

Texas EMS

Serving Texas Emergency Care Professionals

Is there a baby
in your future?
Maybe. Page 12



Is this child safe?

Problems with safety seats

Page 30



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

_____ **"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)

_____ **(Updated) "EMS Questions and Answers About Citizen Participation" brochure.** Answers questions about how to call, what to do and how the community can help EMS. (EMS-008)

_____ **(Updated) "EMS—A System to Save a Life" brochure.** A 1970s title with a 1990s text, it has public health region office info and "For more information, call" box. Explains BLS and ALS. (EMS-012)

_____ **"Who Who" Coloring Book.** Not available at this time due to budget constraints.

_____ **(Updated) "I'm an EMS Friend" sticker.** Ready Teddy in a 2-1/2 inch, 3-color sticker.

_____ Send information on borrowing the **Ready Teddy EMS Mascot suit**, available from Austin or the regional offices. Kids love him! And they learn to stay safe.

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ABOUT THE COVER: Austin EMS' Warren Hassinger prepares to buckle up his granddaughter Haley. Austin EMS, along with TDH's Safe Riders, sponsors child safety seat check-ups.



TEXAS DEPARTMENT OF HEALTH MISSION

*To protect and promote the health of
the people of this state.*

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*To facilitate statewide, regional, and
community systems that provide emergency
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Advisory council plans March meeting in Austin

The newly appointed advisory council had its first meeting on January 24 (see recap on page 17). It was very well attended—more than 150 people signed in and many spoke to the council about the proposed rules. The council's next meeting is scheduled for March 23 and 24. Check our web page and email lists for more information. Additionally, a stakeholder meeting regarding EMS education, recertification and continuing education is scheduled for 1 p.m. on March 8 in the Board Room at the Texas Department of Health's main complex (1100 W. 49th St., Austin). See our website for details.

The Texas Legislature's House Public Health Committee, chaired by Representative Patricia Gray, D-Galveston, has identified rural EMS as an issue it will be researching before the next session. The committee wants to know how current state laws and rules affect rural EMS providers. At the committee's first meeting on January 31, I gave a presentation about some of the problems facing rural EMS firms (see box).

The department has been requested to try to facilitate consensus on EMS issues that are brought for legislative action. We have asked the advisory council to help us with this challenge. But we need your help. It might be wise to see if we can work out issues through the advisory council, stakeholder meetings and constituency groups before the session

begins next January.

Texas is in a drought situation. My husband and I saw this first-hand on a recent trip to Ft. Stockton to attend a meeting of the Texas "J" RAC; empty river beds and bone dry foliage were the rule. Many cities are considering or have already instituted burn bans and mandatory water rationing. Wildfires are a major threat. We are looking toward our normal spring rains to alleviate some of the problems; however, if these don't happen, the situation could rapidly become critical. EMS can play a role in prevention. Please help spread the word to conserve water voluntarily, avoid tossing cigarettes on the ground and use extreme caution with open fire.

Hard to believe, but we are already deep into the planning of the 2000 Texas EMS Conference (see the ad on page 13 and award nomination form on page 37). We have reviewed all of the evaluations and have begun regular staff meetings to begin addressing all of the details that go into making our conference the biggest and best in the nation. We hope to see you there!



KATHY PERKINS, ACTING
BUREAU CHIEF
BUREAU OF EMERGENCY
MANAGEMENT

Issues facing rural EMS

Excerpts from a presentation to an interim legislative committee:

- Not officially classified as an essential service
- Underfunded
- Low reimbursement rates for medicaid, medicare and insurance
- Decreasing numbers of persons able and/or willing to volunteer
- Difficulty in accessing training
- Rural hospital closures
- Defining the appropriate minimum level of EMS that should be provided to residents and travelers
- The profession does not speak with "one voice"
- Public expectations vs. knowledge of EMS



Letters

To Texas EMS Magazine: Early the morning of June 5, 1998, an EMS agency in the Valley placed a call for assistance. The request was all too familiar, a crash involving a big semi-truck with the possibility of life-threatening injuries that required critical care and rapid air transport to the nearest trauma center.

That morning a crew of three was launched aboard a blue, silver and gold chopper bearing the tail number N911VA: the Valley AirCare Med-A-Vac chopper. The flight was to end in a terrible crash. We have mourned three heroes: pilot Tony Martinez; flight nurse/EMT-P Carlos De La Fuente; and flight paramedic Brenda Leinweber. Valley AirCare has mourned their loss as a family. But we know that the families of the three really bear the full impact of this tragedy. We're still thinking about you so very much.

Your loved ones were daring and brave and they had that special grace, that special spirit that says

give me a challenge and I'll meet it with joy. They had a hunger to provide critical care to the sick and injured, to explore the universe and discover its truths. They wished to serve, and they did. They served us all.

We've grown used to the idea of critical care and rapid transport, and perhaps we forget that we've only just begun; we're still pioneers. The crew of Valley AirCare were pioneers. Perhaps we have forgotten the courage it takes for these crews to fly.

The crew of Valley AirCare honored us through the manner in which they lived their lives. I'll never forget when I dispatched the call, nor the last time I saw them that morning as they prepared for the journey, waved good-bye and slipped from our grasp to touch the face of God.

*Rick Garcia EMT-I
La Feria*



Hall of Honor

The Texas EMS Hall of Honor memorial honors emergency medical services personnel who lost their lives in service to the people of Texas. A plaque permanently hangs at the Texas Department of Health in Austin to honor these individuals and the ultimate sacrifice that they made for public safety.

Five people were inducted into the Texas EMS Hall of Honor at the Texas EMS Conference in November:

Steve Tippens, EMT, December 9, 1998, Etoile Volunteer Fire Department, motor vehicle crash.

Charles "Mac" Atteberry, Licensed Paramedic, July 17, 1999, Hermann Hospital Life Flight, helicopter crash.

Lynn Ethridge, Nurse/EMT-Paramedic, July 17, 1999, Hermann Hospital Life Flight, helicopter crash.

John Pittman, Pilot, July 17, 1999, Hermann Hospital Life Flight, helicopter crash.

William M. Bethune, EMT/Firefighter, October 5, 1999, Texas City Fire Department, fire truck crash.

The Bureau of Emergency Management mourns the passing of these EMS friends

Maxine Black, 55, of Austin, passed away February 5, 2000, of complications from cancer. An EMT instructor for Austin Community College for 15 years, Maxine taught thousands of Central Texas EMT students.

Brian Scott Chase, 23, of Keller, passed away January 15, 2000, due to injuries sustained during a motor vehicle collision.

A paramedic with MedStar in Fort Worth, Chase had been certified in EMS for almost six years.

Pam Eaker, 37, of Lockhart, passed away December 13, 1999, due to injuries sustained during a motor vehicle collision. An ECA for almost three years, Eaker volunteered as a corporate first responder for the Texas Rehabilitation Commission in Austin.

Chester Ray "Chip" Pierce, Jr., 27, of Corpus Christi, passed away January 1, 2000, when the ambulance in which he was traveling was involved in a collision with a 18-wheel vehicle. The ambulance was returning from a non-emergency transfer. A paramedic with Medic One Ambulance Co., Pierce had been certified in EMS for two years.

Another Ghost

By Carol F. Mason, LP

Somewhere in my mind is an unwritten rule that says I'm not supposed to care. Somewhere I decided that I should be able to shrug off calls without a second thought. I always end up feeling flawed because I cannot honor this rule. I find that I do care and I spend a lot of time looking back, reviewing and thinking about my calls. One call last year brought this feeling back.

Another evening page: I'd rather have stayed at home and watched TV with the kids, but the call was only a few houses away. I made myself go. As I neared the house I saw that the door was wide open. I yelled out, "Hello, did you call EMS?" A frantic voice begged me to come in. The air suddenly felt tight, and the hair on my neck stood on end. "Which way?" I asked. A pale finger jabbed the air. "Down the hall, to the left," a breathless voice replied.

I found the father on his knees with his son in his arms. His eyes told it all, full of anguish and despair. Instinctively, I understood this man's horror. A twist of the light and my imagination imposed the images of my own children's faces on his son. I felt the old fear of inadequacy roll in my stomach. I started to work with a calm I did not feel.

"What happened?" I asked the father. "Asthma," he replied, "but never like this."

Vomit was carefully wiped from the child's face, O₂ and bagging began while compressions were coached to the father. An eerie quiet settled in the room, as we worked side by side, each silently praying for the child to come back alive.

Another responder arrived. The

defibrillator was attached, but no shock was advised. My eyes locked momentarily with the other responder. We both knew that it didn't look good, but we kept on working. Maybe this one would prove to be an exception to the rule. We continued bagging and CPR.

ALS arrived, bringing ET, IV and drugs. Many more hands and voices, many more ideas and suggestions, each one considered or maybe given a try. I wanted him to live, to walk away from all this. But fate was deaf to our silent pleas. In the echo of the hallway we could hear the supervisor preparing the family for the termination of the code. "No, no, he's too young," the family moaned in disbelief.

A pulse, a heartbeat—dare we hope? Jubilation! Yes, a flicker of life remained. The child was packaged and transported. We collected our equipment and cleaned up the trash. We enjoyed a brief moment of elation, a feeling of success. After a few stressful laughs, we said goodbye and headed back to our homes.

A few days later elation turned to sadness and grief. All hopes of a save vanished with the words "brain dead." I was amazed at the shock I felt when I heard those words, even though I knew the prognosis had been poor to none.

Are others able to go on without giving these calls another thought? The ghosts still haunt me. As I shove this new ghost into my mental closet with the ghosts from many other calls, once again I spend time asking myself those questions: What did I do that wasn't right? What could I have done better? Perhaps I could have gotten there sooner. What if...?

*I found the father on
his knees with his
son in his arms.*

*His eyes told it all,
full of anguish and
despair.*

*Instinctively, I
understood this
man's horror.*

Carol Mason volunteers as a licensed paramedic with Cypress Creek EMS.



AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

A&M program targets sleepy drivers

A new program launched at Texas A&M University is giving sleepy drivers a break on hotel rates when they stop for some rest. The Lupe Medina Hotel Program, named after a 22-year-old college student who died in a drowsy driving crash, allows any college student traveling more than 55 miles from home to take a discounted room at a participating hotel. Students must show a valid school identification card. So far, the Texas hotels taking part are Hampton Inns in College Station, Corpus Christi, Austin, Longview and Laredo; and Super 8 Motels in Navasota, Temple, New Braunfels, Amarillo and College Station. Discounts and restrictions vary, but most hotels offer \$20-\$30 off overnight stays for students arriving between the hours of 11 p.m. and 6 a.m. the peak drowsy-driving period. Each year, an estimated 1,500 people are killed and another 71,000 are injured due to driver fatigue. However, most sleep experts think that sleep-related crashes are under-reported. Ten students died at Texas A&M last year in crashes suspected of involving sleepy drivers.

Glad you're not on these calls?

The Darwin Awards are awarded annually and posthumously to those individuals who do, uh, unusual things that require calls to 9-1-1.

The award details are listed on a website at www.darwinawards.com.

Crash fatalities listed for all states

The National Highway Traffic Safety Administration (NHTSA) has a listing of crash fatalities in all fifty states, plus a bunch of cool fact sheets on different safety subjects. Go to www.nhtsa.gov/people/ncsa/fars.html.

Pediatric education course set for August

The American Academy of Pediatrics (AAP) will conduct a "train-the-trainer" rollout in San Antonio on August 19-20, 2000. While the cost of Pediatric Education for Prehospital Professionals training is approximately \$325 per person, the AAP will subsidize this course to bring registration down to \$175. This price includes the cost of student and instructor manuals.

This two-day course is being planned in conjunction with the Bureau and is intended to train a cadre of PEPP course coordinators for Texas. Health professionals interested in implementing PEPP in Texas communities are eligible. In order to ensure quality education, especially in the small group skill stations and scenarios during the PEPP course, the rollout will be limited to 50 attendees.



Only individuals who meet the course coordinator criteria will be eligible to participate. Additionally, this course is specifically for individuals who have taught courses in pediatric care in Texas and are committed to continue teaching in Texas. Individuals selected will be asked to help teach PEPP courses at Texas EMS Conference in November 2000. If you are interested in implementing PEPP courses in Texas, please complete and return a course coordinator application. (see below)

AAP will be accepting applications for positions in this course with special consideration given to the following:

- Commitment to pediatric care education in Texas
- Previous Pediatric Pre-hospital Provider Course (PPPC) instructors
- Number of previous PEP/PPPC courses taught in the past
- Clinical experience with children
- Educational background specific to pediatrics
- Geographic location to ensure good coverage of the state
- The number of individuals the applicant is responsible for educating
- Ability to teach ALS and BLS level courses
- Letters of support (optional)

PEPP Course Coordinator applications and additional information will be made available on the Bureau's web site: <http://www.tdh.state.tx.us/hcqs/ems/emsc.htm>. Or call Jessica Allison at 512/834-6700, ext. 2331, or email her at jessica.allison@tdh.state.tx.us.

As of January 2000, here is the breakdown of EMS firms and first responders in Texas:

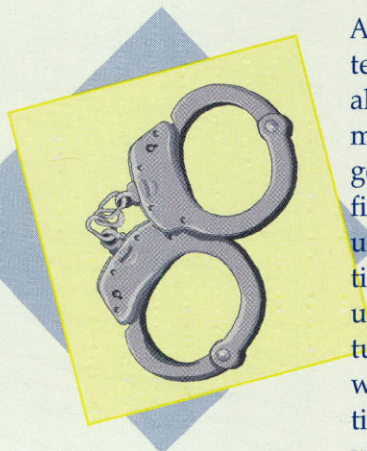
Licensed providers	
BLS	88
BLS with ALS Capability	75
BLS with MICU Capability	353
ALS with MICU Capability	31
MICU	166
Grand Total	713
Registered First Responder Organizations	
BLS	443
ALS	140
MICU	10
Grand Total	593

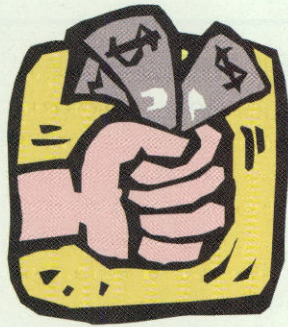
EMT arrested in anthrax scare

A Texas EMT was arrested in January for a December 1998 anthrax hoax. Steven Matthew Cutler, 27, was indicted for sending what was claimed to be a vial of "anthrax" to a main U.S. Postal Service processing center north of DFW International Airport. The vial was found later to contain plain water. Cutler, who has been emergency suspended by TDH, faces a maximum punishment of 30 years in jail and a \$1 million fine on the federal counts.

North Carolina teenager arrested for ambulance bomb

A Durham, North Carolina, teenager is in trouble for allegedly placing a home-made bomb under an emergency vehicle. As firefighters were cleaning up after a fire call, they noticed a suspicious package under an ambulance. It turned out to be a potential weapon of mass destruction. The teen is under juvenile detention.





Local projects applications available in March

It's time to start thinking about Local Projects again. The Request for Proposal (RFP) should be published in a March issue of the *Texas Register* and available on-line by the middle of March. The deadline for submitting the application and proposal is expected to be the beginning of May. We will also mail-out copies to anyone who requests a grant packet. You can be added to this list by writing: Texas Department of Health, EMS Grants Program, 1100 W. 49th St., Austin, TX 78756-3199. You can also call (512) 834-6700 and contact Ed Loomis (2376) or Terri Vernon (2329). If you prefer email, the addresses are: ed.loomis@tdh.state.tx.us or terri.vernon@tdh.state.tx.us.

CE ANSWERS FOR JANUARY/FEBRUARY '00

- | | |
|------|-------|
| 1. B | 9. B |
| 2. A | 10. A |
| 3. D | 11. B |
| 4. B | 12. C |
| 5. A | 13. D |
| 6. C | 14. C |
| 7. D | 15. A |
| 8. C | |

Depression websites help kids

Depression is striking more kids than ever, according to some mental health experts. A few websites are offering information specifically for the problem:

American Academy of Child and Adolescent Psychiatry: www.aacap.org

American Academy of Pediatrics: www.aap.org (enter keyword, depression)

National Mental Health Association: www.nmha.org

National Alliance for the Mentally Ill: www.nami.org

Current DNR form can be modified

Still confused about what can be modified on the DNR form? Until the new rules are approved by the Board of Health later this year, a new form cannot be distributed. The following instructions provide suggested modifications to the existing Out-of-Hospital DNR Order to comply with legislative changes effective on September 1, 1999.

- Section C: Only one qualified family member's signature is required. On the second line print "No longer required per Chapter 166, Health and Safety Code effective September 1, 1999."
- Item 3 Witnesses: Only one witness must meet the qualifications listed on the reverse side of the form. The second witness may be any competent adult.
- Item 4 Physician's signature: An individual is no longer required to have a terminal condition. The physician may draw a single line through the phrase "I have diagnosed and certified in patient records that he/she is in a terminal condition," initial the change and make a note to the effect "no longer required per Chapter 166, Health and Safety code, September 1, 1999."
- Once the original order has been properly executed and signed in the appropriate places, a photocopy or other complete facsimile of the completed form may be used for any purpose for which the original written order may be used.

TEXAS DEPARTMENT OF HEALTH STANDARD OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER
Draft
 TDH

STOP DO NOT RESUSCITATE

This document becomes effective immediately on the date of execution. It remains in effect until the death of the patient on the document is verified.

DATE OF BIRTH _____ SEX _____ MALE / FEMALE (Circle one)

THIS DOCUMENT IS TO BE COMPLETED BY A PERSON ACTING ON BEHALF OF A PATIENT WHO IS INCAPABLE OR OTHERWISE UNABLE TO MAKE HIS OR HER OWN DECISIONS.

I, the undersigned, am a qualified person as defined in the Texas Health and Safety Code, Chapter 166, and I am acting under the authority of a valid DNR order as defined in the Texas Health and Safety Code, Chapter 166, and I am acting under the authority of a valid DNR order as defined in the Texas Health and Safety Code, Chapter 166.

I attest that the treatments listed above may not be initiated or continued on behalf of the patient.

DATE _____ TIME _____

Signature _____

Witness 1 Signature _____ Date _____

Witness 2 Signature _____ Date _____

Physician's Signature _____ License Number _____

Physician's name _____

Signature of Patient, Agent or Surrogate (A or B) _____

Signature of Witness _____ Date _____

Signature of Attending Physician _____

SHOULD TRANSPORT OCCUR, THIS DOCUMENT OR A COPY MUST ACCOMPANY THE PATIENT.

New staff added at Texas Tech

Texas Tech University Health Sciences Center EMS Program in Lubbock recently welcomed two new faculty members. Mary Makris will take the reins as program director on January 24. She was most recently with New Mexico State University/Donna Anna Community College EMS Department in Las Cruces where she had been associate professor since 1992. She holds a MPH in international public health/disaster management from the University of Hawaii and has more than 20 years of EMS experience as a paramedic. Jerry Findley came to Tech in December to assist with the TDH state EMS training contract. He holds a BS in health administration and has more than ten years experience as a paramedic and EMS instructor. Jerry has already developed an Emergency Medical Dispatcher Instructor certification exam for use by TDH. Makris can be contacted by email at emsmem@ttuhsc.edu; Findley is at emsjsf@ttuhsc.edu.

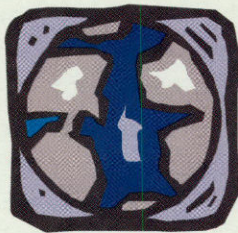
Texas and
National
EMS Week
May 14-20, 2000

Ambulance crash kills one, injures one

A paramedic was killed and an EMT was injured when an 18-wheeler turned in front of their ambulance outside Goliad on January 1. Chester Ray "Chip" Pierce Jr., 27, of Corpus Christi was pronounced dead at the scene. EMT Laura Maxwell, 37, of Robstown was taken to Citizen's Memorial Center. The driver of the tractor trailer was uninjured. Pierce and Maxwell were returning from a non-emergency transfer.

A memorial fund has been set up for Chip Pierce's family. Send contributions to: Chip Pierce Fund, Corpus Christi Bank and Trust, Attention Alan Wilson, PO Box 2989, Corpus Christi, Texas 78403.

