Texas EMS

Magazine

For the citizens of Oklahoma City, April 19, 1995, began just like any other day... before the day was over nearly 1,000 rescue workers would see a disaster they would never forget.

Serving Texas Emergency Care Professionals

Texas Department of Health

July/August 1995

Mail or Fax order form to:

Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, TX 78756
or Fax to (512) 834-6736

Order these free materials for your community education programs.

Shipping information:

Organization _____

Shipping Address _____

City/State/Zip _____

Telephone _____

Contact _____

Amount ordered	Description
_____	**"Ready Teddy" coloring book.** Twelve pages of injury prevention and EMS awareness tips by the Texas EMS mascot. (4-61)
_____	**"When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure.** A foldout first aid guide first distributed in 1988. Can be personalized by the EMS service. (EMS-014)
_____	**"Don't Guess, Call EMS" brochure.** A reprint of a Department of Transportation brochure updated with Texas photos and logo. Back panel listing of Public Health Region offices and a "for more information call" box, 1989. (EMS-013)
_____	**"EMS Lifesavers—Career Information" brochure.** Gives types of jobs, paid and volunteer, in various settings and salary ranges. (EMS-007)
_____	**"EMS questions and Answers About Citizen participation" brochure.** Answers questions about how to call, what to do, how the community can help EMS. (EMS-008)
_____	**"EMS—A System to Save a Life" brochure.** A 1970's title, 1990's text, and it has public health region office info and "for more information call" box. Explains BLS and ALS, 1989. (EMS-012)
_____	**"Ready Teddy" poster.** The Texas EMS mascot urges kids to prevent injuries. (4-60)
_____	**"Dedicated to Patient Care" poster.** EMT and elderly woman pictured; featured during 1988's EMS Week. (EMS-009)
_____	**"EMS—It's a Lifesaver" poster.** Features the scanned ambulance with an orange stripe and EMT. Our first EMS Week poster, 1985. (EMS-018)
_____	**"System to Save a Life" poster.** Companion poster to brochure, 1990. (EMS-011)
_____	**"When It's A Medical Emergency—You Need EMS" poster.** Pictures closeup of EMTs resuscitating a child, 1987. (EMS-010)
_____	**"I'm an EMS Friend" sticker.** Ready Teddy in a 2-½ inch 2-color sticker.
_____	**"Children and Guns: A Deadly Combination" flier**. Pictures tot with gun, Texas death stats, 1993.
_____	**"What If There Were No Lights At The End of the Tunnel?" poster**. Encourages communities to support local EMS, 1993. (EMS-021)
_____	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.
_____	Send a sample of all public information and education materials—**a PIE pack**.
_____	**"Accidents Don't Just Happen" brochure**. Injury prevention tips featuring Dr. "Red" Duke, 1993. Poster also available. (EMS-003)

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ABOUT THE COVER: Texas rescuers went to Oklahoma City to help and to learn. Photo by Bradley Wilson.

Texas Department of Health Mission

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

Bureau of Emergency Management Mission

To facilitate statewide, regional, and community systems that provide emergency and health care for all individuals.

Texas EMS Magazine

July/August 1995 Vol. 16 No. 5

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Texas Department of Health

Texas EMS Magazine (ISSN 1063-8202) is published bimonthly by the Texas Department of Health, Bureau of Emergency Management, 1100 W. 49th Street, Austin, Texas 78756-3199. The magazine embodies the mission of the Bureau: to help organizations function professionally as EMS providers, to help individuals perform lifesaving prehospital skills under stressful conditions, and to help the public get into the EMS system when they need it. It takes state and national EMS issues and answers to ECAs, EMTs and paramedics serving in every capacity across Texas.

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

Subscriptions to *Texas EMS Magazine* are available for $20 for two years. Sample copies on request. As provided in Chapter 773, the Emergency Medical Services Act, subscriptions are free to licensed provider firms and course coordinators. To order a subscription or to request a change of address in a current subscription, write to *Texas EMS Magazine* at the address above or call (512) 834-6700.

We will accept telephone and mail queries about articles and news items. Manuscript and photograph guidelines available upon request. Materials will be returned if requested.

Second Class Postage paid at Austin, Texas. POSTMASTER: Send address changes to *Texas EMS Magazine*, 1100 W. 49th Street, Austin, Texas 78756.

$3 million to go to local EMS projects

GENE WEATHERALL, CHIEF BUREAU OF EMERGENCY MANAGEMENT

This past session of the Texas Legislature was very good to emergency medical service in Texas. The legislators were so good to EMS that they doubled the funds that we will have available for EMS grants—$3 million will go toward TDH's EMS Local Projects grant program over the next two years. These funds will improve EMS at the local level by purchasing some necessary equipment and funding many training programs. We published the application for funding in the May/June issue of *Texas EMS Magazine* and mailed approximately 2,000 application forms. However, if you are just now reading about Local Projects grants for the first time, call us immediately at (512) 834-6700 for assistance. The deadline to apply is August 31, 1995.

Congratulations for the success of the Local Projects grant program needs to be expressed to several people on our staff. Ernie Rodriguez, John Rinard, and John Singleton—who is now with the Carrollton Police Department—have used their EMS knowledge and skills to work closely with EMS providers around the state. Bobbie Broadbent has done an outstanding job of keeping all the financial records and working with local EMS providers to facilitate the processing of all the necessary paperwork. Alana Mallard and her staff members Kelly Harrell and Jan Brizendine have done an excellent job of distributing information about this program to all EMS organizations in the state and to the media.

We are in the process of forming the membership of our new advisory group. This new council will be called the Emergency Health Care Advisory Committee, and it will have standing committees for EMS, trauma, and pediatrics. Members of the advisory committee will be selected in September by the Texas Board of Health.

TEXAS EMS CERTIFICATIONS AS OF JULY 6, 1995

ECA	8,270
EMT	25,417
EMT-I	3,352
EMT-P	8,885
TOTAL	45,924
COORDINATOR	364
INSTRUCTOR	1,439
EXAMINER	1,591

Letters

Thank you to Austin Fire Department, Austin EMS, and Firefighter Combat Challenge volunteers: This is just a short letter to say thank you from the Fritch Volunteer Fire Department. We participated in the Firefighter Combat Challenge held in Austin July 8 at Austin High School. The temperature and humidity levels were high, compared to our region of the state.

The Austin EMS medics, Austin Fire Department staff, and volunteers in the rehab area were kept busy throughout the day. The staff showed a caring concern for every individual they took care of. Even though the medics treated several hundred competitors, every person was treated with the same cordial care and concern. The staff made sure that every individual was recuperated before being allowed to leave the area.

I was assigned as the team medic for our team, and the Austin staff allowed me to assist them with my team members in the rehab process, even though I was also a competitor. The team work was great among the staff, even though I had never worked with these people before. This was truly a showing of statewide team work.

Again, thank you for being at the competition, for being so concerned with every individual and my team mates, and for the care everyone received.

Captain Paul Taylor, EMT-P
Fritch Volunteer Fire Department

Keep that magazine coming: Recently I moved to Virginia Beach, Virginia, to continue studies in an advanced Corpsman program offered by the Naval Reserve. I am also a licensed EMT in the state of Virginia.

Reading the Texas EMS is educational and enjoyable to read. I hope to return to Texas in the near future, but, for now please change my publication mailing address to my Virginia Beach address.

Richard W. Monk

A sample of suggestions from a recent reader survey: Dale Montgomery from Poth, Texas, wants to see a "column each month on different all-volunteer organizations, with a write up and pictures." McKinney's **Susan Furguson** wants us to "Keep up the good work!" "More educational articles with CE credit," says **Mary Clark** from League City and Missions's **Ron Sturchio** echoes that sentiment. And Alpine's **Barbara Stone** says she misses the reports from training classes around the state.

"More job ads," says **Tom W. Jones** from Deer Park. "I'd like to see a story on how a person can start teaching EMS. I have the EMS Instructor/Examiner but what are schools looking for from instructors?" **Linda Beck** from Corpus Christi wants "Timely info. The magazine is usually a month behind." And Irene **Mack** from Spring, Texas, says she would like to see a few cartoons, if possible, and more pictures.

- **What is Texas EMS BBS?** A computerized on-line bulletin board system with information from Texas Department of Health's Bureau of Emergency Management
- **How can I use it?** From your computer and modem dial (512) 834-6638. A V.32/V.32bis modem is best and simple menus will guide you.
- **What will I learn?** You'll read news about local EMS development, state trauma systems, EMS for children, local projects grants, EMS education, Texas EMS Conference, EMS training courses, and proposed and adopted rules. Bulletins offer current events, jobs, and program activities. Forums give you question-and-answer sessions with TDH staff and other BBS users.
- **Is it free?** You pay only for your long distance time if you call from outside Austin, Texas.

For more information call Texas EMS BBS System Operator at (512) 834-6700.

1995 Texas Department of Health EMS Awards

Each year at Texas EMS Conference, the Texas Department of Health recognizes outstanding achievement in the EMS field.

Award winners are chosen from nominations submitted to the public health region EMS offices. Nominations should be no longer than five pages, with a cover letter that lists:

1. Category of nomination
2. Name of nominee
3. Name, address, and daytime phone number of nominator

The nomination should use the categories below and should describe the significant accomplishments of the nominee.

Submit three copies of the nomination to the nominee's public health region EMS office, which are listed on page 19. If you have questions, contact your public health region EMS office or the Bureau of Emergency Management at (512) 834-6700. Deadline for nominations is November 1, 1995.

We will announce award winners at Texas EMS Conference '95 during the Awards Luncheon on November 21, 1995.

EMS Awards 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 either 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.

EMS Telecommunicator Award honors a telecommunications specialist who has helped the dispatching profession.

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, publicaccess, 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.

1994 Texas Department of Health EMS Award Winners

Karen Yates
Educator

Donovan Butter
Medical Director

Henry Barber
Administrator

KD Herrington
Public Information

Don Gibson
Telecommunicator

Jerry Pitcock
Citizen

Anderson Ambulance
Private Provider

Williamson County EMS
Public Provider

Hueco Volunteer Fire and Rescue
Volunteer Provider

Fiesta Texas EMS
First Responder

Texas EMS Conference '95
November 19–22, 1995

- *Need top quality CE credit to re-certify?*
- *Want to hear from leaders in EMS?*
- *Wish you could see the newest in technology and patient care?*
- *Wonder how other EMS agencies handle their organizational challenges?*

Texas EMS Conference '95 is your one-stop solution to these issues and more.

Texas EMS Conference once again comes to the Fort Worth-Tarrant County Convention Center. From November 19 through 22 this year you'll have your pick of clinical and administrative workshops, the opportunity to comparison shop equipment and teaching materials, and plenty of time to share experiences with your counterparts from across this region of the U.S.

Quality education in luxurious surrounding at a reasonable cost has been the mission of Texas EMS Conference for ten years. Again this year we'll give you the best educators teaching you the courses you need. The convention center and our four hotels will offer outstanding Fort Worth hospitality and service at affordable rates. And the conference registration fee of $65 makes Texas EMS Conference the best bargain in the nation for CE. That $65 registration fee includes two lunches, three continental breakfasts, breaks, and beverages.

For pure luxury, make your reservation at one of the conference's four hotels. The Worthington, a five-star hotel seven blocks from the conven-

EXHIBITORS

Make check to: **Texas Health Foundation**
Mail to: Texas EMS Conference '95
PO Box 142694
Austin, Texas 78714-2694

Exhibitor Registration Form

Call Jan Brizendine at (512) 834-6748 for exhibitor details.

