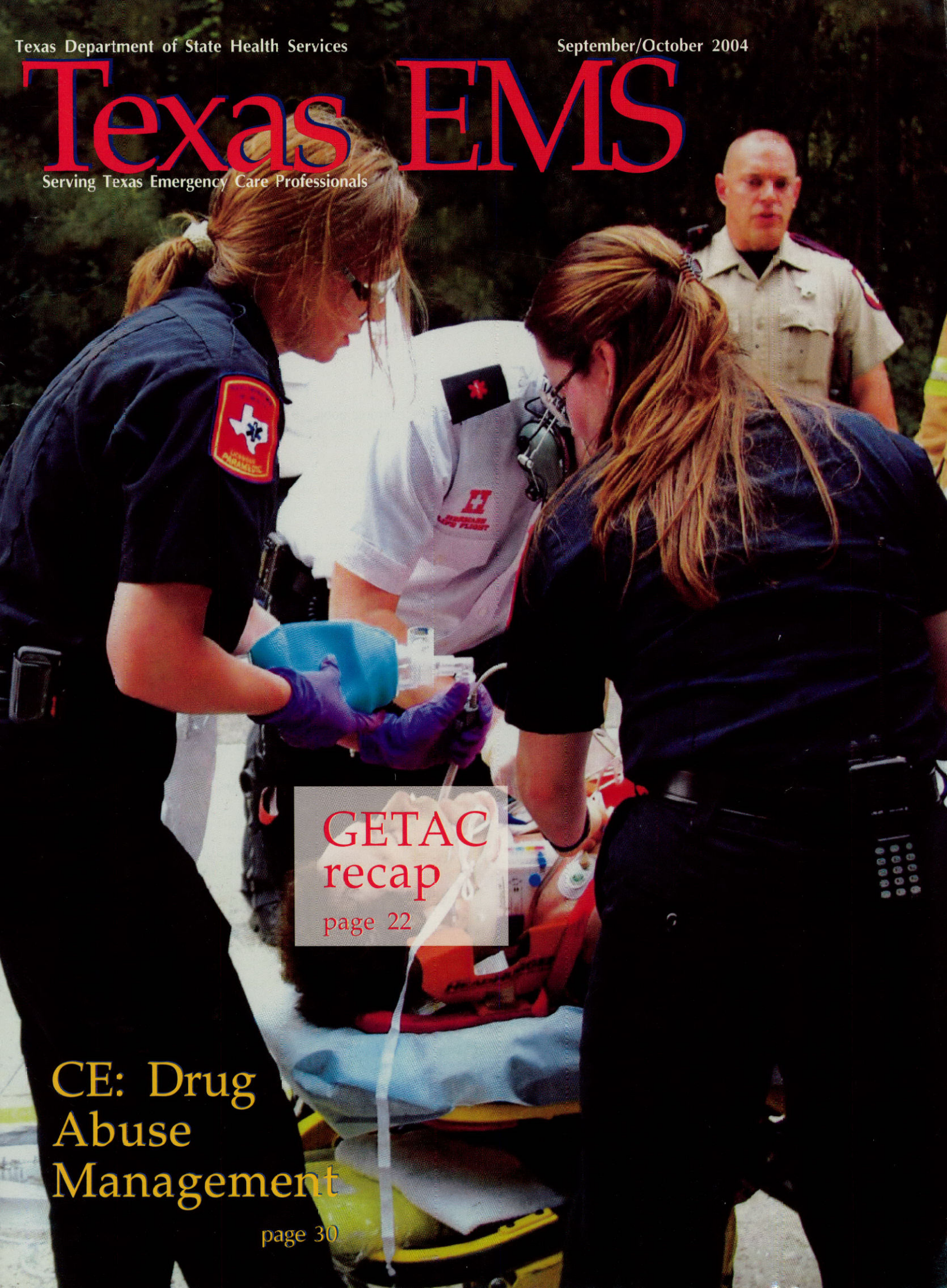


Texas EMS

Serving Texas Emergency Care Professionals



GETAC
recap
page 22

CE: Drug
Abuse
Management

page 30

Texas EMS

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Organization _____

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Amount ordered Description

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_____ **"When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure.** A foldout first aid guide. Can be personalized by the EMS service. (EMS-014)

_____ **"EMS—A System to Save a Life" brochure.** Explains emergency medical services and includes public health region office info. Explains BLS and ALS. (EMS-012)

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Texas Department of State Health Services
1100 West 49th Street, Austin, TX 78756
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- Address/Name change for certification
- Address/Name change for both

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Texas Dept. of State Health Services
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Name _____ Phone _____ - _____

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Please fill in current information already in our records

Name _____ Phone _____ - _____

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FEATURES

22 GETAC Recap

GETAC met in August in Austin to assess its progress on the Strategic Plan and decide how to best achieve the plan's goals.
By Kathy Perkins, RN, MBA

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30 CE: Ecstasy Abuse

The street drug Ecstasy has increased in popularity over the last ten years. How do you handle a patient who uses 1.5 hours of Medical CE.

By KENNY NAVARRO, LP

CONFERENCE

8 Texas EMS Conference

The workshop grid is here! Turn here for the latest on pre-conference classes and workshops for the Texas-sized EMS conference!



COVER PHOTO: MONTGOMERY COUNTY HOSPITAL DISTRICT EMS PERSONNEL OF THE WOODLANDS WORK A MOTOR VEHICLE CRASH SCENE AND PREPARE THE PATIENT FOR LIFEFLIGHT. PHOTO BY ANGELA McNAIR.

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www.dshs.state.tx.us/ems
1100 West 49th Street, Austin, Texas 78756-3199
(512) 834-6700

Field offices by zone

North/West Zone

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Canyon, Texas 79016
(806) 655-7151

1109 Kemper
Lubbock, Texas 79403
(806) 767-0488

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

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(432) 571-4105

622 S. Oakes Street, Suite H
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Houston, Texas 77023
(713) 767-3333

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(956) 423-0130

Contributors: Lisa Camp, Andrew Cargile, Camille Crim, Mike Foegelle, George Gerdes, Wynn Gordy, Audra Horton, Danny Kocurek, Anthony Luna, Crystal Martin, Kenneth Navarro, Kathy Perkins, Chris Quiroz, Linda Reyes

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Texas EMS

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Editor's office: (512) 834-6700, 1100 W. 49th Street, Austin, Texas 78756-3199 or FAX (512) 834-6736.

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Letter

CLIA Update

To Texas EMS Magazine: On August 11, 2004, the Mental Health Association of Texas and the Texas suicide prevention Community Network worked collaboratively to provide a statewide conference and training on suicide prevention to 122 community teams across Texas. This was a continuation of the work begun by GETAC in 2001 when the Injury Prevention Committee declared suicide a serious healthcare problem in need of prevention activities in Texas.

Given the necessary tools and instruction, there are ten communities throughout Texas that have formed grassroots coalitions to address suicide prevention in their areas. At the conclusion of the Toolkit Conference this week, an additional three more regions committed to taking steps to develop local strategies by forming coalitions to address particular issues related to this preventable tragedy.

Governor Rick Perry has proclaimed September 5-12, 2004, Suicide Prevention Week in Texas. Please join us in encouraging local individuals and agencies to plan activities proclaiming the message that by coming together to care, suicide is preventable!

On the federal level, there is a bill on the table in Washington that passed the Senate and is going before the House of Representatives on September 21st. This bill would provide \$83 million toward suicide prevention activities among youth and college-age individuals. I am asking that you as individuals in Texas support the passage of this bill that will bring 85 percent of these dollars back to the local level.

Thanks to the EMS and trauma community of Texas for supporting this important injury prevention issue.

*Molly Wilkins, RN, BSN, CEN, CCRN
Trauma Service Coordinator
Ben Taub General Hospital*

By now you know that DSHS can no longer carry the CLIA waiver for all ambulances.

The Clinical Laboratory Improvement Act requires each EMS provider to apply for a waiver to be able to do routine procedures such as blood glucose tests. We have recently learned that municipalities may need to pay only a single fee that will cover all units. Whether or not a municipality or government entity is eligible for a single fee will be determined by DSHS' hospital licensing program. For a copy of the original article in *Texas EMS Magazine*, go to www.tdh.state.tx.us/hcqs/ems/CLIA04.htm.

TEXAS EMS CERTIFICATIONS AS OF AUGUST 18, 2004

ECA	4,822
EMT	27,222
EMT-I	3,920
EMT-P	10,111
LP	5,622
TOTAL	51,697
COORDINATOR	345
INSTRUCTOR	1,904

EMS Obituaries

Jerry Don Harness, former director of Wise County EMS, died of complications from diabetes on August 3, 2004, in a Mississippi hospital. He was 49. Jerry became a medic in 1973 and worked in Fort Worth, Arlington, Hunt County and Wise County.

Darnell T. Teamer of Katy, died August 8, 2004, from injuries sustained in a motorcycle crash. He was 22 years old and had been a volunteer firefighter with Cy-Fair Volunteer Fire Department for a year and a half. He had just completed his EMT-Basic class at Cy-Fair College.

First Responder Day, September 11

September 11 marks Texas First Responder Day, to be observed in public schools and other places, to honor first responders including EMS, firefighters and peace officers. A Star of Texas award has been created for each of the above categories, with one award going to each EMS first responder, firefighter and peace officer who is seriously injured in the line of duty, and to the next of kin for those who killed in the line of duty. Each award has a committee to advise the governor on the issuance, design and presentation of the medals, which will be presented each year as near to September 11 as possible. For more information, go to the governor's website at www.governor.state.tx.us and scroll down to Star of Texas Awards in Quick Links.



KATHY PERKINS, DIRECTOR
 HEALTH CARE QUALITY
 SECTION

Texas Department of State Health Services debuts

Turn to the back cover to see what the new Health Care Quality Section organizational chart looks like!

As of September 1, the Texas Department of Health ceased to exist and TDH merged into the Texas Department of State Health Services (DSHS), a much larger agency with broader goals and objectives. Instead of the 5,000 or so employees of TDH, we are now part of an agency of nearly 12,000. As most of you know, this change came about because in 2003, the Texas Legislature passed House Bill (HB) 2292, which consolidated twelve health and human services agencies into five. The bill mandated the consolidation of administrative and support functions to eliminate duplications and challenged the five new agencies to find more efficient ways of delivering services.

Under HB 2292, DSHS migrated the traditional programs and bureaus of the Consumer Health Protection Associateship to a more functional organization, grouping together similar activities such as licensing, inspections, policy and standards, and enforcement. Under the new Regulatory Division, there will be two sections, Health Care Quality and Environmental and Consumer Safety, and eight units organized under these functional lines. A chart of the new Health Care Quality Section which includes most of the EMS Regulation and EMS/Trauma System functions is on the back cover of this issue.

Here, specifically, is the way the organization that affects EMS and trauma will be structured:

Rick Bays, who was associate commissioner for Consumer Health Protection, has taken the job of assistant commissioner for regulatory services. That job oversees Subject Matter Experts

(SMEs) from radiation, food and drug safety and environmental health; and two section directors. I have been named director of the Health Care Quality Sections, which will encompass EMS, trauma, hospital and professional licensing; and some parts of radiation control, food and drug safety and environmental health. A Medicare compliance officer will also report to me. Under me are four Units, three of which include EMS and trauma functions.

The Office of EMS and Trauma Coordination, a Unit in the organizational chart, is headed by Steve Janda, who also keeps his role of state trauma system director at this time. Terry Bavousett continues in his role as state EMS director. Both state directors will be known as SMEs in their respective areas, which means that they will be consulted on matters affecting EMS and trauma. The Office will handle many functions similar to the Bureau of Emergency Management though by no means all of them. The Office oversees regulatory functions such as EMS and trauma rules, policy and other regulatory issues; EMS and trauma system grants, including the Local Projects grants and HB 3588 funds; RAC technical assistance; designation; and stakeholder information.

Steve Janda supervises two group managers: the EMS/Trauma Systems group, which handles grants and RACs; and the Stakeholder Information Group, which manages *Texas EMS Magazine* and the Texas EMS Conference. The state directors will continue to manage regulatory issues such as rules and policy.

The Regulatory Licensing Unit,

headed by Renee Clack, includes the EMS Certification and Licensing Group, where all applications for personnel certification and licensing are processed. This Group functions as the EMS Standards team did in the Bureau of Emergency Management. Also in this Unit are the Architectural Review Group (hospitals); Facility Licensing (hospitals but not trauma facilities); Food and Drug Licensing Group; Environmental and Sanitation Licensing Group; Tier II Chemical Reporting Group; and Radiation Safety Licensing Branch.

The Patient Quality Care Unit, led by Derek Jakovich, takes in what are now known as the north and south EMS zones, including inspections, EMS complaint investigations, technical assistance and a centralized EMS provider licensing. These groups are known as EMS Compliance—North; EMS Compliance—South; and EMS Compliance—Central. The Unit also manages several groups that deal with health facility licensing and substance abuse inspection.

The Professional Licensing and Certification Unit, managed by Debbie Peterson, does not include any EMS functions but does oversee examinations of respiratory therapists, mental health professionals and many other health professions.

In the new organization, an Enforcement Unit answers not to me but to Rick Bays. The actual investigation of complaints will still reside within the Patient Quality Care Unit. However, if the complaints progress to Notice of Violation (NOV) and beyond, the case would be forwarded to the Enforcement Unit, which is in charge of processing the cases from all areas of the Division.

I know this is a little confusing at first. But the new organizational structure will provide the same service that EMS and Trauma organizations have come to rely upon. There will continue to be

teams and individuals with technical expertise who are responsible for the ensuring that the Texas EMS/Trauma Systems continue to develop and thrive, and adhere to state laws and rules. What will change is the location of these teams and individuals. While the traditional structure was organized 'vertically' in a bureau that focused on EMS and trauma, these teams and individuals will now be disbursed across the organization horizontally under the different functional units.

The work in the units will continue to be done by the technical experts and we will continue to maintain a professional staff committed to EMS and trauma systems. To ensure that operations run smoothly, cross-functional teams, composed of knowledgeable staff from different areas, will work together on any issues that arise.

For example, to investigate an EMS complaint, staff from the Regulatory Licensing Unit, the Patient Quality Care Unit and the EMS/Trauma Coordination Office may need to work together to determine if a violation of rules has occurred and if so, what the penalty might be. If a violation is substantiated and a Notice of Violation is needed, the case is forwarded to the Enforcement Unit. Similarly, when the grants program within the EMS/Trauma Coordination Office needs information or feedback on grantees' needs, or to check on a certification, the program will turn to the staff in these other units for guidance.

All of the services EMS and trauma systems organizations have received in the past will continue. We will continue to be available for input and feedback. We know that TDH's Texas EMS and trauma systems staff enjoy good working relationships with their stakeholders and have a reputation of providing committed service to our constituency. Our goal is to continue that same service.

(Continued on page 37)

November 21-24, 2004

Texas EMS Conference 2004 comes back to Austin

We're back in Austin for 2004—this time with a brand-new conference hotel next door to the Austin Convention Center. We've lined up some of the best education around for the conference and a lot of fantastic new preconference courses.

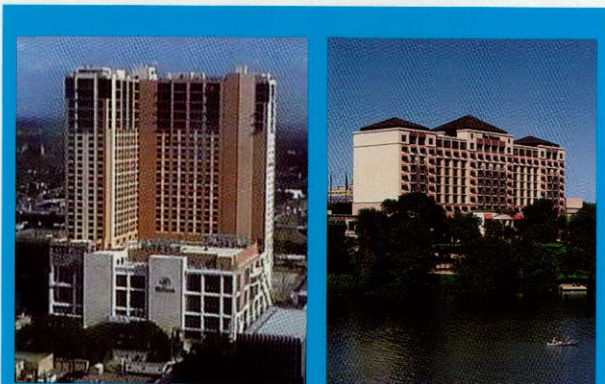
The exhibit hall fills 132,000 square feet with ambulances, helicopters and equipment that will keep you up-to-date on what's happening in EMS. You can't see this much EMS-related equipment under one roof anywhere else in Texas.

Don't forget to look over the preconference classes. We've added many new classes this year, including many more outdoor rescue classes. Preconference classes are available for a separate price and most classes will be at the convention center this year.

And we were able to keep the same price for the conference this year. That means that for the price of one registration, you'll get the always-popular conference bag, access to 15 hours of first-class continuing education, coffee breaks and two full lunches (including the famous chicken-fried steak lunch).

We have special conference rates at five downtown hotels—all within walking distance of the convention center. Make your hotel reservations early—space at the conference hotels goes fast, especially at the host hotel, the new Hilton. See you in Austin!

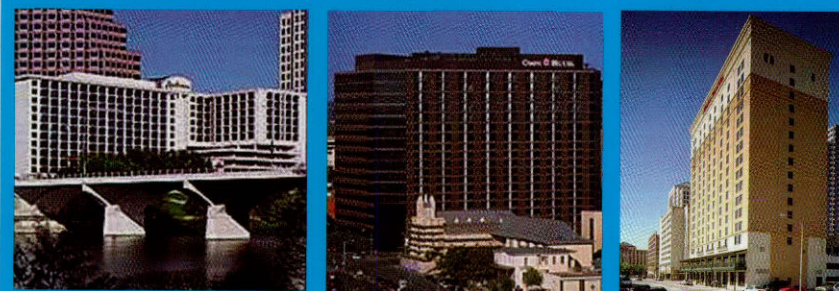
HOTELS



Texas EMS Conference has contracts for special conference rates with five downtown Austin hotels.

Top row, from left, the host hotel, the Hilton-Austin, the largest of all the downtown Austin hotels. And right, the Four Seasons Hotel.

Bottom row, from left, the Radisson, the Omni, and the Hampton Inn.