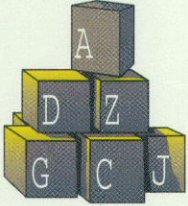
Paramedic group helps Hondurans



Paramedics for Children, a non-profit group that brings medical relief to Third World countries, is appealing for surplus ambulances and medical equipment. The all-volunteer group, based out of North Carolina, took the surplus supplies into Honduras after Hurricane Mitch and helped residents set up all-volunteer EMS organizations. On the most recent visit last fall, volunteer medics trained 86 new medics for the Honduran town of Copan Ruinas. Paramedics for Children also coordinates relief flights into Colombia and Jamaica. For information about the organization, volunteer opportunities or about donating supplies, go to www.paramedicsforchildren.com.

Firefighters start relief fund for colleague

A relief fund has been set up for an Austin EMT/firefighter severely burned in a flashover during an apartment fire in early January. Captain John Butz, 39, suffered second and third degree burns over more than 50 percent of his body. Two other firefighters suffered minor burns and smoke inhalation. Butz, who was taken to Brooke Army Medical Center burn unit, faces months of recovery. Money donated to the relief fund will help defray the cost of the family's lost work time and trips to San Antonio. Send donations to: John Butz Fund, c/o Austin Metropolitan Financial Credit Union, 610 E. 11th St., Austin, Texas 78701.



Is there a baby in your future? A new law says maybe.

A new law allows EMS personnel to take custody of a child under certain conditions. In the past, only law enforcement officers or juvenile probation officers could legally take possession of a child without a court order. HB 3423 adds licensed or certified EMS personnel to this list.

A new law allows EMS personnel to take custody of a child under certain conditions.

HB 3423 requires a provider licensed under Chapter 773, Health and Safety Code (Emergency Medical Services), to take possession of a child who is 30 days old or younger if the child is voluntarily delivered to the provider by the child's parent and the parent does not express an intent to return for the child. It also requires a provider to perform any act necessary to protect the physical health or safety of a child taken into possession by the provider. In effect, this means that EMS personnel can accept custody of the child and make any decisions relating to the child's health and welfare that the parent could. The provider is then required to notify the Department of Protective and Regulatory Services (DPRS) that the provider has taken possession of a child. This notification is to take place no later than the close of the first business day after taking possession of the child. The law requires DPRS to assume the care, control and custody of the child immediately upon receipt of the notice.

Obviously this is quite a responsibility and how quickly DPRS can take

custody may vary greatly in different parts of the state. It probably will require each provider to develop a policy for handling this situation. How would you contact DPRS? Where is the closest DPRS office located? If you are a small provider with limited back-up, how do you care for the child and meet your obligations to the community? Do you put yourself out of service until DPRS arrives? Do you have mutual aid agreements to cover your area? Some of these will not be easy questions to answer. I spoke with a DPRS representative and she made the following recommendations. First, immediately take the child to a medical facility for an examination. Second, consider contacting law enforcement personnel. DPRS will contact law enforcement if you don't, but the sooner they are notified, the sooner they can begin an investigation. Third, contact DPRS. Find out what the number is to the office that serves your area. If you cannot locate anyone, you can call 1-800-252-5400. This line is staffed 24 hours a day, seven days a week.

One thing to keep in mind is that the intent of this law is to save children's lives. It is an affirmative defense to prosecution for abandonment if the parent voluntarily delivers a child to personnel authorized to assume custody. Perhaps people who have an infant they no longer want or can cope with will be less likely to simply abandon the infant if they have some place to take the child without fear of prosecution. —Amos Hunter

Plan activities now for

Texas EMS Week, May 14-20, 2000, and Texas Trauma Awareness Month, May 2000

Have you started planning for National/Texas EMS Week, May 14-20? What about Trauma Awareness Month? Texas EMS Week honors those who work in EMS and Texas Trauma Awareness Month honors all who work as part of the Texas Trauma Network. These two events are perfect opportunities to tell people in your community about what you do and to bring the message of safety to your community. If you have questions or comments about EMS Week and Trauma Awareness Month, or simply want some help in planning some activities, call us at (512) 834-6700, ext. 2380.

The American College of Emergency Physicians is once again sending out planning packets for EMS Week. The theme of this year is "EMS—New Century, New Hope." We will mail out packets in April to every EMS provider and first responder group. Packets can also be ordered directly from ACEP by calling (800) 798-1822, then pressing 6 for publications when prompted by automated voice mail. Or you can check ACEP's web site at <http://www.acep.org/emswk/emswk.htm>.

We will add our own Texas EMS Week information to the packets we mail out, which will have press releases, radio spots, sample resolutions and ideas for EMS Week activities. The theme for Texas EMS Week is "Lights and Sirens mean Pull to the Right."

Looking for other places to find some educational materials? Check out the National Highway Traffic Safety Administration's Campaign Safe and Sober at <http://www.SafeandSober.org/>; the American Trauma Society's web site at <http://www.amtrauma.org/>; the National Safety Council's web site at <http://www.nsc.org/>; and NHTSA's web site at <http://www.nhtsa.dot.gov/>.

Ready Teddy coloring books and Ready Teddy stickers are now available. Please use the order form on page 2 of this issue to order coloring books and other materials you'll need for EMS Week activities. And remember, order by April 1 to ensure delivery!

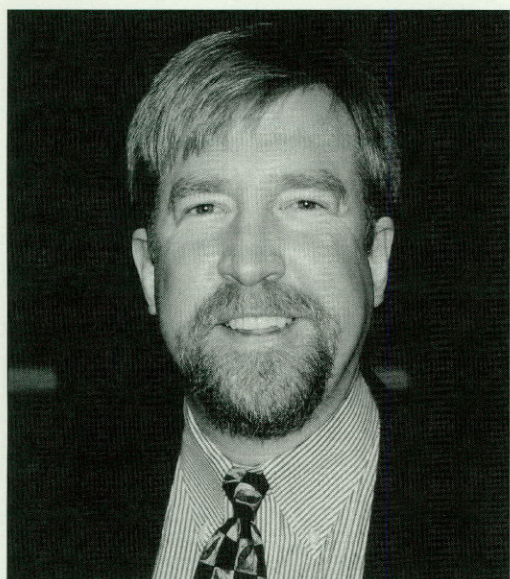
Ready Teddy coloring books and Ready Teddy stickers are now available. Please use the order form on page 2 of this issue to order coloring books and other materials you'll need for EMS Week activities. And remember, order by April 1 to ensure delivery!

Look for ideas throughout this issue on what you can do for EMS week!



Governor appoints new EMS and trauma council

In the last legislative session, a 15-member EMS advisory council was created by HB 2085 to advise and make recommendations to the Texas Board of Health on the rules and standards for emergency medical services.



Dr. Edward M. Racht, medical director of the City of Austin/Travis County EMS, is the chair for the EMS advisory council. He represents EMS medical directors on the council.

Governor George W. Bush announced the appointment of 13 members to the Council in January. Still vacant at press time were the urban trauma facility representative and the emergency physician representative. The committee met for the first time on January 24 in Austin. (See a recap of that meeting on page 17.) The next meeting is set for March 23 and 24 in Austin. Details about the meeting will be posted as soon as they are known

on the Bureau's web site: www.tdh.state.tx.us/hcqs/ems/emshome.htm.

Appointed to terms ending January 1, 2002:

Gary D. Cheek of Clyde is a lieutenant in the operations division of the Abilene Fire Department where he is responsible for the supervision of the crews at the station and for the day-to-day operations of the department. He is a member of the Texas Association of Fire Educators and the Texas and International Associations of Firefighters. In addition, he was chair of the Texas Emergency Health Care Advisory Committee and a member of a critical incident stress management team. Cheek,

who has been an emergency medical technician since 1984, earned an associate's degree in nursing from Hardin Simmons University. He will serve as representative of a fire department that provides emergency medical services.

Pattilou P. Dawkins of Canyon is president of Wolflin Mortgage Company in Amarillo. Her board memberships include the Amarillo Little Theatre, Opportunity Plan, Inc. and the Texas Court Appointed Special Advocate (CASA) Program. Dawkins, former chair of the Texas Department of Mental Health and Mental Retardation, is past president of the Texas Women's Alliance and a former member of the board of the Texas Tech University Medical School Foundation. A graduate of the University of Oklahoma, she will serve as a public member on the board.

Arlene N. Marshall of Port Lavaca is Calhoun County judge. She is a member of numerous boards, including Friends of Matagorda Island and the D.A.R.E. program. She also serves as a director of the Senior Citizens Foundation and the University of Houston Alumni. She is founder and past president of the Literacy Volunteers of Calhoun County and past director of the Port Lavaca/Calhoun County Chamber of Commerce. A graduate of the University of Houston, Marshall will serve as representative of a county provider of emergency medical services.

Appointed to terms ending January 1, 2004:

Rebecca Campuzano-Salcido of El Paso is director of human resource services at the University of Texas at El

Paso, a position she has held since 1997. Her professional memberships include the Society of Human Resource Managers, the College/University Personnel Association, the National Association of Female Executives and the University of Texas at El Paso Professional Women's Network. She was a part-time lecturer in the department of communications at the University of Texas at El Paso and is former executive director of the Court Appointed Special Advocate (CASA) Program of El Paso. Campuzano-Salcido earned a bachelor's degree from Austin College and a law degree from Texas Tech University School of Law. She will serve as a public member on the board.

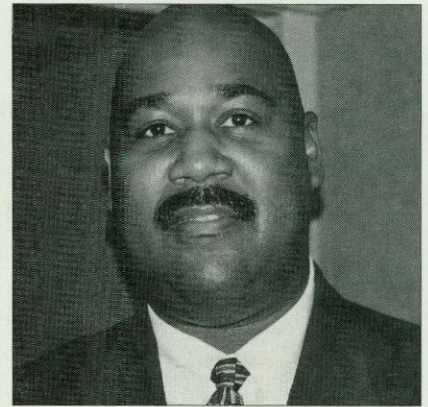
Raymond P. Holloway is chief of the City of Kerrville Fire Department, responsible for fire prevention activities and the EMS operations for Kerr County. In addition, he serves as the emergency management coordinator for the cities of Kerrville and Ingram, and for Kerr County. Holloway, a member of the EMS Advisory Board of Kerrville, also belongs to the International Association of Fire Chiefs, the National Executive Fire Officers Association, the Texas Fire Chiefs Association and the Emergency Management Association of Texas. He earned an associate's degree in applied science from San Antonio College. Holloway will fill the position on the board reserved for a fire chief for a municipality that provides emergency medical services.

Ferris E. (F.E.) Shaheen III of Levelland is owner and operator of the Levelland EMS Corporation and the Shaheen Corporation, primary providers of 9-1-1 services. He is a member of the Texas and American Ambulance Associations, the Texas Narcotics Officers Association and the Texas Reserve Peace Officers Association. In addition to serving as chair of the South Plains EMS Regional Advisory Council, he is a member of the boards of the American

Heart Association and the American Cancer Association. He also serves on the Hockley County Juvenile Justice Advisory Board. A graduate of Texas Tech University, Shaheen represents a private provider of emergency medical services.

Joan Elizabeth Shook of Bellaire is associate professor of pediatrics and head of the pediatric emergency medicine section in the department of pediatrics at the Baylor College of Medicine. She is also chief of emergency medicine services at Texas Children's Hospital. Shook is an adjunct professor of administrative science at Rice University and a member of the Ambulatory Pediatric Association, the American College of Emergency Physicians and the Houston Society for Emergency Medicine. She earned a bachelor's degree from Brown University, a medical degree from the University of Cincinnati and a master's degree from the University of Houston. She will fill the position on the board reserved for a trauma pediatrician.

John L. Simms of Brenham is president of Trinity Health Services, Inc., the local holding company that directs operations of Trinity Medical Center, the Trinity Care Center and the Trinity Foundation. In addition to serving as a member of the Texas Hospital Association and the Texas Organization of Rural and Community Hospitals, he is a trustee of the Texas Hospital Insurance Exchange. He is a former director of the Planning and Zoning Commission for the City of Brenham and past president of the Brenham Rotary Club and the Washington County division of the American Heart Association. Simms earned a bachelor's degree in biology and a master's in health care administration from Trinity University. He will serve as representative of a rural trauma hospital.



Maxie Bishop, Jr., training coordinator of emergency medical services at the Dallas Fire Department, represents EMS educators on the council.

EMS Week

Tip: Fun Run. Everybody loves a 5K or a 10K. Walking events bring all ages, and running events excite jogging enthusiasts.

Appointed to terms ending
January 1, 2006:

Edward MacLeod Racht of Austin is medical director of the City of Austin/Travis County Emergency Medical Services. In addition to serving as an EMS medical consultant to the Polaris Group in Atlanta, Georgia, Racht is medical director of the Texas Department of Public Safety SWAT Team, medical advisor to the Capital Area Planning Council 9-1-1 Emergency Medical Dispatch Program and medical director of the Travis County Sheriff's Office Tactical Medic Team. He also serves as the emergency medicine task force coordinator for the American International Health Alliance in Washington, D.C. and is currently a member of the State of Texas EMS Committee. Racht is president-elect of the board of directors of the Capital Area Division of the American Heart Association. He will represent EMS medical directors on the council.



Pattilou P. Dawkins is president of Wolfin Mortgage Company in Amarillo. She serves as a public member on the council.

Lance Douglas Gutierrez of Tyler is clinical manager of North Texas LifeStar, responsible for clinical operations and personnel management for the helicopter and fixed wing air emergency medical service program. A registered nurse and licensed paramedic, he is a member of the Emergency Nurses Association, the American Trauma Society, the National

Flight Nurses Association and the Undersea and Hyperbaric Medical Society. A graduate of the Trinity Valley Community College Health Science Center, Gutierrez was named to a position reserved for an air medical team member.

Maxie Bishop, Jr. of Grand Prairie is training coordinator of emergency medical services at the Dallas Fire Department where he supervises and

directs EMS training for all Dallas Fire Department staff. He is a member of the National Association of Emergency Medical Technicians, the Texas Association of Fire Educators, the National Fire Protection Association and the International Association of Firefighters. Bishop earned an associate's degree in nursing from Dallas County Community College and a bachelor's degree in business administration from the University of Alabama in Birmingham. He will represent EMS educators on the council.

Mario Segura of Roma is a registered nurse and director of nurses at Starr County Memorial Hospital. His professional memberships include the South Texas Trauma RAC, the Texas Trauma Coordinator's Forum, the American Trauma Society and the Texas Organization of Nurse Executives. In addition, he is president of the University of Texas Pan American Nursing Advisory Council and past president of the South Texas Organization of Nurse Executives. Segura earned a bachelor's degree from the University of Texas Pan American and a master's from the University of Texas Health Science Center in Houston. He will represent EMS trauma nurses on the council.

Peter D. Wolf of Windthorst is a paramedic and a supervisor at American Medical Response in Wichita Falls. He also serves as fire chief of the Windthorst Volunteer Fire Department. Wolf is a member of the Archer County Firefighters Association and the State Firemen's and Fire Marshall's Association and currently serves on the firefighters advisory committee of the Texas Commission on Fire Protection. Wolf, who attended Midwestern State University and Vernon Regional Junior College, is being named to a volunteer position on the council.

These appointments are not subject to Senate confirmation.

By Kathy Perkins

New advisory council holds first meeting

The new governor-appointed advisory council for EMS and trauma systems met January 24 in Austin. One of the first orders of business was to discuss how the council will run their meetings, including other officers and standing committees. They developed a proposal (see box) and would like input from you before they finalize their decision at the next meeting. The council members also discussed finding a name that would encompass the many aspects of EMS and trauma. This council advises the Board of Health on EMS provider licensing, EMS certification/licensing, trauma system development, designation, pediatric emergency health care and categorization. No decision was made and the council will be accepting ideas for its name at the next meeting on March 23 and 24 in Austin.

TDH staff reported on the status of the proposed EMS and Trauma System rules packet, including comments received to date. They told the council members that it was the Bureau's intent to recommend all of the rules to the Texas Board of Health except 157.32, 33, and 34 (relating to paramedic education, recertification testing, and continuing education) because of the controversy surrounding those rules. Dr. Racht opened the floor to public comment on each of the rules and many attendees spoke about their concerns. After a discussion, the council voted to recommend to the Board adoption of all of the rules except 157.32, 33, 34, and 41 (regarding Emergency Medical Dispatch). They asked Bureau staff to facilitate a stakeholders meeting on these issues to work to reach consensus.

TDH staff then discussed draft revised 157.25 regarding Out-of-Hospital Do-Not-Resuscitate orders. Changes to this rule, which include a process to assure the forms are more widely available, are a result of the past legislative session. TDH

staff plans to recommend proposal of this rule for public comment to the Texas Board of Health at their next meeting. After hearing public comment on this issue, the council voted to recommend the proposal to the Board with some minor changes.

The council set meeting dates for the remainder of the calendar year: March 23 and 24, July 13 and 14, and November 19 and 20 (during the EMS conference). See website for details.

Proposed "Rules" for the Governor-Appointed Advisory Council for EMS and Trauma Systems

Council Name None proposed. This will be decided at the next meeting; input is requested from constituents.

Conduct of Meetings All meetings will be conducted according to "Robert's Rules of Order."

A quorum is a simple majority of the appointed council members.

Committees There will be six standing committees, as follows:

- Pediatric Committee
- EMS Committee*
- Medical Director Committee*
- Trauma Systems Committee
- Education Committee
- Injury Prevention Committee

*Consideration is being given to combining these committees.

Ad hoc committees to address specific issues may be appointed at any time by the council chair.

Standing Committee Structure Each standing committee chair, who must be a member of the council, will be appointed by the council chair.

Standing committee members will be appointed by the committee chair with concurrence from the council chair and will consist of an odd number of members. Size will range from 7 - 11 members with two alternates. Up to two of the standing committee members should be council members.

It is recommended that each member of the council should serve on at least one standing committee.

Committee chairs will present reports from their meetings at each council meeting.

Additional Officers A vice chair may be chosen by the council chair from the standing committee chairs or elected from the council as a whole.**

**Dependent on the size of the executive committee

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
Bureau of Emergency
Management
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.

Blanco EMS participates in Safety Day

Blanco EMS participated in a Safety Day held at Blanco Elementary School last October. EMTs Wendy Jones, Roxanna Avants and Tom Avants taught almost 500 students how to recognize choking and how to perform the Heimlich maneuver. The students also toured the ambulance, handled the basic equipment used in an emergency and received coloring books, 9-1-1 magnets and stickers.

Smith County recognizes telecommunicators with 9-1-1 Day

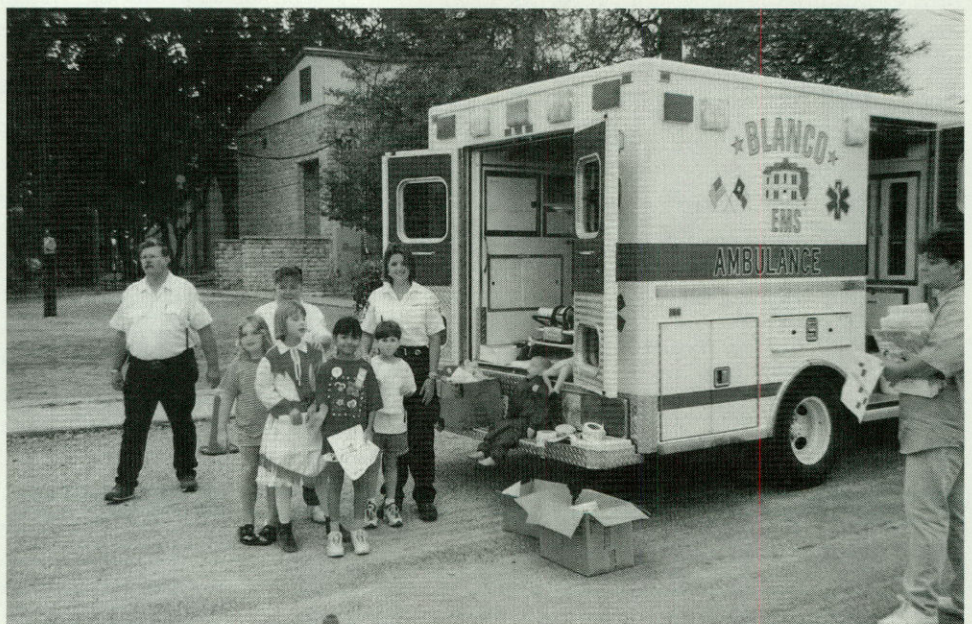
Agencies in Smith County (Tyler) honored their telecommunicators with a luncheon in October. Each telecommunicator was presented a gift, and each agency recog-

nized one telecommunicator with a special certificate honoring him or her for going above and beyond expected duties. Those receiving the special certificates were: Larry May, Tyler PD; Carol Tanner, Smith County Sheriff's Office; Tracye Hudson, Whitehouse PD; Rene Bunch, Lindale PD; Wesley Hicks, East Texas EMS; and Deana McCasland, Overton PD.