(1) booth $475
(2) booths $850
(3) booths $1,300
each booth $575 after 10/15/95
no refund after 11/1/95

Firm Name _____

Names of Representatives _____
(2 registrations included with booth fee)

Date _____

Enclosed $ _____

Address _____ Phone _____
Area Code

City _____ State _____ Zip _____

Fax _____ Type of business/products _____
Area Code

How many booths? Regular booths? _____ Ambulance/Vehicle spaces? _____

Exhibit Set-up *Nov. 18 & 19* **Sat. & Sun.**

2:00 pm - 6:00 pm **Saturday**
8:00 am - 12:00 noon **Sunday**

Exhibit Break-down *Nov. 21* **Tuesday**

6:00 pm **Tear-down**
9:00 pm **Exhibit Hall Closed**

tion center, offers a $65 rate for one or two people, with a $5.50 charge per day for parking. Call (800) 433-5677.

The newly-remodeled Radisson Plaza offers a $55 rate for one or two people, with a $6 per day parking charge. Call (817) 870-2100 for reservations.

The Ramada Inn, two blocks from the convention center, gives you a $55 rate for up to four people, with no charge for parking. Call (817) 335-7000. And the Days Inn, across from the convention center, offers rooms for $45 for up to four people. Parking is free. (Call 817) 336-2011.

Make your hotel reservation, send in your registration fee with the coupon below, then come to Fort Worth prepared to see your favorite educators—Scott Bolleter, Don Gordon, Michael Wainscott, Joseph Coppola, Karen Yates, and Mark Warren. And just like we always do, we'll have some new folks who will become some of your favorites. And while you're in Fort Worth, don't forget our traditional Tuesday night EMS party—plan on some Fort Worth boot-scootin' in the cowboy capital of the Southwest.

Use these coupons to register now at the special conference rate for 1995. Call (512) 834-6700 for information about the conference.

TEXAS EMS CONFERENCE '95

REGISTRATION FORM

I'm coming to Fort Worth—Here's my $65, $80 after 10/15/95

Date _____

Enclosed $ _____
(no refund after 11/1/95)

Make check to: **Texas Health Foundation**
Mail to: Texas EMS Conference '95
PO Box 142694
Austin, Texas 78714-2694

Name _____

Address _____

City _____ State _____ Zip _____

Level of Certification _____
(You do not have to hold an EMS certification to attend)

Phone number _____
Area Code

Do you make purchasing decisions or recommendations for your firm? _____

Do you subscribe to *Texas EMS Magazine*? _____

Call (512) 834-6700 if you need more information.

REGISTRANT

Texas EMS Conference '95

Fort Worth-Tarrant County Convention Center
1111 Houston Street
Fort Worth, Texas

Sponsored by Texas Department of Health and Texas Health Foundation

Preconference Activities

Basic CISD Learn how to deal with the stress of critical incidents and how to act as a peer leader in debriefings. November 18–19, Worthington Hotel, $35, contact Paul Tabor at (512) 834-6700.

High-Angle Rescue Basic rappelling skills, self-rescue, and patient packaging. November 19, Convention Center, $25, contact Mike Foegelle at (817) 778-6744.

Level 1 HazMat Designed for EMS response to hazardous materials incidents. November 19, Worthington Hotel, $25, contact Susan Schubert at (817) 834-6700.

Texas Disaster Medical Conference Learn enhanced triage and treatment skills used by members of the state disaster medical assistance team. November 18, Worthington, $25, contact Susan Schubert at (817) 834-6700.

Conference Activities

Sunday, November 19, 1995

11:00 a.m. -	5:00 p.m.	Registration in the Convention Center Exhibit Hall
1:00 p.m. -	5:00 p.m.	Exhibit Hall Open, Refreshments

Monday, November 20, 1995

8:30 a.m. -	10:00 a.m.	*Showbiz and EMS: Working Together to Prevent Pediatric Trauma* Who Who the Safety Clown and Ben Hur Shrine Clowns in the JFK Theatre
10:15 a.m. -	11:45 a.m.	Workshop Breakouts
10:00 a.m. -	6:00 p.m.	EMS Exhibit Hall Open
12:00 p.m. -	2:00 p.m.	Buffet Lunch in the EMS Exhibit Hall
2:00 p.m. -	3:30 p.m.	Workshop Breakouts
3:45 p.m. -	5:15 p.m.	Workshop Breakouts

Tuesday, November 21, 1995

8:30 a.m. -	10:00 a.m.	*Drug Overdoses, Gangs, and Automatic Weapons* Joseph Coppola, MD in the JFK Theatre
10:15 a.m. -	11:45 a.m.	Workshop Breakouts
10:00 a.m. -	12:00 p.m.	EMS Exhibit Hall Open
12:00 p.m. -	1:45 p.m.	EMS Awards Luncheon in the East Exhibit Hall
2:00 p.m. -	6:00 p.m.	EMS Exhibit Hall Open
2:00 p.m. -	3:30 p.m.	Workshop Breakouts
3:45 p.m. -	5:15 p.m.	Workshop Breakouts

Wednesday, November 22, 1995

8:30 a.m. -	10:00 a.m.	Workshop Breakouts
10:15 a.m. -	11:30 a.m.	Workshop Breakouts

Workshop Breakouts on Monday, Tuesday, and Wednesday cover the content areas required for recertification: Preparatory, Trauma, Cardiovascular, Medical Emergencies, and Special Patients, as well as Electives for basic and advanced levels.

Playground Safety—a job for EMS and Paramedic Ready Teddy

By
Penny Workman

We all look back at our childhood and remember the fun and excitement that the playground gave us—the swings, the seesaw, the slides. One of the best things about grade school was the playground. But Paramedic Ready Teddy, TDH's safety mascot, says, "One of the most dangerous places for a child is in an unsafe playground."

What makes a playground dangerous?

Don't assume that just because the playground is a city, school, or backyard playground that it is safe. Texas Department of Health's Product Safety Division estimates that approximately 60 percent of all playgrounds in Texas have hazards that could seriously injure a child.

By watching for just a few problem areas, you can make sure that the playgrounds in your community are safe places for children to play.

1. Generous padding with a minimum depth of 6 inches is needed underneath the entire playing area since 70 percent of all playground injuries and 80 percent of all serious playground injuries involve falls. A fall from a height as low as three feet can cause serious head injury.

Pea gravel is one of the best surfaces to use, because it is inexpensive and offers good padding. Pea gravel requires periodic raking and replenishment to remain at a 6-inch depth under the equipment.

As a general rule, sand packs down too quickly and plain dirt is not resilient enough to reduce injuries.

2. Metal on slides exposed to the hot summer sun has been measured at temperatures above 130° F. Temperatures this extreme would cause third degree burns and extreme tissue damage immediately.

Any slide that does not exit parallel to the ground or is too steep or too tall could also be a hazard. Hoods and handrails can protect the children as they climb to and sit on the slide platform and as they wait in line.

3. S-hooks on swings should be completely shut to keep the swings from falling off the hooks. Swing seats should be made of soft, sturdy materials such as hard rubber, not metal or wood.

Allow only two swings to each supporting structure. Lots of clearance should be left around the swings, so that other children can get by and other structures don't get in the way.

4. Entrapment and strangulation are other hazards for children. Any protruding objects, like bolts or nails, pose possible strangulation hazards for children, because drawstrings and articles of clothing can catch on these and leave a child hanging.

Any opening through which the child's body can go, but not the child's head, can trap and injure a child.

5. Horizontal beams become steps for children to climb up on structures,

Penny Workman can provide injury prevention information on many topics. Contact her at (512) 834-6700. Workman or Ryan Davis can help you schedule the Paramedic Ready Teddy costume and order brochures and coloring books for your school presentations.

grounds stays the same: no pushing in lines or on equipment!

What can EMS do?

EMS can take an active part in helping communities develop safe playgrounds, because many playground hazards can be easily seen or felt and don't require special equipment for measurements.

You can share this list with school administrators, playground monitors, teachers, parent groups, or even your EMS crew. "Safety is in everyone's best interest!" says Ready Teddy.

1. Observe children actually playing on the playground. Children can be very inventive and can think of unconventional ways to use playground equipment.

Sometimes to see a potential fall or entrapment hazard or badly placed equipment just requires that you look at the equipment in use. Then get on the equipment yourself and look and feel carefully. Any place where you can get pinched or scratched or are high enough to take a serious fall is a serious hazard to children, because of their different body size and motor skills.

2. You can test the resiliency of the play surface by stomping your foot on it as hard as you can, to simulate a head striking the ground. If your foot or leg hurts, just think about what a little head will feel like.

3. Remember those spring-loaded animals that you could bounce back and forth on? Those have been calculated to throw children at 50 Gs, making them extremely dangerous.

4. If equipment comes apart or has separated while in use—like seesaws that kids can bounce off the support or slides with openings between the hood and the sides of the slide—a potential entrapment danger exists. Any loose clothing or drawstring can get caught.

Protruding or loose nails and bolts can cause serious puncture injuries or lacerations and cuts.

5. Test metal on slides and other equipment by touching it. Is it covered or exposed to the hot sun? Can children get off each piece of equipment quickly if they need to without hurting themselves or someone else? Can any of the equipment hurt children by hitting them in the head or face?

6. Is there an area for children under 4? Is it separate from the larger children's playarea? Smaller children need different equipment for their just-developing motor skills. The equipment for the two different age groups should not be mixed, because the larger children's equipment can be dangerous for smaller children and smaller children can get hurt unintentionally by larger, faster-moving children.

We're celebrating a Birthday!!!

Ready Teddy will be five years old on September 23 and we want to keep the bearamedic busy in your communities during September promoting back-to-school safety. Start now to plan your back-to-school safety and bear birthday events:

- *Bicycle rodeos*
- *School bus safety*
- *Drug awareness*
- *Pedestrian safety*
- *Car occupant safety*
- *Stranger danger*
- *Fire safety*

Contact Penny Workman with the Paramedic Ready Teddy Program at (512) 834-6700 for help.

TDH's Product Safety Program

By Kelly Harrell

When Texans have a problem with a consumer product or want to know the latest information on a recall, who can they call? TDH's Product Safety Program investigates consumer products Texans use every day to make sure their safe and reliable. The small program works closely with its federal counterpart, the U.S. Consumer Product Safety Commission, and other programs in the health department.

"We generally wouldn't get involved with things like autos or pesticides because other agencies already takes care of those," says Charles Hallmark. "But we deal with any other consumer products from pacifiers to chainsaws."

An investigation of a potential problem usually begins with a consumer report or a newspaper story about problems with a product. The product safety staff discusses a course of action, and may design a survey to determine how widespread the problem is. In the case of the unsafe playground equipment, a newspaper story in a Houston paper in 1991 got staff interested in the issue. With the help of TDH's Injury Prevention, product safety staff designed a survey and TDH's General Sanitation conducted the field surveys in playgrounds all over Texas.

"The results of the survey weren't good. We found that 99 percent of the playgrounds surveyed don't have adequate protective surfaces," Hallmark says. "Other playgrounds had entrapment and strangulation hazards."

The next step, says Hallmark, is to train community advocates to spot the unsafe equipment, and then petition for replacement with safe equipment approved by the U.S. Consumer Product Safety Commission. Hallmark would like EMS personnel to be a part of that.

"We were thinking that EMS would be wonderful for this because they are already established in the community," Hallmark says. "They could do the initial training to help people spot hazards.

"Once people know they have problems, they are enthusiatic about fixing them."

New playgrounds will have more stringent guidelines in the future. The legislature recently passed a bill that makes it illegal to spend public funds for equipment or surfaces that don't meet CPSC guidelines after September 1, 1997.

If you have a question about playground safety or other consumer products, call Charles Hallmark at (512) 834-6773, extension 2344.

Austin TDH's Ready Teddy made a big splash during Texas EMS Week when he took a trip to visit Shamu at SeaWorld. Ready was hoping to do a little water routine with the orca whale, but settled for having his picture made with the land version of the fishy mammal.While he was there, he helped TDH's Pam West give out awards in a Salute to Hometown Heroes ceremony, arranged by Sea World and Gold Cross Ambulance.

Ready Teddy's handler, Penny Workman, left, looks on as Ready Teddy helps TDH's Pam West present awards during an EMS Week ceremony at San Antonio's SeaWorld.