Hilton-Austin

\$80/\$100/\$120/\$140
500 East 4th Street
Austin, TX 78701
(512) 482-8000

Omni-Downtown

\$80/\$80/\$110/\$110
700 San Jacinto
Austin, TX 78701
(512) 476-3700
(800) THE-OMNI

Four Seasons Hotel

\$125/\$165
98 San Jacinto Blvd.
Austin, TX 78701-4039
(512) 685-8100

Hampton Inn & Suites – Downtown Austin

\$80/\$80
200 San Jacinto Blvd.
Austin, TX 78701
(512) 472-1500 or
(800) HAMPTON

Radisson-Town Lake

\$80/\$90/\$100/\$110
111 East Cesar Chavez
Austin, TX 78701
(512) 478-9611 or
(800) 333-3333

Schedule

Conference At-A-Glance

Sunday, November 21

1:00 pm - 7:00 pm Registration in Convention Center
Inside Exhibit Hall 4
3:00 pm - 7:00 pm Exhibit Hall Opens
with Welcome Reception

Monday, November 22

7:00 am - 6:00 pm Registration in the Convention Center
Inside Exhibit Hall 4
8:15 am - 9:30 am Opening Session in Ballroom D
9:45 am - 10:45 am Workshop Breakouts
10:00 am - 6:00 pm Exhibit Hall Open
11:00 am - 12 noon Workshop Breakouts
12 noon - 1:00 pm Lunch in Exhibit Hall
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts
*Workshop Breakouts in Ballroom D-G,
Rooms 11-19*

Tuesday, November 23

7:00 am - 3:00 pm Registration in the Convention Center
Inside Exhibit Hall 4
7:30 am - 8:30 am Early Bird Workshop Breakouts
8:45 am - 9:45 am Workshop Breakouts
9:00 am - 11:45 am Exhibit Hall Open
(closed during Awards Luncheon)
10:00 am - 11:00 am Workshop Breakouts
11:45 am - 1:15 pm Awards Luncheon-Exhibit Hall 3
(Exhibit Hall open immediately after
Awards Luncheon)
1:15 pm - 3:00 pm Exhibit Hall Open
2:00 pm - 3:00 pm Workshop Breakouts
3:00 pm Exhibit Hall Closes
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts
*Workshop Breakouts in Ballroom D-G,
Room 11-19*

Wednesday, November 24

8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - 12 noon Workshop Breakouts
*Workshop Breakouts in Ballroom D-G
Room 19*
Conference Adjourns

WIN! GRAND PRIZE - \$250; SECOND PLACE - \$100; THIRD PLACE - \$75 AND HONORABLE MENTION - \$50

2004 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/EMS
1100 W. 49th Street, Austin, TX 78756-3199.

Deadline for entering: November 15, 2004

Tape this form to the back of the photo.

Brief explanation of scene: _____

Photo Contest Rules

- **Winning categories and prizes:**
One Grand Prize winner (either color or black and white)—wins \$250 and a plaque.
One Second place—\$100 and a ribbon.
One Third place—\$75 and a ribbon
One Honorable mention—\$50 and a ribbon
- **Deadline:** Entries must be received no later than **November 15, 2004**. 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/EMS, 1100 West 49th, Austin, TX 78756-3199.
- **For digital photos:** Please print out a copy and mail a printed copy with the entry form attached. You may also e-mail the photo in a .jpg format, use CMYK colors and e-mail to Dawn.Whitfield@dshs.state.tx.us.
- The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- The ownership of the negative will remain with the photographer.

Monday					
8:15 am – 9:30 am Ballroom D General Session					
Workshops subject to change. Please refer to conference program.					
Room/(Capacity)	9:45 am – 10:45 am	11:00 am – Noon	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
Ballroom D (2,858)	If We Don't Laugh, We'll Cry Racht <i>Prep</i>	Pressure Dressing For The Soul Bolleter <i>Prep</i>	Diabetes In EMS Corn <i>Medical</i>	Management of Motor Vehicle Collisions and Multiple Patient Incidents (2 hour) Phillips <i>CRO</i>	
Ballroom E (478)	The Fire Inside: Chest and Abdominal Trauma Carlascio <i>Trauma</i>	Bloody Messes: How to Respond to Violent Incidents Turner <i>Trauma</i>	Thoracic Trauma Salter <i>Trauma</i>	Ouch...That has Got to Hurt: Orthopedic Injuries Yates <i>Medical</i>	Playing with Fire: Burns and Smoke Inhalation Carlascio <i>Trauma</i>
Ballroom F (478)	Asthma Update Benold <i>Medical</i>	I Think I'm Having an MI! Knappage <i>Medical</i>	Management of the Obese, the Formerly Obese, and the Gastric Bypass Patient Ericson <i>Spec Cons</i>	CPAP Wesley <i>Medical</i>	Current Concepts in Seizure Management Hinson <i>Medical</i>
Ballroom G (448)	Elderly Patients: A Forgotten Population Lindsay <i>Spec Cons</i>	Ten Substances That Can Kill a Child With One Tablet or Teaspoon Garrison <i>Spec Cons</i>	These Are a Few of My Scariest Things: Neonatal Emergencies in the Field Bacon <i>Spec Cons</i>	Forget Alzheimer's Teel <i>Spec Cons</i>	Geriatric Trauma: When Old Folks Break Wagenhauser <i>Spec Cons</i>
Room 12 (219)	Stephoscropy for Dummies Page <i>Prep</i>	Understanding and Using the TXDOT EMS Education Grant Isaacs/Gutierrez <i>CRO</i>	Responding to Emergencies Tate <i>Prep</i>	Motor Vehicle Accidents Bouvier <i>Trauma</i>	I'm an EMT: I Can Help Richardson <i>Prep</i>
Room 14 (219) On The Horizon	Medical Force Protection Chiasson <i>Prep</i>	Therapeutic Hypothermia After Cardiac Arrest Navarro <i>Medical</i>	One-Hour CPR: Is Shorter CPR Training More Effective? Pepe <i>Medical</i>	Matters of Life and Death: Why We Now Need to Change Resuscitation Rules Pepe <i>Prep</i>	Controversies in Prehospital Care Chapleau <i>Prep</i>
Room 15 (200) Bioterrorism	Bombs Away Rinaard <i>CRO</i>	Don't Bug Me Blackford <i>CRO</i>	Viral Threats and EMS Gordon <i>Medical</i>	Medical Aspect of Dignitary Protection Dolan <i>CRO</i>	Current Trends in the Management of Ricin Incidents Graham <i>CRO</i>

Monday					
Workshops subject to change. Please refer to conference program.					
Room/(Capacity)	9:45 am – 10:45 am	11:00 am – Noon	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
Room 16 (498)	Responding to Railroad Emergencies Schaaf <i>Trauma</i>	Beyond the Basics Smith <i>Prep</i>	Do You Want To Go To The Hospital Dralle <i>Prep</i>	The Bites and Stings of Summer Yudizky <i>Medical</i>	Burns: A Nightmare for the Patient and Provider Molina <i>Trauma</i>
Room 17 (506)	The Main Vein Wigginton <i>Prep</i>	12-Lead ECG Case Studies: From the Routine to the Bizarre Villers <i>Medical</i>	Use of Crash Airway Management in EMS Griswell/Rodriguez <i>Airway</i>	Any Port in A Storm Alternative IV Access Wigginton <i>Prep</i>	Full Spectrum Capnography for Intubated and Non- intubated Patients in EMS Krauss <i>Airway</i>
Room 18A (200) Nursing	Trauma In The Morbidly Obese Ziglar <i>Trauma</i>	Trends In Reduction of Alcohol Associated Injuries Gentilello/Cliffann <i>Medical</i>	Current Trends In Trauma Care Ziglar <i>Trauma</i>	Obsterical Trauma Flynn <i>Trauma</i>	Disaster Management – Preparing Your Staff From Prehospital Through Rehabilitation Klein/Epley <i>CRO</i>
Room 18C (200) Educator	Whack 'Em on the Nose With a Copy of JEMS Grayson <i>CRO</i>	Improving Scores on the National Registry Exam Kolar/Matthews <i>CRO</i>	So You Want to Be An Instructor Mitcham <i>CRO</i>	Precepting in the 21 st Century: It's Not What I Know, It's What You Need to Know Dunafan <i>CRO</i>	Application of Critical Pedagogy to Your Classroom LaCroix <i>CRO</i>
Room 18D (200) Admin	Developing an Immunization Program Lawrence <i>Prep</i>	HIPAA Update: The Latest HIPAA Developments Gandy <i>Prep</i>	Mother, Jugs, and Oh No Not Again Herring <i>CRO</i>	Understanding Lab Work for Occupational Exposures Lawrence <i>Prep</i>	Equipment and Supplies What's Best for You? Terrill <i>CRO</i>
Room 19 (436)	MI and Interventricular Conduction Blocks Griswell <i>Medical</i>	The Pathophysiology of Crush Injury Gordon <i>Trauma</i>	Antiarrhythmics: Do They Work? Grayson <i>Medical</i>	Endotracheal Rules of Engagement Coontz <i>Airway</i>	ECG Physiology Making Sense of the Squiggly Lines Baker <i>Pt Asmnt</i>

Tuesday						
Room/ (Capacity)	Workshops subject to change. Please refer to conference program.					
	7:30 am – 8:30 am	8:45 am – 9:45 am	10:00 am – 11:00 am	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
Ballroom D (2,858)	Powdered Donuts and Professionalism: A Humorous Look at Ethical and Professional Standards in EMS Today Turner <i>Prep</i>	Go With the Flow: It's All About Perfusion Racht <i>Medical</i>	Puff, Puff, Wheeze, Wheeze, I Need Some Relief Please Rainwater <i>Medical</i>	Suffer The Children Bolleter <i>Spec Cons</i>	(2 hour) Top 10 Things That Pucker My Spincter 2004 Wagenhauser <i>Pt Asmnt</i>	
Ballroom E (478)	When It Isn't SIDS Weller <i>Spec Cons</i>	Don't Touch That! Ming <i>CRO</i>	The Devil Made Me Do It Elder/Skinner <i>Medical</i>	Dealing with the Devil-Cult Activities and Satanism Hollett <i>Spec Cons</i>	Crank Stars Turner <i>Spec Cons</i>	Traumatic Brain Injury: Assessment and Management Salter <i>Trauma</i>
Ballroom F (478)	"...But He's Breathing?" Epilepsy and Seizure Disorder in the Prehospital Setting Etheridge <i>Pt Asmnt</i>	"Where's My Physics Teacher When I Need Him?" EMS and Patients at Altitude Bacon <i>Pt Asmnt</i>	From Scene to Definitive Care: Case Series From a Regional Burn Center Buchanon <i>Trauma</i>	The Basics of Toxicology For EMS Squyres <i>Medical</i>	The Eye's Have It Cloud <i>Pt Asmnt</i>	Poisonous Plants of Texas Nelson <i>Medical</i>
Ballroom G (448)	Dealing with Pediatric Emergencies with Confidence White <i>Spec Cons</i>	Broken-Hearted Baby: Care of the Child with Congenital Heart Defects Kuper <i>Spec Cons</i>	Pediatric Airway Management – A Practical Approach Krauss <i>Airway</i>	Prehospital Pediatric Emergency Medicine Case Studies Sirbaugh <i>Pt Asmnt</i>	Think Child Safety/Think Senior Safety: Circle of Protection Petrilla <i>Prep</i>	Most Common Geriatric Emergencies Thomas <i>Spec Cons</i>
Room 12 (219)	Alternative Airway Intervention Salter <i>Airway</i>	Making Sense of Tachycardia: Unraveling the ACLS Algorithms Grayson <i>Pt Asmnt</i>	Things I Wish They'd Told Me in Paramedic School Phillips <i>Prep</i>	Going Nasal - Intranasal Medication Delivery in EMS Schaffer <i>Prep</i>	Controversies in Fluid Resuscitation David <i>Medical</i>	02 to Surgical Cric. Perils and Pitfalls Wallace <i>Airway</i>
Room 14 (219) Telecom	Air Operations in the Emergency Communications Center Brown <i>CRO</i>	Phone Triage for Rescue Calls Brown <i>Pt Asmnt</i>	The Comm Centers Role in Early Activation of Helicopter Response Middleton <i>CRO</i>	Zero Response Interval: Medicine at 9-1-1 Bottorff-Patton/Racht <i>Pt Asmnt</i>	Managing Cardiac Arrest From the Communications Perspective Racht <i>Pt Asmnt</i>	Scheduling, Staffing, and Vacations in the Communications Center Brown <i>CRO</i>

Tuesday						
Room/ (Capacity)	Workshops subject to change. Please refer to conference program.					
	7:30 am – 8:30 am	8:45 am – 9:45 am	10:00 am – 11:00 am	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
Room 15 (200) Bioterrorism	Prehospital Decontamination of EMS Providers Huddleston <i>CRO</i>	EMS for Mass Gatherings Schaffer <i>CRO</i>	Biological and Chemical Agents of Today Garrison <i>Medical</i>	Glowing in the Dark: Recognition and Management of Radiation Injuries Garcia <i>Medical</i>	Medical Incident Command at a Terrorist Event McDill <i>CRO</i>	Terrorism: Surviving the Rhetoric Maniscalco <i>CRO</i>
Room 16 (498)	Pharmacology For Basic EMTs Gandy <i>Prep</i>	Things You Never Knew, You Never Knew Corn <i>Pt Asmnt</i>	The Pulse Oxymoron Davis <i>Pt Asmnt</i>	First Responders: Friend or Foe to EMS Jaquith <i>Prep</i>	Scene Safety: What We Take For Granted Allen, C. <i>Prep</i>	Herring's How To Study So You Won't Be A Dummy Herring <i>Prep</i>
Room 18A (200) Nursing	Pediatric Trauma Maxson <i>Trauma</i>	Developing a Regional Performance Improvement System For Trauma Klein <i>Trauma</i>	Shock – Beyond The Resuscitation Room Stewart <i>Trauma</i>	Trauma Activation Criteria: What Does It Really Mean and Should It Change? Rhyne <i>Trauma</i>	Incident Management: A New Approach To Injury Prevention Smith <i>Prep</i>	TBA
Room 18C (200) Educator	Critical Thinking and EMS: Rethinking the Way We Teach LaCroix <i>CRO</i>	D.R.I.S.T. Dirty Rotten Instructor Scoundrel Tricks Page <i>CRO</i>	Do Your Know Where Your Students Are? Villers <i>CRO</i>	No More Excuses: Problem Students Ryan <i>CRO</i>	Proctored Testing: Is It Really Necessary? Hill <i>CRO</i>	Motivating the Unmotivated Ericson <i>CRO</i>
Room 18D (200) Admin	CQI, Education Not Discipline Cudaback <i>CRO</i>	No More Adulterations! Dralle <i>CRO</i>	Go Team! Williams <i>Prep</i>	So You Have a Safety Program von Wupperfeld <i>Prep</i>	Does Your Mission Support Your Vision? Getting Your Activities, Funding, and Goals in Alignment Sharp <i>Prep</i>	EMS Workplace Laws: What Not to Say, Touch, or Do at the Station Wait/Ogilvie <i>Prep</i>
Room 19 (436)	When Good Batteries Go Bad: Patient Assessment Technologies Ericson <i>Pt Asmnt</i>	Rollin' - Looking at Predatory Drugs and the Rave Culture Hollett <i>Pt Asmnt</i>	Toxicology: A Practical Approach for the EMS Provider Brosius <i>Medical</i>	Therapeutic Electrocutation: Keeping Current on Non-Invasive Pacing Page <i>Pt Asmnt</i>	10 Common Errors in Airway Management Gandy <i>Airway</i>	Complicated Patients: Good vs. Bad Differential Diagnosis Fenske <i>Pt Asmnt</i>

Wednesday			
Room/(Capacity)	Workshops subject to change. Please refer to conference program.		
	8:30 am – 9:30 am	9:45 am – 10:45 am	11:00 am - Noon
Ballroom D (2,858)	From the Field to Cath Lab: Management of the Acute MI Yates <i>Medical</i>	Changes in the Pre-Hospital Management of CHF Phillips <i>Medical</i>	Complications and Implications of Crush Syndrome Rodriguez <i>Trauma</i>
Ballroom E (478)	Explosive Recognition for the EMS Provider Crawford <i>CRO</i>	Shake, Rattle, & Roll; Seizure Management Kuper <i>Medical</i>	Smallpox: Critical Information for Emergency Responders Scrivener <i>Medical</i>
Ballroom F (478)	Field Termination of Resuscitation: You can do it! McCauley <i>Prep</i>	He's Stuck in What? Responding to the Farm Accident Richardson <i>Trauma</i>	Ending Diversions Forever Kocurek <i>Prep</i>
Ballroom G (448)	Why Do We Need To Know This? Putting the A&P into Practice Sims <i>Pt Asmnt</i>	The EMS Leadership Academy Rinard <i>CRO</i>	Out with a Bang – What to expect if Suicide Terrorism Hits Your Hometown Garcia <i>CRO</i>
Room 19 (436)	Data and Reporting: How are These Things Important Johnson/Wright <i>CRO</i>	Compassion: The Difference Between a Good EMT/Paramedic and a Great One! Wallace <i>Prep</i>	



- Key Attractions: ① Texas Memorial Museum ② Lyndon B. Johnson Presidential Library ③ Darrell K. Royal - Texas Memorial Stadium ④ Bob Bullock Texas State History Museum
 ⑤ Frank Erwin Center ⑥ Texas State Library & Archives ⑦ Capitol Visitors Center ⑧ Governor's Mansion ⑨ Austin Museum of Art
 ⑩ Arthouse at the Jones Center for Contemporary Art ⑪ Mexic-Arte Museum ⑫ Austin Children's Museum ⑬ Austin Visitors Center
 ⑭ Lester E. Palmer Events Center

Texas EMS Conference 2004 - REGISTRATION FORM

November 21-24, 2004 - Austin Convention Center
Austin, Texas

Note: Make a copy of this form for each additional registration—only one registration per form. Fill in the name exactly like you want your nametag to be printed.

\$135 before November 1
\$165 after November 1

First Name Last Name
(Please type or print)

Address City

State Zip Phone

e-mail address:

You may register online at
www.texasemsconference.com

For general information call (512) 834-6700
www.dshs.state.tx.us/ems/04conference.htm

Registration information (512) 759-1720
Credit card registration fax to (512) 759-1719

PRECONFERENCE CLASSES

If you are taking a preconference class, check the Preconference Class Title

- | | | |
|---|--|---|
| <input type="checkbox"/> High Angle Rescue, \$115 | <input type="checkbox"/> Spanish for EMS: Parte Dos, \$125 | <input type="checkbox"/> Edutainment! MultiMedia Magic, \$100 |
| <input type="checkbox"/> Confined Space, \$115 | <input type="checkbox"/> Moulage, \$135 | <input type="checkbox"/> SLAM, \$210 |
| <input type="checkbox"/> Swift Water Awareness, \$115 | <input type="checkbox"/> PPC, \$250 | <input type="checkbox"/> ABLs, \$175 |
| <input type="checkbox"/> Land Navigation, \$115 | <input type="checkbox"/> EMD Provider, \$150 <i>*New price</i> | <input type="checkbox"/> Cadaver Lab, \$250 |
| <input type="checkbox"/> Slope Evacuation, \$115 | <input type="checkbox"/> WMD, \$100 | <input type="checkbox"/> BDLS, \$125 |
| <input type="checkbox"/> Cave Rescue, \$115 | <input type="checkbox"/> 12-Lead, \$100 | <input type="checkbox"/> Helicopter training, \$45 |

Preconference registration deadline October 15, 2004.