TTUHSC EMS program donates vehicle to SPEMS

Texas Tech University Health Sciences Center EMS Training Program donated a van-style RV to the South Plains EMS Rapid Response and Medical Support Team. The RV has been used jointly by both programs for training and emergency response. The SPEMS RRAMS Team is a volunteer, registered first responder group that pro-

A group of Blanco Elementary students pose for a picture during their ambulance tour. Blanco EMS participated in Blanco Elementary's Safety Day and taught the children about choking.



Local & Regional EMS News

vides response to 24 counties in the southern Panhandle and Permian Basin that make up Trauma Service Area B. Volunteers include EMTs, EMT-Is, EMT-Ps, doctors, nurses and other medical personnel. SPEMS RRAMS Team also provides first response to Texas Tech football games, Lubbock Cotton Kings hockey games and other special events within the region.

CCEMS sponsors DWI education for high school students

Cypress Creek EMS, Harris County Sheriff's Department and Ponderosa FD teamed up to teach teens at Westfield High School that drinking and driving can be a deadly combination on prom night. A staged three-car



Members of SPEMS RRAMS Team and Texas Tech University faculty pose in front of the vehicle that is used by the RRAMS Team for rapid response to disasters. The vehicle was donated to SPEMS by Texas Tech University Health Sciences Center EMS Training Program.

wreck with nine moulaged victims was placed in front of the school, with two individuals "dying" from their injuries and most of the victims needing medical attention. The high

school students watched as emergency response personnel treated the victims' injuries and some of the victims found out that their friends had not lived through the collision.

Shannon AirMed 1 celebrates five years of service

AirMed 1, based at San Angelo's Shannon Medical Center, recently celebrated more than five years of air medical service. AirMed 1 provides emergency air transport for a 300-mile area along the I-10 corridor. AirMed 1 provides outreach continuing education for area prehospital providers and hospital staff, assisting health care professionals acquire CE hours. AirMed 1 also conducts training in landing zone safety and patient preparation for air transport.



AirMed 1 personnel prepare to transport a patient. Based out of Shannon Medical Center in San Angelo, AirMed 1 is celebrating five years of providing air medical transport for those injured or ill within approximately 150 miles of San Angelo.

Local & Regional EMS News



From left, Representative Pete Gallego, D-Alpine, and City of Eagle Pass EMS' Roy De La Garza and Catherine Young, MD, hold a check from TDH for EMT training and CPR manikins. The Local Projects grant program gives money to EMS providers and first responders to increase EMS coverage and the quality of emergency medical services in local response areas.

Austin EMTs use medical skills to try to save injured dog

A story in the *Temple Daily Telegram* reports that two Austin EMTs were returning from a transport when they noticed a badly injured dog on I-35 outside of Temple. Andrew Karaffa and Bernice Wirries, who work for American Medical Response, rushed the dog to a nearby animal hospital in Temple, administering oxygen and stabilizing the animal. Unfortunately the animal still succumbed to its injuries, which included a hernia, a fractured pelvis and a spinal injury.

Presidio EMS educates community about benefits of exercise

In November, Presidio EMS collaborated with the TriCounty Diabetes Awareness Program in

a 3.5-mile community health walk called Caminando de Salud. The purpose of the walk was to emphasize the benefits of exercise and encourage the community to become more active. The walkers were all ages and included Ready

Teddy, aka Rebecca Wainright, EMT. A Presidio EMS ambulance followed the walkers in case someone was unable to finish the walk. A health fair was held at the EMS station following the walk.

Candice Lee, EMT, and Ready Teddy rest at the Presidio EMS station following the Caminando de Salud. The Caminando de Salud was a 3.5-mile walk to raise community awareness of the benefits of exercise.



Local & Regional EMS News



The ribbon-cutting ceremony for the newest Austin FD/EMS station drew Austin City Council members, Austin FD members, Austin EMS members and people from the surrounding community. The new station, housing both ambulances and fire trucks, will serve the North Austin area.

Austin FD, Austin EMS open new station

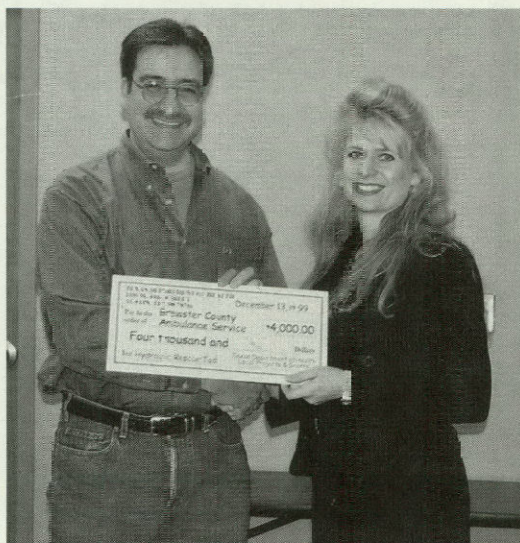
Austin FD and Austin EMS celebrated the opening of a new fire/EMS station in December. The station houses fire trucks and ambulances, and station personnel provide fire suppression and EMS services to North Austin. Present at the opening ceremonies were Dr. Ed Racht, medical director of Austin/Travis County EMS; several members of the Austin City Council; and members of the community.

EMS providers receive grants, visits from state officials

Representative Pete Gallego, D-Alpine, and TDH personnel traveled to West Texas to

present Local Projects grant funds to several EMS providers. The Local Projects grant program provides funds to EMS providers and registered first responders to help increase the level and the quality of EMS care throughout Texas. The provid-

ers had been notified about receiving the grants and were in the process of completing their approved purchases. The official presentation gave them an opportunity to be recognized within their communities for their services.



Representative Pete Gallego and Brewster County Ambulance Service's Shirley Williams hold a check from TDH for rescue tools.

Local & Regional EMS News

Texas Department of Health EMS Offices

**Bureau of
Emergency Management**
<http://www.tdh.state.tx.us/hcqs/ems/regions.htm>
 1100 West 49th Street
 Austin, Texas 78756-3199
 (512) 834-6700

Public Health Region 1
<http://www.r01.tdh.state.tx.us/ems/emshome.htm>

Terry Bavousett
 P.O. Box 60968, WTAMU Station
 Canyon, Texas 79016
 (806) 655-7151

Denny Martin
 1109 Kemper
 Lubbock, Texas 79403
 (806) 744-3577

Public Health Regions 2 & 3
<http://www.tdh.state.tx.us/hcqs/ems/r2&3home.htm>

Jimmy Dunn
 1351 East Bardin Road
 P. O. Box 181869
 Arlington, Texas 76096-1869
 (817) 264-4404

Jerry Bradshaw
 4309 Jacksboro Hwy, Suite 101
 Wichita Falls, Texas 76302
 (940) 767-8593

Andrew Cargile
 1290 S. Willis, Suite 100
 Abilene, Texas 79605
 (915) 690-4410

Public Health Regions 4 & 5
<http://www.tdh.state.tx.us/hcqs/ems/r4&5home.htm>

Brett Hart
 1517 W. Front Street
 Tyler, Texas 75702-7854
 (903) 533-5370

Public Health Region 6
<http://www.r06.tdh.state.tx.us/ems/r6home.htm>

C. Wayne Morris
 5425 Polk Street, Suite J
 Houston, Texas 77023
 (713) 767-3333

Public Health Region 7
<http://www.r07.tdh.state.tx.us/ems/ems.htm>

Rod Dennison
 2408 S. 37th St.
 Temple, Texas 76704-7168
 (254) 778-6744

Public Health Region 8
<http://www.tdh.state.tx.us/hcqs/ems/r8home.htm>

Lee Sweeten
 1021 Garner Field Road
 Uvalde, Texas 78801
 (830) 278-7173

Steve Hanneman
 Fernando Posada
 7430 Louis Pasteur
 San Antonio, Texas 78229
 (210) 949-2050

Public Health Regions 9 & 10
<http://www.tdh.state.tx.us/hcqs/ems/r910home.htm>

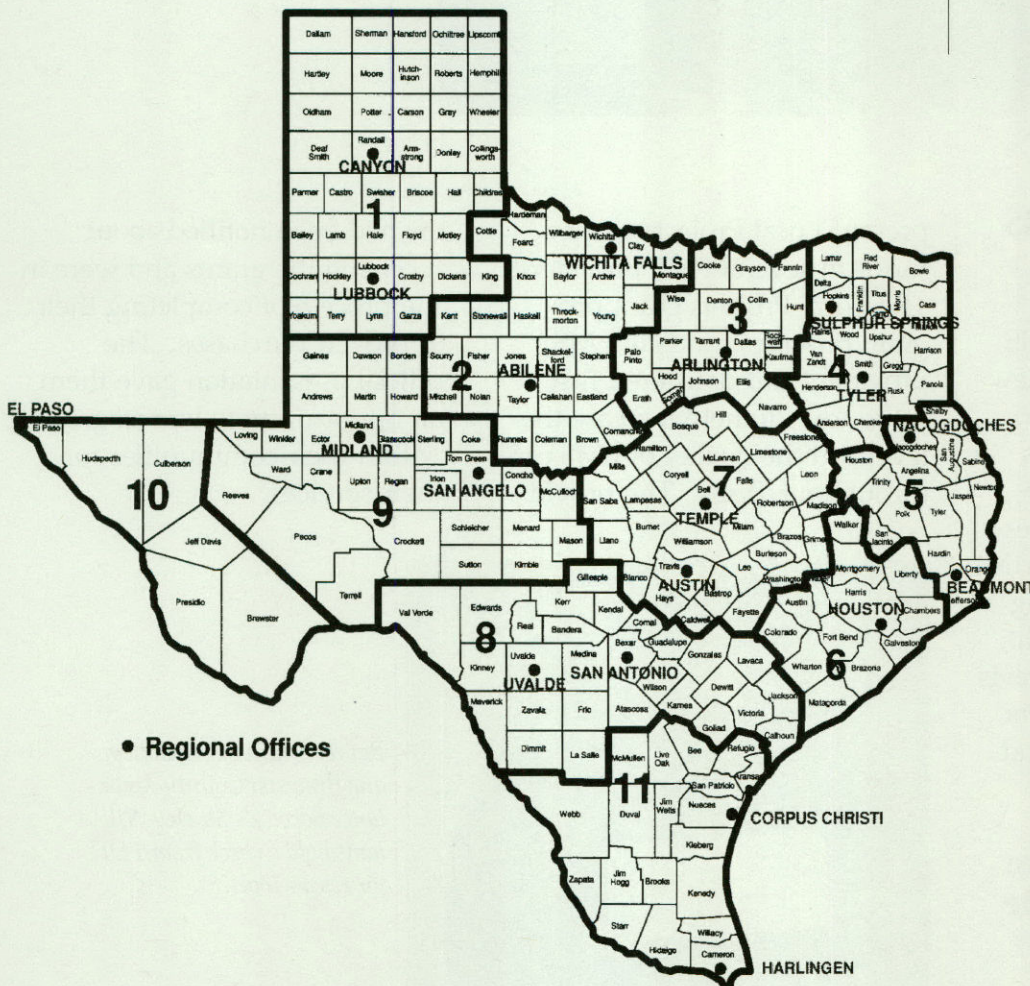
Tom Cantwell
 6070 Gateway East, Suite 401
 El Paso, Texas 79905
 (915) 774-6200

Leland Hart
 2301 N. Big Spring, Ste. 300
 Midland, Texas 79705
 (915) 683-9492

Public Health Region 11
<http://www.tdh.state.tx.us/hcqs/ems/r11home.htm>

Noemi Sanchez
 601 W. Sesame Dr.
 Harlingen, Texas 78550
 (956) 423-0130

Rothy Moseley
 1233 Agnes
 Corpus Christi, Texas 78401
 (361) 888-7762 x281





Texas EMS Conference 2000

*November 19-22, 2000
Austin Convention Center
Austin, Texas*

Want a place to network with nearly 3,000 of your EMS friends? Interested in earning 15 hours of top-notch CE taught by the state's best instructors? Then make plans to head to Austin November 19-22 for Texas EMS Conference 2000.

- Choose from more than 100 one-hour continuing education workshops taught over three days. Look for your favorite instructors to return plus a crop of fresh faces.
- Find out who's tops in Texas EMS at the EMS Awards Luncheon. (And don't forget to nominate your best! See page 37 for nomination form.)
- Check out the latest state-of-the-art equipment in the 80,000 square feet of exhibit space.
- Looking for more in-depth education? Our preconference classes such as conference favorites high angle rescue, cave rescue and terrorism response are what you need. Plus, we're adding brand new preconference classes.

Look for registration information and a listing of preconference classes in the May/June issue of Texas EMS Magazine. If you have questions, please call (512) 834-6700 or visit our web site at <http://www.tdh.state.tx.us/hcqs/ems/00conf.htm>.

By
Mike Nunnelee, NREMT-P

FAQ *EMS Education*

Mike Nunnelee is state EMS education training coordinator. Call him at (806) 743-3218 or email him at emsmwn@ttuhsc.edu

See page 14 for a list of the advisory council members.

Q: *Has the decision to adopt the 1998 National Standard Curriculum for the EMT-Paramedic changed?*

A: The adoption of the 1998 National Standard Curriculum for the EMT-Paramedic has been put on hold by the Bureau and the governor-appointed advisory council pending further review. A stakeholder meeting will be held on March 8. The council meets again on March 23 and 24. Meeting details and a list of advisory council members will be available on the TDH website at www.tdh.state.tx.us/hcqs/ems/emshome.htm.

Q: *How can I receive CE credit for college level courses I have completed?*

A: Submit the following materials for course review to a regional EMS office:

- A transcript, official or unofficial, indicating the college awarding the hours
- A grade of at least "C"
- A course description or catalog description
- Your EMS certification expiration date

After review by a regional EMS office, you will be responsible for assigning CE credit to appropriate content areas. You must report CE to the Texas Department of Health on the appropriate CE Summary Report forms. The CE you obtain through academic courses may be reported only for the 2-year period in which it was accrued.

The address for your Regional

EMS Office can be found in this magazine on page 22.

Texas Tech University Health Sciences Center will no longer evaluate college transcripts for CE credits.

Q: *What is the Pediatric Education for Prehospital Providers (PEPP) Course?*

A: The American Academy of Pediatrics (AAP) has developed a new national education program geared to helping professionals better assess and manage ill or injured children in the prehospital setting. The PEPP course was created by a steering committee composed of physician, nurse and paramedic representatives from eight national organizations concerned with emergencies for children.

The PEPP course is a continuing education program. The student manual includes 13 case-based chapters that address a broad range of pediatric emergency medicine topics specifically geared toward EMTs and paramedics. The manual also details 21 procedures that outline management strategies and point out important differences to be aware of when dealing with pediatric patients. The PEPP course is highly interactive with hands-on skills stations, small group scenarios and case-based lectures.

Texas will host a PEPP "train the trainer" course in San Antonio in August (see page 8). If you have any questions contact Jessica Allison at (512) 834-6700, ext. 6684, or email her at jessica.allison@tdh.state.tx.us.

By
Linda Reyes

FAQ *EMS Standards*

Q: I noticed you post certification "policies" on the TDH website (www.tdh.state.tx.us/hcqs/ems/spolicy.htm). What is a policy?

A: In this instance, policies are actually standard *rule interpretations* which have become necessary when the existing law or rules do not sufficiently address a situation regarding EMS certification requirements.

Q: How are policies created and by whom are they decided?

A: When TDH staff is faced with a situation the rules don't address, the EMS Standards team prepares a document that gives background information, the actual rule language, and why we think the rule is ambiguous or doesn't address the particular situation at all. We then make a recommendation for a solution and/or a standard rule interpretation, or policy, to be used in this and future instances. The assistant bureau chief for EMS reviews the law and rules, decides if such a policy is appropriate and edits the policy language, if necessary. The bureau chief confirms the assistant bureau chief's recommendation by signing the policy.

Q: Why do you post policies on the Internet?

A: In the most recent legislative session, Senate Bill 801 was passed which amends Section A of Government Code §2001.006. It requires state agencies to "make available through a generally accessible Internet site: (1) the text of its rules; and (2) any mate-

rial, such as a letter, *opinion or compliance manual, that explains or interprets one or more of its rules . . .*" However, even before we were required to, we posted rule interpretation policies on our website in anticipation of the recurrence of similar situations. This practice has helped us adhere to a consistent standard for similar situations.

Q: I think I understand. But could you describe a typical policy as an example?

A: Policy 99-Q is an interpretation of EMS rule, 25 TAC, §157.41(a)(1). The rule simply states that "a candidate for certification shall be at least 18 years of age." While the rule clearly wouldn't allow certification before age 18, it didn't elaborate on whether an underage applicant was eligible to test. The policy clarified the rule by declaring that the candidate *may* test prior to age 18 as long as the age requirement would be met within six months after course completion. It also calls for informing the candidate to notify the department upon turning 18 to prompt us to generate certification at that time.

Q: I am applying for paramedic licensure. Can I send you an official copy of my transcript or does that have to come directly to you from the college I attended?

A: According to Policy 99-G, you can submit a copy or fax of your transcript or diploma. The copy must be legible and contain the name of the student, institution and signature of the registrar.



March/April 2002
CE Summary Report Due

If your certification expires in March and April of 2002, your CE summary report is due now.

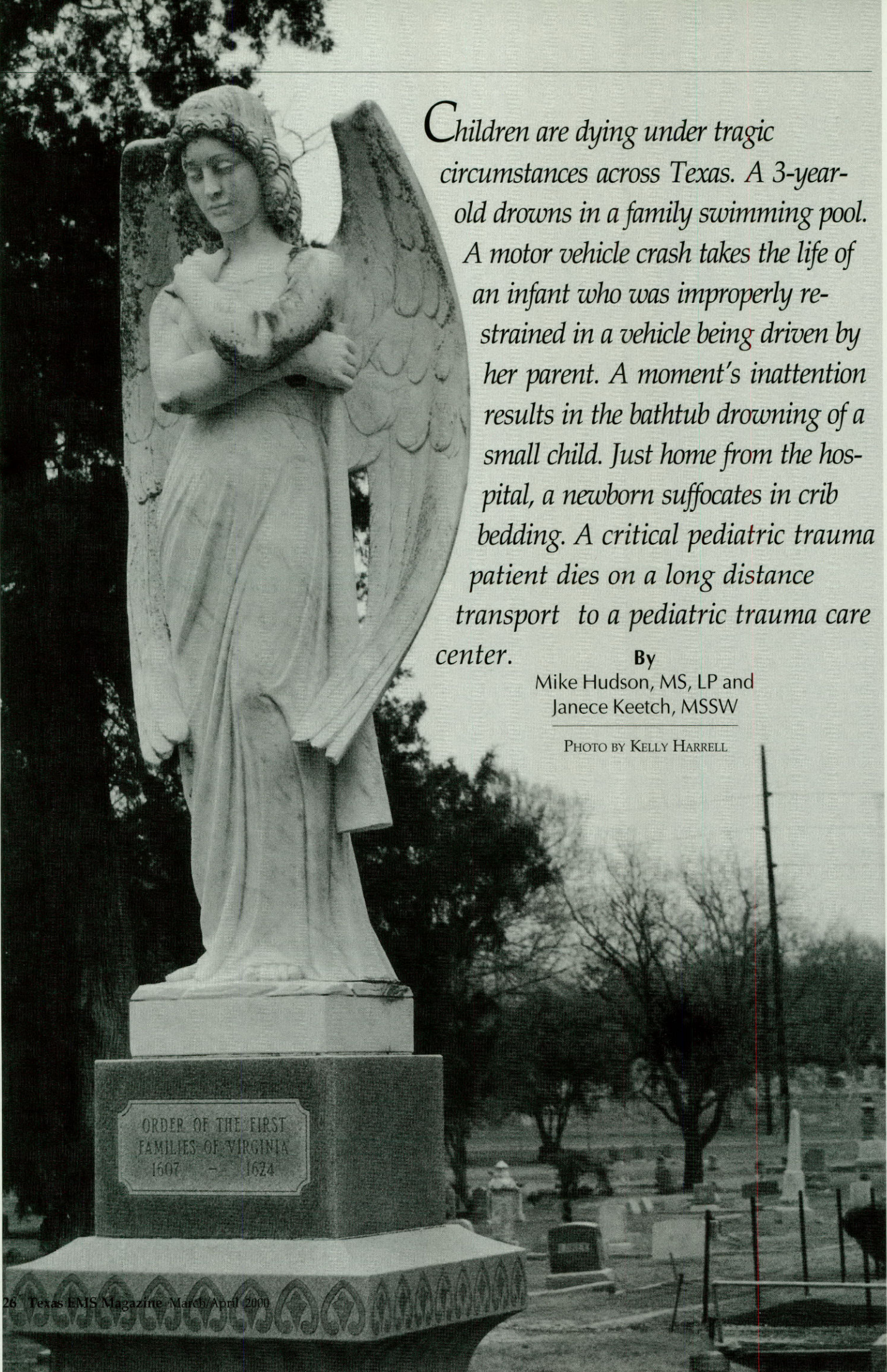
EMS Standards
Internet certification
verification now on our
web site: <http://www.tdh.state.tx.us/hcqs/ems/certqury.htm>

Certification verification
phone line: (512) 834-
6769; Fax number: (512)
834-6736

Web home page address:
<http://www.tdh.state.tx.us/hcqs/ems/stdhome.htm>

Policies may be viewed
on the Internet at:
www.tdh.state.tx.us/hcqs/ems/policies.htm

Email:
emscert@tdh.state.tx.us



Children are dying under tragic circumstances across Texas. A 3-year-old drowns in a family swimming pool. A motor vehicle crash takes the life of an infant who was improperly restrained in a vehicle being driven by her parent. A moment's inattention results in the bathtub drowning of a small child. Just home from the hospital, a newborn suffocates in crib bedding. A critical pediatric trauma patient dies on a long distance transport to a pediatric trauma care center.