But that was just one of places RT visited during EMS Week. Earlier in the week, he put in an appearance on the floor of the House of Representatives at the Capitol. Ready schmoozed with legislators and had his picture taken on the dais, surrounded by his Capitol friends. The bear then spent the day, along with representatives from Paris EMS, at a booth designed to tell people about Think Child Safety.

Local and 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? Elected new officers?

Send your news to:
Texas EMS Magazine
Alana S. Mallard, Editor
Bureau of Emergency Management
1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6700

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.

Riviera brothers win top honors for EMS volunteer efforts

Two Riviera brothers recently won awards for volunteering in EMS for the last two decades. Paramedics Bill and Leslie Colston were given the *Corpus Christi Caller-Times* Jefferson Volunteer Award for their work for Riviera Volunteer Fire Department. The brothers were chosen from 30 nominees from South Texas. Bill, 43, is fire chief and EMS director while 34-year-old Leslie fill the roles of assistant fire chief and assistant EMS director. Both brothers paid for their own medical training and are the only paramedics in a 1,200 square mile rural region that extends from Kingsville to Raymondville along U.S. Highway 77.

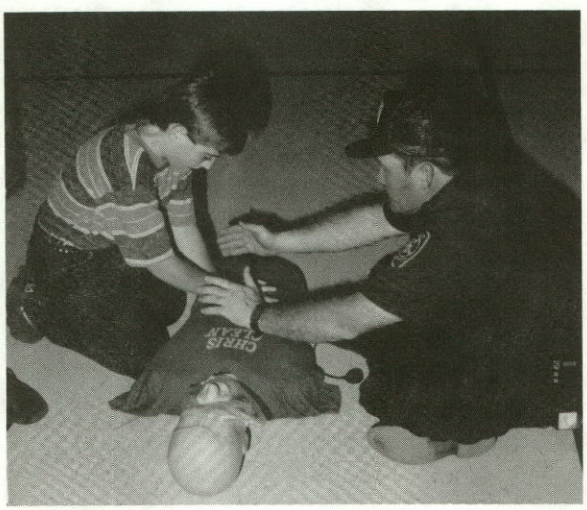
The Colstons follow a family tradition in volunteering. Their father, Bill Colston Sr., was a volunteer firefighter for 20 years and a former Red Cross instructor. And recently, the brothers' wives and Bill's son completed ECA training.

Leon Valley Fire Department teaches CPR at elementary school

The Leon Valley Fire Department recently taught CPR and the Heimlich Maneuver to about 300 elementary children. During the two days of instruction, children learned proper procedures andtechniques for CPR using fire department training manikins. Firefighters also discussed how and when to use the 9-1-1 system. Leon Valley is located in Bexar County.

El Paso EMS tests thousands for TB

The El Paso EMS Immunization Team—called the I Team—helped test more than 2,000 high school students and staff for tuberculosis recently after an honors student was diagnosed with active pulmonary TB. The student had been ill for about six months. Five days after the student's diagnosis, the I Team, along with the El Paso City-County Health and Environmental District and the Ysleta School District, set up ten testing stations at the school and completed testing in just over three hours. When health officials read the tests three days later, they found 196 positive test results, which means that exposure has occurred. Students and staff were again tested in mid-May.



James Toalson of the Leon Valley Fire Department helps a student with his CPR technique as part of the training the fire department gave to elementary school children.

Local and Regional EMS News

When fire broke out at a residence in Trinity, these kids knew just what to do. Accepting awards for their help that day are, from left, Sara Parker, Jennifer Reagan, Scott Bridges, and Jonathan Montalvo. EMT Dorothy Flanagan presented the awards at a barbecue to benefit the family whose home burned.

American Medical Transport stages DWI scene for Houston-area seniors

Pasadena's American Medical Transport recently sponsored "Operation Graduation—Zero Tolerance," a program designed to give high school students a realistic look at the dangers for drinking and driving. AMT sponsored the event as part of National EMS Week. The two-partprogram consisted of a slide presentation given by Gulf Coast EMS DWI and a staged DWI wreck. Pasadena ISD, Pasadena Police Department, and Pasadena Volunteer Fire Department helped sponsor the event.

Austin emergency services join ranks to sponsor Safety Camp

The Austin Fire Department, Emergency Medical Services Department, and the Police Department sponsored the city's first Safety Camp in June. The purpose of the camp was to bring at-risk students together to learn about safety while exposing them to positive role models and career choices. A secondary goal of the camp was to encourage group cooperation by showing children teamwork associated with emergency service workers.

Approximately 150 middle school students who attended one of the two sessions learned what to do in emergency situations, and how to prevent injuries and crime. Entrance to the camp was limited to students who do not have behavior or school problems but could be considered at-risk because of economic or family situations.

House fire proves that safety messages work

An April house fire in Trinity proved that safety messages aimed at children—including those from Ready Teddy—do make a difference. Two children walking home from school with their friends discovered their house on fire. No one was home at the time. While Sarah Parker broke out the window to rescue the cat, Joseph Montalvo ran to neighbors to call 9-1-1. Although the Trinity Volunteer Fire Department responded quickly, a puppy who had run under the couch died. Two friends of the youngsters waited on the road to show the fire department the location of the fire.

Trinity EMS writes that the Ready Teddy safety program in schools, along with safety lesson kids learn at home, really do make a difference in an emergency. At a benefit barbecue for the family, certificates of commendation were awarded to the four children who helped during the fire. Certificates went to Sarah Parker for rescuing the cat, to Jonathan Montalvo for calling 9-1-1, and to Scott Bridges and Jennifer Reagan for staying on the road to help firefighters locate the house.

Ameristat Ambulance begins operations in McAllen

Former employees of Catalina Ambulance, which shut its doors March 17 due to financial problems, have now joined

Local and Regional EMS News

Former employees of Catalina Ambulance pose in their new uniforms from Ameristat South Central. When Catalina folded in March, Ameristat set up operations in McAllen and hired Catalina employees.

Ameristat. Ameristat set up shop in McAllen to fill the advanced life support void left when Catalina folded. Julie Benson, NREMT-P, writes that news of Catalina's demise shocked the 25 employees and that many did not find out the service was closing until the day it ceased operations.

Benson says she and the other employees have been impressed with the way Ameristat came in and immediately set up operations, providing the medics with advanced equipment and support. Ameristat has also set up a continuing education program that will enable employees to complete required hours for recertification. Recently, employees began a public education campaign to target teenagers who drive drunk. And on April 12, Ameristat held an Open House that drew 400 people to a barbecue lunch. Benson says that all the employees are grateful to Ameristat for allowing EMS personnel to do what they like best—patient care.

Gaddy's Ambulance transports organ donation team

Gaddy's Ambulance in Center recently played a role in a real-life drama involving organ donation. It began when doctors declared a young female involved in a motor vehicle crash brain dead. Her family decided to donate her organs, and that brought teams of doctors from Houston and Oklahoma City to gather tissue samples to determine a match. The doctors and their samples were then rushed back to the airport in a Gad-

Gaddy's Ambulance provided ground transportation for doctors and donated organs recently when a motor vehicle crash victim was declared brain dead. Doctors were able to match recipients for a liver in Houston and a kidney in Oklahoma City.

During EMS Week, Washington County EMS sponsored a coloring contest using a picture of Ready Teddy wearing a bicycle helmet. Winning bicycle helmets for the best work were, from left, Jessica Dominguez, William Nosal, EMS Director Ron Haussecker, Joshua Hazelwood, and Cameron Woeff.

dy's ambulance for transport to Houston for testing. The donor was prepared for surgery.

Tests in Houston showed possible matches, and the ambulance crew expected teams of doctors to arrive around 3 a.m. Although that gave the crew time to rest, no one got more than an hour's sleep. A phone call let the crew know that two teams—one from Houston and one from Oklahoma City—were arriving shortly. While the doctors and their equipment were loaded into the ambulance, a call came in that the patient was crashing.

A quick ride to Baptist Hospital in Nacogdoches, and the doctors went immediately into a four-hour surgery, which two EMTs were permitted to observe. In the end, a kidney went to Oklahoma and a liver to Houston. EMT-I Danny Williamson writes that as the planes took off, EMS personnel realized that they might have helped someone get a second chance at life. Danny also says that organ donation seems rare in the area, and that the incident changed his and othermedics' lives. Williamson has now decided to become an organ donor.

Hanson Industries produces four national PSAs for EMS

Hanson Industries, a longtime supporter of EMS, produced four new public service announcements in its continuing series of television messages designed to heighten awareness of EMS and encourage people to use 9-1-1 wisely. The four PSAs currently run on CNN Headline News.

Three of the new spots are mini-dramas about how and when to call for emergency help. The fourth PSA uses news footage of disasters and scenes shot for the spot to show EMTs as an integral part of the public safety team in every community. Hanson Industries, based in New Jersey, is the U.S. arm of Hanson PLC, a British-American industrial management company.

Washington County sponsors Ready Teddy coloring contest

Washington County EMS, in conjunction with Wal-Mart, sponsored a coloring contest during EMS Week. A poster of Ready Teddy wearing a bicycle helmet was distributed to five local schools, and children were asked to color the picture and draw in their own background using other safety messages. Local members of the media judged more than 1,800 posters and pickedfour division winners aged 4 to 10. Winners took home a bicycle helmet. Donna Gomez of Washington County EMS writes that the purpose of the contest was to encourage

child safety and especially helmet use.

Granger citizens donate AED to local first responders

Granger area businesses, organizations, and individuals recently donated money to buy the East Williamson County Emergency Care Team a Laerdal 3000 QR semi-automatic defibrillator. EWCECT is a first responder group assisting Williamson County EMS and Bartlett EMS.

The Granger District of the East Williamson County Emergency Care Team recently purchased an AED with money donated from the community. From left, EWCECT President Shawn Newsom; Williamson County EMS Director John Sneed; Jack McCormick; Granger District Director James Cervenka; Tommy Filla, and AED Medical Director Nathan Cohen, MD. Not pictured are first responders Dawn Filla, Steven Vrabel, and Cheryl LaFave.

Harris County Emergency Corps celebrates EMS Week in the community

Harris County Emergency Corps, the oldest emergency medical service in Texas, kept a busy schedule during EMS Week. The service blitzed the media by sending out public service announcements to 34 radio stations, four newspapers, and four television stations. Medics took blood pressures and gave out information on 9-1-1 at local businesses during the week. Do you live in the Houston area? Harris County Emergency Corps is looking for volunteers. For information, call (713) 875-8000.

Llano County EMS celebrates 20 years of emergency service

Llano County EMS celebrated 20 years of emergency services in May with the dedication of its new, two-bay station. Before the bay was built, ambulances had to be parked outside, accordingto EMS Director Kelly Oestreich. The offices for the service remain inside the hospital. Oestreich, a paramedic, says that the service began with four full-time employees in 1975 and now employs eight people full-time, five people part-time, and volunteers. Of the five ambulances, two have MICU capabilities and three have BLS. Llano County EMS made 1,500 calls in 1994.

Kendall County EMS welcomed Ready Teddy during Boerne EMS Association's annual fundraiser. Ready gave out coloring books and stickers to more than 850 people with the help of Shana Tillerson, left, and Becky Fincke, right.