Total Preconference Class Fee \$
Amount

For coordinator course, contact your zone office.

If paying by credit card, fax your completed registration to: 512/759-1719
Registrations by fax will be accepted only if you are using a credit card—a check, money order or credit card number must accompany your mailed registration. No mailed or faxed registrations accepted after 11/1/2004. No refund after 11/1/2004. There is an 18% administration fee if a refund is necessary.

Conference Registration Fee	\$
PreConference class fee included	+
Total Amount enclosed	\$

\$165 registration at the door

Make check payable to:
Texas EMS Conference

Mail to:
Texas EMS Conference
P.O. Box 100
Hutto, Texas 78634

Sunday, November 21, 2004

1:00 pm - 7:00 pm Registration-Convention Center
3:00 pm - 7:00 pm Exhibit Hall Opens-Welcome Reception

Monday, November 22, 2004

7:00 am - 6:00 pm Registration-Convention Center

Tuesday, November 23, 2004

7:00 am - 3:00 pm Registration-Convention Center

Official Use Only

Date Rec'd.

Type of Pmt.

(If check, write #)

Amt. Rec'd.

MC Visa AmExprss

If paying by credit card, fax 512/759-1719

Credit Card No:

Card Holder Card Exp

Signature of Card Holder

Pre-conference Classes

NOVEMBER 19 - 21, 2004

Saturday

Helicopter Safety & Packaging: \$45; 11/20; 8am-12pm; Off-site (meet at the STAR Flight hangar at 8:00am); CE: Clinical Related Operations. In this class co-sponsored by Austin/Travis County STAR Flight, San Antonio Airline, CareFlite and STATAir, learn the basics of safe ground operations, patient packaging and other air medical transport issues. This 4-hour class will cover what factors to consider when choosing a landing zone, how to secure a landing zone, and how to operate safely in and around the aircraft. Students will have an opportunity to participate in hands-on exercises. Lunch provided. For information on class content call Casey Ping at (512) 854-6464 or email Casey.Ping@ci.austin.tx.us.

High Angle Rescue: \$115, 11/20; 8am-5pm; Off-site (meet at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This 8-hour basic course focuses on introductory high-angle techniques. This course covers description of basic equipment used in high-angle rescue, rappelling, belays, simple hauls and lowers, and self-rescue techniques. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Confined Space: \$115; 11/20; 8am-5pm; Off-site (meet at 7:15am);

CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This 8-hour course focuses on patient packaging and excavation in a confined space environment. This course covers OSHA regulations, air monitoring, lockout/tagout, equipment review, retrieval systems and patient packaging (no IDLH training or on air scenarios). Student is required to be an active member on a confined space rescue team or ERT and is also responsible for having a working knowledge of rope systems, confined space operations and ICS. This class will satisfy the OSHA 1910.146 requirement for practicing a rescue in a confined space. Students will be required to bring: sturdy boots, rugged clothing, helmet (firefighting or industrial style), leather gloves (non-firefighting or hazmat), knee pads and elbow pads recommended, canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Land Navigation: \$115; 11/20; 8am-5pm; Radisson/Outdoors; CE: CE: 4-Prep, 4-Special Consideration. This 8-hour course focuses on basic map reading and land navigation skills, and covers deciphering topographic map jargon, basic compass use including shooting an azimuth, determine your 100-meter pace count, plotting Universal Transverse Mercator (UTM) points, a latitude and longitude explanation, and basic GPS usage—all helpful skills when setting up a landing zone in the outback or conducting a grid search for a lost person in the wilderness. Students will be required to bring: sturdy

boots, rugged clothing, and compass (provided if you do not have one), note-taking materials, GPS (optional, if you want to bring a personal GPS), blank CD (if you want a copy of the presentation), canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Edutainment! Multimedia Magic \$100; 11/20; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. Develop eye-opening presentations, not just with PowerPoint, but by using the talents within you. An animated speaker can be shackled by a ho-hum presentation, just as a ho-hum speaker can be overshadowed by an overdone PowerPoint presentation. Anyone can teach a class, but an excellent teacher uses all of their hidden talents: dramatic actor, salesman, standup comedian, artist, self-help guru, motivational speaker and religious minister. Through example, Bob will show you how all of this is accomplished. Come see this and understand why a kite rises against the wind and that you can't discover new oceans unless you have the courage to leave the shore. Take a risk! Do something spontaneous. Please NOTE: Boring people and cowards are not allowed in this session. This session includes a four-hour advanced PowerPoint segment designed to help the educator fine-tune presentations and work on timing issues and solutions. Some participants may be able to present mini-presentations

Pre-conference Classes

For registration information or to see if the class is full, call 512/759-1720. For information on class content call contact listed under each class description.

to show off their newly developed skills. A Laptop Computer is needed for this session. Instructor will send further information via e-mail to registrants before the conference so register early to get the most out of this workshop! For more information contact Bob Page at edutainment@mac.com.

Basic Disaster Life Support (BDLS): \$125; 11/20; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. BDLS participants are expected to gain a fundamental understanding of and the working knowledge needed for effective management of medical disaster management. The format of the BDLS course is lecture/didactic training. The curriculum is developed with an "all hazards" approach to disaster response, and is presented using the DISASTER Paradigm which provides an organized approach for the management of disasters. The BDLS training program was developed by a consortium of academic, state and federal centers called the National Disaster Life Support Education Consortium (NDLSEC). The training program was initially financially supported and developed through the Centers for Disease Control and Prevention (CDC) Specialty Center CLEARMADD, the Center for Leadership in Education and Applied Research in Mass Destruction Defense. The American Medical Association (AMA) provides the course delivery. For information on class content contact Dr. Raymond Swienton at beardogmd@aol.com.

Sunday

Swift Water Awareness: \$115; 11/21; 8am-5pm; Radisson/Outdoors; CE: 4-Prep, 4-Spec Con. This 8-hour course focuses on awareness of flooding/swift water safety and river reading skills. This course covers reading river hydrology, understanding of safety concerns, scene control, witness interviews, personal protective equipment selection and basic shore-based rescue techniques. Hands-on practice will consist of throw bag orientation and a skills course. Students will be required to bring note-taking materials, weather-appropriate clothing for outdoor skills practice, canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Slope Evacuation: \$115; 11/21; 8am-5pm; Off-site (meet at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This course focuses on low-level patient evacuation in a wilderness environment. This 8-hour course covers basic hauls/lowers, belays, wilderness anchors, patient packaging and patient movement in wilderness environment. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (fire, industrial or wilderness ok), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or

john.green@ci.austin.tx.us. **Note: one-day class.**

Cave Rescue: \$115; 11/21; 8am-5pm; Off-site (meet at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This course focuses on patient packaging and evacuation in a cave environment. This 8-hour course covers cave navigation, cave search, patient packaging in a cave, and patient evacuation in a cave. Students will be required to bring: sturdy boots, rugged clothing, caving helmet (provided if you do not have one – no firefighting or industrial style), leather gloves (non-firefighting or hazmat), knee pads and elbow pads recommended, small flashlight, canteen or water bottle, small fanny pack or pack to carry personal equipment. You will get dirty. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Moulage: \$135; 11/21; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. Participants will be shown how to prepare simulated patients for classroom scenarios, disaster drills and practical skills evaluations. Presenting use of commercial and "make-your-own" supplies, techniques shown will be practiced, so participants should wear old clothes that can be cut, stained and burned, along with a 2nd set of clothes to wear when class is over. Note: Latex is used frequently in these techniques, so those with known latex allergies are asked

Pre-conference Classes

NOVEMBER 19 - 21, 2004

bring necessary non-latex supplies. For information on class content contact Alan Baker at abaker@victoriacollege.edu.

Spanish for EMS Providers:

Parte Dos: \$125; 11/21; 8am-5pm; Austin Convention Center; CE: Pt Assess. 'Habla' a little Spanish, but you need to 'tune up' your vocabulary, learn some new EMS terminology, and practice speaking and listening to the Spanish-speaking patient? This class is designed for the non-native Spanish speaker who feels competent in Spanish pronunciation and basic vocabulary. Assessment and treatment questions will be reviewed for specific injuries and medical emergencies, and much of the class will be conducted by conversing in Spanish, listening to audiotapes, completing PCR's and interviewing Spanish-speaking 'patients'. Emphasis will be placed upon eliciting a concise 'yes' or 'no' response from your patient. The class is designed to be interactive, working together to improve your Spanish skills to provide better patient understanding and care. 'Spanish for EMS Providers-Parte Dos' is not for beginners, and will bore those who 'habla' fluently. For information on class content contact Lynne Dees at tresgatos@comcast.net.

Multi-Lead Medics: 12 Lead ECG Interpretation Workshop: \$100; 11/21; 8am-5pm; Austin Convention Center; CE: Med. This 8-hour, highly motivating, non-stop interactive course on 12-Lead ECG, internationally-presented, includes proper lead placement, axis and hemiblock determination, bundle branch

blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG. The course includes a workbook with practice problems and handy charts for rapid use in the field.

Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly learned skill. There is also web site support of graduates of the program by continual competency and feedback from the instructor. The seminar is delivered as a state of the art computer presentation enhanced with sound, graphics, animation, music and video clips. For information on class content contact Bob Page at edutainment@mac.com.

Street Level Airway Management (SLAM) Express: \$210; 11/21; 8am-5pm; Austin Convention Center; CE: Airway. This 8-hour presentation of emergency and rescue airway management techniques includes a mix of lecture and skills stations, including a "pig trach" lab to teach surgical airway techniques. The course will review anatomy and physiology; assessment of airway status in the emergency setting; principles of airway management, oxygenation and ventilation; decision-making in emergency airway management; and specific, focused discussion and hands-on practice of manual airway positioning and the use of the BVM, oral and nasal airways, assessment and monitoring of oxygenation and ventilation, medication-facilitated intubations and rapid-sequence induction, special

techniques for the difficult airway and airway tools including the LMA, Combitube, retrograde incubation and surgical airway. For information on class content contact James Rich at jrofdallas@aol.com.

Advanced Burn Life Support

Provider Course: \$175 for EMS and nursing, \$375 for physicians; 11/21; 8am-5pm; Austin Convention Center; CE: Trauma. National certification course of the American Burn Association. This 8-hour course covers management and assessment of the critically injured burn patient in the first 24 hours post-injury. CE provided for EMS, nurses and physicians. For information contact Lee Richardson at mrems@sbcglobal.com.

Anatomy of Emergency Medicine Procedures and Techniques

(Cadaver Lab): \$250; 11/21; 8am-5pm; Austin Convention Center; CE: Prep. This course utilizes human cadavers to demonstrate emergency procedures. The course will be instructed by an ER doctor/medical examiner (Dave Spear, MD), and a trauma surgeon (Craig Daniel, MD). Advanced emergency procedures will first be discussed in a lecture format. Then, the course participants will actually perform procedures such as cranial burr holes, cricothyroidotomy, central line, thoracotomy and cutdowns. Participants will get a chance to do "hands-on" procedures. In addition, the skull/brain, chest cavity and abdominal cavity will be dissected during the course. For information visit DaveMD.com or call (800) 806-1982.

Pre-conference Classes

For registration information or to see if the class is full call 512/759-1720. For information on class content call contact listed under each class description.

Saturday & Sunday

Pediatric Prehospital Care

Course: \$250; 11/20-11/21; 8am-6pm; Austin Convention Center; CE: Med-7, Trauma-9. For professionals at all levels interested in enhancing pediatric assessment and treatment skills. This 16-hour NAEMT class is an in-depth study of the prehospital care of injured and ill children and emphasizes a pragmatic approach and format, based on teaching providers a problem-focused, assessment-based approach while concentrating on what they need to know. The curriculum is designed to allow for a minimal amount of lecture and an ample amount of actual hands-on practice using case-based scenarios. The material covered in the required text supplements the cognitive material delivered in the program. The PPC Provider/Instructor course, included in the cost, will be provided at the end of the course. The instructor course utilizes a standardized approach to presenting each of the mandatory sections of the PPC course, the coordination and implementation of the PPC course, and numerous teaching methods, including "hands-on" practice to assure participants are able to disseminate proper pediatric care information to their students. For information on class content contact Bob Waddell at bobwaddell@bresnan.net or (307) 433-9789.

Coordinator Course: \$250; 11/20-11/21; Sat 12pm-5:30pm, Sun 8am-6pm; Austin Convention Center; No CE. This course is intended to train course coordinators for Texas. Participants will be selected through a competitive application process. Limited to 25 attendees. Applications accepted until July 15, 2004. To apply, complete the TDH EMS Coordinator Application and attach all

items listed in Section D-1 or D-2 as applicable except for the application fee. Also attach a letter detailing why a coordinator is needed in the area you intend to serve and addressing in detail your qualifications for meeting that need. Send to 1100 West 49th Street, Austin, TX 78756. Attendees will be selected by August 5, 2004. The 25 selected applicants will be notified via U.S. mail and invoiced for two fees, the course coordinator course fee of \$250 and the EMS coordinator certification fee of \$75. Each fee must be paid with a separate check, and the invoiced will include specific payment instructions. To confirm registration, the fees must be submitted, as instructed in the invoices, no later than September 30, 2004. No fee refunds will be made once submitted. Lunch will be provided on Sunday only. Class includes workbook. For information, contact Brett Hart at (512) 834-6700 ext. 2373.

Friday, Saturday & Sunday

EMS Operations & Planning for WMD: \$100; 11/19-11/21; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. This 24-hour course will equip prehospital and hospital medical personnel with the skills needed to ensure proper patient triage, treatment and transportation in the event of exposure to chemical, biological, radiological, nuclear and explosive (CBRNE) weapons, also known as weapons of mass destruction (WMD). Exercises conducted in a WMD scenario will reinforce classroom lectures and interaction. First responders will use their training to demonstrate proper techniques for assessment, triage, mass decontamination, treatment and stabilization.

In addition, course participants will receive training on the proper techniques for protecting themselves and limiting cross-contamination. For information on class content contact Tony Garcia at tony.garcia@teexmail.tamu.edu or (979) 458-3401.

Emergency Medical Dispatch

Provider: **New Price: \$150;** 11/19-11/21; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. The Emergency Medical Dispatch (EMD) Provider course will prepare the emergency medical dispatcher to give pre-arrival medical instructions until the arrival of emergency response personnel. Topics include roles and responsibilities; legal and liability issues; emergency medical dispatch concepts; obtaining caller information; resource allocation; providing emergency care instructions; introduction to chief complaints. Prerequisites: EMD student must be affiliated with or employed by a public safety organization (i.e., PD/SO/EMS/FD) service; be 18 years of age; and have current Healthcare Provider CPR certification. Funded through the EMS Education Grant by TxDOT. For information on class content contact Kelli Isaacks at kelli.isaacks@teexmail.tamu.edu.

Texas EMS Conference 2004 worked closely with several groups to be able to offer excellent education to its attendees.

Thanks to:

Texas EMS Foundation
Texas Trauma Coordinator's Forum
Texas Engineering Extension Services

AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

Have a criminal history? Be honest



Remember that DSHS does criminal history checks on every new applicant. Having a criminal history does not mean that you cannot be certified or licensed. However, if you do have a criminal history and fail to indicate that on the application, that is grounds for denial of certification or licensure.



Update on TexasOnline

You may know that you can renew your application for certification or licensure online by going to www.texasonline.com or to the links on our website. Remember that state law requires DSHS to charge a fee for TexasOnline for every applicant, *whether or not the applicant uses TexasOnline*. The TexasOnline contractor is presently reviewing EMS provider licensing and that could be available online soon. Initial personnel certification could be available as soon as December 1. Check our website for the latest information. State law does allow TexasOnline contractors to charge a subscription fee for new services (like initial applications) up to 90 days before the service is actually available. In other words, the contractors could begin charging the TexasOnline subscription fee anytime to everyone who is applying for initial application—even though the only way to apply at that point is by paper application. Please download your application the day you send it in to make sure that you are sending the correct fees.

TEEX offering education grants

The TEEX Emergency Services Training Institute is accepting applications for the TxDOT EMS Education Grant for fiscal year 2005 beginning October 1, 2004, and ending September 30, 2005. Rural and frontier agencies can apply for grant funding for a select number of EMS courses. The grant will reimburse instructor salaries not to exceed \$19/hour, coordinator fees and eligible travel expenses. Please visit www.teex.com/esti to download an application or email Kelli Isaacks at kelli.isaacks@teexmail.tamu.edu.

Courses eligible for funding include:

- EMT Basic
- EMT Intermediate
- Traumatic Brain Injury Provider
- Pediatric BTLS
- Instructor Courses
- PHTLS
- PEPP
- BTLS
- EMS Instructor
- Emergency Vehicle Ops
- BTLS Instructor
- Emergency Medical Dispatch
- PHTLS Instructor
- HazMat Awareness for EMS
- EVOC Instructor
- Bystander Care
- EMD Instructor

TDH email addresses changing

As of September 1, TDH will merge



with several other agencies to become Texas Department of State Health Services. While this has many implications, one change will affect anyone who tries to communicate with DSHS staff by email.

As of September 1, all email addresses will have the following protocol: `firstname.lastname@dshs.state.tx.us`. The computer staff has assured us that all emails to TDH addresses will be forwarded for a while; however, we don't know for how long.

ID on the scene



Did you know that EMS rules

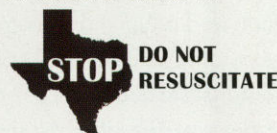
require you to be identified while you are on the scene? 157.11(l)(5) [for providers] states that all personnel, when on an in-service vehicle or when on-scene, must be prominently identified by name, certification or license level and provider name. 157.14 (d) [for first responders] says that all personnel, when on-scene, must be prominently identified in the same way.