By

Mike Hudson, MS, LP and
Janece Keetch, MSSW

PHOTO BY KELLY HARRELL

ORDER OF THE FIRST
FAMILIES OF VIRGINIA
1607 - 1624

Child fatality review teams

How can EMS help?

The tragedy is that these deaths could be prevented. Texas child fatality review teams (CFRT) want to know why children are dying and then work to prevent more deaths. EMS is a critical part of the team. But exactly what is a child fatality review team and how can EMS help?

What are child fatality review teams?

In 1994, the Texas Legislature authorized the formation of local child fatality review teams, or multi-disciplinary, multi-agency panels that review information about deceased children to understand the causes of childhood deaths in a particular community.

Once the causes are established, these teams of professionals look at ways communities can be made safer for children.

Review team membership includes:

- Prosecutor or district attorney
- Law enforcement representatives
- Justices of the peace
- Medical examiner
- Pediatricians
- Child educator
- Juvenile probation officer
- Child Protective Services representative
- EMS provider representative
- Emergency department or trauma nurse
- Childhood professional counselor
- Obstetrical nurse

At team meetings, members share information about the deceased child and family from each agency's records. The team then develops strategies for a more coordinated response to each child death that occurs in the community.

Child fatality review teams are also

responsible for:

- Collecting child death information according to a standardized data collection system. Teams then try to identify patterns of childhood deaths within local communities.

- Developing and improving existing protocols for the investigation of child deaths.


- Increasing collaboration and communication among the participating agencies.

- Promoting and supporting activities and programs to help communities in preventing future child deaths.

The number of child fatality review teams has grown rapidly in Texas. In August 1998, Texas had 26 child fatality review teams covering 96 of the state's 254 counties. The number has climbed to 35 teams covering 129 counties, with 37 other counties starting teams. Most urban communities in Texas are participating in child fatality review; however, many rural and frontier areas of our state are without coverage.

The role of EMS

EMS participation is key to a successful child fatality review team. Death scenes as observed through the eyes and ears of EMS personnel

 **EMS Week Tip:** **Infant CPR.** Consider an evening lecture for parents about infant care and emergency techniques.

provide accurate information about what happened to the child. Teams rely on the EMS personnel for information about the following:

Injury Deaths

Motor Vehicle Crashes Motor vehicle crashes were the leading cause of injury deaths in children in 1996-97, comprising 45 percent of the 1109 child deaths. EMS personnel can report if restraint devices were used, the types of restraint devices used and if there was an indication that the devices were used properly. The information can be used to craft injury prevention campaigns based on local needs. For instance, if a community finds a high incidence of injuries to teen drivers due to substance abuse, the team can develop an injury campaign to target that problem.

Homicide News headlines of child homicide victims seem as if they belong to wars in a far-off places. The tragedy and reality is that in 1996-1997 homicide was the second leading cause of death with 378 deaths. Firearms accounted for 178 of the deaths. EMS can report these tragedies to the team for analysis.

Drowning The third leading cause of injury death for children in Texas, drowning accounted for 10 percent of

the total injury deaths, or 234 children in 1996-97. EMS personnel can help the team by reporting the circumstances of the drowning incident such as level of supervision for the victim, place of drowning and use of flotation device. The information can help fine-tune drowning awareness programs for the communities.

SIDS

Sudden Infant Death Syndrome (SIDS) is sometimes difficult to identify as a cause of death.

EMS personnel can detail vital information to a team reviewing a possible SIDS case by indicating where the infant was found, in what position the infant was found, who found the infant, when the infant was last fed and if SIDS is suspected in the deaths of any other children in the household. Adding EMS information to other team information can change the conclusions as to cause of death. Reporting of the findings of a SIDS death may increase public awareness of SIDS.

What to consider in EMS documentation of deaths

EMS documentation is a critical component of the team's finding. Teams gather data about the circumstances surrounding every child death

Observations

Home

- Unsanitary conditions
- Room temperature
- Odors/Toxins
- Alcohol/Drugs
- Medications in home
- Crib condition
- Bedding

Child

- Body moved
- Injury marks
- Discoloration
- Appearance
- Clothing
- Body position
- Rigor
- Objects in bed

Parent/Care Giver

- Demeanor
- Delay in seeking treatment
- Alcohol/Drug use
- Physical appearance
- Comments made or overheard
- Resuscitative efforts

Note any inconsistencies.

that occurs within a team's coverage area. For 1998, data was collected on approximately 60 percent of child deaths. These charts show the most relevant portion of Documentation Guidelines used by several CFRT members throughout Texas. EMS providers should consider developing a standard child injury/fatality format, if none exists.

The goal: prevention

The ultimate goal of child fatality review teams is the prevention of childhood deaths. Teams throughout Texas provide and support prevention activities based on their review findings. Below are a few of the many examples of CFRT injury prevention programs:

Panhandle Team: Developed public service announcements (PSAs) about the dangers of children riding in beds of pickup trucks, published guidelines for child death injury and documentation.

Hunt County Team: Offers primary emergency training programs that explain injury prevention to fourth graders. Participated in the 'Shattered Dreams,' a project that aims to stop teens from drinking and driving.

Hill Country Team: Provides advanced investigations, and abuse and neglect seminars.

Central Texas Team: Provides documentation classes for EMS personnel in child injury and death cases.

Other injury prevention campaigns adopted by Child Fatality Review Teams:

Back to Sleep

Learn not to Burn

Think Child Safety

The Texas Child Fatality Review Teams find out why children are dying and try to prevent the deaths. Will you help? Further detailed information is published in the Texas

History Questions

- Time found
- Last seen alive
- Who found the child
- Care giver at time of death
- Elapsed time between discovery and call for help
- History of apnea
- Number of births
- Recent illness
- Medications
- Last feeding

These questions will help evaluate what precipitated the loss. The history provided helps evaluate the cause of the loss.

This is just a guide. Not all information may be obtainable. Follow local medical direction. Carefully document history, including inconsistencies in stories.

Child Fatality Review Teams 1996-97 Biennial Report - Data Book available through the TDH Bureau of Vital Statistics at www.tdh.state.tx.us/bvs. If your county does not have a team, contact the CFRT State Coordinator at 512/438-4963. Trauma Regional Advisory Councils (RACs) are also beginning to work jointly with the CFRTs. Contact your local RAC to see if it is involved in the CFRT. If you need the address of your local RAC, call (512) 834-6700 or write Jennifer Hurst at jennifer.hurst@tdh.state.tx.us.

Licensed paramedic Mike Hudson is EMS manager for Hunt Memorial Hospital District and presiding officer for the Hunt County Child Fatality Review Team. Janece Keetch is public information officer for the Texas Department of Protective and Regulatory Services Region 7 and past state coordinator for Texas Child Fatality Review Teams.

Frequent misuses of child safety seats

Rear-facing car seat

Typical mistakes made with rear-facing car seats

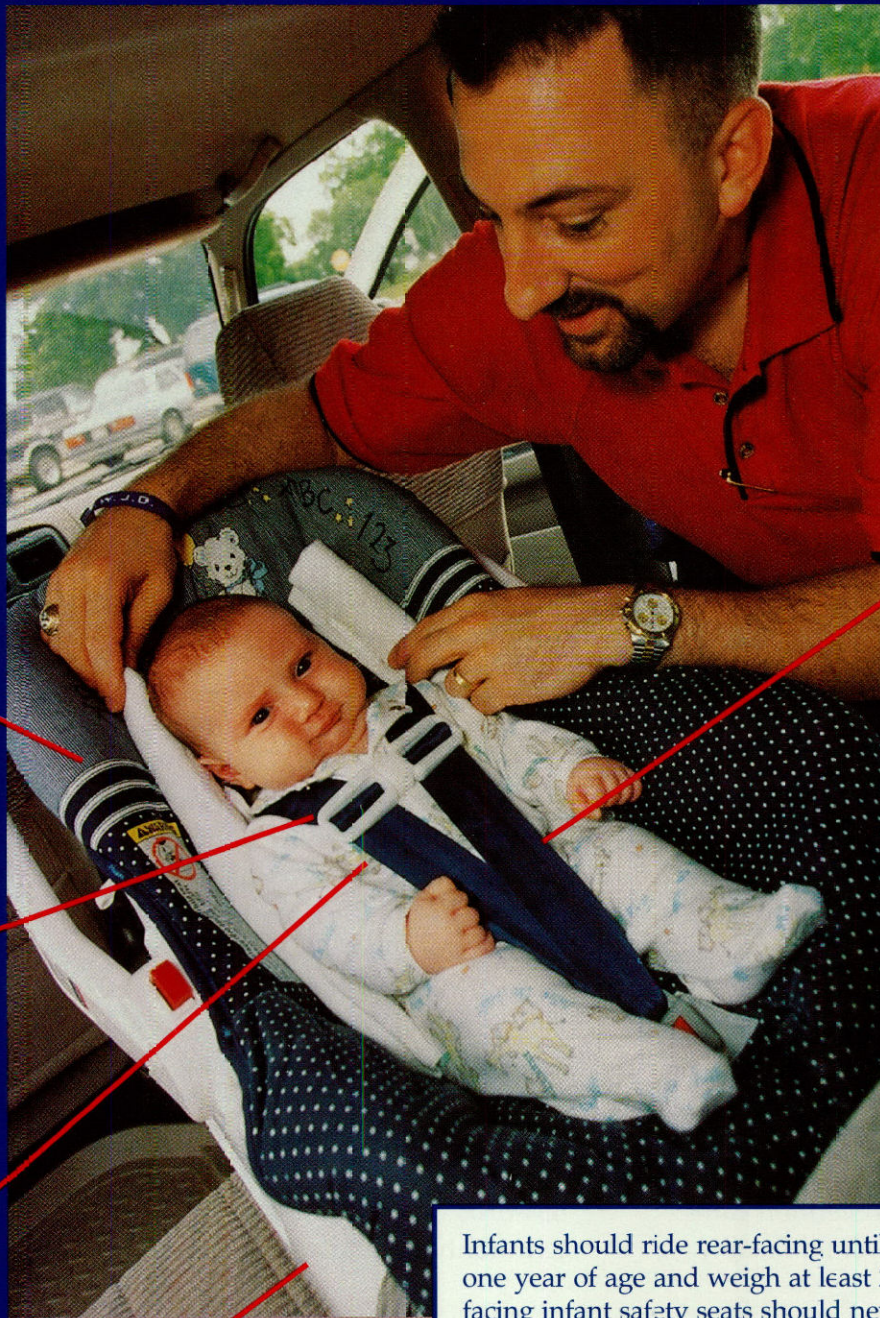
22% Seat not reclined 45 degrees

9% Seat not rear-facing

17% Harness straps not at or below shoulders

16% Harness retainer clip not at armpit level

47% Safety belt not holding seat tightly



34% Harness straps not snug

13% Child outside height/weight range for seat

Infants should ride rear-facing until they are at least one year of age and weigh at least 20 pounds. Rear-facing infant safety seats should never be placed in the front seat of a vehicle equipped with airbags. Recline the safety seat at a 45 degree angle to receive full protective benefit. With most seats, thread the harness straps through the lowest pair of slots in the back of the seat. Tighten the harness so that the child is snugly secured by the safety seat harness. Secure the safety belt to the seat.



Buckle up, baby!

*Child safety seats save lives—
if they're installed correctly*

*Of the 816
seats checked at
safety seat
check-up events
in Texas, 708,
or 87 percent,
were misused.*

Would you feel confident in your seat belt if you knew that every time you got in your car, there was an 87 percent chance that it was incorrectly installed? What about a child's safety seat? Unfortunately, that is the case for child safety seats in Texas. A study by the Texas SAFE KIDS Coalition at child safety seat check-up events found that safety seats brought to the events were incorrectly installed 87 percent of the time. That means in a crash, the seat may not do the best job of protecting that child. Each year, 1,800 children in the U.S. under age 14 die in motor vehicle crashes. Another 280,000 are injured. In Texas, 254 children died in 1998 in motor vehicle crashes and another 39,576 were injured.

Child safety seats, when correctly installed, can reduce risk of death by as much as 71 percent for infants. But the key phrase is correctly installed. With so many models of car seats trying to fit so many models of cars, correctly installing a car seat can be

difficult for even the knowledgeable parent. The information on the following pages is not designed to make you an expert—there's a 40-hour class for that—but just to show you how many things have to be in place for a seat to withstand a crash. We've included what to look for in a seat installation, where to get more training, web sites and facts about child safety seats. If you're feeling really brave, skip ahead and take the little quiz on page 34 and see how much you know. And remember to spread the word: buckle up, baby!

*Photos courtesy of TDH
Safe Riders*

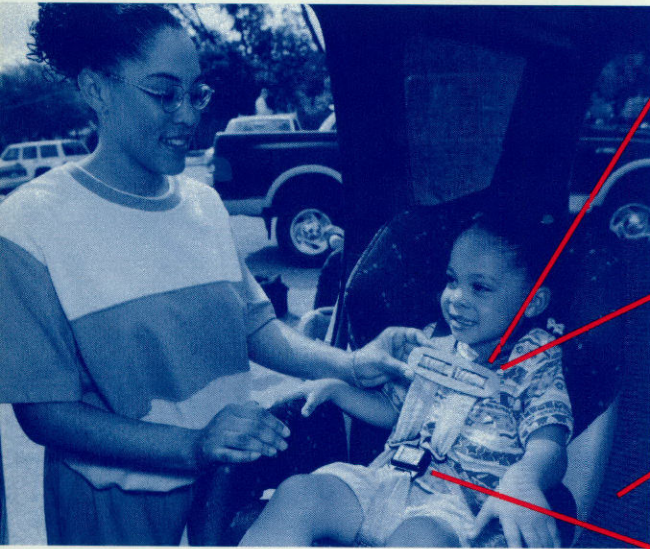
It's the law

The Texas Child Restraint Law was strengthened effective September 1, 1999.

All children under age two must ride in safety seats. Children ages 2 and 3 may ride either in safety seats or buckled up with safety belts. Children age 4 through 14 must be restrained by a safety belt.



Frequent misuses of child safety seats



19% Harness retainer clip not at armpit level

17% Harness straps not at or above shoulders

56% Safety belt not holding seat tightly

12% Safety belt not in locked mode

Children weighing 20 to 40 pounds and more than 1 year old should ride facing forward in a convertible safety seat. Thread the harness straps through the top pair of slots in the back of the safety seat. Buckle the harness system between the child's legs. Tighten the harness so that the child is snugly secured by the safety seat harness. Secure the safety belt to the safety seat.

Forward-facing car seat

Belt-positioning booster seat

Typical mistakes made with safety seats

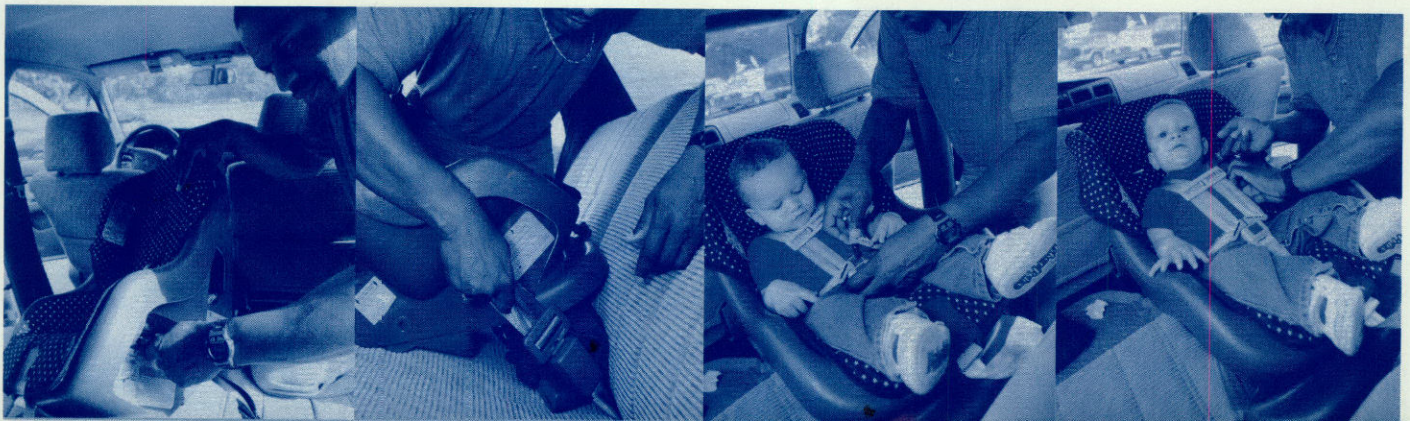
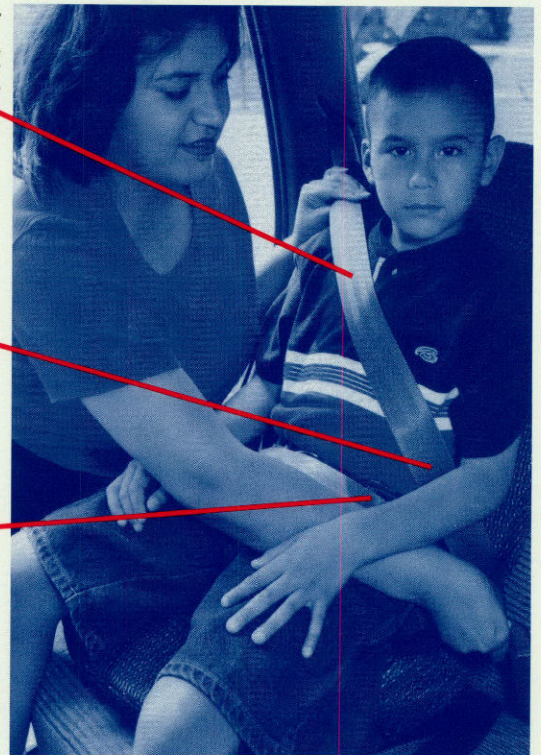
Children weighing between 40 and 80 pounds should be restrained by a belt-positioning booster seat. A belt-positioning booster seat requires a lap-and-shoulder safety belt system. They provide good upper-body protection since they keep the safety belt positioned over the strongest bones—the shoulders and hips—and never across the face, neck or stomach.