Local and Regional EMS News

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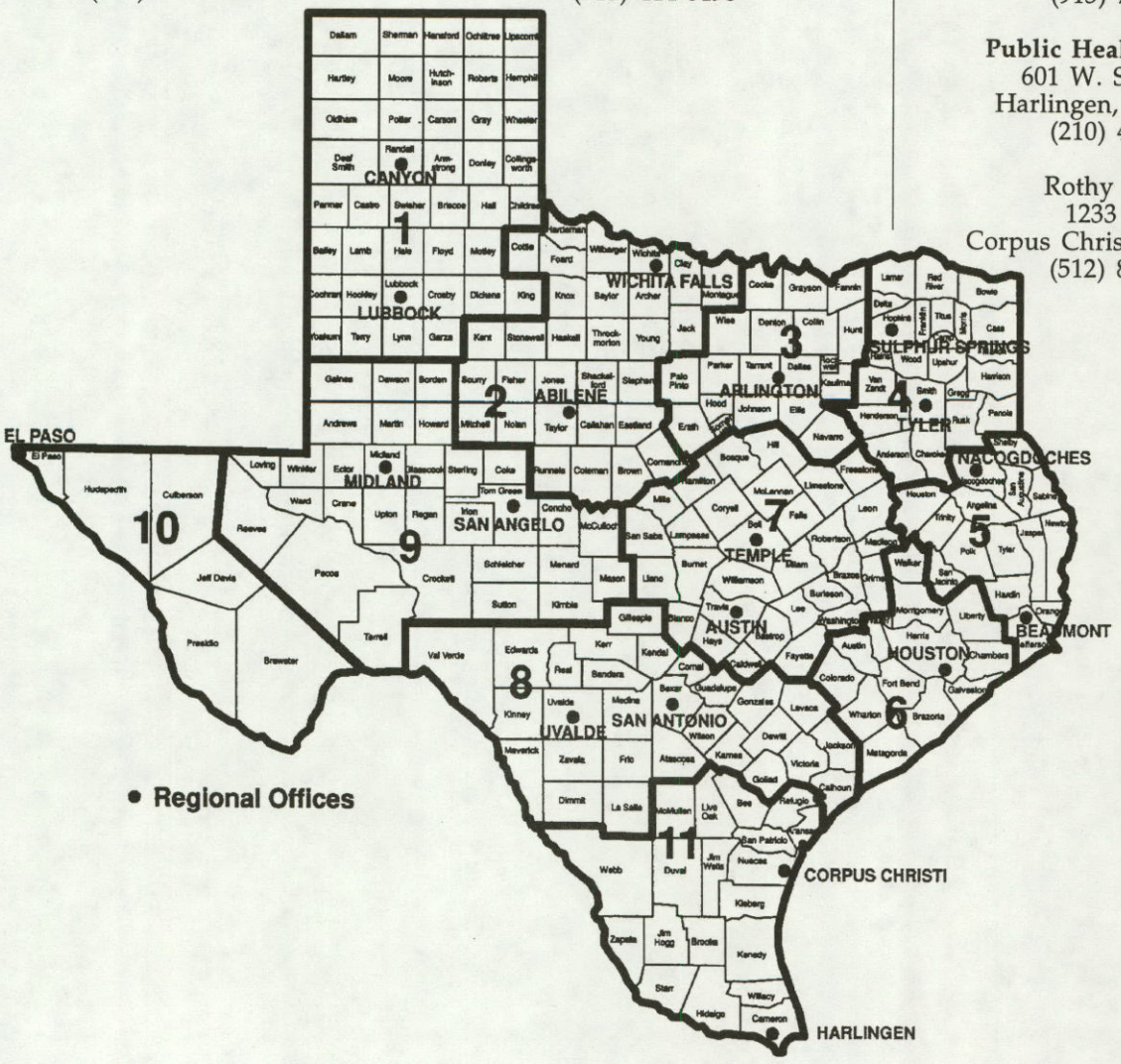



RESCUERS.
IRITS UP.
ES YOU!!
OKLAHOMA CITY
FIRE · RESCUE
POLICE

Oklahoma City Blast: A Nation Responds

For the citizens of Oklahoma City, April 19, 1995, began just like any other day. Hundreds of people showed up for work by 9 a.m. at the Alfred P. Murrah Federal Building in Oklahoma City and dozens of others went there to do business in the federal offices. But at 9:02 a.m., a bomb made of some 4,800 pounds of ammonium nitrate and fuel exploded in a truck parked behind the building, changing the lives of these people and thousands of others forever.

It's a wonder anyone lived through it.

—Terry Bloss, Battalion Chief, Carrollton Fire Department

Article and photo by Bradley Wilson

"I don't think anybody was prepared for the amount of damage that was done," Dallas Fire Department Deputy Chief Karen Bass said. "There was a whole lot more affected than just the one building."

Terry Bloss, a battalion chief with the Carrollton Fire Department near Dallas, said, "it's a wonder anyone lived through it."

Officials have documented damage to some 300 buildings, including the Murrah Federal Building which was demolished May 23, in the downtown Oklahoma City area which could cost over $1 billion to repair. Glass was blown out of windows in

Rescue operations continued for 16 days. The fatality count ended at 168, including 22 children. Nearly 500 people were treated for injuries.

There's a lot of people out there to whom Oklahoma City owes a great debt—and rest assured, if they need us, Oklahoma City will be there.

—Jon Hansen,
Assistant Fire Chief,
Oklahoma City

buildings, including a hospital, more than five blocks away.

Within minutes of the explosion, rescue workers from the 900-member Oklahoma City Fire Department and hundreds of citizens were working to get survivors out of the building. Within hours, rescue workers began arriving from surrounding communities. And by the time 24 hours had elapsed, rescue workers were on their way from Arizona, California, Kansas, New Jersey, Louisiana, Texas, and several other states to help in rescue operations as well as scene management.

"They were offering to assist in any way," Oklahoma City Assistant Fire Chief Jon Hansen said. "There were a lot of folks from the state of Texas that put a lot of sweat and blood into that building."

Bass said she and several other Dallas firefighters and EMS officials went up to Oklahoma City to learn about managing scenes of that magnitude so they could be more prepared to handle such operations if the need were to arise in the Dallas area. And she said the outpouring of assistance from neighboring states was the one thing that stood out as a lesson everyone could learn.

"You have to be able to work with other organizations and put the stars aside," she said. "You can't do it alone."

Even with agencies such as the Federal Emergency Management Association, the Federal Bureau of Investigation, the Bureau of Alcohol, Tobacco and Firearms, theDepartment of Public Safety, the Sheriff's Office, the Oklahoma City Police Department, and the Oklahoma City Fire Department, Bass said, thanks to complete implementation of the incident command system, "everybody knew who was boss."

While rescue operations continued for 16 days, rescuers pulled the last survivor, a 15-year-old girl, from the debris less than 24 hours after the blast. The fatality count ended at 168, including 22 children. Nearly 500 people were treated for injuries in nearby hospitals and rescue workers accounted for fewer than 20 injuries ranging, Hansen said, from minor cuts to strains and sprains.

Even as rescue operations continued around the clock, critical incident stress debriefing teams, including several from Texas, began working with anyone that had anything to do with the operations.

Bloss, who went up as part of a critical incident stress management team, said he would talk to "just about anybody," including the guards at the morgue who had to watch the bodies go in and out.

"The thing I will remember most is looking into the faces of the firefighters from Oklahoma City and seeing the determination. They were going to see to it that they had some closure for the families and themselves too," he said.

Even nearly four months after the explosion, medics, firefighters, survivors, family members, and citizens are still learning to cope with what has been termed the largest terrorist attack in American history.

"There's a lot of people out there to whom Oklahoma City owes a great debt," Hansen said. "And rest assured, if they need us, Oklahoma City will be there."

EMT-Intermediate Bradley Wilson works as marketing manager for Taylor Publishing. He volunteered for Wimberley EMS from 1990 to 1993 and still teaches the occasional EMS class as a certified instructor/examiner.

Help for the Rescuers

By Kelly Harrell

TDH's Paul Tabor helps with emotional aftermath of Oklahoma bombing

Sometimes words and even pictures can't prepare someone for the real thing. Such was the case recently when TDH's Paul Tabor visited the site of the bombed-out federal building in Oklahoma City. Officials in Oklahoma asked Tabor, who heads TDH's Critical Incident Stress Management program, to recruit Texas teams to debrief the 900 Oklahoma City firefighters involved in rescue efforts at the Alfred P. Murrah building. Debriefings began May 6, about two and a half weeks after the bomb ripped through the building, killing 168 people. A few weeks later, Tabor organized Texas teams to debrief law enforcement personnel.

Tabor agrees with the man who said that seeing the building on television and being there is like the difference between looking at a picture of the Grand Canyon and standing at the rim.

"When I saw the building, I couldn't speak," Tabor says. "I wanted to say something but I looked up and saw all the steel and concrete and I couldn't get any words out."

Seeing the devastation helped Tabor and members of the 16 teams from the Texas Critical Incident Stress Management Network understand what rescuers were going through. Looking death full in the face can be daily work for some emergency service personnel but when a single incident is so traumatic, such as a child's death, or so huge, such as the bombing, the rescuers themselves can be affected.

Members of the Oklahoma Fire Department CISD team go over notes between debriefings. Oklahoma City officials wanted peers to come from urban fire departments.

"Major trauma is frequently followed by one or more emotional and physical reactions," Tabor says. "Reactions can include guilt, nightmares, difficulty sleeping, social withdrawal, mood swings or any number of things that impair a person's ability to live normally."

Tabor's involvement began when Oklahoma officials called him to ask for help because Oklahoma's only one state team couldn't handle that many debriefings. Tabor in turn called each of the 15 teams on the Texas Critical Incident Stress Management Network. Each Texas team consists of EMS, law enforcement and fire personnel, and mental health professionals who volunteer their time to hold debriefings in the wake of traumatic events. Tabor has been instrumental in developing the Texas network over the last few years.

Mike Fitts, left, talks over what teams have learned with Ken Rogers and Joan Lanning. In the back, from left, are Don Hilborn and Lee Johnson.

"Everything worked just like it was set up to do," Tabor says. "I got the call and recruited teams to do the debriefings. We ended up using 16 debriefing teams of three people each from among the 15 Texas CISM Network teams."

Texas teams arrived over the course of several days, and each was assigned a van and a driver from the Oklahoma City Fire Department. During the course of their stay, teams got to view the building, and several were able to cross the fence into the heart of the destruction. The debriefings took nine days to complete and used 15 mental health professionals and 31 firefighter peers. Using the Jeff Mitchell model of CISD, teams consisted of mental health professionals withadvanced training, and peers trained to at least the basic level. Oklahoma City officials stipulated that all peers must be urban firefighters. Flexibility was stressed.

"One debriefing was in a classroom that would not allow for the traditional group circle," Tabor says. "The teams went with that and made it successful."

In a typical two-hour session, a team of firefighters and a mental health professional lead a group of firefighters in a discussion of the incident, including both positive and negative aspects. The sessions were mandatory for the firefighters, who had also had shorter defusings at the end of each shift. Those defusings helped clarify the common issues that would come up later in the debriefings, and helped familiarize firefighters with the processes of Critical Incident Stress Management.

"The defusings helped teams focus on the issues rather than having to explain the process of CISD," Tabor says.

Although details of the session must remain confidential, several general themes emerged. Many expressed a sense of frustration at not

Texas teams debriefed 900 firefighters over the course of nine days. One of the Texas teams included, from left, Vaughn Donaldson, Jack Hinds, and Rick Sorenson.

being able to complete tasks due to shift rotation or danger. Anger surfaced in nearly all debriefings as well, and was directed at several sources. Also, the label of hero given to the rescue workers seemed to cause some anxiety.

"But firefighters also talked a lot about the positives," Tabor says, "including pride in the community and the responsiveness of its citizens."

Mike Fitts, a longtime Texas CISM network member and a psychologist in El Paso, acted as the clinical coordinator. Fitts not only helped debrief Texas teams after each firefighter debriefing, he debriefed new teams when them arrived in Oklahoma City. Fitts says using the Mitchell model and having the Texas network in place helped tremendously.

"That means that teams could arrive from across (Texas) and we were still singing from the same page of the hymnal," Fitts says. "It also helped that Oklahoma City officials were extremely well-organized."

The Texas Department of Health began developing Critical Incident Stress Management in 1992 and now has more than 1,000 people across Texas trained in basic or advanced debriefing. Since its inception, the program has arranged more than 100 debriefings attended by about 2,000 people.

"It's gratifying to see what we've worked so hard to put together come together so smoothly in Oklahoma," Tabor says. "We were honored that Texas was asked to help."

Associate Editor Kelly Harrell has written CISM articles for *Texas Health Bulletin* and for newspaper release.