On Duty

Changes in DNR law means new form

Changes to Health and Safety Code 166 in the last session of Texas Legislature mean that there is a new TDH Out-of-Hospital Do-Not-Resuscitate (OOH DNR) form. Changes to the law stipulate that a TDH OOH DNR may not be executed on behalf of a minor unless the minor has been certified as having a terminal or irreversible condition; and allow a nurse or physician to honor a physician's in-house DNR. Significantly, the law remains the same in that EMS personnel are required to honor only a validly executed TDH Out-of-Hospital Do-Not-Resuscitate Order, unless otherwise directed by your medical director. Important: TDH OOH DNR orders that have been properly executed on the old forms are still valid and must be honored by EMS.

The new form, which went into effect on July 29, 2004, incorporates this new requirement for minors in a separate box and rearranges the form to make it easier to understand. The form is now available on the TDH website at www.dshs.state.tx.us/ems/dnrhome.htm.



Send in your EMS Awards nominations

Send us your best for Texas EMS Awards! We've posted the award nomination form on our website at www.tdh.state.tx.us/hcqs/ems/Awards2004.doc. Save this Microsoft Word document 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 back to Kelly.Harrell@dshs.state.tx.us. If you have problems accessing the file, please contact us.

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

Fill out the information requested on the form. Include written examples 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 September 15, 2004. The packets are then given to each program at the Bureau, and sent to each EMS zone office. Each program and zone ranks the nominations for each category and returns the information to the Bureau, 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 2004

EMS Educator Award honors a state-certified EMS Instructor or Course Coordinator who has advanced EMS education in Texas.

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization.

EMS Administrator Award honors an administrator, researcher, or manager on the local, city, county, regional, or state level who has made a positive contribution to EMS.

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 heroic lifesaving act or unique advocacy of EMS.

Private/Public Provider Award honors a ground organization that took a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Volunteer Provider Award honors an organization staffed by volunteers that assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

First Responder Award honors a first responder organization that assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Air Medical Service Award honors a public or private air medical service in Texas, a leader in the field, who has demonstrated the highest standards in providing patient care to the citizens of Texas.

Outstanding EMS Person of the Year honors an EMS certified 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 handles a call or system event with a professionalism and efficiency that allowed the first responders on the scene to give the patients the best patient care possible. An individual or a team is eligible for the award.

AED grant applications due October 31



The Office of Rural Health Policy's Rural Access to Emergency Devices (RAED) Grant Program provides funding to community partnerships in rural areas to purchase automated external defibrillators (AEDs) and provide training in their use and maintenance. Community partnerships are defined as a consortium of first responders (e.g., EMS, law enforcement and fire departments) and local for- and non-profit entities that may include, but are not limited to, long-term care facilities, rural health clinics (includes community health centers and federally qualified look-a-likes), post offices, libraries and other civic centers, athletic facilities, senior citizen and day care facilities, faith-based organizations and schools without AEDs.

The Office of Rural Community Affairs is the lead agency for the state of Texas for the community partnership. The extension of the partnership will come from the communities and organizations applying to ORCA for an AED.

Entities interested in participating in this program need to submit a completed application to ORCA. The application can be filled out online, or downloaded and sent by U.S. mail. Faxed applications will not be accepted. All applications must be submitted or postmarked no later than 11:59:59 pm Sunday October 31, 2004, to be considered for the program.

IMPORTANT NOTE: Submitting an application in no way guarantees an applicant funding. The Federal Rural Access to Emergency Devices Grant Program (Rural AED Grant) is contingent on funding from the federal government. If you have questions please contact the Office of Rural Community Affairs at (512) 936-6701 or toll free at (800) 544-2042, or by fax at (512) 936-6776 or by email at orca@orca.state.tx.us

Certification staying at four years for now

Are we going to two-year certification? Staying at four-year? That's a question TDH-EMS staff has been asking since last session. A law that passed last session directed all regulatory programs to go to a two-year certification cycle. However, another part of the legislation seemed to indicate that EMS was exempted. Or was it? Lawyers and governmental relations staff hashed it out for months and the answer is that for now, EMS will stay at four years.

Governor's EMS/Trauma Advisory Council recap

The Governor's EMS and Trauma Advisory Council (GETAC) met on August 12 and 13 in Austin. On August 12th, the Council reviewed the status of progress toward implementation of the Strategic Plan for the Texas EMS/Trauma System. Many strategies have been completed and many others are in progress. Most that are still working or not started were considered to still be important to continue. A few new issues were added, and a few were determined to no longer be relevant. Additionally, the Council and stakeholders discussed an idea of creating a foundation that could assist everyone involved in Texas EMS and trauma to better reach mutual goals, and Jorie Klein presented a proposal for continued discussion.

The Council also discussed possible changes to the composition of GETAC standing committees, task forces and work groups. Consensus was reached on the following principles:

—There will be a requirement of attendance of at least 50 percent of meetings in any rolling 12-month period for all council/committee/task forces members.

—It is the responsibility of the council and committee chairs to assure that membership appointments reflect appropriate representation on committees/task forces (e.g., type of provider, geography, etc.)

—Committee chairs do not have to be GETAC members; however there must be a GETAC liaison on each committee/task force and

GETAC members are encouraged to attend the various meetings to understand the issues that are being discussed.

On August 13th, GETAC approved the minutes from the May 7th meeting and heard reports from the chair, staff and committee/task force/work group chairs.

Chair Dr. Ed Racht announced that Richard Bays, current associate commissioner for Consumer Health Protection, was recently appointed as the new assistant commissioner for Regulatory Services in the Department of State Health Services that will debut on September 1. He also announced that Kathy Perkins, current chief of the Bureau of Emergency Management, has been appointed as the director of the Health Care Quality Section, which will include oversight of EMS regulation and EMS/trauma systems. Dr. Racht also asked for volunteers to represent GETAC on a workgroup to review/revise the current hospital licensing rules.

GETAC discussed the reports

GETAC heard public comment on the reports and other general issues. The next meetings will be November 20 and 21, 2004, in Austin in conjunction with the Texas EMS Conference (a schedule will be forthcoming).

Action Items:

Note: Draft revised rule 157.32 (EMS Education Program and Course Approval) was not ready for

this meeting and will be brought at a future meeting for review and vote.

A motion was made by F.E. Shaheen and seconded by Marti Ravenswaay to approve draft rules 157.33 (Certification), 157.34 (Recertification), 157.38 (Continuing Education) and 157.40 (Paramedic Licensure) with the minor revisions recommended by the combined EMS, education, and medical directors committees for proposal by the Health and Human Services Commission for public comment. The motion passed unanimously.

A motion was made by Mario Segura and seconded by Maxie Bishop that GETAC endorse the concept of requiring a child up to eight years of age and/or 57 inches to be in a child safety seat when riding in a car. The motion passed unanimously.

The next meeting date for GETAC is November 21st in Austin. Standing committees and task forces will meet November 20th and 21st.

Staff, Committee, Task Force and Workgroup Reports:

Issues addressed by staff included details about the re-organization of TDH and the Bureau of Emergency Management in preparation for the transition to the Department of State Health Services; announcement of the appointment of Steve Janda as the director of the Office of EMS/Trauma Systems Coordination and specifics about the role of this new organizational unit; changes in regu-

latory processes that are continuing; implementation of the new EMS/trauma system funding (HB-3588, SB-1131); status of rule revisions, steadily increasing participation in the EMS/Trauma Registry; and ongoing meetings to address error and warning flags. Questions about these staff reports may be directed to the Office of EMS/Trauma Systems Coordination (512/834-6700) or the EMS/Trauma Registry (512/458-7266).

Dr. Ronny Stewart reported that the Trauma Systems Committee met on July 27 and completed its review of revised draft rule 157.125, Designation of Trauma Facilities, including criteria, standards, and audit filters for Level IIIs and IVs. Staff will be bringing a collated draft to the November meeting for final review.

Mario Segura reported that the Injury Prevention Committee met jointly with the Data, Informatics and Research Task Force. The committee discussed plans for the 2004 EMS Conference, which include staffing a booth called "Ask the Experts," where people can come ask IP committee members about injury prevention topics. The IP Plan developed by the Committee for Texas is on the Bureau's website. The IP Resource Manual has been recently updated and should be on the Bureau website soon. Mr. Segura also reported that the Texas Suicide Prevention Community Network had put on a conference a few days earlier to educate people about suicide prevention. Governor Rick Perry had declared September 5-11, 2004, as Suicide Prevention Week in Texas.

Bob Folden, chair of the Data, Informatics and Research Task Force, reported that he had gotten a list of possible topics to research from the Rural Task Force and they were investigating where to get that information.

In Dr. Joan Shook's absence, Muriel Lanford reported that the Pediatric Committee further discussed pediatric-specific equipment for EMS providers; specific requirements for TDH-credentialed surveyors for trauma designation; the addition of a pediatric specific component to EMS continuing education requirements; and supporting new legislation that would increase the age and/or height requirements for the use of car seats for children. Additionally, the pediatric committee requested to have a joint meeting with the Trauma Systems Committee at the November GETAC meetings.

Pete Wolf reported that the EMS Committee discussed draft rule 157.14 for First Responder Organizations. This draft rule was developed due to previous discussions in the EMS committee concerning weaknesses in the current rule. The committee made several suggestions for changes. The draft rule will be updated and made available for review by the committee members and public prior to the next EMS Committee meeting.

Dr. Ed Racht reported that the combined EMS, education, and medical directors committees met together prior to the GETAC meeting. The committee members discussed the potential impact that the draft National EMS Scope of Practice document would have on the licensed and certified personnel in Texas, particularly for the EMT-Intermediate level of certification. The committee agreed that the link to the document needs to be disseminated and the issue discussed again during the November GETAC meeting. The combined committees also reviewed draft rules as follows:

157.33, Certification - The committees voted to recommend approval of this draft revised rule with the changes suggested during the

meeting.

157.34, Recertification - The committees voted to recommend approval of this draft new rule with changes suggested during the meeting.

157.38, Continuing Education - The committees voted to recommend approval of this draft revised rule with the change suggested during the meeting.

157.40, Paramedic License - The committees voted to recommend approval of this draft new rule with changes suggested during the meeting.

Shirley Scholtz reported that the Air Medical Task Force discussed helipad liability issues at the July 29 meeting in Arlington and the intention now to provide input into TDH Rules 157.11 (Requirements For An EMS Provider License), 157.12 (Rotor-wing Air Ambulance Operations), and 157.13 (Fixed-wing Air Ambulance Operations); and examine the issue of "industry standards" for liability insurance. The task force intends to schedule another meeting in September in the Dallas-Fort Worth area.

F.E. Shaheen and Wayne Morris, co-chairs of the Medical Transport Provider Task Force, reported that the task force had completed work on the four charges that had been given to the group. The co-chairs praised the work and cooperation of the committee members and then distributed a four-page document that had been approved by the task force. The document included prioritized short-term and long-term goals that the group believes would solve some of the problems occurring with medical transport providers. The co-chairs will also provide the Office with a larger packet of suggestions developed by the task force as well.

—Kathy Perkins

Local & Regional EMS News

Is your EMS service mentioned in Local and Regional EMS News?

It needs to be! Are you planning a fundraiser? A training class? A public education program? Do you have new people on board? Have you elected new officers?

Send your news to:
Texas EMS Magazine
Kelly Harrell, Editor
Health Care Quality Section
1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6700
Fax (512) 834-6736

We welcome letters to the editor on EMS issues, magazine articles or other topics of interest. We print letters to the editor as we have space.

ECVES offers EMS training

Eagle Creek Volunteer Emergency Services, near Floresville, has begun to offer grant-funded and low-cost EMS training for the community. ECVES, using grant funding from Texas Engineering Extension Service, is working with San Antonio EMS Academy. The program offers EMT, EMT-I and paramedic training, and is open to anyone in the community.

UMC Lubbock verified again as Level I trauma center



University Medical Center in Lubbock recently was verified again by the Committee on Trauma for the American College of Surgeons as a Level I trauma center. This is the third time UMC has been re-verified as a

Level I trauma center. A Level I trauma center must be able to provide all levels of injury care, from prevention to rehabilitation, and must include 24-hour in-house surgery coverage and prompt care in many medical specialty areas such as orthopedic surgery, anesthesiology and critical care.

TAA awards Joe B. Brown Memorial Humanitarian Award

The Texas Ambulance Association recently awarded the Joe B. Brown Memorial Humanitarian Award to Belinda Richter. Richter, involved with EMS since 1980, is the EMS director for Fayette County EMS. As the director of FCEMS, she was pivotal in changing the organization from an all-volunteer department to a full-time department

Mart EMS helped Babe Aycock, third from left, Texas' oldest paramedic, celebrate her 89th birthday.



Local & Regional EMS News

and decreasing the time it takes for EMS to respond to 9-1-1 calls. The award is named in honor of TAA's first president.

CareFlite celebrates 25 years of service

In October, CareFlite will celebrate 25 years of service to the north central Texas area. Established in 1979, CareFlite provides emergency air medical transportation within a 150-mile radius of the Dallas/Fort Worth Metroplex area and serves more than 100 counties and communities. CareFlite also has ground ambulance services, critical care ground transport, a fixed wing service, 9-1-1 services, a continuing education program and a community service bicycle team.

Texas' oldest paramedic celebrates 89th birthday

Babe Aycock of Mart EMS celebrated her 89th birthday in August. Aycock first became interested in EMS during her tenure as mayor for Mart and was first certified as an EMT in 1984. She became a paramedic in 1989 and is the oldest paramedic in Texas. Go Babe!

PPEMS holds fourth annual Health Fair

Pecan Plantation EMS, Glen Rose Medical Center and several other partners sponsored the fourth annual Pecan Plantation Health Fair in May. Several dif-



PPEMS, along with several partners, participated in the Pecan Plantation Health Fair in May. Glen Rose Medical Center offered several free health screening tests.



PPFD, along with several partners, participated in the Pecan Plantation Health Fair in May. Above, PPFD, Granbury EMT class students and PPEMS personnel demonstrate extrication of patients from a vehicle.



ECVES has put together grant-funded and low-cost EMS training for the Floresville community. Pictured, from left, are Wynn B. Gordy, LP, SAC EMS program director; Shirley Schriber, EMT-P, ECVES EMS administrator; Ed Schriber, ECA, ECVES fire chief; and Debbie Breiten, EMT-I, SAC assistant program director.

Local & Regional EMS News



Seminole EMS, Ready Teddy, personnel for AeroCare and local elementary school children celebrated EMS Week in May.

ferent screening tests were provided at no cost to the community, including hearing tests, children's tooth printing, cholesterol screenings, pulmonary function tests, skin cancer screenings, carotid/thyroid Doppler studies, bone density tests and ECG screenings. The ECG screenings found 163 individuals who needed to be referred for further evaluation. Also participating in the health fair were Pecan Plantation FD, a Granbury EMT class, Carter Blood Bank, CareFlite, Granbury Hearing, Montessori Academy, Kindermusik, Advanced Fire Protection, Farmers Insurance, Cook Children's Hospital Fort Worth, Community Care home health care and Health in Store health foods and supplements. PPF and the Granbury EMT class (coordinated by TechPro Services) demonstrated the process of extricating

victims. The demonstration showed three patients being extricated and one of them being packaged and loaded onto a CareFlite helicopter. Many individuals also participated in a three-mile health walk and received t-shirts, water bottles and lunch as perks for participation.

Seminole EMS celebrates EMS Week

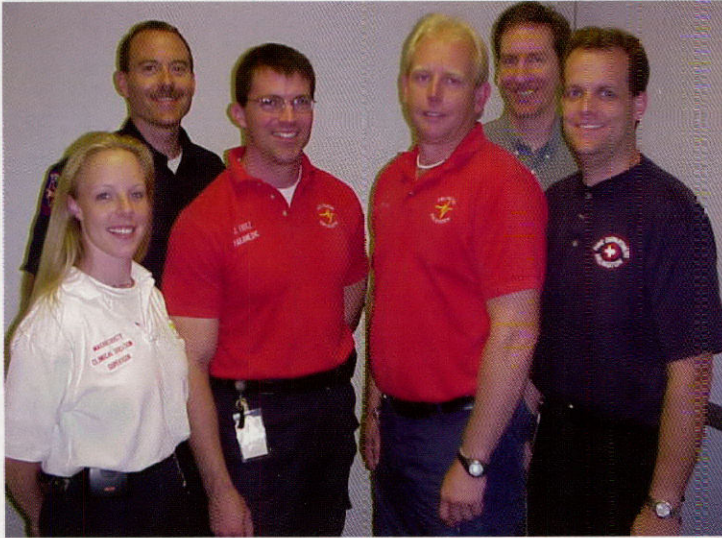
Seminole EMS celebrated a busy EMS Week in May. SEMS personnel and Ready Teddy visited local elementary schools and taught children about calling 9-1-1 and using seatbelts. A ceiling tile coloring contest was held, with the first, second and third place winners' classes getting pizza or ice cream parties. All the tiles were placed in the ceiling of the Seminole EMS training classroom. SEMS personnel used Fa-

tal Vision goggles as part of a presentation to local high school students about the dangers of drinking and driving. SEMS personnel also held a blood drive and provided blood pressure and blood sugar screenings. In addition, AeroCare and CareStar brought medical helicopters to be shown to the community. A car wash raised funds for EMS equipment, and an appreciation BBQ was held for all EMS personnel and their families.

Merkel EMS sponsors EMS class

Merkel EMS recently sponsored an ECA class. Students in the class are Brenda Smith, Robert Johnson, Tammi Smith, Vernell McCann, Teresa Lusk, Kristie Williams, Chad Mitchell, Tommy Jones, Jackie Cannon, Jayne Jones and Steve Ference.

Local & Regional EMS News



AMR-Arlington staff members James Fritz, EMT-P, and Vernon Wickliffe, EMT-P, were recently honored with the Lifetime Hero awards for their efforts in resuscitating three cardiac arrest patients and one patient with an obstructed airway. Pictured, from left, are Macara Trusty, EMT-P, AMR clinical education coordinator; David Stapp, EMT-I, Arlington FD medical operations battalion chief; James Fritz, EMT-P; Vernon Wickliffe, EMT-P; Danny Kocurek, MD, Arlington EMS System medical director; and Bryan Ericson, Arlington FD EMS clinical coordinator.

LaPorte EMS celebrates EMS Week

LaPorte EMS celebrated EMS Week in May. Several public service announcements were broadcast on local television. The city marquee proclaimed EMS Week and the city council signed a proclamation honoring EMS. And LEMS personnel participated in an immunization fair, giving shots to children from LaPorte and the surrounding communities.