22% Lap/shoulder belt does not fit child properly

11% Safety belt not routed correctly

9% Locking clip used but not needed

15% Child outside height/weight range for seat





TDH's Safe Riders excellent resource for safety information



Who ya gonna call when you need traffic safety information? Safe Riders, a program of TDH's in cooperation with Texas Department of Transportation, focuses on information and intervention for child passenger safety, bicycle helmet safety, pedestrian safety and older/teen adult traffic safety. The program also serves as the office for the Texas Statewide SAFE KIDS Coalition.

Activities:

- Toll-free information on traffic safety (800/252-8255)
- Educational presentations
- Free brochures and videos—and most materials available in Spanish
- Statewide media campaigns highlighting safety
- Texas Survivors Club for people saved from injury and death because of seat belts, child safety seats, airbags or bicycle helmets

Child passenger safety

- Statewide child safety seat loaner programs
- Training and presentations on child safety seats and occupant protection
- Safety seat check-up events

Bicycle helmet safety

- Statewide bicycle helmet distributions for children in low-income families
- Low-cost bicycle helmet purchase programs for groups

Older adult traffic safety

- Texas Ride Safe/Walk Club for active seniors
- Regional Ride Safe/Walk and Safe Communities workshops
- Training and presentations on older adult traffic safety

For information about Safe Riders or to order materials or brochures, call 800/252-8255 or go to www.tdh.state.tx.us/injury/index.htm.



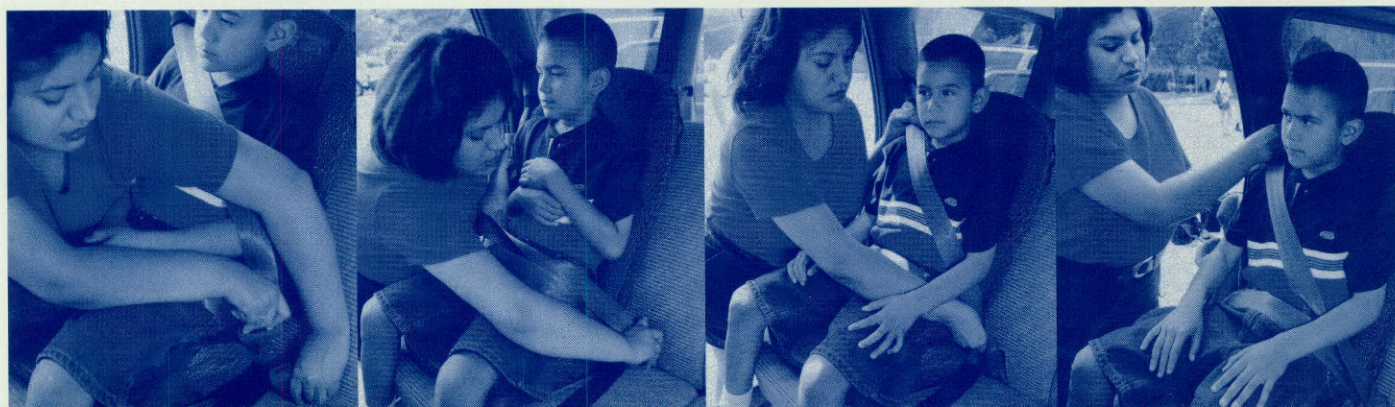
Are you interested in becoming a Child Passenger Safety Technician? There are two 32-hour courses coming up. The classes are at no charge, but participants must pay their own travel expenses.

Texarkana

April 11-14, 2000
Contact: Donna Fox,
Wadley Regional
Medical Center
Phone: 903/798-8653
Email: fox@wadleyrmc.com

Houston/NASA

May 2-5, 2000
Contact: Bob
Gaffney, Johnson
Space Center
Phone: 281/483-4249
Email: robert.t.gaffney1@jsc.nasa.gov
gov
(may go on waiting list)



Child safety seat information

What is LATCH and what does it have to do with safety seats?

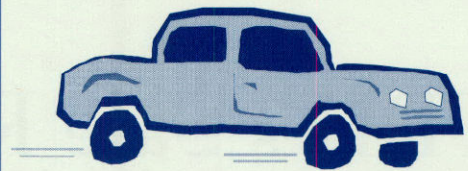
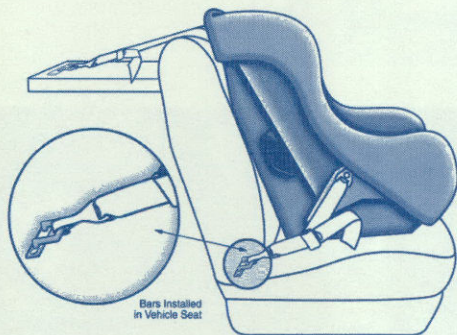
What is it? Lower Anchors and Tethers for Children, or LATCH, is the new term for a uniform attachment system for all new motor vehicles and child safety seats. The system consists of two lower attachment points and an upper attachment point. Each lower attachment is a fixed device located where the vehicle seat meets the seat back. The upper attachment is a ring-like object at the top of the rear seat. At least two seating positions in the back seats will be equipped with the system. The LATCH system used to be called the Universal Child Safety Seat System (UCSSS).

Will I have to buy a new seat? No. While new child safety seats will have equipment that is compatible with the new system, older model seats may simply continue using the vehicle's belt system.

When will it be available? Car manufacturers began phasing in the system on new cars in September 1999. By September 2002, all new vehicles and child safety seats will be equipped with the new system. Ask your car dealer which new models are equipped with the system.

For more information about LATCH, call NHTSA's Auto Safety Hotline at 1-888-DASH-2-DOT or go to www.nhtsa.dot.gov/people/injury/childps/ucra/index.html. The system may still be called by its former name, UCSSS, on the NHTSA web site.

Flexible 2-Point
Lower Attachment
With Top Tether



How much do you know about keeping kids safe on the road?

Test your knowledge about child passenger safety with this quiz! (see answers at bottom)

1. What is the recommended age and weight range for children to ride in a booster seat?
2. When should a child safety seat be replaced?
3. Why is it important to register a child safety seat with the manufacturer?
4. What's the maximum (in inches) that a car seat should move side to side or toward the front when pulled?
5. According to the National SAFE KIDS Coalition, what's the percentage of kids who ride completely unrestrained?
6. Which direction should an infant seat be placed?
7. What two things must occur before a child is moved to a forward-facing seat?
8. Why is it important that harness clips are at armpit level?
9. Children should always sit in the back seat for what ages?

Answers: 1) 40 to 80 pounds, (usually 4 to 8 years old) or big enough to sit in a seat like an adult. 2) If it has been involved in a crash or is more than five years old. 3) In case it's recalled, the manufacturer can notify you. 4) Less than one inch. 5) 40 percent. 6) Infants should always face to the rear. 7) The child must be at least 20 pounds AND at least one year old. 8) To keep straps snug and from slipping off the shoulder. Harness straps are what holds the child in the seat. 9) Children should stay in the back seat up to 13 years of age.



By Sharon Vaughan

If you check them, they will come: **Austin EMS child seat safety and community outreach**

If we check it, they will come. The empty WalMart parking lot in South Austin may not resemble the corn patch in the movie *Field of Dreams*, but it does represent an opportunity to launch a public safety campaign that reduces preventable child injury and death in automobile crashes. In 1998, Austin EMS launched the Child Seat Safety Project in response to the number of children involved in automobile crashes and the fact that it's estimated that 80 percent of child safety seats are incorrectly installed.

Austin EMS set up child safety seat inspections, such as the one in the WalMart parking lot, to teach parents and caregivers the proper way to install a seat and how the seat should be used when the child is in the vehicle. The program also gives car safety seats to participants who do not have a car safety seat or are using a seat that does not pass inspection due to age, recall or other reasons. In addition to the hands-on inspections, the program educates the public through brochures in English and Spanish, periodic public service announcements and press releases that increase public awareness.

Why should Austin EMS be involved in this type of program? Like other emergency health care providers, the people at Austin EMS are in a position to observe death and injury resulting from lack of education

and carelessness. Identifying a real public safety need in the community was as simple as talking to paramedics who work in the field delivering emergency care.

A successful public safety campaign requires a strong media partnership. Austin EMS found this partnership with KVUE/24, the Austin ABC affiliate. When Warren Hassinger, the public information officer for Austin EMS, approached the station in November 1998, he received an immediate positive response. The media coverage before, during and after the inspections has been extensive. KVUE/24 broadcast 72 spots on the EMS child seat safety inspection before and during the first inspection in February 1999, and they have continued to support child seat safety projects throughout Austin. The campaign worked almost too well: this public outreach effort increased public awareness, resulting in greater public

Cars wrapped around the parking lot at a child safety seat check-up in Austin last year. Hundreds of car seats have been checked by volunteers for correct installation since the program began.



Child safety seat information

demand, which outstripped our personnel and financial resources.

Child seat safety inspectors must be certified by the National Highway Transportation Safety Administration (NHTSA). When NHTSA started a national initiative to systematically train safety seat inspectors in 1998, there were only seven NHTSA certified safety technicians in the Austin area. Acquiring an adequate number of NHTSA-certified personnel was one of the challenges of starting the program. Through an effort to train new inspectors, the number has increased to approximately 40 technicians in 1999.

Austin EMS also needed the support of community businesses to provide inspection locations, food, beverages, volunteers and additional

funds to help buy child car seats. KVUE/24, WalMart, Sam's Club, USAA Insurance, Papa John's Pizza, Chick-Fil-A, Ozarka and the Austin Police and Fire Departments are invaluable contributors to the Austin Child Seat Safety Program. Also, this program would not have been possible without the great effort of the community volunteers who donated their time and energy to make sure the program was a success. As the demand for child seat safety inspections continues to grow, the need for these volunteers also increases.

Austin EMS still faces challenges every time an inspection is held. The public demand for this service far outstrips the availability of NHTSA-certified inspectors, volunteer availability and our financial resources. Austin EMS is continually searching for new sources of funding and community support. Our goal is to bring child seat safety inspectors directly to specific neighborhoods and childcare centers where financial need has been identified. We also aim to train most of the Austin EMS field staff as certified inspectors so that community education can be done on a daily basis throughout the Austin area.

The positive public response to the Austin EMS Child Seat Safety Program has been overwhelming. The most rewarding part of the program is seeing a child safely restrained in his or her car seat and the relieved looks on the parents' faces after an inspection has been completed. The most challenging aspect is meeting the demand because every time an inspection is held, the need outweighs the resources available. We know now that if we check them, they will indeed come.

Sharon Vaughan works for Austin EMS and is an advocate for child safety. For information on setting up a safety seat program call Warren Hassinger, Austin EMS, (512) 469-2060.

Looking for some resources on child passenger safety?

The National Highway Traffic Safety Administration has excellent information including safety tips, recalls and questions and answers. Go to www.nhtsa.dot.gov/people/injury/childps/

TDH's Safe Riders website lists recalls and other resources at www.tdh.state.tx.us/injury/index.htm

Child Passenger Safety Web lists resources and some manufacturer's information: www.childsafety.org

Automotive Coalition for Traffic Safety has a child passenger page: <http://www.actsinc.org/childpassengersafety.html>

CDC's National Center for Injury Prevention has a bunch of great facts at www.cdc.gov/ncipc/duip/childpas.htm

Safe fact: One of the most common mistakes parents make in using child safety seats is that they don't understand the different stages of child restraint use throughout a child's growth.

2000 Texas EMS Award Nomination Application

This nomination is for:

- | | |
|---|--|
| <input type="checkbox"/> EMS Educator Award | <input type="checkbox"/> Private Provider Award |
| <input type="checkbox"/> EMS Medical Director Award | <input type="checkbox"/> Public Provider Award |
| <input type="checkbox"/> EMS Administrator Award | <input type="checkbox"/> Volunteer Provider Award |
| <input type="checkbox"/> Public Information Award | <input type="checkbox"/> First Responder Award |
| <input type="checkbox"/> Citizen Award | <input type="checkbox"/> Air Medical Service Award |
| | <input type="checkbox"/> EMS Person of the Year |

Name of nominee _____

Street address of nominee _____

City _____ State _____ Zip _____

Telephone number of nominee *Area Code:* _____

Your name _____

Your street address _____

City _____ State _____ Zip _____

Your level of certification _____

Your daytime telephone number *Area Code:* _____

Your service or other affiliation _____

Your signature _____ Date _____

Send awards to: Texas EMS Awards, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199, or fax to (512) 834-6736.

Nominations should not have more than 3 typewritten pages of background information. You may also include documentation or examples.

Nominations must be postmarked by September 15, 2000.

If you have questions, contact your public health region EMS office or the Bureau of Emergency Management at (512) 834-6700.

We will announce award winners at Texas EMS Conference 2000 during the Awards Luncheon on November 21, 2000.

EMS Award Categories

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 Award honors an EMS group or individual for outstanding achievement in public education, injury prevention, or health promotion.

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

Private Provider Award honors a privately-owned commercial organization which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Public Provider Award honors an organization operated by a county, municipality, tax-based hospital, or state or local government agency which assumed 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 which 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 which 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.



Avoiding the cold shoulder



Managing frostbite and hypothermia

It's a blustery day in late February: highs in the low 50s, windy, and overcast. Your ambulance is summoned to a reported boating accident on a nearby lake. Upon arrival the local first responders inform you that some members of a local college fraternity were undergoing an initiation ritual requiring them to water-ski nude in the lake's 52-degree water. A 19-year-old male lost his grip on the tow-rope and was told by his "friends" to swim the hundred or so yards to shore. This was witnessed by the lake patrol, who picked up the patient and delivered him to shore, where he was dried off and given a dry jumpsuit to wear. The lake patrol estimates he was in the water for less than ten minutes. The patient has been in the heated private vehicle of one of the first responders for a few minutes. The patient has complained of feeling "really cold" but is alert and oriented. He admits to consuming "two beers" within the past hour or two and is tense but not shivering. The first responders tried to obtain an oral temperature with a standard thermometer but the patient's temperature was just below the lowest level on the thermometer (95°F). The patient is asking if he needs to go to the hospital.

Introduction

Although Texas is known for its warm weather, winter is still officially part of the calendar and EMS providers still encounter patients suffering

from cold-related illnesses and injuries. True frostbite may be uncommon throughout much of the state, but hypothermia may be encountered anywhere at just about any time of year. Frostbite and hypothermia share two general aspects with most other environment-related medical problems: 1) most problems can be prevented by awareness and planning; 2) rescuers are at risk from the same elements that affect their patients. EMS providers can perform a service by helping prevent cold-related medical emergencies in themselves as well as in the people they protect.

Learning objectives

Upon completion of this article the reader should be able to:

- List primary mechanisms of heat loss from the human body
- Identify signs, symptoms and types of frostbite
- Identify signs, symptoms and degrees of hypothermia
- Identify measures to prevent cold-related medical emergencies
- Identify appropriate and inappropriate prehospital treatment for hypothermia and frostbite

Frostbite

Frostbite is a partial or complete freezing of the skin. In order for frostbite to occur, the ambient temperature must be below freezing (i.e., 0 C or 32 F); in fact, frostbite generally does not occur at temperatures above 25 F (-4 C; Forgey, 1994; McAuley et al., 1995). This is an important point, as the widely quoted windchill factor is commonly misunderstood. Windchill is a way of estimating the effect that wind can have on heat loss, but it does not actually change the air temperature (if you're skeptical, try to find a frozen puddle with an air temperature of 40 F and a windchill factor of 20 F!). Frostbite injury is analogous to skin burns: the classification is by tissue thickness involved. Incipient frostbite, or frostnip, is superficial freezing and blanching of the surface of the skin and is completely reversible. The skin is still soft to the touch even though it has no sensation. Partial- and full-thickness frostbite produces waxy-looking skin, possibly bluish or mottled skin while frozen, becoming purplish, swollen and blistered as it thaws. Superficial (partial-thickness) frostbite involves the skin but not underlying tissue. Deep (full-thickness) frostbite involves freezing and resultant destruction of the full thickness of the skin and underlying tissue, resulting in necrosis and tissue loss, and can require grafting or amputation. Depending on the activity of the patient and where the injury occurs, frostbite may be quickly noticed or may not be recognized until deep injury has occurred. Companions may recognize frostbitten facial areas, but frostbite on extremities, especially feet, may go unnoticed until the patient removes covering clothing long

after the opportunity for prevention or early treatment has been missed.

Several factors affect susceptibility to frostbite, including peripheral circulation, clothing type and tightness, ambient conditions, surface moisture on skin and clothing, and overall body-heat retention (McAuley et al., 1995). Smokers, diabetics and others with potentially impaired circulation are at higher risk for frostbite. Fingers, toes, ears and the nose are at greatest risk for frostbite because they are terminal appendages and have a high surface area relative to their internal volume. When a hand or foot is cooled vasoconstriction occurs, limiting circulation to the extremity. The body does have limited defense against frostbite, however. When skin temperature reaches 50 F (10 C), skin sensation is generally lost but cold-induced vasodilation (CIVD) or "hunting response" provides episodic increases in circulation and thus heat flow (McAuley et al., 1995). Although CIVD provides some protection against frostbite, it does so at the expense of additional heat loss from the body core.

Frostbite treatment

The best treatment for frostbite is awareness and prevention. Keeping the body – especially extremities – warm and dry and minimizing contact with cold conductive surfaces is essential. Shoes, socks and gloves should fit well but not too tightly; wrinkles should be avoided (Auerbach et al., 1999). Extremity undergarments should be layered (e.g., glove-liners, sock-liners) with the layer directly against the skin capable of wicking moisture from the skin and insulating when wet. Effects of cold exposure are cumulative, which

EMS Week

Tip: Classroom Talks.

Encourage teachers to invite your EMS personnel to their classrooms to talk about emergency medicine.

means that opportunities to warm extremities should be taken and suitable energy and fluid intake should be maintained. Nicotine, a vasoconstrictor, should be avoided; although alcohol's vasodilatory properties might seem to be a benefit, this is more than offset by the potential errors in judgment caused by alcohol intoxication (Wilkerson et al., 1986).

All frostbite patients should be assessed and monitored for hypothermia. Frostnip may be immediately thawed by skin-to-skin contact, preferably in a heated environment, or simply by localized rewarming (e.g., pulling hands inside coat sleeves) without further treatment. Superficial frostbite may be thawed in the same manner or by the rapid rewarming technique: immersing the frostbitten part in warm water for 20-30 minutes. Although different sources provide different recommendations for water temperature, most include the range 104-108 F (40-42 C) for maximum benefit and minimum additional damage (Auerbach et al., 1999; McAuley et al., 1995; Tilton and Hubbell, 1994; Wilkerson et al., 1986). Use of open flames, heaters and water temperature greater than 120 F (49 C) can cause burns and exacerbate tissue damage (McCauley et al., 1995). Although most providers may not need to provide field thawing for superficial frostbite due to proximity to a medical facility, it is important to prevent the condition from progressing to deep frostbite. Frostbitten tissue that is thawed will blister and become painful; deep frostbite will yield to blood blisters and extreme pain upon thawing, with eventual necrosis. Frostbitten tissue should NOT be rubbed with snow or anything else before or after thawing.

Thawed frostbitten tissue should be handled carefully and wrapped loosely with sterile bulky dressings. Rapid rewarming of frostbite, particularly deep frostbite, should be performed only if ALL the following are true:

- Evacuation, transport and treatment in a medical facility will be significantly delayed.
- EMS providers have specific protocols for such procedures and (better) are in communication with on-line medical control.
- The patient will not have to use the injured part to assist in rescue or evacuation (e.g., if the patient is expected to walk, do not thaw frozen feet).
- Once thawed, the frozen part will not be allowed to refreeze (refreezing creates additional damage as larger ice crystals form in tissue).

Hypothermia

Hypothermia, defined as a body core temperature of 95 F (35 C) or less, is commonly unrecognized by the patient, and may be unrecognized in the early stages by the patient's companions. An alert EMS provider who recognizes hypothermia in a patient may be spotting a potentially fatal process while it can still be reversed. Hypothermia can be an underlying cause – or complication of numerous disease processes and injuries. Unlike frostbite, which cannot occur above a certain temperature, hypothermia can occur anywhere at any time of year and is just as common in urban as in rural areas. People with diabetes and other endocrine disorders, those who have illnesses or take medications affecting the body's thermoregulatory capacity, substance abusers (especially alcohol-

ics), malnourished, pediatric and geriatric patients all are at higher risk for hypothermia. Patients who have suffered severe trauma, as well as those whose relatively minor injuries expose them to adverse environmental conditions, are also at greater risk. All severe trauma and frostbite patients should be assessed and monitored for hypothermia.