What is the Texas CISM Network?

Assists emergency service personnel who experience a critical incident:

- line of duty death
- death of a child
- multiple casualty or fatality rescue
- injury of a coworker
- prolonged rescue
- suicide of a peer
- events that draw excessive media

CISM education, services, and intervention help emergency responders return to duty faster and healthier after rescues that cause unusually strong emotional reactions that interfere with the ability to function either at the scene or later.

Texas CISM Network teams are available on a 24-hour basis. Debriefings are confidential and free. Teams request only reimbursement for travel and expenses, if possible. Call 1-800-452-6086 to talk to TDH's Paul Tabor about preevention education, a debriefing session for members of your organization, or membership in the Texas CISM Network. A project of Texas Department of Health.

Heroes?

By Len Denney

Emergency personnel possess unique characteristics that set them apart from the general population. They feel drawn to helping people who dangerous and life-threatening situations. This need to help in such precarious situations is not rooted in recklessness or foolishness, but is born of their confidence, competence, and unswerving belief in their ability to do the job that others cannot.

These unique characteristics, the stuff that makes them different from the rest, do not make emergency personnel better or worse than others, just different. It is just who they are. It is a difference that every community, great or small, needs.

They run into burning building while others are running out. They do this 24 hours a day, 365 days a year. The general public's awareness of this is mostly limited to a 20-second clip on the nightly news that often only shows the back of their helmets and bunker coats.

Then one day, something very bad happens, something that brings the community to its knees. As the dust settles and the smoke rises, there they are—running in as others are running out. They are running in just as they always do the other 364 days a year. It is just who they are.

In the aftermath, the people of that community wrestle with how to acknowledge the rescuers' efforts. As they try to express their admiration for effort, community members label actions "heroic" and those who undertake the actions as "heroes." The community misses the point that those who are running in are doing it, not because they are heroes, but because that is just who they are. And the rescuers, uncomfortable with the label "heroes," miss the point that the community is just trying to express admiration for that difference that makes the rescuers just who they are.

Houston's Len Denney, a member of the Bluebonnet Critical Incident Stress Management Team, leads critical incident stress debriefings as a mental health professional. He helped debrief Oklahoma City Fire Department rescuers who worked at the federal building bombing.

Psychologist Mike Fitts of El Paso wrote this poem as he considered his experiences as a CISD team leader working with Oklahoma City firefighters.

How do I say good-bye to
the thousands of words,
the adrenaline rush,
the third-hand images in minds of hundreds?
How do I let go of
the fatigue in my soul,
the emotions pent up,
the friendly faces of people unknown before?
How do I search through
the themes of hurt, anger and despair,
the snapshots of individual minds,
the positive learnings in the midst of destruction?
How do I say good-bye, let go, and search through?

I will walk to the plane,
with handshakes and hugs,
Face the tunnel, the cave, the pit
and grab hold of the hand of God
To finally sleep in peace
for the night.

Critical Incident Stress Survey

Research demonstrates that emergency service personnel and hospital personnel are exposed to Critical Incident Stress, which are incidents that seem to overwhelm the normal coping abilities. This survey is designed to help us understand the nature of theses incidents and the experiences personnel have following them. Do not put your name on this. Your participation is voluntary.

Part I: Please answer these questions.

Sex: ❒ Male ❒ Female Your age: _____

Branch (choose primary branch)

- ❒ EMS
- ❒ Fire Department
- ❒ Law Enforcement
- ❒ Hospital personnel
- ❒ Mental Health
- ❒ Other

Status: ❒ Paid
❒ Volunteer
❒ Both paid and volunteer

Total Years of Service:

- ❒ less than 1 year
- ❒ 1-3 years
- ❒ 4-5 years
- ❒ 6-8 years
- ❒ 9-10 years
- ❒ 11 or more years

Part II: While a number of incidents may be traumatic, typically one event is more powerful for you than the others. Please think back to the one event that seems to have affected you the most during your career. Then answer the following questions.

a. How long ago did this event occur?

- ❒ less than 1 year
- ❒ 1-3 years
- ❒ 4-5 years
- ❒ 6-8 years
- ❒ 9-10 years
- ❒ 11 or more years

b. How many years of service did you have when the incident occurred?

- ❒ less than 1 year
- ❒ 1-3 years
- ❒ 4-5 years
- ❒ 6-8 years
- ❒ 9-10 years
- ❒ 11 or more years

c. How upset or distressed did you feel following the event?

very distressed *not at all*
0 1 2 3 4 5 6 7

d. How much pep and energy did you have left after the event?

drained *normal*
0 1 2 3 4 5 6 7

e. How well did you feel emotionally and psychologically after the event?

not well at all *very well*
0 1 2 3 4 5 6 7

f. What was the nature of the incident. Below is a list of some common ones. Check those that best describe the incident or use the other category to describe the incident.

- ❒ line of duty death
- ❒ serious line of duty injury to self
- ❒ serious line of duty injury to coworkers
- ❒ suicide of a coworkers
- ❒ multi-causality incident
- ❒ a shooting incident
- ❒ the death or injury to a child
- ❒ an incident in which you knew the victim
- ❒ a prolonged event that ended in loss
- ❒ excessive media coverage event
- ❒ incident with powerful smells, sounds or sights
- ❒ other (please specify): _____

g. Concerning the incident, please indicate

Was it life threatening to you or to a coworkers? ❒ Yes ❒ No

Did it (or could it) have resulted in serious injuries to yourself or another person? ❒ Yes ❒ No

Did you actually witness the death or serious injury of another person? ❒ Yes ❒ No

Did it require you to make decisions or take actions that could have determined life or death? ❒ Yes ❒ No

Was it of such intensity or magnitude of horror that it would have overtaxed anyone's ability to cope? ❒ Yes ❒ No

Did it demand working for long hour and in unsafe conditions? ❒ Yes ❒ No

h. Rate the extent to which the incident	Not at all	A little bit	Some	Quite a bit	Extremely
Made you feel unable to help	1	2	3	4	5
Made you feel out of control of the situation	1	2	3	4	5
Caused you to think that no matter what you did, it was not enough	1	2	3	4	5
Made you fear for your safety or the safety of others	1	2	3	4	5
Caused you to think, "This could happen to me or someone I love"	1	2	3	4	5
Caused you to doubt your abilities or sense of self	1	2	3	4	5
Caused a loss of trust in the way things are suppose to be	1	2	3	4	5
Left you with a sense of horror	1	2	3	4	5
Caused anger at the senselessness of the event	1	2	3	4	5

i. Following CIS, it is not unusual for personnel to experience emotion or physical stress reactions. The following section lists a number of possible reactions. Please read each item carefully and rate the frequency of occurrence.

Following the incident, how often did you...	Not at all	Once or twice	Several times	Often	Most of the time	All the time
have involuntary thoughts of the incident	0	1	2	3	4	5
have dreams or nightmares of the incident	0	1	2	3	4	5
have visions or pictures of the incident pop in your mind	0	1	2	3	4	5
have feelings as if you were in the incident again	0	1	2	3	4	5
hear the sounds or smell odors of incident	0	1	2	3	4	5
become easily upset emotionally or physically around things or people that reminded you of the incident	0	1	2	3	4	5
feel emotionally numb or empty inside	0	1	2	3	4	5
have trouble expressing feelings of love, tenderness	0	1	2	3	4	5
feel angry	0	1	2	3	4	5
avoid talking about the incident	0	1	2	3	4	5
avoid trying to feel anything about the incident	0	1	2	3	4	5
isolate yourself from others	0	1	2	3	4	5
feel alienated from other people	0	1	2	3	4	5
have a sense of doom about the future	0	1	2	3	4	5
loose interest in normal pleasurable activities	0	1	2	3	4	5
forget certain facts about the incident	0	1	2	3	4	5
experience sadness or sorrow	0	1	2	3	4	5
have periods when you seemed to "tune out"	0	1	2	3	4	5
have trouble sleeping	0	1	2	3	4	5
have trouble concentrating or being easily distracted	0	1	2	3	4	5

	Not at all	Once or twice	Several times	Often	Most of the time	All the time
have outbursts of anger or irritability	0	1	2	3	4	5
startle easily or over react to noises, etc	0	1	2	3	4	5
become overly protective of yourself or others	0	1	2	3	4	5
feel on guard	0	1	2	3	4	5
experience anxiety or panic feelings	0	1	2	3	4	5

j. How soon after the incident did you start experiencing these reactions?

( ) Immediately at the scene
( ) Within the first 24 hours
( ) 2 days to 4 weeks later
( ) 1 to 5 months afterwards
( ) 6 months or more afterwards
( ) Never had any

How long did you experience these reactions?

( ) less than 24 hours
( ) 2 days to 4 weeks
( ) 1 to 3 months
( ) 3 months or more
( ) Does not apply

Do you consider the symptoms to be

( ) resolved
( ) on-going, but manageable
( ) on-going and often interfering with my life
( ) Does not apply

k. Not only do people have reactions, but sometimes the reactions affect the functioning of the person. Below is a list of daily functions. Please read each item carefully, and then rate the extent to which the CIS you experienced interfered with each item.

	Not applicable	Not at all	A little bit	Moderately	Quite a bit	Extremely
Ability to perform daily routine tasks	0	1	2	3	4	5
Your performance at work	0	1	2	3	4	5
Your enjoyment of leisure/recreational activities	0	1	2	3	4	5
Your ability to be comfortable with people	0	1	2	3	4	5
Your ability to concentrate and complete tasks	0	1	2	3	4	5
Your intimate relationships	0	1	2	3	4	5
Your ability to handle additional stressful situations	0	1	2	3	4	5
Your communication with others	0	1	2	3	4	5
Your tolerance of mistakes	0	1	2	3	4	5
Your good health habits	0	1	2	3	4	5
Being the kind of person you would like to be	0	1	2	3	4	5
Your ability to relax and have fun	0	1	2	3	4	5
Your ability to control yourself (emotionally and behaviorally)	0	1	2	3	4	5
Your interaction with others	0	1	2	3	4	5
Your interaction with coworkers	0	1	2	3	4	5
Your general satisfaction with life	0	1	2	3	4	5
Your ability to interact with family	0	1	2	3	4	5
Meeting family responsibilities	0	1	2	3	4	5

l. How soon after the incident did you start experiencing these reactions?

( ) Immediately at the scene
( ) Within the first 24 hours
( ) 2 days to 4 weeks later
( ) 1 to 5 months afterwards
( ) 6 months or more afterwards
( ) Never had any

How long did you experience these reactions?

( ) less than 24 hours
( ) 2 days to 4 weeks
( ) 1 to 3 months
( ) 3 months or more
( ) Does not apply

Do you consider the symptoms to be

( ) resolved
( ) on-going, but manageable
( ) on-going and often interfering
( ) Does not apply

m. Personnel who experience CIS are resilient and do bounce back. What is not known generally is how this happens. Below is a list of possible resources that personnel might use to help them cope with the CIS. Please read each item carefully and rate the degree to which you used each resource and found it helpful.

	Not applicable	Not at all	A little bit	Moderately	Quite a bit	Extremely
your spouse	0	1	2	3	4	5
your parents	0	1	2	3	4	5
other family members	0	1	2	3	4	5
peers or coworkers	0	1	2	3	4	5
your supervisor	0	1	2	3	4	5
did nothing really; just let it pass with time	0	1	2	3	4	5
got alone, thought it through, and worked it out alone	0	1	2	3	4	5
got involved in physical activities or exercise	0	1	2	3	4	5
talked with a counselor in the community	0	1	2	3	4	5
talked with a EAP counselor (sponsored by department)	0	1	2	3	4	5
talked with a chaplain	0	1	2	3	4	5
talked with my pastor or priest	0	1	2	3	4	5
relied on my higher power to get through this	0	1	2	3	4	5
other (specify)	0	1	2	3	4	5
other (specify)	0	1	2	3	4	5

n. Did you attend a formal debriefing or defusing concerning this incident? ( ) Yes ( ) No

o. If you attended a debriefing or defusing, how helpful was it?

did not help at all *very helpful* *Does not apply*
0 1 2 3 4 5 6 7 (8)

p. Part III: If the incident described in Part II was considered to be a 10, how many additional incidents have you experienced in the last two years which would be rated between 5 and 9?

