King advanced airway, needle cricothyrotomy, chest decompression and conscious sedation. In all, the system carries 42 different medications, including a variety of analgesic and seizure medications. Paralytics are available to maintain advanced airways. Zoll E-Series 12-lead ECG, three anti-dysrhythmics, two beta-blockers and nitro-drips are carried for advanced cardiac care. Patients are transported on Stryker PowerPro XT stretchers.

Utopia Volunteer EMS provides service to 450 square miles in portions of Bandera, Uvalde, Real and Medina Counties. Counterclockwise from top: John Hillis, Betty Boyce, Tim Ahrens, Cody Davis, Patti McCaleb, Rhonda Gobert, Kani Darden, Linda Andrade, Janna Davis, Debbie Goodner, Doug Carlyle, Jennifer Davis, Gary Davis. Photo by Hattie Barham.

Medic safety: The latest fleet addition has safety harnesses at two locations on the bench seat, as well as at the CPR seat and captain's chair. The interior of the module was designed to minimize impact points in the event of a collision. A camera system views the patient compartment and the rear of the truck. Each truck has real-time GPS tracking and route mapping.

Current activities: Utopia Volunteer EMS has been instrumental in obtaining AEDs for the region's churches, schools, senior citizen center, parks and fire departments. We offer citizen CPR training on a regular basis, and blood pressure checks are provided weekly at several locations. Grant monies have been carefully spent to purchase all types of training manikins, and we are a local clearinghouse for donated in-home medical equipment. Utopia Volunteer EMS also provides medical care at all special events in the region.