Most hypothermia deaths occur in the temperature range 32-50 F (0-10 C; Forgey, 1994).

Hypothermia can be chronic, generally developing over hours, or the result of acute, rapid chilling, generally due to immersion in cold water. Chronic hypothermia has three generally recognized stages, although the exact body core temperature boundaries differ among sources (Auerbach et al., 1999; Danzl et al., 1995; Forgey, 1994; Tilton and Hubbell, 1994; Wilkerson et al., 1986):

- *Mild hypothermia* is characterized by peripheral vasoconstriction, irritability, shivering, loss of fine motor skills and a decrease in awareness and judgment, also known as "the 'umbles," fumbles, stumbles, mumbles, grumbles (Backer et al., 1998). In an attempt to maintain heat in the core, "cold diuresis" begins as secretion of antidiuretic hormone is suppressed, resulting in increased urination. Depending on the patient these signs and symptoms coincide with body core temperatures of 95 F (35 C) to approximately 91 F (33 C); ACLS guidelines for mild hypothermia apply to an approximate temperature range of 97-93 F (36-34 C).

The word "fumble" comes from a Scandinavian term meaning "clumsy due to cold."

- *Moderate hypothermia* begins with stupor and irregular shivering, which ceases completely in most people at a core temperature range of 90-88 F (32-31 C), and progresses to inability to thermoregulate (poikilothermia) and increasing myocardial irritability. The approximate core temperature range is 90 F (32 C) to 81 F (27 C); ACLS guidelines apply to a range of 93-86 F (34-30 C).
- *Severe hypothermia* describes an unresponsive patient with significant metabolic, cerebral, circulatory and myocardial degradation, including loss of reflexes, significant acidosis, hypotension, bradycardia and eventual asystole; progression begins at a core temperature of approximately 79 F (26 C). Circulating volume may be less than 50 percent of normal. Asystole onset is at approximately 66 F (19 C); the lowest measured core temperature in a successfully resuscitated adult is 60.8 F (16 C; Danzl et al., 1995). ACLS "severe hypothermia" guidelines begin at temperatures less than 86 F (30 C).

Hypothermia prevention

The same steps taken to prevent frostbite can be effective in preventing hypothermia. Layered, non-constrictive clothing with the inner layers capable of wicking moisture from the skin and insulating when wet are a must. Effective head covering (an insulating hat) prevents radiative heat loss and good shell clothing offers effective wind protection, minimizing convective heat loss. Frequent breaks when working or recreating in cold wet conditions, increased intake of fluids and high-energy foods, and main-

EMS Week Tip: Shopping Mall Displays.

Your EMS personnel can spend a day at a local shopping mall, handing out materials and answering questions about EMS. You can display rescue equipment or provide breathalyzer demonstrations, BP checks, safety information, etc.

taining the ability to stay warm or dry or to warm up and dry off (e.g., carrying quickly deployable shelter) are valuable. Sufficient attention to detail, effective planning and traveling/working with companions in potentially threatening weather can stop hypothermia before it gets started.

Hypothermia treatment

Acute hypothermia patients who were immersed for less than 20-30 minutes and are alert have not undergone the systemic physiologic changes associated with chronic hypothermia. They should be allowed to warm up by any means possible, including shivering, exercising and external heat sources (Forgey, 1994).

Mildly hypothermic patients should be allowed to continue shivering, as this is the most effective way to generate heat but it increases metabolic demands by factor of five relative to normal activity (Backer et al., 1998). These patients should be protected from further heat loss by effective insulation (insulation does not add heat, it minimizes heat loss) and given fluid and high-energy foods to maintain shivering and hydration. Treated in this fashion, and in the absence of underlying conditions, these patients should resolve without further intervention. Hot drinks provide little actual rewarming but do offer a psychological benefit; they may be given but should not be alcoholic or highly caffeinated.

Effective field rewarming of moderately and severely hypothermic patients is extremely difficult to accomplish and should not be attempted unless there are no other satisfactory alternatives (i.e., evacuation and controlled treatment in a medical facility). Such patients are at risk for

numerous complications during and after rewarming, including metabolic, cardiac and pulmonary disorders, and "rebound" (relapse following warming). Patients should instead be protected against further heat loss and handled extremely delicately to prevent aggravating cardiac irritability to the point of ventricular fibrillation. If field procedures are to be initiated, warmed IV fluids and heated humidified oxygen should be used if at all possible, along with warm packs around the trunk (but not extremities). Patients with altered mentation should not be given anything by mouth. Lactated Ringer's solution should be avoided in favor of normal saline or D5W as a hypothermic liver may not be able to metabolize lactate (Danzl et al., 1995). Endotracheal intubation should not be performed unless specifically indicated, and must be done with care to avoid inducing vagal stimulation or ventricular fibrillation. No hypothermic patient should be allowed to "re-chill." Even mildly hypothermic patients should be carefully observed for signs of deterioration or relapse.

A severely hypothermic patient may appear dead: apneic, no palpable peripheral and carotid pulses (which should be assessed for at least 30 seconds) and asystolic. Unless there is an underlying fatal cause or obvious death due to cold (e.g., frozen chest), generally accepted guidelines (e.g., ACLS) direct resuscitation to be attempted and continued until the patient's core tempera-

ECA	5,187
EMT	21,403
EMT-I	3,697
EMT-P	10,218
LIC-P	2,243
TOTAL	42,748
COORDINATOR	373
INSTRUCTOR	2,043
EXAMINER	2,427

ture is at least 95 F (35 C). If rapid transport is possible, severely hypothermic patients in cardiac arrest should be treated according to ACLS guidelines: no IV medications and one set of three shocks for ventricular fibrillation or ventricular tachycardia until core temperature is greater than 86 F (30 C).

Pitfalls

The most common problems in pre-hospital management of cold exposure center on recognition and responder safety. Hypothermia, and to a lesser degree frostbite, are insidious and may not be recognized by the patient. It may be up to the patient's companions or EMS personnel to recognize signs and symptoms in their patients, particularly if hypothermia is associated with a more obvious illness or injury (e.g., severe trauma, insulin shock, substance abuse). Likewise, responders attempting to manage a patient in hostile environmental conditions may not pay adequate attention to their own safety. In addition to dressing appropriately for the weather, maintaining appropriate energy and fluid intake, and being in good physical condition, responders must be alert for early signs and symptoms of hypothermia in themselves and their partners. A hypothermic EMS responder will not function well and may endanger other response personnel and the patient as well.

Conclusion

You advise the patient that transport is in his best interests and he consents. After obtaining a more detailed medical history you obtain a rectal temperature of

94.8°F, turn up the heat in the back of the ambulance, and apply chemical heating pads to his torso and axillae. You establish a 16-gauge saline lock in his left AC and monitor during transport. Upon arrival at the Emergency Department following a 20-minute transport his rectal temperature is 97.4°F. The ED physician elects not to employ invasive rewarming procedures but does have the patient placed in a "rewarming bed." The patient is discharged after two hours in the ED and is given a \$50 citation along with his friends by the lake patrol.

Jeff Rubin is a health, safety and emergency management consultant in Austin. He was assistant dean for Environmental Health & Safety at the University of Texas at Austin and established an AED program there. He has a BS, MA and PhD in geological sciences. He has been a volunteer fire/EMS/rescue responder within the Austin/Travis County EMS System since 1987 and is a former hazardous materials captain for the Special Operations Section of Austin EMS, where he worked for five years. He was appointed to the Austin EMS Quality Assurance Team in 1997.

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BLS questions (EMTs answer questions 1-10; EMT-Is and paramedics answer all questions.)

- 1) True or false: Frostbite can occur if either the actual air temperature or the windchill is below freezing.
A) True
B) False
- 2) True or false: The best field treatment for partial-thickness frostbite is to briskly rub the affected area, preferably with snow.
A) True
B) False
- 3) True or false: It is better not to thaw a severely frostbitten area in the field than to thaw it and allow it to refreeze.
A) True
B) False
- 4) True or false: Hypothermia can only occur if either the actual air temperature or windchill is less than 50°F.
A) True
B) False
- 5) If field thawing of a frostbitten extremity is indicated, the best way to conduct thawing is:
A) Soak affected part in hot (> 120°F) water, wrap tightly with pressure dressing, keep from refreezing.
B) Rub affected part with gentle cloth, wrap loosely with sterile, bulky dressing, keep from refreezing.
C) Soak affected part in warm (104-108°F) water, wrap tightly with pressure dressing, keep from refreezing.
D) Soak affected part in warm (104-108°F) water, wrap loosely with sterile, bulky dressing, keep from refreezing.
- 6) Which of the following best describes signs and symptoms associated with frostnip?
A) Numbness, soft to touch, blackish (necrotic) appearance
B) Complete loss of sensation, hard to touch, waxy appearance
C) Numbness, soft to touch, blanched appearance
D) Pain, hard to touch, large blood-filled blisters
- 7) For most people, shivering ceases when core temperature drops below approximately:
A) 95°F
B) 93°F
C) 90°F
D) 85°F
- 8) Which of the following are common components of the body's response to gradual loss of body heat?
A) Shivering, suppression of antidiuretic hormone, hyper-reflexivity
B) Seizures, nausea and vomiting, peripheral vasoconstriction
C) Shivering, suppression of antidiuretic hormone, peripheral vasoconstriction
D) Shivering, suppression of antidiuretic hormone, hyperglycemia
- 9) Which of the following are generally effective preventive measures against hypothermia?
A) Layered clothing, including materials that insulate even if wet
B) Frequent snacking with high-energy foods
C) Staying dry or having the ability to quickly dry off under shelter
D) All of the above

- 10) You are treating a 20-year-old male patient who fell through ice into very cold water approximately ten minutes ago. He was immersed, with only his head out of the water, for approximately four minutes before being pulled out. He is wet, shivering and upset, but is alert and oriented. You have a BLS ambulance at your disposal and a 25-minute transport ahead of you. What is the best course of treatment for this patient?
- A) Dry him off and wrap him in blankets, initiate immediate re-warming with warm packs and heated air in the ambulance during transport.
 - B) Dry him off and allow him to continue shivering during transport.
 - C) Dry him off and wrap him in blankets, transport but do not use heat in the ambulance lest he rewarm too quickly.
 - D) Dry him off and initiate brisk full-body massage in the ambulance during transport.
- 11) Which of the following is NOT an effective method of elevating the core temperature of a hypothermic patient?
- A) Heated IV fluids
 - B) Heated and humidified oxygen
 - C) Warm packs to the trunk and heated environment
 - D) Hot drinks
- 12) Which of the following is NOT true about severe hypothermia and its management?
- A) The ventricular fibrillation threshold is lowered.
 - B) Metabolic acidosis is common.
 - C) Circulating volume is unlikely to be reduced by more than 20 percent.
 - D) Extended defibrillation without rewarming is not recommended.
- 13) True or false: a severely hypothermic patient may appear to be dead, displaying apparent apnea, apparent pulselessness and asystole.
- A) True
 - B) False
- 14) Which of the following is correct about airway management in the severely hypothermic patient?
- A) Endotracheal intubation should be performed only if heated, humidified oxygen is available.
 - B) If advanced procedures are needed, the patient should be intubated carefully to avoid triggering potentially lethal cardiac arrhythmias.
 - C) The patient should be intubated as soon as possible as a precautionary step.
 - D) None of the above statements are correct.
- 15) True or false: In the severely hypothermic patient, normal saline is preferred over Lactated Ringer's due to potential problems in metabolizing the lactate in Lactated Ringer's.
- A) True
 - B) False

ALS questions

This answer sheet must be postmarked by April 19, 2000

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 TDH 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 75235-8890

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

(EMTs answer questions 1-10;
EMT-Is and paramedics answer
all questions.)

Check the appropriate box for each question.

- | | | | | | | | |
|--------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 8. 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"/> | 9. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 3. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 10. 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"/> | 11. 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"/> | 12. 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"/> | 13. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 7. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 14. 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"/> |

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



Did you read?

University of Chicago sleep scientists recently released a study on short-term sleep deprivation which found that sleep debt might cause more problems than a short temper and diminished mental sharpness. By studying individuals who had gotten only four hours of sleep for six nights, the scientists found metabolic and endocrine function alterations in their bodies which mirrored the effects of aging. Their bodies couldn't process glucose properly, pushing their blood sugar level up and causing insulin production to rise, which can lead to insulin resistance and adult-onset diabetes, and can promote the storage of body fat, leading to obesity and high blood pressure. They also found higher levels of cortisol, a stress hormone, which is associated with insulin resistance and memory impairment. Many people think they are getting more done by staying up for that extra hour: researchers found that those individuals not only didn't get more done, but it took them longer to do everything. The scientists theorized that sleep debt could be as detrimental to health as poor nutrition, a sedentary lifestyle or smoking. From *Austin American-Statesman*, "Sleep loss is bad for the body," by Jane E. Brody, January 9, 2000.

Surgeons at the University of Chicago Hospital removed a 200-pound tumor from an Illinois woman's abdomen during an 18-hour surgery. Doctors believe that the radiation treatment she had received to shrink another tumor, caused by a rare genetic condition called neurofibromatosis, triggered fast growth in this tumor. The tumor grew to take more than two-thirds of the blood supply in her originally 120-pound body in less than one year. The long operation took 40 percent of the woman's skin and used more than 120 units of blood products, more than six times the body's

blood volume, along with three liters of her own recycled blood. She is now recovering much like a burn patient would recover, with doctors keeping a close eye on any other tumors. Preliminary tests show the tumor as benign. From *Chicago Tribune*, "U. of C. doctors defy odds in surgery," by Jeremy Manier, December 30, 1999.

Still having problems getting people to wear their seatbelts in your community? One recent unfortunate example might just help convince people to take a few seconds to buckle up. Derrick Thomas, a pass rusher for the Kansas City Chiefs, and two friends

Thomas was paralyzed from the waist down, while the occupant who was wearing a seatbelt was released that same day.

were traveling on icy roads when he lost control of the car and flipped it several times. Thomas and one of the other occupants were not wearing seatbelts and were thrown from the vehicle. Thomas was hospitalized with a broken back and a broken neck and was paralyzed from the waist down. The other thrown occupant was killed instantly. The third occupant, who was wearing a seatbelt, was treated and released that same day. Thomas, one of the most feared pass rushers in NFL history, held the NFL one-game record for seven sacks and was known for his "sack and strip" move, where he would catch the quarterback's blind side and knock the ball from his hands, forcing a fumble. Thomas died from his injuries on February 8.

From *Dallas Morning News*, "Chief's Thomas has 6-hour operation," January 25, 2000.

A study of 1,090 children over several years found that obesity can begin to lower self-esteem in children as early as fifth grade and can lead to problems with isolation, depression, smoking and drinking in both male and female teens. Researchers suggest that smoking and drinking might be ways that teens with lower self-esteem are trying to relieve their emotional pain as they deal with the taunting from others and the numerous "thin is in" images around them. This lowering of self-esteem based on weight tends to affect obese white and Hispanic female teens the most. From *USA TODAY*, "Obesity starts to sour self-worth after fifth grade," by Marilyn Elias, January 11, 2000.

Wash your hands! The University of Arizona recently tested 800 public surfaces and found lots of body fluid contamination. Body fluids such as blood, urine, mucus, sweat and saliva can contain disease-causing microbes. Playground equipment was found to have 44 percent of its surfaces contaminated; public restrooms, 25 percent. Elevator buttons were 13 percent contaminated; supermarket freezer handles, six percent; shopping cart handles, 21 percent; public telephones, 13 percent. Bus rails and arm rests tested at 35 percent contamination, while chair seats tested at 21 percent. And when a tracer dye that mimics the behavior of germs was placed on a shared office phone, the dye was transferred to people's hands and faces, desktops, computer keyboards, mouse and monitor, drinking cups, doorknobs, pens and the water fountain. From *San Antonio Express-News*, "Study find bodily fluids in public places," by Ellen Creager, December 20, 1999.

One out of four U.S. children under 18 lives with an alcoholic, states a recent study by the National Institute on Alcohol Abuse and Alcoholism. Researchers estimated that the 19 million children living in the chaotic, stressful environment of alcohol abuse tend to be more neglected and abused and face economic hardship and isolation. These children are also more likely to develop psychopathology, such as behavioral problems and anxiety disorders, and other problems, such as becoming alcoholics themselves. From *Dallas Morning News*, "1 out of 4 kids lives with alcoholic, study says," by Judy Holland, December 31, 1999.

The Federal Drug Administration recently warned doctors to use caution when prescribing the new antiviral medications on the market and to make sure that the patient is receiving the correct amount of care needed for their illness. Two heavily advertised antiviral medications, Relenza and Tamiflu, are intended only for use in uncomplicated cases of the flu. More than 300,000 prescriptions have been written this year for Relenza alone. But the FDA has evidence that at least five patients have died from complications due to influenza, such as bacterial infections, but had been taking

**More than 300,000
prescriptions have
been written this year for
Relenza alone.**

either Relenza or Tamiflu to treat their flu infections. The FDA also reminded doctors that Relenza, a powdered antiviral medication that is inhaled into the lungs, poses a great risk for patients with breathing disorders, such

as severe asthma and chronic obstructive pulmonary disease. From *New York Times*, "F.D.A. Warns of Overuse Of 2 New Drugs Against Flu," by Sheryl Gay Stolberg, January 13, 2000.

The Centers for Disease Control and Prevention recently recommended that children in the U.S. receive the injected polio vaccine instead of the oral polio vaccine. The CDC is citing that the risks of the oral polio vaccine now outweigh its benefits. The oral polio dose contains an inactivated live virus that can still be transmitted to individuals with a compromised immune system and each year approxi-

The CDC recently recommended that children receive the injected polio vaccine.

mately eight people in the U.S. become infected with polio from the vaccine. Scientists have been concerned that the injected polio vaccine is not as effective at providing lifelong immunity. The CDC still has certain situations in which they recommend using the oral polio vaccine, such as during a widespread outbreak. From *Dallas Morning News*, "CDC endorses polio shot, cites risks of oral dose," January 21, 2000.

In Africa, AIDS is the leading cause of death according to the World Health Organization. Seventy percent of the people in the world who have AIDS are African and 11 million African children have been made orphans by the disease. The president of the World Bank has stated that the effects of AIDS on the African economy have been more destabilizing than war.

From *San Antonio Express-News*, "Deadly AIDS rampage continues across Africa," January 13, 2000.

Massachusetts General Hospital surgeons recently demonstrated a minimally invasive surgical procedure that was used to correct a 13-year-old boy's "funnel chest," also called pectus excavatum. Pectus excavatum is a congenital condition in which the sternum is abnormally depressed. Using small incisions, doctors inserted a curved metal rod under one of the child's arms and ran it across the chest cavity to the other arm and then rotated the rod so that it pushed the chest wall into a normal contour. The rod will stay in place for two years. In the past, surgeons have had to rebuild the chest wall, leaving a large scar, and patient recovery took several weeks. The 13-year-old was released from the hospital three days after the procedure. From *San Antonio Express-News*, "Doctors try new chest surgery," by Richard Saltus, December 24, 1999.

Social experts are concerned that parents are not having one of those difficult discussions with their children: the discussion about dating violence. It is estimated that one in three teen girls experience some form of domestic abuse either in the home or in dating relationships. The teen development years have high emotions, little experience and sometimes debatable role models along with physical changes. Since this is the time in which teens begin to develop their ideas of future relationships, experts believe that teens who think intimidation, jealousy and mind games are the norm for relationships will be more likely as adults to stay in abusive relationships. Experts say that parents should discuss with their children how to have a healthy relationship. From *San Antonio Express-News*, "Experts say parents, teens need to discuss date violence," by Susan Warmbrunn and Bill McKeown, January 4, 2000.

Two-year continuing education Emergency Suspensions

Texas Department of Health

Emergency Medical
Services Rule

§157.38, Section k

(1)- *Failure to complete required CE: A certificant who has failed to complete the requirements for the initial two-year CE time period will be granted a 90-day extension period to complete and submit the required CE. Failure to complete and submit the CE requirements within that time frame shall be cause for emergency suspension until CE requirements are met.*

The following list of EMS personnel have certification expiration dates of August and September of 2001 and are emergency suspended for failure to comply with the two-year continuing education (CE) reporting requirement mandated in EMS Rule §157.38, Section k. EMS personnel who are emergency suspended will be promptly reinstated when they complete the required CE hours and submit the completed CE Summary Report form to TDH. The CE Summary Report form will be accepted by mail or by fax at (512) 834-6736, or you can hand-carry it to your local public health region office. An official notice of reinstatement will be mailed to EMS personnel who comply with the CE requirement prior to their expiration date.