( ) None
( ) One event
( ) Two events
( ) Three events
( ) Four events
( ) Five or more events

q. Overall, what has been the cumulative effect of experiencing critical incidents on your career satisfaction?

no effect at all on my career satisfaction *Has caused me to become very dissatisfied with my career.*
0 1 2 3 4 5 6 7

This survey should be returned to Mike Fitts, Psy.D., 10767 Gateway West Ste 610, El Paso, Texas 79925. The survey is for research purposes.

Texas EMS
Critical Incident Stress Management Teams

Amigo CISM Team
Mike Fitts, PsyD
10767 Gateway West, #610
El Paso, TX 79935
915/590-5665

Arlington Fire Department
CISM Team
Robert Townley
2807 Hollywood
Arlington, TX 76013
817/465-7186
817/275-3105 - Home

Big Country CISD Team
Anna Farr, EMT-P
PO Box 3518
Abilene, TX 79604
915/673-8121
915/698-8947

Bluebonnet CISM Team
Elaine Johnson, RN
P.O. Box 73241
Houston, TX 77273
713/444-9669
713/949-1404

Brownwood Crisis
Response Team
Dave Fair
PO Box 753
Brownwood, TX 76804
915/646-1566
915/643-8786 - Pager

Central Texas CISM Team
Cheryl Watson
214 Buskin
Lockhart, TX 78644
512/398-7320

East Texas CISM Team
Carolyn Ewbank
3402 Harwood
Tyler, TX 75701
903/581-0933
903/593-0445 - Home

Four States CISM Team
Dave Hall
PO Box 1967
Texarkana, TX 75504
903/798-3042

Galveston County CISM Team
Bob Wright
1718 Amburn, Suite B
Texas City, TX 77591
409/935-3911
409/643-0455 - Pager

North Texas CISM Team
Cameron Brown
1000 Throckmorton Street
Fort Worth, TX 76108
817/871-6174
817/452-2315 - Pager

Permian Basin CISM Team
Vaughn Donaldson
1212 East Wadley, #1123
Midland, TX 79705
915/685-7351
915/686-9702 - Home

Southeast Texas CISM Team
Joe Crutchfield
PO Box 122
Beaumont, TX 77704
409/880-3845
409/841-7874 - Pager

South Plains CISM Team
Mike DeLoach
245 East 27th Street
Littlefield, TX 79339
806/385-6694
806/743-8324 - Pager

Southwest Texas CISM Team
Cindy Hoagland
9310 Wickheather
San Antonio, TX 78250-2216
210/560-3338

South Channel/Bay Area CISM
Cheryl Angus
PO Box 1966
Pasadena, TX 77501-1966
713/482-9487

Tri-County CISM
Karen Pickard
307 East University
Ovilla, TX 75154
214/205-2723
214/909-4808 - Pager
214/617-2498 - Home

Upshur County EMS learns sign language

By Woody Glover

Members of Upshur County EMS recently completed training in sign language, courtesy of Kathy Walters, who is deaf and lives in the nearby community of Pritchett. She volunteered her time and talents to conduct the series of classes once a week for six weeks, and she did it without an interpreter. Her students included Kim Callan, Kelly Fergusen, Stephanie Renfrow, Trey Hollingsworth, Mike Rogers, Bobby Shelton, Jae Elwell, Krista Maguire and Kenny Adams.

As this was "on duty" training, some members would be out on call at the time of the lessons. To help these EMTs in catching up she provided specially prepared written lessons each week, and tutoring as required.

Kathy, who was deafened at age seven by meningitis, has challenged herself to maintain and improve the speaking skills she had acquired before becoming deaf, and to learn to read lips. This has enabled her to be quite successful in communicating in a hearing world, but she emphasized to her students they cannot expect all Deaf to be able to speak or read lips. In fact most Deaf do not, and sign language is one way they communicate, but not the only way.

The emphasis of these classes was for the students to learn a few basic signs they could use, but also to learn about Deaf culture and how to use this knowledge to improve their all around performance as EMTs. Becoming proficient in sign language requires many months or years of training and practice, and is not a realistic goal for a short course. However, learning to communicate with the Deaf, through a variety of ways, is a realistic goal. The students indicated they acquired a much better understanding of a world without sound, and felt they could effectively communicate with the Deaf.

Kathy began her classes with the most basic and useful of signs, the manual alphabet (finger spelling). Her students found they learned this skill rapidly, and were confident they could communicate effectively with the Deaf using this skill alone, although they were slow. Having this basic skill, Kathy then introduced them to signs for simple and common words such as "you," "yes," "no," etc. After mastering these, she got more specific and taught medical terms, such as "hurt," "blood," and "hospital." By the conclusion of the course they were making simple sentences that conveyed much information, such as "you hurt where," "hospital soon," and "okay." Enthusiasm was really building now!

Since I am a close friend and former student of Kathy's, she knew my interest in EMS, and invited me attend one of her classes. As an interpreter, I am worse than useless (I said former student, not star pupil!), but because I have much contact with the Deaf and with EMS, she felt perhaps I could help her students pull the two subjects together. It was a challenge I welcomed. We discussed how com-

Woody Glover, EMT-I, is the executive director of the 9-1-1 NETWORK of East Texas (903-581-8911 V/TDD). He also serves as a firefighter/EMT with the Flint-Gresham Volunteer Fire Department near Tyler. He is a board member of the East Texas Deaf and Hearing Association.

Stephanie Renfrow, left, and Kelly Fergusen learned valuable comminicating skills in Kathy Walters' class.

munications take on many forms other than just talking, and the following is a summation of our discussions.

About Kathy . . .

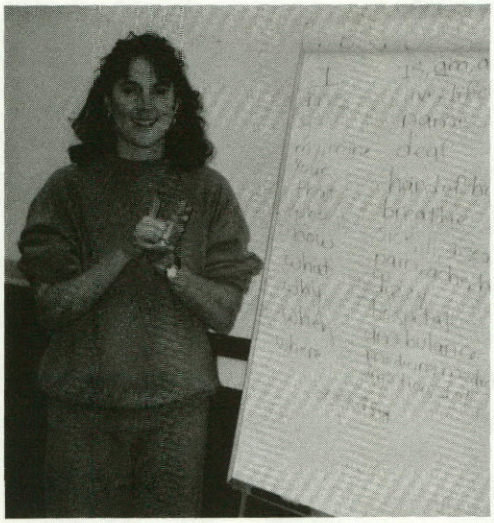
The students were eager to learn about their teacher and her deafness, and now, at the end of their course, they felt they knew her well. But, as expected, I found that Kathy had told her students about everything except herself. I told them when and how she was deafened. Also, that her husband was deaf, but that her three daughters have normal hearing (only about 10 percent of deafness is congenital, or inherited.) They had not heard of the Phone Pals program, the nationally recognized program that Kathy spearheaded. The Phone Palls are 15 Deaf volunteers in East Texas who make 9-1-1 test calls using their TDDs to teach our dispatchers to be confident in handling calls from the Deaf.

Her EMS students were also unaware that Kathy's efforts had won $1,000 from JC Penney Co. as volunteer of the year, or that this money had been used to send Kathy to Nashville to speak about the program at the National Association of the Deaf conference. They were unaware that Kathy co-chairs the 9-1-1 committee for the Texas Association for the Deaf, or is a board member for the East Texas Deaf and Hearing Association. She hadn't even told them she founded and chairs the East Texas Deaf Awareness Week. The fact she had told them little about herself did not surprise me, nor did the students' casual acceptance of her accomplishments surprise me. By this time they knew that Kathy could accomplish anything she wanted. The EMTs also felt they could accomplish much, including communicating with the Deaf. Their enthusiasm was exciting.

How to communicate with the Deaf . . .

Although the students were excited about their new skills, the realization they were a long way from being a deaf interpreter had set in. This was an opportune time to cover with them how to put these limited skills to good use, and to use many other skills they already possessed but had overlooked. These are skills we all have, and use, as EMTs, and they can be especially effective with a deaf patient. Let's review them:

Remember EMT-101, talk to your patient? It applies to the Deaf as well. Don't assume since they are deaf or hard of hearing that they do not understand what you are saying. Let's help them a bit. Make sure you are facing them when you speak, and they can clearly see your lips. Don't block your face with your hands, or turn away. Bushy mustaches are a hinderance. Don't shout, this only distorts. Speak slowly and enunciate well, but do not exaggerate your lip movement. Especially, don't panic and just "clam up" (maybe if I ignore him he won't notice!). Treat the Deaf patient as you do any other patient.



Kathy Walters taught a sign language class to EMTs... then got the EMTs to teach CPR to the Deaf.

Still can't communicate? Written notes are OK. Be sure to use short sentences and avoid slang. Forget the medical terms, and print clearly. A caution here: most Deaf that sign use American Sign Language, and it is a language all its own, with its own sentence structure. The words may be English, but they are not arranged in the same order you are accustomed to seeing. Your sentences may look strange to them too, so be patient. They will be appreciative that you are making an effort to communicate.

Never an interpreter around when you need one, right? How about using a relative, this may be an option. But, NEVER, ever use children as interpreters. This is a grave disservice to the child and your patient. Illness and pain are grown up things; let the kids be kids. For example, don't think of asking Kathy to make an exception with her kids even once, you will long rememberyour pain, and rightly so.

If you know some sign language, use it, even if you are not proficient. Your patient will be appreciative and supportive. However, pantomime and gesturing should be used very sparingly. Don't try to invent signs. These will be confusing, and they can be demeaning to your patient.

There is more, but we're still in EMT-101. Remember the nonverbal communication your instructor discussed? It is even more important now. Your facial expressions can and will convey much to your patient, even if you don't want it to. So make sure it conveys the message you want. Remember, too, you may be dealing with a pro in the lip reading department. As with any patient, don't say anything you don't want them to know. They'll know!

Be a good listener. Their words may be clear, or they may be just garbled sounds. So, what do you do? You listen with your eyes, watching the nonverbal communication. Everything we discussed above is now reversed—you are receiving rather than sending the signals. Be a good listener!

And finally, the most powerful tool of an EMT— your hands. You know the importance of palpating a patient, how this conveys much that evades your eyes and ears. This tool works both ways too, whether your patient is Deaf or hearing. A simple act like holding a hand is often the way you convey a message, and you may not even realize it. Yours hands can convey strength and self confidence. They can also express fear and concern. Your hands are always speaking for you—do they speak well? When all other forms of communication have failed you, don't forget the hands. I know you can tell me stories of the many patients, young and old, who gained strength and confidence after you arrived and simply held their hand. A most powerful tool.

So Upshur County EMS . . . you studied with a pro, and came away inspired. You thought you were ready to charge out into the world as Kathy faded into the sunset, right? Boy, were you wrong. Kathy was not nearly through with you.

Kathy showed them the spirit of volunteering and the sharing of talent, then asked them to return the favor. The Phone Pals are all Deaf, and none of them know CPR. Ever try to find a CPR class for the Deaf? Not easy, especially in a rural area. Her questions were simple: "Are any of you CPR instructors?" and "Would you teach us CPR to help protect our families?"

You know their answer. EMTs love a challenge. Perhaps you can read about their success soon.

For fundraising help, try the . . . not the "L" word!

By John Singleton

Do any businesses in your town support community projects? Which foundations give money to health care-related projects? How do you organize an EMS fundraiser? What about declining donations?

You can answer all these questions by using the L word—the library.

For many people, the mention of libraries conjures painful, childhood memories of sitting in a quiet room surrounded by strangers, thumbing through books, getting dirty looks when you sneeze or cough. But for those of us looking for funding information, these impressions are as false as the image of a paramedic being nothing more than an ambulance driver.