Kudos going out to AMR-Arlington crew for an astounding year

One crew for AMR-Arlington has had an amazing year. Vernon Wickliffe, EMT-P, and James Fritz, EMT-P, were presented with Lifetime Hero awards for their lifesaving efforts in the Arlington community. In the past year, they have resuscitated three patients from full cardiac arrest and one from an acute airway obstruction, with all four patients living to be discharged from the hospital.

GHEMSC celebrates EMS Week

The Greater Houston EMS Council sponsored several activities during EMS Week. A golf tournament was held at Hermann Park Golf Course in Houston. A "CE Day" featured a presentation by

the FBI on Medicare compliance and fraud investigations; an introduction of new products by Tri-Anim; and presentation about other issues facing ambulance services. And a BBQ picnic was held for all prehospital personnel, emergency department staff members and family members.

Merkel EMS recently sponsored an EMS class. Students in the class are, front row from left, Brenda Smith, Robert Johnson, Tammi Smith, Vernell McCann, Teresa Lusk, Kristie Williams; and, back row from left, Chad Mitchell, Tommy Jones, Jackie Cannon, Jayre Jones and Steve Ference.



By Linda Reyes

FAQ *EMS Standards*

EMS web home page address: www.dshs.state.tx.us/ems

EMS Standards home page: www.dshs.state.tx.us/ems/stndhome.htm

Internet certification verification now on website.

Certification verification phone line:
512/834-6769
Fax number:
512/834-6714
email: emscert@dshs.state.tx.us

Q: I've checked my EMS certification status on your web site and I see two separate records: one where I am currently certified and another that shows I'm deficient for application and fee. How can I have deficiencies if I hold current certification?

A: If the second record status reads "Eligible for TexasOnline renewal," it was created as a marker by our technology department to enable online renewal. This entry does not affect your current certification status. If you are within one year of expiration or within one year after expiration, you are eligible for renewal, either through the TexasOnline website (www.texasonline.com) or paper application and fee submission.

Q: I received a letter telling me I was selected for random audit. Why are you asking me for my fingerprints?

A: In the past we have conducted only continuing education audits. We are now focusing on a comprehensive audit of all information on the EMS application form. By asking for a fingerprint report, we are verifying you are the person you say you are according to your EMS application. We are checking to see if you truthfully answered the criminal

history question on the EMS application and for any convictions since your last application submission.

Q: I received an audit letter requiring me to have a fingerprint card sent to the Texas Department of Public Safety. Why do I have to pay a \$15 fee?

A: The Texas Department of Public Safety requires a \$15 payment in order to run the fingerprint report. All candidates must pay the fee, even if you are a volunteer and exempt from other EMS fees.

Q: I received an audit letter asking me to send a course completion certificate for the course I completed last year. Why aren't you asking the course coordinator for that certificate?

A: EMS rules require you to be an active participant in maintaining your certification/licensure. First, you are responsible for choosing education activities that meet department criteria. In addition, you are responsible for maintaining documentation of successful completion of educational activities for five years after the date of completion.

Q: One of my former students asked me to provide a certificate or letter showing he completed an initial EMT course because you are auditing his records. Why is DSHS asking for course verification even though a year ago I submitted a course roster that included his name?

A: By definition, an audit is a review of records. We recently began a comprehensive audit process that includes verifying EMS candidate and coordinator records. In addition, we will be conducting a second tier audit where we ask the coordinator to submit verification for a particular course number rather than a particular student.

Former volunteers may owe fees

Are you a volunteer who recently took a paid position as a medic? Congratulations! Did you know that if you are now paid, then you are no longer exempt from fees as a volunteer, even if you still volunteer occasionally? Call your local EMS zone office to find out how much your prorated fee would be for the rest of your certification period. And if you're tempted to just wait until you recertify, don't. Declaring yourself exempt from fees when you are being paid is an EMS rule violation and could result in disciplinary action.

By Chris Quiroz, EMT-P

FAQ *EMS Education*

Q: *Is TDH going to start writing its examinations again?*

A: No. The department has been utilizing the National Registry (NR) examination process for more than two years now. The department went to the NR process because we no longer had the resources available to create a statistically valid and defensible test. NR is already creating a product that is used in more than 45 states and DSHS will not go back to creating its own test in the foreseeable future. The department is monitoring closely the statistics that we are getting back from the NR.

Q: *How long are my skills good for, once I pass them?*

A: Passed portions of the NR exam process, both written or practical, are valid for 12 months from the date of the examination or up until the two-year anniversary of course completion. Failure of any part of a second retest constitutes failure of the entire practical examination, requiring remedial training and then completing the next full attempt of the practical examination, up to three full attempts. If you have more questions about the NR process, the department would encourage you to research the policies of the NR. You may do that online at www.dshs.state.tx.us/ems/NationalRegistry.htm or by visiting NREMT.org.

Rural EMS Web Site Launched



A new web site was launched recently by the Rural Emergency Medical Services and Trauma Technical Assistance Center (REMSTTAC). The site will serve as an online national resource for information pertaining to rural EMS and trauma including resources, news, and contacts. The site is hosted by HRSA's Office of Rural Health Policy and can be accessed at www.ruralhealth.hrsa.gov/ruralems.

The website and other resources of the REMSTTAC can be accessed by a broad range of rural and frontier EMS providers including federal grant recipients, state EMS and rural health offices, and their constituencies including rural hospitals and communities. REMSTTAC serves as a national focal point for the dissemination of information on rural and frontier emergency medical services (EMS) and trauma care.

REMSTTAC is a collaborative effort of Earthtalk Studios and the Critical Illness and Trauma Foundation, both of Bozeman, Montana. It is funded by the U.S. Department of Health and Human Services, Health Services Resource Administration, Office of Rural Health Policy.

From Rural Assistance Center website, www.raconline.org/news.

Other groups meeting at Texas EMS Conference

TOPIC Course - contact Clifann McCarley at CMMCCA@parknet.pmh.org, 214/ 590-6277.


Texas Trauma Coordinators Forum meeting - contact Jacky Betts at jbetts@urhcs.org, 940/ 764-3631.

EMS Association of Texas meeting - contact Lynda Murski at LyndaMurski@yahoo.com, 979/ 277-6267.

EMS Educators Association of Texas meeting - contact Steve Kolar at Steven.L.Kolar@nhmccd.edu.

Texas Ambulance Association board meeting - contact Ron Beaupre at ambbis@aol.com.

Trauma Registry Train-The-Trainer class - contact Carol Wright and Andy Blum at 512/ 458-7266.



“Raves” are large dance parties often associated with the drug MDMA, commonly called Ecstasy.

Ecstasy Abuse Management

Saturday at 11pm: You are called to a local dance club for an unconscious female. Upon arrival, you find a 20-year-old female on the dance floor, unconscious and having seizures. Her friends are very upset and agitated, but refuse to answer any questions about possible drug use.

Frequently, prehospital care providers encounter patients suffering from an acute intoxication of an unknown substance. Presentations vary widely from extremely unpredictable agitation to unconsciousness and even cardiac arrest. That variability is due to many factors, including:

the type of substance ingested;

the length of time the patient is exposed;

the route of exposure; and

the patient's individual tolerance to the substance.

In this CE article, we will examine the growing trend of substance abuse

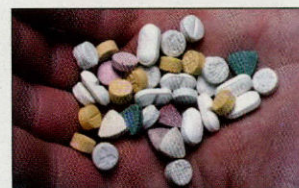
by the younger generation, specifically concentrating on a very popular designer drug, Ecstasy.

Introduction

Ecstasy belongs to a group known as designer drugs. Designer drugs are manufactured by taking existing therapeutic medications (many available over the counter) and chemically altering them to create new drugs with different effects. Ecstasy is the most commonly abused of all the designer drugs.¹

The Drug Abuse Warning Network (DAWN) reports that between 1995 and 2002, a 1,300 percent increase in emergency department visits for Ecstasy ingestion occurred in the 21 largest metropolitan areas of the United States.² Some cities, such as Phoenix and St. Louis, reported an increase

If Ecstasy is taken on a regular basis, users may be depleting their serotonin reserves before they have been fully replaced. This would mean that, most of the time, their bodies would be functioning on less than normal amounts of serotonin, which could lead to profound depression.



in Ecstasy abuse of more than 3,000 percent during that time. Between 1972 and 2001, there have been 87 fatalities reported in the literature that can be related to Ecstasy ingestion.³ It has been estimated that about half of the fatalities could have been prevented if the patient had accessed the health care system at an earlier time.⁴

What is Ecstasy?

The chemical name for Ecstasy is methylenedioxymethamphetamine or, more commonly, MDMA. Street names for MDMA include Ecstasy, Adam, XTC, hug, beans and the love drug.

MDMA was discovered by the German pharmaceutical firm Merck and Company in 1914.⁵ Popular myth holds that the drug was originally developed to be used as an appetite suppressant for German soldiers during World War I. However, at the time of patent application, no use was listed and no company has ever marketed the drug for that purpose.

In the 1950s, the United States military added MDMA to its list of experimental chemicals to be tested for use during brainwashing.⁶ The results of the tests were inconclusive and MDMA was abandoned.

By the 1960s and 1970s, MDMA was being reexamined as a possible chemical adjunct to the psychotherapy which had grown in popularity. It was believed that MDMA would facilitate communication and al-

low patients to gain deeper insight into their emotional problems.⁷⁻⁹

It was during this time that recreational use of MDMA began. Middle class professionals started the trend, which quickly spread to the younger generation. MDMA, used primarily at dance clubs, raves and college scenes in the 1980s, is now being seen in a number of other settings. In fact, in a review of medical examiner reports for MDMA-associated fatalities in the late 1990s, 47 percent of the decedents overdosed at home.¹⁰

Reports in the mid 1980s began to show some long-term neurotoxic effects in laboratory animals.¹¹⁻¹⁶ For these and other reasons, the Drug Enforcement Agency placed MDMA on the Schedule I list of substances under the Controlled Substance Act.³ This move outlawed the use and possession of MDMA

MDMA is available as a capsule, powder or liquid, but is most popular as a tablet. The tablets are small, about the size of an aspirin, and frequently are engraved with symbols including birds, animals, numbers or cartoon characters. Each tablet contains about 80-150 milligrams of MDMA¹⁷ and sells for about \$20-25. The initial effects begin within about 30-60 minutes after oral ingestion and may last for 4-8 hours.¹⁸

How does Ecstasy work?

Ecstasy is a cross between a stimulant and a hallucinogen. While Ecstasy has both amphetamine-like and LSD-like properties, it also possesses a property not found in either parent drug. This property produces empathogenic effects, such as increased sociability, loss of inhibition and feel-

Objectives:

At the completion of this CE article, the student will be able to:

1. Discuss the history, common names and pharmacology of Ecstasy ingestion.
2. Recognize the signs and symptoms related to Ecstasy abuse.
3. Develop a treatment plan for patients suffering from the effects of an Ecstasy ingestion.

ings of closeness or empathy which is believed to be partly responsible for the drug's popularity.^{7,8,19}

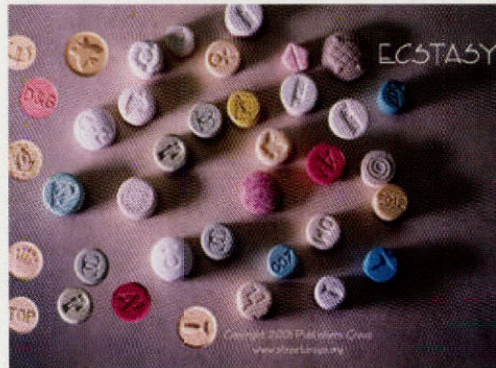
The desired effects of Ecstasy

Ecstasy causes some brain cells to release large amounts of a chemical called serotonin.²⁰ A person's mood is influenced in part by the amount of serotonin being released by the nerve cells. Positive events cause greater serotonin release, which activates more serotonin receptors and produces happiness. Negative events slow down the release of serotonin and produce sadness.

Nerve cells in the body do not actually touch each other directly. When one neuron communicates with another, the message has to cross a gap between the two. This gap is known as a synapse. On one side of the synapse are small vesicles that hold the chemical serotonin. On the other side of the synapse are the serotonin receptor sites.

When someone takes Ecstasy, the brain cells flood the synapse with serotonin.²⁰ The serotonin crosses the gap and enters the receptor sites on the other side. Once the serotonin enters the receptors, the Ecstasy experience begins.

In most normal situations, there is a far greater release of serotonin than there are open receptor sites. This means that there will usually be plenty of serotonin left over in the synapse when the receptors have been filled. The body attempts to conserve this precious chemical by collecting the left-over serotonin floating around in the synapse. This collected serotonin is put back into the storage vesicles so it can be re-released when stimulated



MDMA (Ecstasy) is available as a capsule, powder or liquid, but is most popular as a tablet. The tablets are small, about the size of an aspirin, and frequently are engraved with symbols including birds, animals, numbers or cartoon characters.

to do so. In this way, the neuron doesn't have to make a new batch every time it releases serotonin; it only has to make enough to replace what was used.

Once the serotonin has entered the receptors, an enzyme stored nearby is released. The enzyme monoamine oxidase (MAO) breaks down serotonin and reopens the receptor. However, with Ecstasy, the initial release of serotonin is so massive that there is plenty to activate the receptor again. It is this continued stimulation of the receptor sites that causes the Ecstasy effects.

In addition to causing a massive initial serotonin release, Ecstasy blocks the collection of the left-over serotonin.²⁰ As a result of an Ecstasy ingestion, the synapse is flooded with serotonin that cannot be reabsorbed.

About three hours after the ingestion, the peak experience is in full swing. The user is happy and sociable, has increased empathy for other partygoers and has an enhanced sensation of touch.^{7,8,19} The experience will continue as long as serotonin is

available to stimulate the receptors. Ecstasy absorption has been shown to be enhanced if taken with alcohol.²¹

At about six hours after ingestion, all of the stored serotonin will have been released and all of the released serotonin will have been destroyed by the MAO. The serotonin levels in the synapse begin to subside and the drug's effects begin to wear off. If an additional dose of Ecstasy is taken in an attempt to recapture the experience, it will be unsuccessful. It takes about two weeks for the body to make new serotonin to replace that already released. An additional dose of Ecstasy may stimulate the neurons to release more serotonin; however, the body has already released all it has available and there hasn't been enough time for new serotonin to be made.

Around eight to ten hours after ingestion, most of the receptors have reopened. Many Ecstasy users report feeling extremely non-social, tired, irritable and very depressed. Many people are tempted to take additional doses of Ecstasy because of the contrast between how they felt only an hour ago and how they feel now. However, as already mentioned, this will not bring back the happiness. Ecstasy causes a release and then depletion of serotonin; it doesn't cause more to be made.

If Ecstasy is taken on a regular basis, users may be depleting their serotonin reserves before they have been fully replaced. This would mean that, most of the time, their bodies would be functioning on less than normal amounts of serotonin, which could lead to profound depression.

In addition to serotonin, Ecstasy

also causes the release of other chemicals known collectively as catecholamines.²² Catecholamines are usually released during periods of stress or danger. These chemicals speed up body functions in preparation for dealing with the stress. It is the catecholamines that cause the life-threatening symptoms in Ecstasy abuse.

Patient assessment

Within about 30 minutes of ingestion, the initial stress response begins.²³ The user will experience anxiety, an elevated heart rate and an increase in blood pressure. He or she may become diaphoretic, experience a dry mouth and blurred vision and may become hyperactive. The user may unconsciously grind their teeth or clench their jaw. Some users will suck lollipops or pacifiers to alleviate these two symptoms. Within an hour, most of these unwanted symptoms will be replaced by the desired empathogenic effects.

During this time, the patient will feel relaxed and euphoric with increased empathy for others.²⁴ Tactile stimulation, such as those produced by the senses, will be enhanced. Patients may place mentholated ointment under their nose or wave glow sticks in front of their eyes. The sense of touch will be heightened and party-goers will frequently be seen caressing each other.

Tolerance to these psychoactive sensations develops quickly and the patient may unsuccessfully attempt to restore the euphoria with repeated doses.²³ When this happens, the effects of the catecholamine release may predominate, which places the patient at risk for cardiovascular instability²⁵

and a rapidly rising body temperature.³

Hyperthermia is especially dangerous because of the environment in which Ecstasy is used. Many patients will have been dancing for prolonged periods of time with inadequate fluid replacement in crowded nightclubs with hot temperatures and poor ventilation. Under these conditions, the body begins to break down the muscles, causing a condition known as rhabdomyolysis.

Like other amphetamines, Ecstasy has been known to cause bleeding within the brain.²⁶⁻²⁸ This is thought to be the result of short-term hypertensive surges and disruption of the cerebral blood vessels. The patient may present with seizures or a rapidly decreasing level of consciousness.

One of the problems in assessing the symptoms normally associated with Ecstasy use lies in the purity of the drug. Ecstasy is relatively simple to manufacture; however, most illegal laboratories don't follow any type of quality control procedures. As a result, Ecstasy produced under those circumstances may be mixed with many other substances, including heroin, ketamine or ephedrine. It is possible that the drug is not real at all, but a fake, which can be worse than the Ecstasy itself.²⁹ Even when reasonably certain you are dealing with an Ecstasy ingestion, you should always consider the possibility of other co-ingestants.

General EMS management and treatment

Before patient assessment begins, a thorough scene evaluation must take place. You must identify any condi-

tions that could represent a hazard to you or your partner. If the scene is unsafe, make it safe before you proceed. If you cannot make it safe, do not enter. Call for and wait until help arrives. Body substance isolation procedures should be undertaken if necessary.

If the patient requires restraint, apply them as humanely and professionally as possible. Medical restraint should be used only when necessary in situations where the patient is exhibiting behavior deemed to present danger to himself or to EMS personnel and authorized by local medical control. The restraints must not be placed in such a way as to prevent evaluation of the patient's medical status and necessary patient care activities, or in any way jeopardize the patient medically. Reduce stimuli by isolating the patient from people or events causing his or her agitation.

After all necessary safety measures have been taken, rapidly assess the patient's airway, breathing and circulatory status. If the patient is conscious and talking to you as you approach, you can safely assume that the airway is open. You cannot, however, assume there are no immediate threats to the airway. Remember that Ecstasy users have enhanced pleasure from tactile stimulation and may have objects in their mouth. Ask them to spit out any gum, get rid of any glowsticks, or remove any other object they may be sucking on.

If the patient is unconscious, aggressive airway control maneuvers may be necessary. Insert an oropharyngeal or nasopharyngeal airway, as needed. Secretions accumulating in the mouth represent another potential

danger to the airway. To prevent aspiration, suction should be available.