Though the emergency suspension may extend to the expiration date of the certificate, names will appear in this magazine for only one issue. Providers should require presentation of the original reinstatement document (with water mark) from the employee who has been emergency suspended and claims to be reinstated. No notice of reinstatement will appear in the *Texas EMS Magazine*.

Current certificate status is available on the internet at: www.tdh.state.tx.us/hcqs/ems/certquery.htm. The page is directly linked to our live database so information is up-to-the-minute.

Due to press deadlines, names may appear in the magazine after personnel are reinstated.

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.

Abbott, Thomas J., Elmendorf, Arkansas. Decertification of EMT certification effective July 7, 1999. Health and Safety Code 773.041(b), a person may not practice as any type of EMS personnel unless the person is certified, and EMS Rules 157.51(b)(15), obtains certification by fraud, forgery, deception or misrepresentation.

Adam, Thomas W., Highlands, Texas. Twelve months probation of EMT certification through March 3, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Aguiar, Carlos, Galena Park, Texas. Twenty-four months probation of EMT-Paramedic certification through July 22, 2000. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Althaus, Gary John, Waco, Texas. Twenty-four months probation of EMT certification through September 23, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony convictions.

Anderson, Andy M., Perryton, Texas. Twenty-four months probation of EMT-Paramedic certification through October 14, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Aranda Jr., Andres, El Paso, Texas. Probation of EMT certification through October 29, 2000. EMS Rules 157.51(b)(27) on audit, fails to complete continuing education hours as described in 157.38.

Askey, Sherrie Wall, Fort Worth, Texas. Twenty-four months probation of EMT certification through July 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Barclay, Donald Earl, Irving, Texas. Twelve months probation of EMT-P certification through September 21, 2000. EMS Rules 157.44, 157.51(b)(16), (26) and (c) and 157.53, misdemeanor conviction and falsification of an application for certification.

* **Barnes, James S.**, Benbrook, Texas. Decertification of EMT-P certification effective December 21, 1999. EMS Rules 157.51(b)(11), appropriates and/or possesses without authorization medications, supplies, equipment, or personal items inappropriately acquired in the course of duty.

Beck Jr., Patrick Charles, Port Lavaca, Texas. Twenty-four months probation of EMT certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.

Belt, Lea Ann Taylor, Fort Worth, Texas. Twenty-four months probation of EMT certification through September 3, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

Bennett, Glenda Sue, Port Lavaca, Texas. Twenty-four months probation of EMT-Intermediate certification through September 29, 2000. EMS Rules 157.51(b)(27), failure to complete CE requirements in a timely manner.

Best Care Ambulance, Houston, Texas. Twenty-four months probation through September 30, 2001, and an administrative penalty of \$10,000. EMS Rules 157.11(d)(1)(A), a BLS provider shall staff BLS vehicles...with at least 2 certified Emergency Care Attendants; 157.11(k)(1), a provider shall only advertise that level of care which can be provided in the service area 24 hours a day, 7 days a week; 157.11(m)(13),

assuring that a vehicle, when response ready is staffed and equipped in accordance with the Health and Safety Code, Chapter 773, and this section for each level of care provided.

Blankenship, Kennie, Houston, TX. Two years probation of EMT-Paramedic certification through April 7, 2000. EMS Rule 157.51 (b)(2), failure to follow medical director protocols.

Boswell, Bart Paul, Houston, TX. Four years probation of EMT-Paramedic certification through October 17, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor convictions while certified.

Brooke, Brian, Waco, Texas. Revocation of probation and twelve months suspension of EMT-P certification through September 3, 2000. EMS Rules §157.51(b)(28)...abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Brooks, Jeffery Sterling, Onalaska, Texas. Twenty-four months probation of EMT certification through August 18, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

* **Brown, Kelly James**, Kilgore, Texas. Revocation of probation effective November 22, 1999 and suspension of EMT-I certification through November 22, 2002. EMS Rules 157.51(b)(5) and (24), failure to comply with the terms of a probation and failure to give the department full and complete information upon request.

Bush, Daniel C., Amarillo, Texas. Twenty-four months probation of EMT certification through October 21, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Canales, Daniel, Mathis, Texas. Twelve months probation of EMT certification through July 31, 2000. EMS Rules 157.51 (b)(1), (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; and violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Carroll, Kevin Wayne, Natalia, TX. Thirty-six months probation of EMT-Paramedic certification through May 13, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Channelview VFD, Channelview, Texas. Probation of provider license for twelve months through June 2000 and a \$500 administrative penalty. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title.

Childers, Mickey Lynn, Beaumont, Texas. Twenty-four months probation of EMT-Paramedic certification through March 3, 2001. EMS Rules 157.51(b)(1), failure to follow EMS standards of care in the management of a patient; 157.51(b)(2), failure to administer medications and/or treatments in a responsible manner in accordance with the medical director's protocols.

Cloud, Jay David, Deer Park, Texas. Twelve months probation of EMT-P certification through July 2000. EMS Rules 157.51(b)(1) and (25), fails to follow EMS standards of care in patient management and violates any rule or standard that has a potential negative effect on the health or safety of a patient.

Cole, Marion Allen, Houston, Texas. Decertification of EMT-P certification effective July 19, 1999, by Order of the Presiding Judge in the 250th District Court of Travis County, Texas. EMS Rules 157.51(b)(16), misdemeanor conviction while certified.

Collins, Anita Robin, Big Lake, TX. Twenty-four months probation of EMT-Intermediate certification through March 4, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

Corbeil, Louis Adrein, San Antonio, TX. Five years probation of EMT-Intermediate certification through May 3, 2000. EMS Rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

Couch, Christopher Charles, Amarillo, Texas. Twenty-four months probation of EMT-I certification by reciprocity through March 16, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53(6), misdemeanor convictions and falsification of EMS personnel application.

* **Crystal City EMS**, Crystal City, Texas. \$500 administrative penalty. EMS Rules 157.19(c)(1)(S), (T), and (U), operates or allows to be operated vehicle

warning devices unnecessarily and/or in a manner that endangers patient or public safety; violates and Texas Code, including, but not limited to, the operation of an emergency vehicle; violates any rule or standard that would jeopardize or have a potential negative effect on the health or safety of a patient.

Davis, Scott E., The Woodlands, Texas. Decertification of EMT certification effective July 22, 1999. EMS Rules 157.51(b)(9), representation that one is qualified at any other level than his current certification.

De La Garza, Diane, Pleasonton, Texas. Twenty-four months probation of EMT certification through October 15, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Delgado, Frank J., Austin, TX. Two years probation of EMT-Paramedic certification through May 4, 2000. EMS Rule 157.51(b)(22), obtain any benefit to which he is not entitled by ... fraud.

Dickerson, Willie J., Woodville, Texas. Twenty-four months probation of EMS Coordinator and EMS Examiner certification through July 2001. EMS Rules 157.64(a)(2)(D)(H)(P) and (S), dealing with falsification of documents, failure to maintain the integrity and professionalism in the course as well as compromise or falsification of the department's skills process and /or standards.

Duarte, Richard, San Antonio, Texas. Twenty-four months probation of EMT-Paramedic certification through September 8, 2000. EMS Rules 157.44 and 157.51(b)(16) and (c), convicted by military justice while certified.

* **Eichner, Larry Dale**, Kingsland, Texas. Denial of application for EMT-I certification and decertification of EMT certification effective November 19, 1999. EMS Rules 157.44, 157.51(b)(16) and (24) and 157.53, felony conviction while certified.

Elmore, Lyle Alan, Quanah, Texas. Probation of EMT certification through September 30, 2000. EMS Rules 157.51 (b)(26) and (c) and 157.44(c), falsification of application; felony conviction.

Emerson, Travis Clinton, McQueeney, Texas. Twenty-four months probation of EMT certification through May 7, 2001. EMS Rules 157.44(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

* **Enterprise Ambulance**, Webster, Texas. \$1000 administrative penalty and twelve months probation of EMS provider license. EMS Rules 157.11(m)(13) and 157.14(c), assuring that a vehicle, when response ready, is staffed and equipped in accordance with the Health and Safety Code, Chapter 773, and this section for each level of care provided; and required equipment as provided in 157.12 of this title and 157.13 of this title.

Esslinger, James Keith, North Richland Hills, Texas. Decertification of EMT-P certification effective September 27, 1999. EMS Rules §157.51 (b)(11), (18), (22), (23), and (25), ...appropriates and/or possesses without authorization medications, supplies, equipment, or personal items inappropriately acquired in the course of duty; ...illegally dispenses, administers, or distributes controlled substances as defined by the Health and Safety Code, Chapter 481 and/or Chapter 483; ...obtains or attempts to obtain any benefit to which not otherwise entitled by duress, coercion, fraud, or misrepresentation while in the course of duties as an EMS certificant; ...fails to comply with the Health and Safety Code, Chapter 773 and rules adopted thereunder; and ...violates any rule or standard that would jeopardize the health and safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

* **Express Care Ambulance**, Houston, Texas. \$500 administrative penalty. EMS Rules 157.19(c)(1)(O), intentionally falsifies a patient record.

Falcon, Joe, Austin, Texas. Twelve months probation of EMT certification through August 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Farwell VFD, Farwell, Texas. Twenty-four months probation of provider license through September 23, 2000. EMS Rule 157.11(d)(1)(A), failure to have 2 certified attendants on an ambulance when in service.

Fillip, David, Sweeny, Texas. Probation of EMS Coordinator certification for 12 months through May 2000. EMS Rules 157.61(d)(14), 157.64(a)(2)(N), 157.64(a)(2)(R), and 157.64(a)(2)(S), demonstrates a lack of supervision of program instructors, guest instructors, and/or examiners, fails to comply with responsibilities of a course coordinator, program instructor, or examiner

as specified in 157.61-157.63 of this title, and compromises or falsifies the department's skills verification process and/or standards.

Folsom, Robert M., College Station, Texas. Twenty-four month probation of EMT-Paramedic certification through October 29, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Ford, Eddie O., Houston, Texas. Twelve months suspension of EMT-Paramedic certification through March 31, 2000. EMS Rules 157.51(b)(24), fails to give the department or its authorized representative full and complete information upon request, regarding an alleged or confirmed violation of the Health and Safety Code, Chapter 773, and the rules adopted thereunder.

* **Garza, Roberto**, Mission, Texas. Twenty-four months probation of EMT certification through December 22, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Gault, Shelley Wells, Corpus Christi, TX. Four years probation of EMT certification through November 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction and misdemeanor convictions.

Geyer, Christopher Joseph, New Braunfels, Texas. Probation of EMT certification through June 30, 2001. EMS Rules 157.51(b)(27), fails to complete continuing education requirements as described in 157.38 of this title.

* **Gilcrease, Shawn**, Rosharon, Texas. Twenty-four months probation of EMT-P certification through December 31, 2001. EMS Rules 157.51(b)(2), fails to administer medication and/or treatments in a responsible manner in accordance with the medical director's orders or protocols.

Gonzales, Alfonso C., Corpus Christi, Texas. Twenty-four months probation of EMT certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

Gonzales, Richard, Pearsall, Texas. Twelve months probation of EMT certification through September 30, 2000. EMS Rules §157.51(b)(25)...violates any rule or standard that would jeopardize the health and safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Graham, Robert W., San Antonio, Texas. Twenty-four months probation of EMT-P certification through July 15, 2000. Health and Safety Code 773.041(b), a person may not practice as any type of EMS personnel unless the person is certified.

Hall, Eric Lynn, Katy, Texas. Twelve months probation of EMT-Paramedic recertification through April 16, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Hebbe, Robert Kenneth, Joshua, Texas. Twelve months probation of EMT certification through August 3, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Henry, Douglas A., Kirbyville, TX. Four years probation of EMT-Paramedic certification through February 5, 2002. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

Herdon, Alfred, Houston, Texas. Decertification of EMT certification effective August 30, 1999. EMS Rules 157.51(b)(9), representation that one is qualified at any other level than his current certification.

Hicks, Kelly Marie Valentich, Dallas, Texas. Twenty-four months probation of EMT-Paramedic certification through July 10, 2000. EMS Rules 157.44, 157.51(b)(16)(24) and (c), misdemeanor convictions while certified.

* **Higgins EMS**, Higgins, Texas. Twelve months probation of EMS provider license through November 30, 2000. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider licensure requirements in 157.11 of this title.

Hoffman, Heath Clinton, Palacios, Texas. Twenty-four months probation of EMT certification through September 22, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

* **Horn, James Leo**, Houston, Texas. Decertification of EMT-P certification effective November 19, 1999. EMS Rules 157.44, 157.51(b)(16), (24), (27) and (d), felony conviction while certified, failure to give the department full and complete information upon request and failure to complete continuing education

requirements.

Howell, Lynn, Howe, Texas. Twelve months probation of EMT-P license through May 31, 2000. EMS Rules 157.51(b)(1), (2), (17), (20) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; practices beyond the scope of certification without medical direction; intentionally falsifies a patient record; and violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Howland, Darren Deun, Dallas, Texas. Twenty-four months probation of EMT-P certification through November 2, 2000. EMS Rules 157.51(b)(1) and (2), failure to follow EMS standards of care in the management of a patient and failure to administer medication and/or treatment in accordance with the medical director's orders or protocols.

* **Jackson, Jody Leon**, Dayton, Texas. Twenty-four months probation of EMT certification through January 10, 2002. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions and a felony conviction.

* **Janes, David**, Sulphur Springs, Texas. Decertification of EMT certification effective November 9, 1999. EMS Rules 157.51(b)(1), (2), (4), (9), (16), (17), (19) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; performs advanced level treatment without medical direction or supervision; represents that he or she is qualified at any level other than current certification; has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44 of this title; practices beyond the scope of certification without medical direction; performs medical acts beyond those permitted by the medical director; violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Johnston III, Richard F., Tyler, Texas. Twelve months probation of EMT-I certification through August 3, 2000. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Jones, Darrell Wilson, Bryan, Texas. Emergency suspension of ECA certification effective October 5, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that the conduct of the certificant creates an imminent danger to the public health or safety.

King, Elizabeth Ann, Austin, Texas. Twenty-four months probation of ECA certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction and misdemeanor conviction.

Landrum, Jeffrey David, Tyler, Texas. Twenty-four months probation of EMT-P certification through January 15, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Laredo "A" Ambulance, Laredo, Texas. Twelve months probation of EMS provider license through August 31, 2000, and administrative penalty of \$4,000. EMS Rules 157.11(a)(F), a certificate of insurance coverage shall be filed with the department.

Leal, Jaime Ledesma, Mercedes, Texas. Twenty-four months probation of EMT certification through August 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

* **Leverentz, Thomas Gordan**, Ovilla, Texas. Twelve months probation of EMT certification through January 19, 2001. EMS Rules 157.44, 157.51(b) and (c), misdemeanor conviction.

Lifesource Ambulance Service, San Antonio, Texas. Probation of provider license for twelve months through June 2000 and a \$2,000 administrative penalty. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider license requirements as defined in 157.11 of this title.

Lowe, Steven, Southlake, Texas. Twelve months probation of EMT-P certification through July 31, 2000. EMS Rules 157.51(b)(1), (2) and (25), fails to follow EMS standards of care in the management of a patient, fails to administer medication and/or treatments in a

responsible manner in accordance with the medical director's orders or protocols, and violates any rule or standard that would jeopardize the health and safety of a patient, the public or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Mackenzie, Megan, Denton, Texas. Emergency Suspension of EMT-P certification effective September 27, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that the conduct of the certificant creates an imminent danger to the public health or safety.

Mancillas, Corrine Alethea, El Paso, Texas. Twenty-four months probation of EMT certification through June 30, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Mason, Robert Clay, Melissa, Texas. Twenty-four months probation of ECA certification through November 19, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Mefford, Robert M., Socorro, Texas. Twenty-four months probation of ECA certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

Melvin, Robert, Houston, Texas. Twelve months probation of EMT certification through November 30, 2000. Health and Safety Code, Chapter 773.041(b), covering not practicing as any type of EMS personnel unless the person is certified.

Merkel EMS, Huntsville, Texas. Twelve months probation through July 31, 2000. EMS Rules 157.19(c)(1)(U) and 157.14(c)(2), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient, and required equipment...drugs as prescribed by the service's medical director.

McMahon, Jeremy Edward, Garland, Texas. Twenty-four months probation of EMT certification through July 22, 2000. EMS Rules 157.44, 157.51(b) and (c) 157.53, misdemeanor conviction.

Miller, Robert Scott, Lockhart, Texas. Twenty-four months probation of EMT-Paramedic certification through June 4, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction while certified.

Mize, Timothy, Houston, Texas. Twenty-four months probation of EMT certification through October 21, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Murphree, Ted Lee, Rising Star, Texas. Twenty-four months probation of ECA certification through October 2, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

* **Noonan, William Craig**, Houston, Texas. Denial of EMT-I certification and decertification of EMT certification effective November 19, 1999. Chapter 773.061 of the Health and Safety Code, EMS Rules 157.44, 157.51(b)(25) and (d) and 157.53(1-7), violation of an rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Oakley, Phyllis, Houston, Texas. Twelve months probation of EMT certification through September 30, 2000. EMS Rules §157.51(b)(1)... failure to follow EMS standards of care in the management of a patient; §157.51(b)(2)... covering failure to administer medications and/or treatments in a responsible manner in accordance with medical director's . . . protocols and §157.51(b)(25)... violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has the potential negative effect on the health or safety of a patient.

Oliver, Leon Matthew, Houston, Texas. Eighteen months probation of EMT certification through may 19, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

* **Orange County Ambulance Service**, Orange, Texas. \$1000 administrative penalty. EMS Rules 157.19(c)(1)(A) and 157.11(d)(3)(A), fails to comply with any of the provider licensure requirements in 157.11 of this title; .an MICU provider shall staff MICU vehicle(s), when in service, with at least one EMT and one EMT-P who have active status certification, 24 hours per day, 7 days per week.

Disciplinary Actions

Palomo, Mark Anthony, Houston, Texas. Decertification of EMT certification effective July 7, 1999. EMS Rules 157.51(b)(9), (23) and (24), represents that he or she is qualified at any level other than his or her current certification, and fails to comply with the Health and Safety Code, Chapter 773 and rules adopted thereunder, and fails to give the department or its authorized representative full and complete information, upon request, regarding an alleged or confirmed violation of Health and Safety Code, Chapter 773, and the rules adopted thereunder.

* **Paramed Systems, Inc.**, Ft. Worth, Texas. \$2000 administrative penalty. EMS Rules 157.19(c)(1)(U), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

* **Paramore, Jason Wesley**, Brenham, Texas. Twelve months probation of EMT certification through December 30, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Parker, Michael Ray, Clifton, Texas. Twenty-four months probation of EMT certification through November 4, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Parkhill, Kimberly, Mart, Texas. Probation of EMT-Intermediate certification through July 30, 2000. EMS Rules 157.51(b)(28), abuses drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Parra, Richard D., Horizon, Texas. Probation of EMT certification through October 29, 2000. EMS Rules 157.51(b)(27) on audit, fails to complete continuing education hours as described in 157.38.

Personal Care EMS, Houston, Texas. Twelve months probation of EMS provider license through October 31, 2000 and an administrative penalty of \$5,000. EMS Rules 157.19(c)(1)(A), (O), and (U), fails to comply with any of the provider licensure requirements in 157.11 of this title, intentionally falsifies a patient record, and violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

* **Pinedo, Marisela**, Los Fresnos, New Mexico. Probation of EMT-I certification through June 1, 2006. EMS Rules 157.44, 157.51(b)(16) and (c), felony conviction while certified.

Porras, Efrain, San Elizario, Texas. Twelve months probation of EMT-I certification through July 31, 2000. EMS Rules 157.51(b)(2), (4) and (11), fails to administer medications and/or treatments in accordance with the medical director's orders or protocols, performs advanced level treatment without medical direction or supervision, and appropriates and/or possesses without authorization medications, supplies, equipment or personal item inappropriately acquired in the course of duty.