Many local libraries and the 13 Funding Information Centers in Texas maintain book collections ranging from nonprofit management and fundraising how-to's to national foundation, state foundation, and corporate foundation directories. If you need information on running a fundraiser, soliciting donations, writing a proposal, or managing volunteers, a Funding Information Center may have just the help you need.

Funding Information Centers have books listing corporate, private, state, and federal grant programs that provide specific funding—such as health care activities. These books may list sources nationwide, statewide, and, in some cases, by specific county. Books such as *Corporate Giving Directory, Directory of Texas Foundations, National Guide to Funding in Health*, and *Foundation Directory* will help you tap into funding sources.

Funding Information Centers provide an abundance of information if you are willing to invest a small amount of time. Ask for help from the librarian at these centers or at your local library. And happy fundraising!

John Singleton, a Texas paramedic, managed TDH's EMS Local Projects Grant program in 1994 and 1995. In July he joined the Carrollton Police Department, where he worked for four years before coming to the Bureau of Emergency Management.

Call your local library or the Funding Information Center near you for help with fundraising activities:

Abilene Center for Nonprofit Management
(915) 677-8166

Funding Library
The University of Texas - Pan American
Edinburg
(512) 381-3665

The Hogg Foundation for Mental Health
The University of Texas at Austin
(512) 471-5041

Office of Institutional Development
The University of Texas at Brownsville
(210) 548-6576

Texas A&M at Corpus Christi
University Library
(512) 994-2608

Dallas Public Library
Urban Information Center
Grants Information Service
(214) 670-1487

Fort Worth Funding Information Center
Texas Christian University Library
(817) 921-7664

Houston Public Library
Bibliographic and Information Center
(713) 236-1313

Longview Public Library
Adult Services Center
(903) 237-1352

Lubbock Area Foundation
(806) 762-8061

Funding Information Center of Texas
San Antonio
(210) 227-4333

North Texas Center for Nonprofit Management
Wichita Falls
(817) 322-4961

Amarillo Area Foundation
(806) 376-4521

EMS and Do Not Resuscitate Orders

Terminal condition: a condition that is incurable or irreversible and that would produce death without the application of life sustaining procedures

By
John Rinard

An article on Do Not Resuscitate issues in the March/April publication of *Texas EMS Magazine* discussed two things: the legal background that supports the development of out-of-hospital DNR guidelines and the existing documents for patient choices concerning health care decisions. Here we review those documents and outline a process for local EMS development of DNR protocols.

Making Health Care Choices

Two documents, known as advance directives to physicians, let the patient direct health care decisions and treatments: the Durable Power of Attorney for Health Care and the Living Will. While these two documents give a patient the ability to pre-determine certain decisions and treatment regimens, the documents do not generally apply outside the hospital unless the EMS medical director has specifically instructed the field crews about the DNR process.

The Durable Power of Attorney for Health Care allows the patient to designate another individual to make health care-related decisions and can place specific limitations on the decision-making authority of that designee.

An individual executes the DPAHC for the eventuality that he or she may be unable to make critical treatment decisions. This power of attorney "springs" into effect only if a physician certifies in writing that a patient cannot make health care decisions. Thus, this definition implies that a patient would be in a vegetative or some other form of non-understanding or noncommunicating state. Such patients generally are in an acute health care facility to which EMS does not respond or a long term care facility that should as a matter of routine have protocols for staff actions in the event of cardiac arrest.

The Living Will also allows an individual to leave specific instructions relating to the delivery of health care in the event of a terminal condition. But the Living Will specifically considers the termina-

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John Rinard helped compile material that led to the successful passage of the out-of-hospital DNR law. Call Rinard at the Bureau of Emergency Management at (512) 834-6740 ext. 2359 for help with DNR issues.

tion or withdrawal of resuscitation efforts by the physician.

The Living Will and the DPAHC may be completed at any time during an individual's life. However, both documents require that one or more conditions be met prior to the point the documents take effect. In the case of a Living Will, the patient must be a "qualified" patient. This generally means that a physician has diagnosed the terminal condition.

The definition of a terminal condition may vary from state to state. In Texas, however, the accepted definition is that a terminal condition is "a condition that is incurable or irreversible and that would produce death without the application of life sustaining procedures, with such procedures only postponing the moment of a patient's death."

It is generally held that these documents target physician-directed efforts in patient resuscitation matters and have little or no impact on similar efforts initiated by EMS in the out-of-hospital setting. Therefore, local EMS agencies must take the necessary steps to educate field crews, reduce potential for litigation, and ensure that patient desires are met through the development of out-of-hospital DNR guidelines.

The EMS Role

During the last session of the Texas Legislature, an out-of-hospital DNR bill, Senate Bill 673, passed into law. This law allows for the development and issuance of a standard DNR guideline that applies to out-of-hospital health care providers. While this bill is certainly good news for EMS, it will be several months before the Board of Health approves the new law's implementation components. To ensure development of the best possible system, the Bureau of Emergency Management will assemble a committee to develop the implementation material for consideration and approval by the Board of Health.

If your EMS agency chooses to develop temporary DNR protocols, consider the questions listed in the following sections and the concerns raised in the article published in the March/April issue of *Texas EMS Magazine*. And, certainly, the protocol must follow the standards outlined in Senate Bill 673.

Physician Involvement

To begin the development of DNR protocols, ask your medical director and other key members of the local medical community to establish a study committee. At that point you will need to provide compelling reasons to develop a DNR protocol for EMS. Without the support and understanding of the medical community, your agency will not be able to develop a DNR protocol. Provide the physician committee with the following information:

1. Show that lack of DNR guidelines has caused a problem for your EMS agency.
2. Tell the group what you want to achieve with the guidelines.
3. Explain why the guidelines are necessary.
4. Provide your agency's possible solution to the problem.
5. Suggest a plan to implement the guidelines.
6. Demonstrate how your agency will respond to patients with the guidelines in place.

Community Education

Because DNR is a volatile issue, consider an educational campaign for the public. In fact, you may find it ben-

eficial to include key members of the nonmedical community on your protocol committee.

This educational campaign should answer these questions:

1. What does this program mean to community members?
2. What response can the public expect from the medical community in their towns?
3. How do individuals participate in the program?
4. Where can individuals get additional information on Do Not Resuscitate issues?

Educating EMS Medics

Finally, no matter how well thought-out your community efforts are, or how supportive the medical community is, the plan is doomed if the EMS field crews don't have the benefit of a comprehensive training session. You can use the questions in the community education campaign as the core subject matter.

In addition, supervisors must remain sensitive to conflicts between the act of withholding care and the ethical implications tied to those actions. The DNR training session should include local pastoral support and could include counseling sessions for those who wish to attend. After all, for years we stressed that the field crew's responsibility is to preserve life and relieve suffering, and now you will be asking medics to withhold treatment in certain specific instances.

Senate Bill 673

This article raises the issues of out-of-hospital DNR orders and suggests ways EMS agencies can approach those issues. This article is not all-inclusive, and issues will vary in each community across the state. To avoid duplication and to both aid and protect patients, medics, physicians, and others, all policies and forms should comply fully with Senate Bill 673, reprinted on the following pages.

Senate Bill 673 Out-of-Hospital DNR

Subtitle A, Title 8, Health and Safety Code

Chapter 674. Out-of-Hospital Do-Not-Resuscitate

§674.001. Definitions.

In this chapter:

(1) "Attending physician" means the physician who has primary responsibility for a person's treatment and care.

(2) "Board" means the Texas Board of Health.

(3) "Cardiopulmonary resuscitation" includes a component of cardiopulmonary resuscitation.

(4) "Competent" means possessing the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of, and reasonable alternatives to, a proposed treatment decision.

(5) "Declarant" means a person who has executed or issued an out-of-hospital do-not-resuscitate order under this chapter.

(6) "Department" means the Texas Department of Health.

(7) "DNR identification device" means an identification device specified by the board under Section 674.023 that is worn for the purpose of identifying a person who has executed or issued an out-of-hospital DNR order or on whose behalf an out-of-hospital DNR order has been executed or issued under this chapter.

(8) "Durable power of attorney for health care" means a document delegating to an agent the authority to make health care decisions for a person in accordance with Chapter 135, Civil Practice and Remedies Code.

(9) "Emergency medical services" has the meaning as-

signed by Section 773.003.

(10) "Emergency medical services personnel" has the meaning assigned by Section 773.003.

(11) "Health care professionals" means physicians, nurses, and emergency medical services personnel and, unless the context requires otherwise, includes hospital emergency personnel.

(12) "Incompetent" means lacking the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of, and reasonable alternatives to, a proposed treatment decision.

(13) "Life-sustaining procedure" means a medical procedure, treatment, or intervention that uses mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function and, when applied to a person in a terminal condition, serves only to prolong the process of dying. The term does not include the administration of medication or the performance of a medical procedure considered to be necessary to provide comfort or care or to alleviate pain or the provision of water or nutrition.

(14) "Out-of-hospital DNR order":

(A) means a legally binding out-of-hospital do-not-resuscitate order, in the form specified by the board under Section 674.003, prepared and signed by the attending physician of a person who has been diagnosed as having a terminal condition, that documents the instructions of a person or the person's legally authorized representative and directs health care professionals acting in an out-of-hospital setting not to initiate or continue the following life-sustaining procedures:

(i) cardiopulmonary resuscitation;

(ii) endotracheal intubation or other means of advanced airway management;

(iii) artificial ventilation;

(iv) defibrillation;

(v) transcutaneous cardiac pacing;

(vi) the administration of cardiac resuscitation medications; and

(vii) other life-sustaining procedures specified by the board under Section 674.023(a); and

(B) does not include authorization to withhold medical interventions or therapies considered necessary to provide comfort or care or to alleviate pain or to provide water or nutrition.

(15) "Out-of-hospital setting" means any setting outside of a licensed acute care hospital in which health care professionals are called for assistance, including long-term care facilities, in-patient hospice facilities, private homes, and vehicles during transport.

(16) "Physician" means a physician licensed by the Texas State Board of Medical Examiners or a properly credentialed physician who holds a commission in the uniformed services of the United States and who is serving on active duty in this state.

(17) "Proxy" means a person designated and authorized by a directive executed or issued in accordance with Chapter 672 to make a treatment decision for another person in the event the other person becomes comatose, incompetent, or otherwise mentally or physically incapable of communication.

(18) "Qualified relatives" means those persons authorized to execute or issue an out-of-hospital DNR order on behalf of a person who is comatose, incompetent, or otherwise mentally or physically incapable of communication under Section 674.008.

(19) "Statewide out-of-hospital DNR protocol" means a set of statewide standardized procedures adopted by the board under Section 674.023 for withholding cardiopulmonary resuscitation and certain other life-sustaining procedures by health care professionals acting in out-of-hospital settings.

(20) "Terminal condition" means an incurable or irreversible condition caused by injury, disease, or illness that would produce death without the application of life-sustaining procedures, according to reasonable medical judgment, and in which the application of life-sustaining procedures serves only to postpone the moment of the person's death.

§674.002. Out-of-Hospital DNR Order; Directive to Physicians.

(a) A competent person who has been diagnosed by a physician as having a terminal condition may at any time execute a written out-of-hospital DNR order directing health care professionals acting in an out-of-hospital setting to withhold cardiopulmonary resuscitation and certain other life-sustaining procedures designated by the board.

(b) The declarant must sign the out-of-hospital DNR order in the presence of two witnesses, and those witnesses must sign the order. The attending physician of the declarant must sign the order and shall make the fact of the existence of the order and the reasons for execution of the order a part of the declarant's medical record.

(c) A witness must have the

same qualifications as those provided by Section 672.003(c).

(d) If the person is incompetent but previously executed or issued a directive to physicians in accordance with Chapter 672, the physician may rely on the directive as the person's instructions to issue an out-of-hospital DNR order and shall place a copy of the directive in the person's medical record. The physician shall sign the order in lieu of the person signing under Subsection (b).