Place the patient on a pulse oximeter to establish a baseline oxygen saturation. If the saturation values are low, administer high-flow oxygen. Be prepared to ventilate the patient with a bag-valve-mask and 100 percent oxygen. Intubate, if necessary as medical protocols permit.

Consider naloxone up to 2.0 mg slow IV push or IM (if no IV obtained) for unconscious patients. The endpoint for naloxone administration is an improvement in respiratory function. In most situations, nothing useful will come from attempts to restore full consciousness in narcotic overdose patients who are breathing adequately.

Act aggressively to control seizures with a benzodiazepine such as diazepam. Seizures represent particular danger because they serve to increase the body temperature, which is likely already high. Administration of diazepam should begin as soon as IV access is achieved. Administer diazepam in 2.5 - 5 mg increments until the seizure stops or until 10 milligrams have been given. Since benzodiazepines can cause respiratory depression, especially if given rapidly, be ready to support ventilation.

Body core temperature associated with Ecstasy intoxication may reach 109°F - 111°F.³⁰ Most fatalities involving Ecstasy are directly related to symptoms of heat stroke and hyperthermia.³ There are a few cases reporting survival from a temperature of 107°F, although most patients with temperatures that high or higher do not survive.³¹ It is important to aggressively initiate and maintain cool-

ing measures. Place ice packs in the patient's axilla and groin areas. Cover the patient with wet sheets and fan them. Consider administering a fluid bolus with a chilled IV solution to decrease the body temperature.

A blood glucose level should be performed on any patient with an altered mental status. While Ecstasy use does not usually cause alterations in the blood-glucose values, signs and symptoms of hypoglycemia can mimic those seen in drug abuse. Don't automatically assume every altered mental status is being caused by substance abuse, even if all the data seems to support that conclusion.

Cardiac monitoring is imperative with Ecstasy toxicity as with all amphetamine overdoses. The increased sympathetic stimulation can increase the strain on the heart and cause cardiac irritability. One of the few documented cases of death associated with Ecstasy use involved a 24-year-old woman found by EMS personnel in ventricular fibrillation. Autopsy analysis revealed Ecstasy as the only drug in her system.

In general, tachyarrhythmias are best treated with sedation. The administration of 2.5 - 5 mg diazepam may reduce the stimulation enough for the heart rate to slow. If ventricular tachycardia is confirmed, your local medical control may also authorize the administration of 1.0 - 1.5 mg/kg lidocaine IV push.

Activated charcoal may also be administered if the patient is alert with stable vital signs and no apparent risk of sedation. Activated charcoal binds to certain drugs and toxins and prevents them from being absorbed by the body.

Activated charcoal is usually packaged as a slurry for field use. The usual dose is one gram per kilogram of body weight.³² The container should be shaken well before administration. Keep the patient in a semi-sitting position (head of bed at 30°) and instruct them to drink the entire amount as quickly as they can to prevent the charcoal from settling.

The mixture is not very pleasant looking and the patient may have to be persuaded to drink it. If a closed container and a straw are available, this is a preferable method of administration as the patient will not have to look at it. Have suction available as some patients vomit during ingestion. Monitor the airway and level of consciousness closely.

Summary

Ecstasy has gained considerable popularity in the last few years and has increasingly become the recreational drug of choice among adolescents and young adults. There is a widespread but mistaken belief that this drug is harmless. Tolerance develops quickly and increased dosages can put the patient at risk for life-threatening complications such as hyperthermia, heat stroke, seizure, and cardiovascular collapse.

To learn more about drugs of abuse, contact the National Institute of Drug Abuse (NIDA) Web site at www.drugabuse.gov or the National Clearinghouse for Alcohol and Drug Information (NCADI) at www.health.org.

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(Continued from page 7)

Please feel free to contact me if you have any questions.

Although the reorganization of TDH has kept us busy, there is actually other news to report. GETAC is in the process of taking a look at the Strategic Plan it developed in 2002 to determine its progress. Turn to page 22 for a recap of the August 12-13 meetings.

Finally, hope to see you at the conference this year! We've got a great line-up of education and will have an exhibit hall full of information that will make your jobs easier. For information on the conference, go to www.dshs.state.tx.us/ems/04conference.htm.

And now, for a personal note.

It was one of the proudest days of my life when I was offered the opportunity to be the chief of the Bureau of Emergency Management and the last 4 ½ years have been extraordinary. Working with GETAC, seeing increasing stakeholder involvement at the state level, creating the strategic plan together, being part of the successful passage of funding for the system, and the increasing recognition that Texas is receiving on a national level for its EMS and Trauma System are examples that give me deep satisfaction. The last eight months have been challenging. It's not easy to have built something that you think is good and to feel that there is still work to do, and have someone else decide that it needs to be done in a different way. I've decided that I am going to give this different way a chance and I am committed to making sure that we continue to provide excellent service to our EMS and Trauma System stakeholders and the public.

You are all special people—your commitment to patient care is a life's goal, not a job. And I hope that you will continue this work because there is still much to do. My door is always open to you. —*Kathy Perkins*

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CE questions—Medical

1. Designer drugs are manufactured by:
 - A. Mixing newly discovered chemicals together.
 - B. Mixing newly discovered chemicals with older, established chemicals.
 - C. Altering existing medications to create new drugs with different effects.
 - D. Mixing existing medications with household products.
2. A common street name for MDMA is:
 - A. Special K.
 - B. The love drug.
 - C. The chronic.
 - D. Georgia home boy.
3. The United States military experimented with MDMA as a tool for:
 - A. Brainwashing.
 - B. Appetite control.
 - C. Aggressiveness.
 - D. Psychotherapy.
4. The most popular form of Ecstasy today is a:
 - A. Capsule.
 - B. Powder.
 - C. Liquid.
 - D. Tablet.
5. The initial effects of Ecstasy ingestion begin within what time interval following oral ingestion?
 - A. 30 - 60 minutes
 - B. 60 - 90 minutes
 - C. 90 - 120 minutes
 - D. 120 - 150 minutes
6. One of the reasons that Ecstasy is so popular is that it produces what type of effects?
 - A. Paranoia
 - B. Panic attacks
 - C. Empathy
 - D. Anxiety
7. The chemical released by the brain in response to an Ecstasy ingestion that is responsible for its pleasurable effects is:
 - A. Dopamine.
 - B. Epinephrine.
 - C. Catecholamines.
 - D. Serotonin.
8. When alcohol is ingested with Ecstasy, the Ecstasy absorption is:
 - A. Decreased.
 - B. Enhanced.
 - C. Not affected at all.
 - D. Stopped completely.
9. The chemical released by the brain in response to an Ecstasy ingestion that is responsible for most of the life-threatening effects is:
 - A. Dopamine.
 - B. Epinephrine.
 - C. Catecholamines.
 - D. Serotonin.
10. You respond to a reported unconscious person at a high school dance. As you approach the victim, you notice several teenagers standing around with lollipops or pacifiers in their mouth. What is the significance of this observation?
 - A. A great many of the kids at this high school are hypoglycemic.
 - B. The kids have a great deal of nervous energy.
 - C. Many Ecstasy users suck on lollipops or pacifiers to keep from grinding their teeth.
 - D. There is no significance to this observation.
11. Which of the following signs or symptoms would you NOT expect to find within the first thirty minutes following an Ecstasy ingestion?
 - A. Elevated heart rate
 - B. Enhanced tactile stimulation
 - C. Increased blood pressure
 - D. Blurred vision

CE questions—Medical

12. Tolerance to the psychoactive sensations caused by Ecstasy develops quickly.
 - A. True
 - B. False
13. Most fatalities involving Ecstasy are directly related to symptoms of:
 - A. Heat stroke and hyperthermia.
 - B. Heart attack.
 - C. Stroke.
 - D. Respiratory depression.
14. The most important first step to take when assessing and treating a victim of Ecstasy ingestion is:
 - A. Open the airway.
 - B. Verify the patient is breathing.
 - C. Assess scene safety.
 - D. Verify adequate circulation.
15. All of the following statements concerning the use of medical restraint in a patient suffering from an Ecstasy ingestion are true EXCEPT:
 - A. Apply the restraint as humanely and professionally as possible.
 - B. Medical restraint should be used when the patient is a danger to himself.
 - C. The restraints must not prevent evaluation of the patient's medical status.
 - D. Medical restraint should be used on all Ecstasy ingestions.
16. Patients who are able to speak as you approach can be assumed to have no immediate airway threats.
 - A. True
 - B. False
17. Your patient is a 15-year-old female who is unconscious as the result of Ecstasy abuse. The patient will tolerate an oral airway and is very hot to the touch. Of the following procedures, which should come first?
 - A. Perform a blood glucose analysis.
 - B. Establish an IV.
 - C. Place the patient on a pulse oximeter.
 - D. Cool with icepacks and wet sheets.
18. You are treating a 19-year-old male with altered mental status. His friends state that he has taken several Ecstasy tablets during the past few hours. Does this patient need to have his blood glucose level checked?
 - A. Yes
 - B. No
19. The usual dose of activated charcoal is:
 - A. 0.1 mg/kg.
 - B. 0.5 mg/kg.
 - C. 1.0 g/kg.
 - D. 10 g/kg.
20. Your 16-year-old patient is found unconscious on the dance floor at a local teen hangout. The patient is having a grand mal seizure that bystanders report has lasted for about ten minutes. Your first priority is to:
 - A. Control the airway by intubating the trachea.
 - B. Determine a blood glucose value.
 - C. Place the patient on a cardiac monitor.
 - D. Stop the seizure by the administration of a benzodizepine.

This answer sheet must be postmarked by October 20, 2004.

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

Note: Due to the cost of processing CE, each answer sheet must be accompanied by a check or money order for \$5, made out to UT Southwestern.

For DSHS CE credit, mail your completed answer sheet with a **check or money order for \$5 made out to UT Southwestern to:**

Debra Cason, RN, MS
EMS Training Coordinator
The University of Texas
Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75390-8890

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

Answer Form

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

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

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



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The genes of a little boy might contain secrets about muscular diseases. Unlike most newborns, the German-born boy had well defined, bulging muscles at birth. Further studies have found that he is the first documented human case of having a complete genetic mutation that has been found to cause immense strength in cattle and mice. In the past, researchers have found that when both copies of the gene for the protein myostatin, which is found near muscle cells and signaling muscle-building satellite cells to be dormant, are inactivated in cattle and mice, the animals grew extremely muscular and lean. This child has two inactivated copies of this gene. Researchers theorize that variations in this gene might explain why some people can get strong with little effort, while others cannot build strength. Some pharmaceutical companies are now studying this gene to see if drugs can be developed to block the actions of myostatin, treating muscle wasting diseases such as muscular dystrophy and muscle loss secondary to cancer or other diseases. The child comes from a strong family. His great-grandfather, a construction worker, unloaded 330-pound curbstones by hand and his mother, who has only one inactivated copy of the gene, was a professional 100-meter sprinter. From *The New York Times*, "A Very Muscular Baby Offers Hope Against Diseases," by Gina Kolata, June 28, 2004.

Scientists have found that the protein shell surrounding a virus can be almost as strong as Plexiglas and can deform by almost 30 percent without breaking. The protein shell, called a capsid, is only one billionth of a yard

long, but is strong and elastic. The capsid surrounds the virus's DNA, protecting the viral DNA during transfer from one cell to another and while the virus is outside of a host cell. Researchers used an atomic force microscope to study Phi29, a virus that infects bacteria, and several other viruses. The microscope scans a fine ceramic or semiconductor tip over the viral surface, measuring distance and surface resistance. Scientists are hoping to find new information about the transport stages of different viruses and to learn how capsid strength relates to the amount of time the virus can remain infectious outside of a host cell. From *USA TODAY*, "Virus protein shells elastic, but can be broken," by Randolph E. Schmid, May 4, 2004.

A recent study found that people who experienced little or no pain during a heart attack were significantly more likely to die from the heart attack. Those patients were also more likely to be misdiagnosed and to be treated less aggressively after diagnosis. The study included more than 20,000 acute coronary syndrome pa-

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tients from 14 counties, including the U.S. They found that 25 percent of patients without chest pains were initially misdiagnosed and that 13 percent of patients without chest pains died during hospitalization, compared

to two percent and four percent for those with chest pain. The study also found that patients without chest pain were less likely to be given blood-thinning medications, cholesterol-lowering medications and blood pressure medications and less likely to undergo surgical intervention. Older patients, women and diabetics were more likely to fall into the group with little or no chest pains. From *The New York Times*, "Patterns: When No Chest Pain Is a Problem," by John O'Neil, August 16, 2004, and *Houston Chronicle*, "Heart attack pain can be good," August 16, 2004.

The urge for revenge might just be rooted in the human genes. Using brain-wave technology, neuroscientists found that, when people were insulted, their brains got very active in the same areas as when they were about to satisfy hunger and other cravings. Doctors theorize that this brain activity is in preparation to express anger, not because of the anger itself, and the expression of that anger is actually pleasurable to the individual, reflecting a biologically rooted sense for justice. While revenge may sometimes be vindictive and is generally looked down upon, it can also be a good deterrent to bad behaviors and, in many ways, is fundamentally protective to society by making people keep their actions within commonly accepted boundaries. From *The New York Times*, "Payback Time: Why Revenge Tastes So Sweet," by Benedict Carey, July 27, 2004.

Propionibacterium acnes, bacteria that live in hair follicles in the human skin, has been found to possess some amazing properties for bacteria.

P. acnes is involved in many diseases involving the cornea, heart, gallbladder, lung, skin and other tissues, and scientists have theorized for years that *P. acnes* helps produce acne when the hair follicles become clogged. However, scientists have learned much about the bacteria since sequencing its genome earlier this year. The bacteria have genes that secrete substances that kill competitor organisms, can easily grow either with or without oxygen and can easily repair itself. More destructively, the bacteria have genes that can also secrete enzymes that destroy human tissue, help produce infection and can use the degraded skin as its food supply. *P. acnes* can also quickly adapt to environmental

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change, thus outwitting the human immune system. *P. acnes* has developed resistance to many antibiotics, so scientists are hopeful that by studying its genome, new treatments may be developed. From *The New York Times*, "A New Discovery in the Fight Against Acne," by Sandra Blakeslee, August 10, 2004.

Changes in the definition of pre-diabetes significantly increase the number of people at risk of developing diabetes. Researchers changed the pre-diabetes criteria after finding that

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many at-risk patients were being missed. Eighteen million Americans have diabetes, a disease that can cause blindness, kidney failure, amputation, heart disease and death, and approximately 41 million Americans have pre-diabetes, or high enough blood sugar to dramatically increase the possibility of developing full-blown diabetes. The American Diabetes Association recently changed the definition of normal blood sugar during the impaired fasting glucose test from 110 milligrams to 100 milligrams. Pre-diabetic people have fasting glucose levels from 100 milligrams to 125 milligrams. A pre-diabetic individual can delay, and sometimes prevent, the onset of diabetes by making simple changes in diet and exercise. From *Houston Chronicle*, "Change of definition doubles the number of pre-diabetics," April 30, 2004.

Eighteen million Americans have diabetes, which can cause blindness, kidney failure, amputation, heart disease and death.

Kicking the smoking habit? A recent study found that smokers who were supported by the workers within the doctor's office were three times as likely to stay smoke-free for more than six months. The study followed more than 2,000 smokers treated in eight different clinics in Wisconsin. The staff in four of the clinics was trained to use the methods recommended by federal guidelines, which are rarely followed, and the other four clinics were the control group. Clinic staff members

were trained to talk with patients about quitting smoking before the patient saw the doctor and to offer free supplies of nicotine patches if the patient was willing to set a quitting date within 30 days. Clinic staff called the person a few days prior to the quitting date and then during the week following the quitting date to discuss problems and coping strategies. The study found that, at two months, 16 percent of the smokers visiting the clinics with specially trained staff were still smoke-free, while only six percent of those receiving standard care had remained smoke-free. After six months, three times as many patients who visited the clinic with specially trained staff had abstained from smoking, as compared to the control group. From *The New York Times*, "Habits: When a Team Tackles Smoking," by John O'Neil, April 28, 2004.

A Canadian study recently found that overweight teenagers were more likely than normal-weight teenagers to be the victim and the perpetrator of bullying. This study bolsters both a British study and a U.S. study that said that obese children rated their life quality as low as pediatric cancer patients. These studies' findings emphasize the importance of getting teachers and schools to help prevent and treat obesity in children. Researchers hope that by getting the school environments more involved, the toll of future health problems associated with being overweight might be decreased and the toll on the emotional health of overweight children might also be decreased. From *USA TODAY*, "Study: Obese kids more likely to be bullied," May 4, 2004.

DISCIPLINARY ACTIONS

THE INFORMATION IN THIS SECTION IS INTENDED TO PROVIDE PUBLIC NOTICE OF DISCIPLINARY ACTION BY THE TEXAS DEPARTMENT OF HEALTH AND THE BUREAU OF EMERGENCY MANAGEMENT AND IS NOT INTENDED TO REFLECT THE SPECIFIC FINDINGS OF EITHER ENTITY.

THIS INFORMATION MAY NOT REFLECT ANY NUMBER OF FACTORS INCLUDING, BUT NOT LIMITED TO, THE SEVERITY OF HARM TO A PATIENT, ANY MITIGATING FACTORS, OR A CERTIFICANT'S DISCIPLINARY HISTORY. THIS LISTING IS NOT INTENDED AS A GUIDE TO THE LEVEL OF SANCTIONS APPROPRIATE FOR A PARTICULAR ACT OF MISCONDUCT.

TO FILE A COMPLAINT REGARDING AN EMS SERVICE OR PERSONNEL, CALL (800) 452-6086.

The Texas Health and Safety Code can be found at www.capitol.state.tx.us/statutes/hstoc.html

All of the Texas Administrative Code can be found at lamb.sos.state.tx.us/tac/

To find EMS-specific information in the Texas Administrative Code, go to www.texas.gov, click on Laws and Criminal Justice, click on Laws, Codes and Statutes, click on Texas Administrative Code, click on TAC Viewer, click on Title 25 Health Services, Part I Texas Department of Health, Chapter 157 Emergency Medical Care.