* **Powell, Cynthia**, Vidor, Texas. Twelve months probation of EMT-P certification through December 31, 2001. EMS Rules 157.51(b)(9), (20), and (23), represents that he or she is qualified at any level other than current certification; intentionally falsifies a patient record; fails to comply with Health and Safety Code, Chapter 773, and rules adopted thereunder.

Powell, Rhett, Paris, Texas. One month suspension followed by eleven months probation of EMT certification through August 31, 2000. EMS Rules 157.51(b)(11), appropriates and/or possesses without authorization medications, supplies, equipment, or personal items inappropriately acquired in the course of duty.

Pulido, Gilberto, Laredo, Texas. Twenty-four months probation of EMT certification through October 15, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Pumphret, Eric P., Austin, Texas. Twenty-four months probation of EMT-Paramedic certification through November 20, 2000. EMS Rules 157.51(b)(1) fails to follow the EMS standards of care in the management of a patient; 157.51(b)(2), failure to administer medications and/or treatments in a responsible manner in accordance with the medical director's protocol; 157.51(b)(20), intentionally falsifies a patient record.

Ramsey, Donald Dean III, Portland, TX. Four years probation of EMT certification through January 15, 2002. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Rapp, Robert Bernard, Sanderson, Texas. Eighteen months probation of EMT certification through August 17, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

* **Remling, William Joseph**, San Antonio, Texas. Twelve months probation of EMT certification through December 17, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Roberts, Tammy, Cedar Hill, Texas. Twenty-four months probation of EMT certification through October 28, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Rodriguez, Luis Anthony, Odessa, Texas. Twelve months probation of EMT certification through August 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Romo, Michael F., Houston, Texas. Twenty-four months probation of EMT-Paramedic recertification through May 28, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

Rutland, Harold Dean, Sonora, TX. Probation of EMT certification through April 30, 2000. EMS Rules 157.51(26), falsification of an application for EMS personnel certification.

Saenz, Humberto, Garciasville, Texas. Twenty-four months probation of ECA certification through August 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.

Santos, Rachel Pulido, Alice, Texas. Twelve months probation of EMT certification through August 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Savahl, Shirilinda Danford, Saalsbury, Tennessee. Twenty-four months probation of EMT-Paramedic certification through October 27, 2000. EMS Rules 157.51(b)(27), fails to complete CE requirements as described in 157.38 of this title.

Shephard EMS, Shephard, Texas. Twenty-four months probation of provider license through December 7, 2000. EMS Rules 157.11(d)(1)(A), BLS provider shall staff BLS vehicle(s), when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, 7 days per week; 157.11(d)(1)(B), BLS provider who does not provide service 24 hours per day, 7 days per week, shall notify the department and publish notice of hours of operation in the local media; and all advertising shall contain the hours of operation.

Simpson, Amber Lee, Houston, Texas. Twelve months probation of EMT-I certification through July 21, 2000. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Smith, Cassandra, Pensacola, Florida. Two years probation of EMT-Paramedic certification through March 25, 2000. EMS Rule 157.51(b)(2), failure to follow medical director protocols.

Smith-Green, Tonya Sue, Burleson, Texas. Forty-eight months probation of EMT certification through October 15, 2003. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Sowell, Dana, Buffalo Gap, Texas. Twenty-four months probation of ECA certification through June 12, 2000. EMS Rule 157.51(b)(27), failure to comply with continuing education requirements in 157.38.

Stewart, Roger Dale, Grapevine, Texas. Twenty-four months probation of EMT certification through November 30, 2000. EMS Rules 157.51(b)(27), fails to complete CE requirements as described in 157.38 of this title.

Stone, Shannon, Brownwood, Texas. Twelve months probation of EMT certification through October 31, 2000. EMS Rules 157.51(b)(3), fails to maintain confidentiality of patient information obtained in the course of professional work.

Tamas, Jordon, Austin, Texas. Emergency suspension of EMT-P certification effective September 26, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that the conduct of the certificant creates an imminent danger to the public health or safety.

Thorpe, Michael Ray, Brenham, Texas. Twenty-four months probation of EMT-Paramedic certification through July 20, 2000. EMS Rules 157.51(b)(1), failure to follow EMS standards of care in the management of a patient.

Vasquez, Eduardo, Brownsville, Texas. Twelve months probation of EMT certification through

November 24, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Vinson, Justin Gabriel, Marble Falls, Texas. Twelve months probation of EMT certification through October 5, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

Walker, Jeffrey Phillip, Austin, Texas. Twelve months probation of EMT-Paramedic certification through April 1, 2000. EMS Rules 157.51(b)(25), violated any rule or standard that would jeopardize health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health and safety of a patient.

* **Walker, Shane Anthony**, Buffalo, Texas. Twelve months probation of EMT certification through January 25, 2001. EMS Rules 157.44, 157.51(b) and (c), conviction through military justice.

Warner, Aaron Denis, Harlingen, Texas. Twenty-four months probation of ECA certification through August 4, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Watson, Laurie Lynn, Austin, Texas. Twelve months probation of EMT certification through August 25, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Waterwood EMS and Security, Huntsville, Texas. Twenty-four months probation through July 2001. EMS Rules 157.19(c)(1)(U), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

Watkins, Darrell D., Sr., LaMarque, Texas. Twenty-four months probation of ECA certification through January 8, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

* **Watkins, Jimmy Dean**, Ft Worth, Texas. Decertification of EMT certification effective December 10, 1999. EMS Rules 157.44, 157.51(b)(16) and Texas Revised Civil Statutes Annotated, Art. 6252-13c.4(e), felony conviction while certified.

Wemple, Matthew, Porter, Texas. Application for certification denied on September 16, 1999. Health and Safety Code Chapter 773.041(b)...a person may not practice as any type of emergency medical services personnel unless the person is certified under that Chapter.

Westlake Community VFD, Dayton, Texas. Twelve months probation of EMS provider license through September 30, 2000. EMS Rules §157.19(c)(1)(A) fails to comply with any of the provider licensure requirements in §157.11 of this title (relating to Requirements for an EMS Provider License); (U) violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

Wind, Caron, Nederland, Texas. Decertification of EMS Coordinator certification effective July 20, 1999. EMS Rules §157.64(a)(2)(O) fails to complete and submit the course and/or CE application and student documents within the time frames established in §§157.32 - 157.35 of this title (relating to EMS Training and Course Approval) or §157.38 of this title (relating to Continuing Education).

Withrow, Bruce Edward, San Antonio, Texas. Decertification of EMT certification effective August 20, 1999. EMS Rules 157.51(b)(9), representation that one is qualified at any other level than his current certification.

Woodall, Dale Bradley, Spring, Texas. Decertification of EMT-P certification effective April 23, 1999. EMS Rules 157.51(b)(1), (2), (11) and (18), failure to follow EMS standards in the management of a patient; failure to administer medications and/or treatments in a responsible manner in accordance with medical director's . . . protocols; appropriation and/or possession without authorization medications, supplies, equipment . . . inappropriately acquired in the course of duty; and illegally dispenses, administers, or distributes controlled substances as defined by the Health and Safety Code, Chapter 481 and/or Chapter 483.

* These listings are new this issue. Denials, revocations and administrative penalties will be printed in three consecutive issues. Suspensions will be printed until suspension or probation expires.

Meetings & Notices

Calendar

March 25, 2000. **Aeromedical Ground School.** \$25 (\$10 for volunteer & students), 7 hours. Contact Kathy Jordan, Texarkana College, at 903/ 838-4541, ext. 382.

March 21-30, 2000. **Advanced EKG Interpretation Class.** Monday/Wednesday. For more information contact College of the Mainland at 409/ 938-1211, 888/ 258-8859 ext 224.

March 28- April 15, 2000. **EMT Refresher Class.** Tuesday/Thursday/Saturday. For more information contact College of the Mainland at 409/ 938-1211, 888/ 258-8859 ext 224.

March 28-April 29, 2000. **EMT-I Refresher Class.** Tuesday/Thursday/Saturday. For more information contact College of the Mainland at 409/ 938-1211, 888/ 258-8859 ext 224.

April 3 & 5, 2000. **ACLS Provider course.** \$185, includes books, optional prep courses. For more information, contact Gloria Soto, Texas Tech Univ HSC at El Paso at 915/ 771-6482, www.ttuhs.edu/pages/emme/emme.htm.

April 6, 2000. **Neuro Update 2000.** 7.2 CNE, EMS approval. \$45 (\$10 for students),

includes lunch, handouts and certificates. Contact Kathy Jordan, Texarkana College, at 903/ 838-4541, ext. 382.

April 6-7, 2000. **Neonatal/Pediatric Critical Care Transport Conference.** Cosponsored by Cook Children's Medical Center Teddy Bear Transport & Children's Medical Center of Dallas. Contact Cook Children's Education Dept at 817/ 885-4170.

April 10, 12, 14, 18, 20, 2000. **EMS Instructor Class.** For more information contact College of the Mainland at 409/ 938-1211, 888/ 258-8859 ext 224.

April 14, 2000. **Death and Dying.** 6 hours, \$35/\$10 for students. CE approval pending. Contact Kathy Jordan, Texarkana College, at 903/ 838-4541, ext. 382.

April 15, 2000. **Outdoor Challenges: Processes to strengthen the EMS Peer Support Community.** Hill Country Challenge Course, San Antonio. 8 hours CE, \$90. Contact Team Leadership Results at 210/ 822-1542, tlr@world-net.net, www.team-leadership.com.

April 27-28, 2000. **Mental Health Update 2000.** 14 hours, \$25/day or \$10/day for students. Contact Kathy Jordan, Texarkana College, at 903/ 838-4541, ext. 382.

April 29, 2000. **ACLS Class.** For more information contact College of the Mainland at 409/ 938-1211, 888/ 258-8859 ext 224.

May 6, 2000. **ACLS Class.** For more information contact College of the Mainland at 409/ 938-1211, 888/ 258-8859 ext 224.

May 6, 2000. **ACLS Recert.** For more information contact College of the Mainland at 409/ 938-1211, 888/ 258-8859 ext 224.

May 6, 2000. **Pre-hospital Burn Life Support Course.** \$110. Galveston. Call Michael Buffalo 409/770-6953 or American Burn Assoc. 800/548-2876.

May 20, 2000. **Outdoor Challenges: Processes to strengthen the EMS Peer Support Community.** Hill Country Challenge Course, San Antonio. 8 hours CE, \$90. Contact Team Leadership Results at 210/ 822-1542, tlr@world-net.net, www.team-leadership.com.

EMS has openings for 3 full-time paramedics and 1 EMT-I. 24/48 shifts, pay determined by experience. Licensed paramedics receive additional \$2,500 per year. For information and application, contact MFAEMS, P.O. Box 296, Marble Falls, TX 78654, 830/ 693-7277, mfems@tstar.net.

Assistant EMS Director: Stamford EMS has an opening for an assistant EMS director. Must be a certified paramedic with experience in billing, collections & EMS business operations. Shift work required. SEMS has a call volume of app. 600 calls per year. Call SEMS at 915/ 773-2333 or send resume with salary requirements to Stamford EMS, 301 E. Hamilton, Stamford, TX 79553, attn: Clu Burnham.

Paramedics, EMTs: American EMS Ambulance Service is now hiring paramedics (\$12/hour) and EMTs(\$9/hour). Flexible hours, full/part-time shifts and 12 or 24 hours shifts. Call 713/ 724-4357.

Paramedic/firefighter: City of Edna EMS Fire Dept is accepting applications for full-time paramedic/Firefighters. Competitive salaries, excellent equipment, with a 24-hour ALS service. Send resume to Buster Chase, EMS Director, 126 W. Main, Edna, TX 77957, 361/ 782-3159, email ednaems@viptx.net.

EMTs: Provider's Ambulance Service in Houston is hiring for several shifts. Full/part-time positions available. Call 713/ 692-5766, fax resume to 713/ 692-5795, or come by 55 Lyerly #101, Houston, TX.

Paramedic: Refugio EMS is hiring one paramedic. Full benefits, excellent equipment, entry pay over \$27,000. Licensing pay available. Good driving record required. Reply by mail with State sub-scales to Refugio EMS, 107 Swift St., Refugio, TX 78377, fax 361/ 526-2210.

EMS Instructor/Assistant EMS Coordinator: Associate degree and TDH course Instructor and Examiner certification required. Full-time position, competitive salary. Contact Polly Williams at 254/ 299-8591 or McLennan Community College, Human Resources Dept, 1400 College Dr, Waco, TX 76708, www.mcc.cc.tx.us.

Paramedics, EMTs, communications specialists, wheelchair van drivers: CareFlite Ground and Communications in Dallas has openings for full-time and relief personnel. Competitive salary, excellent benefits. For information and application, contact Jeana Moffett or Billy

Deadlines and information for meetings and advertisements

Deadline: Meetings and notices must be sent in six weeks in advance. 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. Please send in your calendar items six weeks in advance to make the next issue.

Cost: Calendar items are run at no charge. Calendar items run in the meeting 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 Health, 1100 West 49th Street, Austin, TX 78756-3199. Call 512/834-6700 if you have a question about the calendar section.

Jobs

Paramedics, EMT-Is, EMTs, dispatchers: Full or part time positions available. Paid continuing education hours and training. Call Walter, Life Line Universal Transport, Inc., at 281/970-2273 for appointment or fax resume to 281/ 477-0419.

Paramedics, EMT-Is: Marble Falls Area

Meetings & Notices

White at 214/ 947-8469 or 800/ 345-9646.

Paramedics: Fort Bend County EMS has openings for licensed or certified paramedics. Part-time positions available. Full-time positions available with pay of \$12.56 to \$17.71/hour, excellent benefits, emergency 9-1-1 calls. Exp preferred, but not necessary; recent graduates welcomed. For information or application, contact Human Resources Dept., 309 S. Fourth St, Ste 515, Richmond, TX 77469, 281/ 342-7233. +

Paramedics: Eastland Memorial Hospital EMS has openings for LPs/EMT-Ps. 24/48 shifts, competitive salaries. Send resume to P.O. Box 897, Eastland, TX 76448, or call Richard Bird at 254/ 629-2601. +

Paramedics, EMT-Is, EMTs: Calhoun County EMS, a MICU 9-1-1 provider, is currently taking applications. For information contact Henry Barber at 361/ 552-1140 or go to www.tisd.net/cal-ems. +

Paramedics, EMT-Is: Rural/Metro MedStar in Ft Worth and the surrounding areas is accepting applications. For application, contact jobs@medstar911.com, Rural/Metro MedStar, 3010 S. Grove St, Ft Worth, TX 76104, or call Chris Rucker at 817/ 632-0524. +

EMT, EMT-Is, paramedics: Harde-man County is accepting applications. Resumes can be sent to mark Williams, Director, P.O. Box 266, Quanah, TX 79252, fax 940/ 663-2597. +

Paramedics: Cook Children's Health System, Ft Worth, is hiring paramedics for the Surgical Services units. Competitive salaries and benefits, day shifts Mon-Fri. Send resumes attn: Employment Specialist - Human Resources Dept, 801 7th Ave, Ft Worth, TX 76104, fax 817/ 885-3947.*

Sales Team Administrator: Houston-based company has open positions for administrative duties for sales team, including data entry, contact management, correspondence, sales follow-up calls. EMS experience, communication skills required. Salary plus commission, benefits. Send resume to Jim Allen, 1301 Regents Park Dr., Ste 204, Houston, TX 77058.*

Paramedics & marketing: American EMS Ambulance, Inc. is now hiring for marketing positions. Full/part time positions, competitive salary and paid CE. For more information call 713/ 724-4357 or 713/ 774-4729.*

Hiring skilled EMTs Basic, \$8; Intermediates, \$9; paramedics, \$11. Benefits, flexible hours, etc. for MICU ambulance provider. For appointment call Jeff at 713/ 521-1426.

For Sale

For Sale: 1994 Type II Wheeled Coach with diesel engine. Excellent condition, \$8,000 with stretcher. Call Sam at 713/ 774-4729. +

For Sale: Wheelchair van with Braun 400-pound lift. Excellent shape and body. \$4,500 or call with offer, 713/ 724-4357 +

For Sale: (5) MICU-ready 1990 & 1991 Collins. All Texas Department of Health required equipment and supplies (no drugs) included or bare truck. Call 817/ 277-8528. +

For Sale: EMS equipment and supplies. LifePak 5's, LifePak 6, O2 regulators & cylinders, KEDs, backboards, bandaging supplies, IV set-ups, BVMs & O2 masks, radios, stretchers and more. Call 817/ 277-8528. +

For Sale: New and used Type I, II and III ambulances, different brands and makes. For information, contact Art Seely, Regional Sales Manager, Rescue Safety Products, 220 W. Parkway, Denton, TX 76201, 800/ 481-4490.*

For Sale: Billing and collection services for EMS, ambulance and air flights. Payments mailed directly to you, monthly reports and financial analysis. Call Alexander Billing and Consulting at 888/ 991-9444.*

Fax items for this section to 512/834-6736

There is not a charge to run items in the meetings and notices section.

Miscellaneous

Looking for CE? Call Master Train at 210/ 832-0422 to inquire about schedules for CPR training, EMT CE, ACLS, and others. +

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 or fax 281/922-4429. +

Texas EMS Consulting Service. Specialized paramedic CE classes, prep class for paramedic TDH exam, 24 years exp. Contact Max A. Smith, EMT-P, pager with voice mail, 254/ 918-9033, www.maxpages.com/emsservices.*

EMCert, Inc. provides online CE for EMS. Individual and group subscriptions with customized administrative features. Free online course. Call 877-EMS-HERO, or go to www.emcert.com*

EMCert is accepting material that will address pertinent issues that directly affect emergency medical professionals. Call 1-877/367-4376 for author guidelines.

Ambulance billing by full service billing agency. Y2K compliant, electronic billing, standard & individualized reports, assistance with facility education on billing guidelines for federal and state billing. Contact Health Claims Plus at 888/483-9893, hcp@imsday.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.)

Placing an ad? Moving? Renewing your subscription?

Placing an ad? To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: *Texas EMS Magazine*, 512/834-6736 or send to *Texas EMS Magazine*, 1100 West 49th, Austin, TX 78756-3199. Ads will run in two issues and then be removed.

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

Renewing your subscription? Use the subscription form in this magazine to renew your subscription and mark the renewal box.

EMS Profile: Williamson County EMS



with one paramedic (shift captain) on board with transport capabilities. One volunteer unit is in Florence. All ambulances are Type I Ford F-350. Williamson County maintains a reserve fleet of four ambulances that can be put into service in the event of a disaster. All ambulances are licensed as BLS units with MICU capabilities.

Call Volume: Williamson County EMS responded to approximately 24,000 calls in 1999.

Williamson County EMS was recently recognized by the Commissioner's Court for 25 years of service.

Name of Service: Williamson County EMS

Number of Personnel: 68 full-time; 30 part-time.


Years in Service: Williamson County EMS began service in January 1975 with 4 full-time units and 12 paramedics.

Number of Units and Capabilities: The EMS fleet consists of 18 ambulances with 11 on duty 24 hours. One ambulance is on duty for 12 hours, five days per week for hospital transfers and to cover system status management during peak times of day. One ambulance is a 24-hour command unit

Overview: Williamson County EMS began operations in January 1975 with four stations. Over the last 25 years, Williamson County EMS has grown to ten stations and serves all of the unincorporated areas and cities of Williamson County. This translates to 1124 square miles and a population of more than 220,000. Williamson County EMS personnel are professionals who have dedicated themselves to superior customer service and quality patient care.

The department is pioneering an emergency medical education program to provide continuing education to its field staff and has initiated a public awareness program to educate schoolchildren on safety and health issues.

Medical direction and oversight is pro-active and educational in its approach. The department is developing a medical oversight program through a pen-based computer charting system that will allow for a comprehensive QA/QI program. Personnel are provided with comprehensive off-line medical protocols that are consistently reviewed and updated by a team of field personnel.

Williamson County EMS has earned a reputation of excellence in the emergency medical field. It has been recognized as one of the best systems in the state, receiving these awards: 1994 Texas EMS System of the Year, 1995 Administrative Excellence Award and 1997 Texas EMS Administrator of the Year. 

Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

Periodical
Rate Paid
At Austin, Texas