TDH Index of EMS/Trauma Systems Policies can be found at www.dshs.state.tx.us/ems/spolicy.htm

Addington, Dorothy, Arlington, TX. 24 month probated suspension of EMS certification through September 19, 2005 for a misdemeanor conviction, felony conviction and a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Alaniz, Rene, Mission, TX. 48 months probated suspension of ECA certification through August 29, 2006, a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Anguiano, Frank, Arlington, TX. 24 month probated suspension of EMS certification through September 26, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Atascocita V.F.D., Atascocita, TX. \$5,000 administrative penalty, 36 month suspension against the EMS provider

license all of which is probated through October, 2006. EMS Rules 157.16(d)(1), (8), (10), (12), (14), (16), (19); 157.11(d)(1); 157.11(i)(1), (3); 157.11(e)(1); 157.11(l)(1), (13).

Bagby, David, Perryton, TX. 12 month probated suspension of EMS certification through March 4, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Bailey, Elizabeth, Dublin, TX. Probated suspension of EMT-P certification through May 2005. EMS Rules 157.36(b)(1); (2); (7); (13); (26); (28); and (29).

Baker, Kerry, Sweetwater, TX. 12 month probated suspension of the EMT-P license through February 28, 2005. EMS Rules 157.36(b)(1), (2), (13), (26) and (28).

Barash, Richard, Richardson, TX. decertification of the EMT-P certification effective March 5, 2004. EMS Rules 157.36(b)(1); (2); (6); (26); (28); and (29).

Barnes, Joseph, Houston, TX. 12 month probated suspension of the EMT-P certification through March 2005. EMS Rules 157.36(b)(1); (2); (4); (10); (26); (28); and (29).

Bean, Shawn, Dripping Springs, TX. 24 month probated suspension of EMT certification through December 6, 2005, felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Behring, Christopher, San Antonio, TX. 12 month probated suspension of EMS certification through September 9, 2004 for a misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Body, Christopher, Lewisville, TX. 12 month probated suspension of EMS certification through March 9, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Boldra, Michael, San Antonio, TX. 1 month suspension, followed by a 48-month probated suspension through February 2008 of the EMT certification. EMS Rules 157.36(b)(1), (2), (17) and (28).

Bomer, Robert, Humble, TX. Denial of the EMT-P recertification application for certification effective March 5, 2004. EMS Rules 157.36(b)(1); (2); (13); (26) and (28).

Bounty EMS, The Woodlands, TX. \$9,000 administrative penalty against EMS provider, of which \$7,000 is probated for 6 month period through September 2004. EMS Rules 157.16(d)(1), (14), (19); 157.11(e)(16); 157.11(1)(1) and (13).

Brakefield, Leah, Palestine, TX. 36 month probated suspension of EMS certification through May 5, 2006 for serving a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Brewer, Benjamin, Lubbock, TX. 36 month probated suspension of EMS certification through July 11, 2006, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Brown, Texanne, Hamilton, TX. 12 month probated suspension of EMT-I certification through March 6, 2005. EMS Rules 157.36(b)(1), (2), (3), (4), (7), (9), (13), (21), (26) and (28).

Bryan, Travis, Pasadena, TX. 24 months probated suspension of EMT certification through March 31, 2005, felony deferred adjudication probation and 4 misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Bull, Kenneth, Fort Worth, TX. Suspension of the EMT-P certification through September 2004. EMS Rules 157.36(b)(1), (2), (3), (9) and (28).

Burge, Traci, Emory, TX. 1 month suspension, followed by a 24 month probated suspension through December 2005 of the EMT-P certification. EMS Rules 157.36(b)(1), (2), (3), (6), (9), (26) and (28).

Burwell, Ashley, Angleton, TX. 12 month probated suspension of EMS certification through February 19, 2005, for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Butera, Jeffrey, Sugar Land, TX. 24 month probated suspension of EMS certification through September 25, 2005 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Byers, Danny, Earth, TX. 60 months probated suspension of EMT-P certification through March 2007. EMS Rules 157.36(b)(1), (2), (23), (25), (26), (28) and (29); 157.37(a)-(c); and the Occupations Code Chap 53.

Caldwell, Kenneth, San Antonio, TX. 48 months probated suspension of EMT

certification through August 7, 2006, a felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Caldwell, Thomas, San Antonio, TX. 12 month probated suspension of EMS certification through September 9, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Campbell, Connan, Hardin, TX. 24 month probated suspension of Licensed Paramedic thru November 2005. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Cantu, Melissa, Houston, TX. 12 months probated suspension of the EMT-I certification thru November 2004. EMS Rules 157.36(b)(1), (2), (6), (7), (26), (28) and (29).

Carter, Caleb, Tyler, TX. 12 month probated suspension of EMS certification through October 10, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

City of South Houston EMS, Houston, TX. 24 months probated suspension of the EMS provider's license through September 2004. EMS Rules 157.16(d)(1), (4), (6), (14) and (19); 157.11(e)(3); and 157.11(l)(13).

Coffman, David, Normangee, TX. 3 months suspension and 45 mo. probated suspension of EMT certification through June 30, 2005, a felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Cordona, Elizabeth, Only, TX. 24 month probated suspension of EMS certification through December 31, 2005 for 2 misdemeanor convictions. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Covarrubias, Abel, Abilene, TX. 24 months probated suspension of the EMT-P certification thru November 2004. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Cowen, Christopher, Canyon Lake, TX. 24 months probated suspension of EMT certification through October 23, 2004, convictions, misdemeanors and deferred adjudications. EMS Rules 157.37, 157.36(b) and/or (c).

Cox, Steven, Aledo, TX. 12 month probated suspension of EMS certification through October 10, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Crawford, Dennis, Plainview, TX. 12 month probated suspension of EMT cer-

tification through December 6, 2004, misdemeanor deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).

Creech, John, Lake Jackson, TX. 18 month probated suspension of the EMSC certification through May 2005. EMS Rules 157.43(m)(1); 157.43(m)(3)(B); 157.43(m)(3)(B); 157.43(m)(3)(E); 157.43(m)(3)(F).

Danbury VFD/EMS, Danbury, TX. 24 mo. probated suspension of the EMS provider's license through September 2004. EMS Rules 157.16(d)(1), (4) and (14).

Dandois, Pace, Waco, TX. 36 month probated suspension of EMS certification through June 9, 2006 for serving a misdemeanor deferred adjudication probation, 4 misdemeanor convictions, 2 felony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Davis, Daniel, Fort Worth, TX. 12 month probated suspension of the EMT certification through February 2005. EMS Rules 157.36(b)(1), (2), (26), (27) and (28); 157.11(d)(1); and 157.11(i)(1).

Dean, Derrick, Mesquite, TX. Decertification of EMT-P certification effective February 5, 2004 for a felony conviction. Chapter 53.021(b) of the Texas Occupations Code, and/or EMS Rules 157.37, 157.36(b), and/or (c).

Decesare, Edward, Schertz, Texas, probated suspension of the EMT-I certification through July 2006. EMS Rules 25 TAC 157.36(b)(1); (2); (6); (8); (9); (26); (28); (29).

DeLeon Jr., Carlos Hector, LaJoya, TX. Decertification of the ECA certification, effective March 22, 2004. EMS Rules 157.36(b)(1); (2); (15); (21); and (28).

Dickey, Shane, Azle, TX. 48 months probated suspension of EMT-P certification through October 23, 2006, a felony or deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Dowell, Alina, Temple, TX. 36 month probated suspension of EMT certification through November 22, 2005, a felony deferred adjudication and misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Dozier, Jerry, Andrews, TX. 48 months probated suspension of EMT-P certification through April 1, 2007. 2 felony convictions. EMS Rules 157.37,

157.36(b) and/or, (c).

Elizalde, Edovigen, El Paso, TX. 24 month probated suspension of EMS certification through October 2, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Erwin, James, Fort Worth, TX. 12 month probated suspension of EMS certification through March 1, 2005, for 2 misdemeanor convictions. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Escamilla, Daniel, Corpus Christi, TX. 48 mo. probated suspension of EMS certification through September 16, 2007 for 2 misdemeanor convictions and a misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Etheredge, John, Fort Worth, TX. 24 month probated suspension of EMS certification through November 20, 2005 for 2 misdemeanor convictions and a misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Falcon, Joe, Austin, TX. 24 month probated suspension of EMS certification through December 31, 2005 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Feemster, Bobby Daniel, Dublin, TX. 24 month probated suspension of the ECA certification through March 2006. EMS Rules 157.36(b)(1); (2); (3); (4); (7); (13); (21); (26); and (28).

Ferguson, Daniel, Gilmer, TX. 36-month probated suspension of the EMT-P certification through September 2006. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Fleener, James, Galveston, TX. 12 month probated suspension of EMS certification through March 24, 2005, for 1 felony deferred adjudication probation and 1 felony conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Finnegan Kimberly, Pointblank, TX. 12 mo. probated suspension of the EMT certification through October 2004. EMS Rules 157.36(b)(1), (2), (15), (18) and (28).

Florence, Gertrude, Leaky, TX. Suspension of EMT certification thru September 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) and (28).

Floyd, Duke, Mart, TX. 12 month probated suspension of the EMT-I certification through September 2004. EMS Rules 157.36(b)(1), (2), (4), (10), (26), (28)

Disciplinary Actions

and (29).

Ford, Jerald, Hillsboro, TX. 24 month probated suspension of EMS certification through June 30, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Foster, Chad, Shreveport, LA. 12 month probated suspension of EMS certification through November 5, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Galvan, Martin, Jr., Rio Grande, TX. 48 months probated suspension of ECA certification through October 12, 2004. EMS Rules 157.37(c)(2)(3)(G).

Garner, John, Burleson, TX. 12 month suspension followed by 36 month probated suspension of EMS certification through June 3, 2007 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Gates, Bobby, Conroe, TX. Decertification of the EMT certification effective January 29, 2004. EMS Rules 157.36(b)(1), (2), (14), (19), (26), (28) and (29).

Gengo, Rodney, Montgomery, TX. 12 month probated suspension of EMS certification through March 1, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Gilbert, Kerry, Harlingen, TX. 24 month probated suspension of EMS certification through August 18, 2005, felony deferred adjudication probation/misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Gonzalez, Donna, Princeton, TX. 48 months probated suspension of EMT-P license through July 2007. EMS Rules 157.36(b)(1), (2), (26), (27) and (28).

Grabs, Teresa, Valley Mills, TX. 108 months probated suspension of LP through September 26, 2010. EMS Rules 157.37(c)(2)(3)(G).

Grace, Jonathan, Madisonville, TX. 12 month probated suspension of EMS certification through September 9, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Grant, Jason, Amarillo, TX. 24 month probated suspension of EMS certification through December 31, 2005 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Gray, Javiya, Houston, TX. 60 month probated suspension of EMT certifica-

tion through December 17, 2007, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).

Groves, Brent, Lake Dallas, TX. 48 month probated suspension of EMS certification through May 5, 2007 for a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b), and/or (c).

Guerra, Mario, Del Rio, TX. 12 month probated suspension of EMS certification through November 21, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Hamilton, Randy, Texas City, TX. 12 month probated suspension of EMS certification through September 02, 2004 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Hamlyn, William, Houston, TX. 12 month probated suspension of EMS certification through March 9, 2005, for 1 felony deferred adjudication probation. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Hargrove, Shawn, LaPorte, TX. 12 months probated suspension of the EMT-P certification through November 2004. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Harris, Darrell, Houston, TX. Probated suspension of the EMT certification through July 2006. EMS Rules 25 TAC 157.36(b)(1); 157.36(b)(2); 157.36(b)(18); 157.36(b)(21); 157.36(b)(28).

Hartley, Sherman, Bay City, TX. 56 months probated suspension of EMT certification through July 5, 2006. EMS Rules 157.37(c)(2)(3)(G).

Heaton, David, Austin, TX. 12 month probated suspension of EMS certification through March 24, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Herrera, Leon, Abilene, TX. 24 months probated suspension of EMT certification through October 15, 2004, misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or (c).

Hiltbrunner, Lois, Shamrock, TX. 48 month probated suspension of EMS certification through September 30, 2007 for a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Holt, John, Talco, TX. 24 month pro-

bated suspension of EMS certification through April 29, 2005 for serving 2 misdemeanor deferred adjudication probation, a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Horton, Lindsey, The Woodlands, TX. 12 month probated suspension of EMS certification through March 9, 2005, for 2 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Hunt, Gailyn, Lipan, TX. 60 day suspension of the EMT certification, followed by 22 month probated suspension through February 2006. EMS Rules 157.36(b)(1), (2), (14), (19), (26), (27), (28) and (29).

Jackson, Michael, Houston, TX. 48 months probated suspension of EMT certification through March 7, 2006, a felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Johnson, Lee Ann, Fort Worth, TX. 24 month probated suspension of EMS certification through March 9, 2006, for 2 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Jones, Andrew, College Station, TX. Written reprimand against the EMT-P certification effective July 29, 2004. EMS Rules 25 TAC 157.36(b)(1); 157.36(b)(2); 157.36(b)(4); 157.36(b)(5); 157.36(b)(7); 157.36(b)(26); 157.36(b)(28).

Jordan, Colby, Combine, TX. 48 month probated suspension of the EMT-P license through December 2005. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Julian, Robyn, League City, TX. 24 month probated suspension of EMT certification through November 21, 2004, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Klaevemann, Aaron, College Station, TX. Revocation of the EMT-P license effective January 29, 2004. EMS Rules 157.36(b)(1), (2), (3) and (28).

Korsmo, Howard, Temple, TX. Decertification of the EMT-P certification effective January 29, 2004. EMS Rules 157.36(b)(1), (2), (14), (19), (26), (27), (28) and (29).

Lawton, Ronald, Webster, TX. 24 months probated suspension of EMT certification through October 7, 2004,

misdemeanor and felony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Layton IV, Charles, Troy, TX. 24 month probated suspension of the EMT certification through September 2005. EMS Rules 157.36(b)(1), (2), (6), (7), (26), (28) and (29).

Lingo, Lynne, Bertram, TX. 12 month probated suspension of EMS certification through March 1, 2005, for 1 felony offense. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Lyon, Austin, Lubbock, TX. 12 month probated suspension of EMS certification through November 5, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

MacDonald, Daniel, Jacksboro, TX. 24 month probated suspension of EMS certification through September 02, 2005 for 2 misdemeanor convictions and 1 misdemeanor probation revocation. EMS Rules 157.37, 157.36(b) and/or, (c).

Martinez, Oscar, Lindale, TX. 48-month probated suspension of the EMT-P certification through September 2007. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Mart EMS, Mart, TX. \$4,000 administrative penalty probated for 12 months through September 2004. EMS Rules 157.16(d)(1), (14) and (19); 157.11(e)(1); 157.11(l)(1) and (13).

Mattick, Lyle, Boerne, TX. 12 month probated suspension of EMS certification through October 7, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Maurer, Garrison, Canyon Lake, TX. 48 months probated suspension of EMT certification through January 3, 2006. EMS Rules 157.37(c)(2)(3)(G).

May, Scott, Lewisville, TX. 24 month probated suspension of EMS certification through December 31, 2005 for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

McEntire, Jeremmy, Richardson, TX. 24 months probated suspension of the EMT certification thru November 2004. EMS Rules 157.36(g)(5).

McKinney, Jody, Albernathy, TX. 24 month probated suspension of EMS certification through July 11, 2005, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

McLeod, James, Burleson, TX. 43 months probated suspension of EMT certification through January 10, 2006, a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

McNeil, Katherine, Cleveland, TX. 12 months probated suspension of the EMT certification through April 2005. EMS Rules 157.36(b)(1), (2), (13), (26) and (28).

MedXpress EMS, Kingwood, TX. \$1,000 administrative penalty and a 12 month probated suspension of the EMS provider license through September 2004. EMS Rules 157.16(d)(1), (14), (19); 157.11(e)(1); 157.11(l)(1); 157.11(l)(13).

Mercury EMS, Corpus Christi, TX. \$41,800 administrative penalty against the EMS provider license of which \$37,102 is probated for a 12 month period through October 2004. EMS Rules 157.16(d)(1), (14), (17) and (19); 157.11(d)(1); 157.11(i)(1) and (3); 157.11(e)(1); 157.11(l)(1) and (13).

Mitchell, Zane, Alvarado, TX. 6 months actual suspension followed by 49 months probated suspension of EMT-P certification through September 8, 2006, a misdemeanor/felony or conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Moeller, Dawn, Moulton, TX. 12 month probated suspension of EMS certification through March 24, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Momentum EMS, Houston, Tx., \$3,000 administrative penalty against the EMS provider license effective October 22, 2003. EMS Rules 157.16(d)(1), (15), (17) and (19); 157.11(l) (13); and Texas Civil Statutes, Article 6701h, Article IV, entitled "Proof of Financial Responsibility for the Future", and more specifically, Sections 18, 19 and/or 21.

Moreno, Roger, Austin, TX. 24-month probated suspension of the EMT certification through September 2005. EMS Rules 157.37, 157.36(b) and/or, (c).

Norman, Steven, Azle, TX. 6 months probated suspension of the EMT certification thru January 2005. EMS Rules 157.36(b)(1), (2), (26) and (28).

Ochoa, Alfonso, Weslaco, TX. 24 month probated suspension of EMS certification through July 10, 2005, a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

O'Rourke, John, Houston, TX. 12 months probated suspension of the EMT-I certification thru November 2004. EMS Rules 157.36(b)(1), (2), (26), (28) and (29); 157.16(d)(17); 157.11(i)(1), (2), (4); 157.11(l)(9).

Parish, Monica, Austin, TX. Decertification of the EMT-P license effective October 22, 2003. EMS Rules 157.36(b)(1), (2), (6), (26), (27), (28) and (29).

Parker, Michael, Waco, TX. Suspension of EMT certification thru September 2005. EMS Rules 157.36(b)(1), (2), (10), (21), (28).

Paul, Jon, Rowlett, TX. 48 month probated suspension of EMS certification through September 2, 2007 for felony convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Phillips, Earl, Manchaca, TX. 36 months probated suspension of EMT certification through April 9, 2005, a felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Pierce, Randy, Austin, TX. 12 month probated suspension of EMS certification through November 6, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Pinedo, Marisela, Los Fresnos, NM. Probated suspension of EMT-I certification through June 1, 2006. EMS Rules 157.44, 157.51(b)(16) and (c).

Pippin, Brian, Lipan, TX. 48 months probated suspension of EMT certification through April 9, 2005. EMS Rules 157.37(c)(2)(3)(G).

Pratt, Michael, Fairfield, TX. 12 month probated suspension of EMS certification through November 21, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Pruitt, Mae Beth, Dayton, TX. 12 month probated suspension of the EMT certification through October 2004. EMS Rules 157.36(b)(1), (2), (6), (26) and (28).

Pruitt, Roy, Dayton, TX. 12 month probated suspension of the EMT certification through October 2004. EMS Rules 157.36(b)(1), (2), (6), (26) and (28).

Reed, Carroll, Houston, TX. 48-month probated suspension of EMS certification through August 22, 2007 for a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Reeves, Shane, Austin, TX. 12 month probated suspension of EMS certification through October 14, 2004 for a misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Reyes, Maria, Stafford, TX. 12 month probated suspension of EMS certification through March 24, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Rhodes, Linda, Wimberly, TX. 48 months probated suspension of ECA certification through June 24, 2006, a misdemeanor and felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Richardson, Charles, Brazoria, TX. 12 month probated suspension of EMS certification through December 31, 2004 for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Riggs, Casey, Grand Prairie, TX. 18 month probated suspension of EMS certification through May 5, 2005 for a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Riley, Stephen, Humble, TX. 47 months probated suspension of EMT certification through December 10, 2005. EMS Rules 157.37(c)(2)(3)(G).

Rodriguez, Ricardo, San Antonio, TX. 12 month probated suspension of EMS certification through January 28, 2005 for a misdemeanor conviction and a felony conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Roquemore, Joseph, Atlanta, TX. 48 months probated suspension of EMT certification through August 9, 2005. EMS Rules 157.37(c)(2)(3)(G).

Russell, James, Azle, TX. Decertification of the EMT certification effective March 5, 2004. EMS Rules 157.36(b)(1); (2); (6); (26); (28); and (29).

Salinas, Rene, McAllen, TX. 51 months probated suspension of EMT certification through April 25, 2006, for a felony conviction. EMS Rules 157.37; 157.36(b), (c).

Seibert, Eric, Houston, TX. 24 months probated suspension of the EMT-P certification through September 2004. EMS Rules 157.36(b)(1), (2), (6), (9), (26) and (28).

Slagle, William, Humble, TX. Probated

suspension of EMT-P certification through May 2005. EMS Rules 157.36(b)(1); (2); (7); (9); (26); (28); and (29).

Smith, Genevia, Meridian, TX. Decertification of the EMT certification effective October 22, 2003. EMS Rules 157.36(b)(1), (2), (21) and (28).

Smith, Lloyd, Houston, TX. 24 months probated suspension of EMT certification through March 20, 2005. 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Smith Jr, Roosevelt, Houston, TX. 48 months probated suspension of EMT certification through November 5, 2005. EMS Rules 157.37(c)(2)(3)(G).

Spears, Robert, Mineral Wells, TX. Letter of Reprimand against the EMT-P license effective December 31, 2003. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Stevenson, Doug, Katy, TX. 24 month probated suspension of EMS Coordinator certification thru July 2005. EMS Rules 157.43(m)(3)(b); 157.43(m)(3)(E) and 157.43(m)(3)(F).

Street, Marion, Hubbard, TX. 12 month probated suspension of the EMT-P certification through January 31, 2005. EMS Rules 157.36(b)(11).

Sullivent, Doyle, Rosanky, TX. 24 month probated suspension of EMS certification through June 27, 2005 for serving a felony deferred adjudication probation and for two (2) convictions. Mr. Doyle also has a felony conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Swinford, Richard, Plantersville, TX. 24 months probated suspension of EMT certification through April 29, 2005, 2 felony deferred adjudication probations. EMS Rules 157.37, 157.36(b), and/or (c).

Terbeek, Matthew, Roanoke, TX. 12 month probated suspension of EMS certification through October 29, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Thomas, David, Snyder, TX. 24 month probated suspension of EMT certification through November 21, 2004, felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Thornton, Odis C., College Station, TX. 48 months probated suspension of EMT certification through June 18, 2005. EMS Rules 157.37(c)(2)(3)(G).

Turner, Lee, Fort Worth, TX. 6

months probated suspension of the EMT-P certification thru January 2005. EMS Rules 157.36(b)(1), (2), (26) and (28).

Ultimate EMS Ambulance, Houston, TX. \$6,000 administrative penalty against the EMS provider license effective March 5, 2004. EMS Rules 157.16(d)(1); (10); (19); and 157.11(l)(13).

Van Meter, Ronald, S., Midland, TX. 36 months probated suspension of EMT certification through December 17, 2004. EMS Rules 157.37(c)(2)(3)(G).

Walker, Mark, League City, TX. 24 month probated suspension of EMS certification through January 27, 2006 for 4 misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Warren, Andrew, Floresville, TX. 36 months suspension (first 18 months actual suspension, second 18 months probated suspension) of EMT-I certification through December 2004. EMS Rules 157.51(b)(25).

Wells, Joseph, Weatherford, TX. 12 month probated suspension of the EMT certification through February 2005. EMS Rules 157.36(b)(1), (2), (26), (27) and (28); 157.11(d)(1); and 157.11(i)(1).

Westlake Community VFD/EMS, Dayton, TX. 24 month probated suspension of EMS provider license through December 2004. EMS Rules 157.16(d)(1), (4), (6), (14) and (19), 157.11(e)(3) and 157.11(l)(13).

Whitehurst, Ashley, Albay, TX. 1 month suspension through January 31, 2004 followed by a 24 month probated suspension through December 2005 of the EMT certification. EMS Rules 157.36(b)(1), (2), (3), (6), (9), (26) and (28).

Wulf, Dawn, Flatonia, TX. 24 mo. suspension of the EMT certification through September 2004. EMS Rules 157.36(b)(1), (2), (3), (4), (7), (13), (26) and (28).

Zachary, Jessy, Humble, TX. Decertification of the EMT certification effective September 23, 2003. Chapter 53 of the Texas Occupations Code, Section 53.021, based upon felony conviction and imprisonment for the felony offense of Criminal Mischief and misdemeanor Assault Causing Bodily Injury.

Zais, John, Mineral Wells, TX. 36 months probated suspension of EMT certification through November 7, 2004. EMS Rules 157.37(c)(2)(3)(G).

Meetings & Notices

Calendar

September 11, 2004. **Legacy of Heroes Event.** Honoring heroes and raising money for safety equipment. All public safety departments are welcome to join the festivities. Nominate your local hero for the calendar contest. Go to www.911heroes.org and register online today. 817/454-8597.

September 17-18, 2004. **Texas EMS Medical Directors Seminar.** A forum for EMS physicians, administrators, providers. Contact Nancy Davis at 512/306-0605, tcep@aol.com, www.texacep.org.

September 29-October 2, 2004. **First Responders "Explosions and Mass Trauma" Conference.** Albuquerque, NM. Registration fee \$150, scholarships are available. For information contact Gilbert Baca, Jr., Homeland Security Specialist 505/844-5964, page 800/306-0532, gbcaca@sandia.gov; for Events Sponsorships, Vendors or Displays, contact

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 4-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, 1100 West 49th Street, Austin, TX 78756-3199. Call 512/834-6700 if you have a question about the meetings and notices section.

Dr. Laura Banks, 505/272-6240, Lbanks@salud.unm.edu.

October 7-10, 2004. **27th Annual Technical Rescue Competition. Garner State Park, Concan, Texas.** Wilderness rope competition. For more information go to www.texasrescue.net or call Greg Higgins at 817/236-6806.

October 16, 2004. **4th Annual Hobert Trauma Symposium.** Dallas, TX. Sponsored by Methodist Hospital. Featuring Dr. Norman McSwain, focusing on emerging technology in trauma care. For information contact (214) 947-8444 or www.methodisthealthsystem.org.

December 11, 2004. **12 Lead ECG Interpretation Workshop.** Iraan Civic Center, Iraan, TX. Hosted by Iraan FD, presented by Bob Page Registration fee \$100 includes a meal. For information contact 432/639-2952, iraanfd1@frontierwireless.net.

December 13-17, 2004. **14th Texas HIV/STD Conference.** Prevention, intervention, clinical service providers for HIV/AIDS/STD and other interested parties. Renaissance Austin Hotel. CE for CME, CNE/SW, CHES, LPC, CADAC. \$125-early; \$175-late. Contact TDH Bureau of HIV and STD Prevention, 512/490-2500, www.tdh.state.tx.us/hivstd/conf/2004.

Jobs

Firefighter/Paramedic: Corpus Christi FD is accepting applications 9/27/04 thru 10/29/04. For information contact Dolores Caudillo, 361/880-3332, City of Corpus Christi, 1201 Leopard St., Corpus Christi, TX 78401. +

EMTs/EMT-I/Paramedics: Medical stand-by service hiring for part-time work at recreational sports and musical events in San Antonio, Austin. \$8-\$10/hr. Call 512/233-4929 or e-mail resume to firstmedicalresponse@austin.rr.com. +

Full-Time/Part-Time/PRN Paramedics: Harris County ESD-1, covering north Houston and Harris County, is accepting applications. Competitive

salary and benefits. Send resume to jobs@hcesd-1.org, or fill out application in person or on-line www.hcesd-1.org. Resumes, applications faxed to 281/227-3335 attn: Human Services. For more info call 281/449-3131. +

Paramedics: Full time positions available. Competitive pay and benefits. Fax resume to Medicare Medical Service 972/554-9302, call Patrick at 972-554-9300. +

EMTs: Care First EMS, a BLS ambulance service, is now hiring. For more information contact Zuleika at 214/943-9526. +

EMS Faculty: Five full-time faculty positions for fall 2004 semester. Will teach all levels, primarily toward large urban fire-based EMS system members. Associate's degree required; Bachelor's or Masters degree preferred. Minimum 3 years field exp with busy EMS system. Must be Texas certified or licensed paramedic and instructor or eligible within 6 months. Contact Dr. George Hatch, Houston Community College System, 713/718-7692; 713/718-8565, george.hatch@hccs.edu, www.hccs.edu, job@hccs.edu. *

Office Manager/Billing Manager: North Texas private ambulance service is seeking applicants. Must have exp in ambulance billing, ARs, APs; good organizational skills. Fax resume with salary requirements to 972/219-2486. *

EMS Trainer: The City of Carrollton is currently accepting applications for an EMS Trainer who will develop curriculum, schedule and teach CE. For more information contact The City of Carrollton Human Resources PO Box 110535, Carrollton, TX 75011. (972) 466-3090.

For Sale

1997 Frazer ambulance: Equipped ambulance on Ford diesel chassis. Contains majority of the equipment and a Stryker stretcher. Available immediately. Contact Jimmie Del Bello 281/489-8163(H) or 281/567-0762(P). *

Meetings & Notices

Preowned Ambulances: All types Contact Bobby Joe Spearman. 800/468-1310 or bjsmvs@aol.com. *

Miscellaneous

CPR manikins, new and used: CPR supplies, airways, manikin face shields, face pieces, parts. Manikin maintenance cleaning and repairs. Rental manikins available. Contact Ron Zaring, Manikin Repair Center, Houston, 281/484-8382, fax 281/922-4429. *

TEEX Emergency Services Training Institute: Applications now being accepted for the TxDOT EMS Education Grant. FY05 grant year is scheduled to begin October 1, 2004 and will end September 30, 2005. Contact kelli.isaacks@teemail.tamu.edu or download application at www.teex.com/esti. +

AR Management & Solutions: Specialized in EMS billing and collections for municipal and private EMS. Servicing EMS portfolios for some of the largest providers in the state of Texas. Please contact 866/313-6739 or 972/650-0953 for details. +

Bachelor's degree: St. Edwards University, Austin. Degree in public safety mgmt designed for working adult students. Credits for prior learning through portfolio. Some courses offered online. www.stedwards.edu/newc/pacepsm.htm or call 512/428-1050. *

The Rescue Life Net: Secures both driver and passenger side air bags in less than a minute. Contact 800/395-8653 or 800/572-0689. bjsmvs@aol.com. *

Health Claims Plus: EMS & Fire dept billing and free run report software available Excellent rates and services! Electronic billing, weekly and monthly reports and educational workshops. Contacts 888/483-9893 or visit www.healthclaimsplus.com. *

EMCERT.com: Offers online CE courses, approved by TDH and CECBEMS for EMS/fire professionals. Cost effective subscription pricing for individuals or groups. Visit online for

free 1-hour CE or call toll-free 877/367-4376 for more information. *

Join EMSAT today! Emergency Medical Services Association of Texas. To join, contact Lynda Murski at lyndamurski@yahoo.com. *

CE Solutions EMS CE: Accepted in more than 40 states. Go to www.ems-ce.com for 2 free CE hours today or call toll free 1/888/447-1993. *

Texas Emergency Educators: Online fire training certification TCFP fire officer 1 and 2. Visit us at www.texasemergencyeducators.com for more information. Courses offered several times a year. *

CK Medical Group: Distribution company, AEDs for EMS, fire, police and public access, also provide medical direction, oversight AED automation and AHA certified CPR/AED training. Contact PO Box 6698, Houston, TX 77265, 713/667-1934. dc@ckmedicalgroup.com *

Providers Billing Service: Electronic claims submission and collections experience for ambulance services. All over Texas. Call 800/881-9810. *

You Need Me: Eight years experience in data entry of claims. Set up an appointment to see how I can help you. Safe and Save Medical Billing Services, call 817/472-7421, fax 800/783-4567, njs@msn.com. *

Paramedic and EMT Blankets: Dimensions 70" x 40" 100 percent cotton made in the USA. Great Christmas gifts. Now taking orders call Rudy 940/723-2769 or 940/224-1369. *

Safe Drug Storage: Worried about drug deterioration due to temperature issues? Temperature data Logging Keys is an innovative answer. Toll free 1-888-272-9838 or visit www.engel-usa.com. +

Expert Billing: Specializing in EMS billing. Medicare, Medicaid and other insurances billed electronic by experienced billing representatives. Contact 713/635-6756 or fax 713/631-1404. *

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

Pharmacy Technician Program: For more information contact Marilyn Goodnight, Alvin Community College, 281/756-3807. *

Interested in earning your bachelor's degree? UT Health Science Center at San Antonio. BS-completion degree in Emergency Health Sciences, designed for paramedics. Some courses are offered on-line. www.uthscsa.edu/emt or call 210/567-77880. +

Express Billing Inc: Electronic billing including Medicare, Medicaid, insurance and private pay. Custom reports, consultation for EMS office and field employees. Contact 877/521-6111, 713/484-5700 or fax 713/484-5777. www.expressbilling.apg.com.

+ This listing is new to this issue.

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

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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*, 1100 West 49th, Austin, TX 78756-3199. Ads will run in two issues and then be removed.

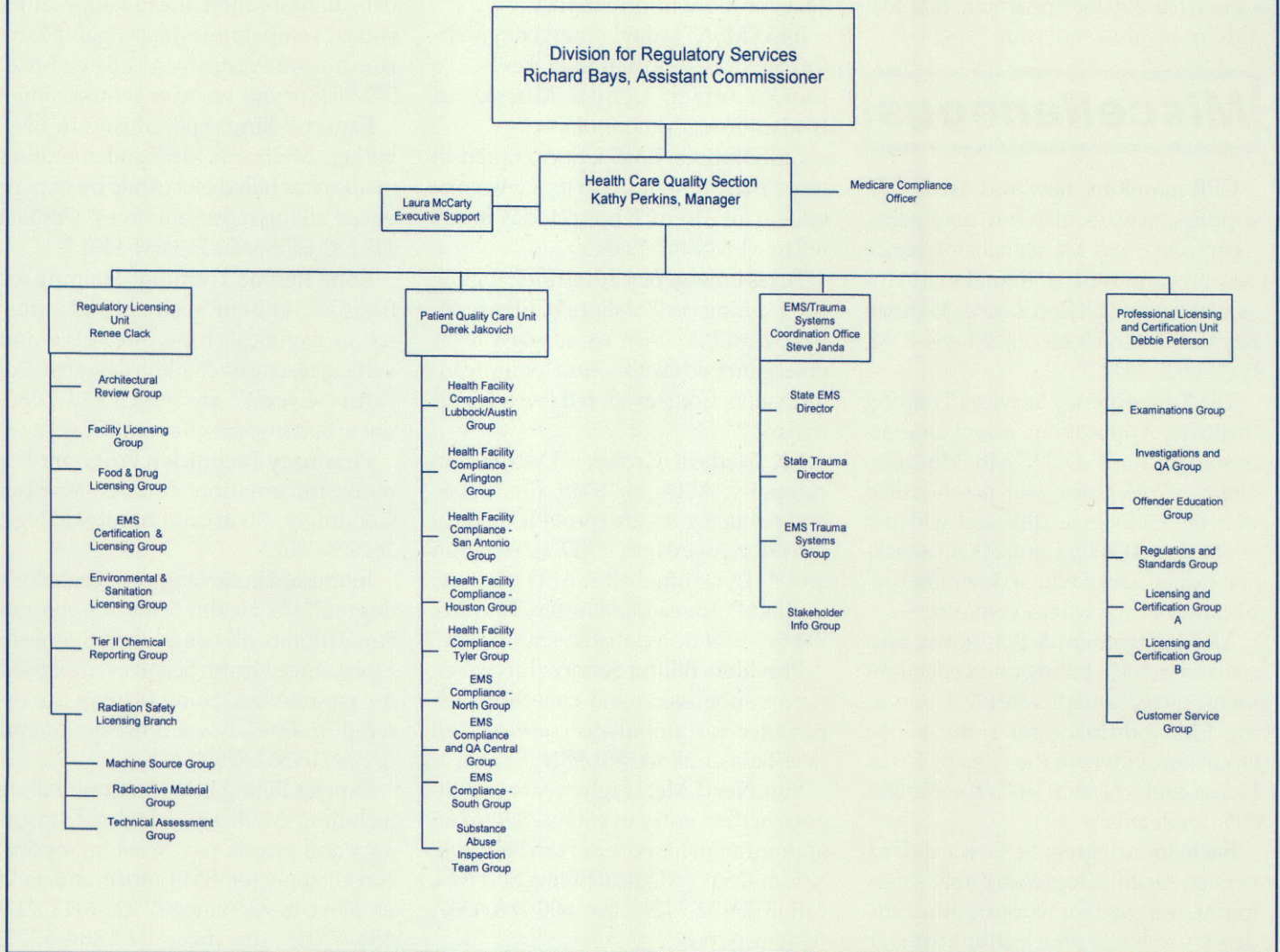
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Division for Regulatory Services - September 1, 2004



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