(e) If the person is incompetent but previously executed or issued a directive to physicians in accordance with Chapter 672 designating a proxy, the proxy may make any decisions required of the designating person as to an out-of-hospital DNR order and shall sign the order in lieu of the person signing under Subsection (b).

(f) If the person is now incompetent but previously executed or issued a durable power of attorney for health care in accordance with Chapter 135, Civil Practice and Remedies Code, designating an agent, the agent may make any decisions required of the designating person as to an out-of-hospital DNR order and shall sign the order in lieu of the person signing under Subsection (b).

(g) The board, on the recommendation of the department, shall by rule adopt procedures for the disposition and maintenance of records of an original out-of-hospital DNR order and any copies of the order.

(h) An out-of-hospital DNR order is effective on its execution.

§674.003. Form of Out-of-Hospital DNR Order.

(a) A written out-of-hospital DNR order shall be in the standard form specified by board rule as recommended by the department.

(b) The standard form of an out-of-hospital DNR order specified by the board must, at a minimum, contain the following:

(1) a distinctive single-page format that readily identifies the document as an out-of-hospital DNR order;

(2) a title that readily identifies the document as an out-of-hospital DNR order;

(3) the printed or typed name of the person;

(4) a statement that the physician signing the document is the attending physician of the person, that the physician has diagnosed the person as having a terminal condition, and that the physician is directing health care professionals acting in out-of-hospital settings not to initiate or continue certain life-sustaining procedures on behalf of the person, and a listing of those procedures not to be initiated or continued;

(5) a statement that the person understands that the person may revoke the out-of-hospital DNR order at any time by destroying the order and removing the DNR identification device, if any, or by communicating to health care professionals at the scene the person's desire to revoke the out-of-hospital DNR order;

(6) places for the printed names and signatures of the witnesses and attending physician of the person and the medical license number of the attending physician;

(7) a separate section for execution of the document by the legal guardian of the person, the person's proxy, an agent of the person having a durable power of attorney for health care, or the attending physician attesting to the issuance of an out-of-hospital DNR order by nonwritten means of communication or acting in accordance with a previously executed or previously issued directive to physicians under Section 674.002(d) that includes the following:

(A) a statement that the legal guardian, the proxy, the agent, the person by nonwritten means of communication, or the physician directs that the listed life-sustaining procedures should not be initiated or continued in behalf of the person; and

(B) places for the printed names and signatures of the witnesses and, as applicable, the legal guardian, proxy, agent, or physician;

(8) a separate section for execution of the document by at least two qualified relatives of the person when the person does not have a legal guardian, proxy, or agent having a durable power of attorney for health care and is comatose, incompetent, or otherwise mentally or physically incapable of communication, including:

(A) a statement that the relatives of the person are qualified to make a treatment decision to withhold cardiopulmonary resuscitation and certain other designated life-sustaining procedures under Section 674.008 and, based on the known desires of the person or a determination of the best interest of the person, direct that the listed life-sustaining procedures should not be initiated or continued in behalf of the person; and

(B) places for the printed names and signatures of the witnesses and qualified relatives of the person;

(9) a place for entry of the date of execution of the document;

(10) a statement that the document is in effect on the date of its execution and remains in effect until the death of the person

or until the document is revoked;

(11) a statement that the document must accompany the person during transport;

(12) a statement regarding the proper disposition of the document or copies of the document, as the board determinesappropriate; and

(13) a statement at the bottom of the document, with places for the signature of each person executing the document, that the document has been properly completed.

(c) The board may, by rule and as recommended by the department, modify the standard form of the out-of-hospital DNR order described by Subsection (b) in order to accomplish the purposes of this chapter.

§674.004. Issuance of Out-of-Hospital DNR Order by Nonwritten Communication.

(a) A competent person who is an adult may issue an out-of-hospital DNR order by nonwritten communication.

(b) A declarant must issue the nonwritten out-of-hospital DNR order in the presence of the attending physician and two witnesses. The witnesses must possess the same qualifications as those provided by Section 672.003(c).

(c) The attending physician and witnesses shall sign the out-of-hospital DNR order in that place of the document provided by Section 674.003(b)(7) and the attending physician shall sign the document in the place required by Section 674.003(b)(13). The physician shall make the fact of the existence of the out-of-hospital DNR order a part of the declarant's medical record and the witnesses shall sign that entry in the medical record.

(d) An out-of-hospital DNR order issued in the manner provided by this section is valid and shall be honored by responding health care professionals as if executed in the manner provided by Section 674.002.

§674.005. Execution of Out-of-Hospital DNR Order on Behalf of a Minor. The following persons may execute an out-of-hospital DNR order on behalf of a minor:

(1) the minor's parents;

(2) the minor's legal guardian; or

(3) the minor's managing conservator.

§674.006. Desire of Person Supersedes Out-of-Hospital DNR Order.

The desire of a competent person, including a competent minor, supersedes the effect of an out-of-hospital DNR order executed or issued by or on behalf of the person when the desire is communicated to responding health care professionals as provided by this chapter.

§674.007. Procedure When Declarant Is Incompetent or Incapable of Communication.

(a) This section applies when a person 18 years of age or older has executed or issued an out-of-hospital DNR order and subsequently becomes comatose, incompetent, or otherwise mentallyor physically incapable of communication.

(b) If the adult person has designated a person to make a treatment decision as authorized by Section 672.003(d), the attending physician and the designated person shall comply with the out-of-hospital DNR order.

(c) If the adult person has not designated a person to make a treatment decision as authorized by Section 672.003(d), the attending physician shall comply with the out-of-hospital DNR order unless the physician believes that the order does not reflect the person's present desire.

§674.008. Procedure When Person Has Not Executed or Issued Out-of-Hospital DNR Order and is Incompetent or Incapable of Communication.

(a) If an adult person has not executed or issued an out-of-hospital DNR order and is comatose, incompetent, or otherwise mentally or physically incapable of communication, the attending physician and the person's legal guardian, proxy, or agent having a durable power of attorney for health care may execute an out-of-hospital DNR order on behalf of the person.

(b) If the person does not have a legal guardian, proxy, or agent, the attending physician and at least two qualified relatives may execute an out-of-hospital DNR order in the same manner as a treatment decision made under Section 672.009(b).

(c) A decision to execute an out-of-hospital DNR order made under Subsection (a) or (b) must be based on knowledge of what the person would desire, if known.

(d) An out-of-hospital DNR order executed under Subsection (b) must be made in the presence of at least two witnesses who possess the same qualifications that are required by Section 672.003(c).

(e) The fact that an adult person has not executed or issued an out-of-hospital DNR order does not create a presumption that the person does not want a treatment decision made to withhold cardiopulmonary resuscitation

and certain other designated life-sustaining procedures designated by the board.

§674.009. Compliance with Out-of-Hospital DNR Order.

(a) When responding to a call for assistance, health care professionals shall honor an out-of-hospital DNR order in accordance with the statewide out-of-hospital DNR protocol and, where applicable, locally adopted out-of-hospital DNR protocols not in conflict with the statewide protocol if:

(1) the responding health care professionals discover an executed or issued out-of-hospital DNR order form on their arrival at the scene; and

(2) the responding health care professionals comply with this section.

(b) If the person is wearing a DNR identification device, the responding health care professionals must comply with Section 674.010.

(c) The responding health care professionals must establish the identity of the person as the person who executed or issued the out-of-hospital DNR order or for whom the out-of-hospital DNR order was executed or issued.

(d) The responding health care professionals must determine that the out-of-hospital DNR order form appears to be valid in that it includes:

(1) written responses in the places designated on the form for the names, signatures, and other information required of persons executing or issuing, or witnessing the execution or issuance of, the order;

(2) a date in the place designated on the form for the date the order was executed or issued; and

(3) the signature of the declarant or persons executing or issuing the order and the attending physician in the appropriate places designated on the form for indicating that the order form has been properly completed.

(e) If the conditions prescribed by Subsections (a) through (d) are not determined to apply by the responding health care professionals at the scene, the out-of-hospital DNR order may not be honored and life-sustaining procedures otherwise required by law or local emergency medical services protocols shall be initiated or continued. Health care professionals acting in out-of-hospital settings are not required to accept or interpret an out-of-hospital DNR order that does not meet the requirements of this chapter.

(f) The out-of-hospital DNR order form, when available, must accompany the person during transport.

(g) A record shall be made and maintained of the circumstances of each emergency medical services response in which an out-of-hospital DNR order or DNR identification device is encountered, in accordance with the statewide out-of-hospital DNR protocol and any applicable local out-of-hospital DNR protocol not in conflict with the statewide protocol.

(h) An out-of-hospital DNR order executed or issued and documented or evidenced in the manner prescribed by this chapter is valid and shall be honored by responding health care professionals unless the person or persons found at the scene:

(1) identify themselves as the declarant or as the attending physician, legal guardian, qualified relative, or agent of the person having a durable power of attorney for health care who executed or issued the out-of-hospital DNR order on behalf of the person; and

(2) request that cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board be initiated or continued.

(i) If the policies of a health care facility preclude compliance with the out-of-hospital DNR order of a person or an out-of-hospital DNR order issued by an attending physician on behalf of a person who is admitted to or a resident of the facility, or if the facility is unwilling to accept DNR identification devices as evidence of the existence of an out-of-hospital DNR order, that facility shall take all reasonable steps to notify the person or, if the person is incompetent, the person's guardian or the person or persons having authority to make health care treatment decisions on behalf of the person, of the facility's policy and shall take all reasonable steps to effect the transfer of the person to the person's home or to a facility where the provisions of this chapter can be carried out.

§674.010. DNR Identification Device.

(a) A person who has a valid out-of-hospital DNR order under this chapter may wear a DNR identification device around the neck or on the wrist as prescribed by board rule adopted under Section 674.023.

(b) The presence of a DNR identification device on the body of a person is conclusive evidence that the person has executed or issued a valid out-of-hospital DNR order or has a valid out-of-hospital DNR order executed or issued on the person's behalf. Responding health care professionals shall honor the DNR identification device as if a valid out-of-hospital DNR order form

executed or issued by the person were found in the possession of the person.

§674.011. Duration of Out-of-Hospital DNR Order. An out-of-hospital DNR order is effective until it is revoked as prescribed by Section 674.012.

§674.012. Revocation of Out-of-Hospital DNR Order.

(a) A declarant may revoke an out-of-hospital DNR order at any time without regard to the declarant's mental state or competency. An order may be revoked by:

(1) the declarant or someone in the declarant's presence and at the declarant's direction destroying the order form and removing the DNR identification device, if any;

(2) a person who identifies himself or herself as the legal guardian, as a qualified relative, or as the agent of the declarant having a durable power of attorney for health care who executed the out-of-hospital DNR order or another person in the person's presence and at the person's direction destroying the order form and removing the DNR identification device, if any;

(3) the declarant communicating the declarant's intent to revoke the order; or

(4) a person who identifies himself or herself as the legal guardian, a qualified relative, or the agent of the declarant having a durable power of attorney for health care who executed the out-of-hospital DNR order orally stating the person's intent to revoke the order.

(b) An oral revocation under Subsection (a)(3) or (a)(4) takes effect only when the declarant or a person who identifies himself or herself as the legal guardian, a qualified relative, or the agent of the declarant having a durable power of attorney for health care who executed the out-of-hospital DNR order communicates the intent to revoke the order to the responding health care professionals or the attending physician at the scene. The responding health care professionals shall record the time, date, and place of the revocation in accordance with the statewide out-of-hospital DNR protocol and rules adopted by the board and any applicable local out-of-hospital DNR protocol. The attending physician or the physician's designee shall record in the person's medical record the time, date, and place of the revocation and, if different, the time, date, and place that the physician received notice of the revocation. The attending physician or the physician's designee shall also enter the word "VOID" on each page of the copy of the order in the person's medical record.

(c) Except as otherwise provided by this chapter, a person is not civilly or criminally liable for failure to act on a revocation made under this section unless the person has actual knowledge of the revocation.

§674.013. Reexecution of Out-of-Hospital DNR Order. A declarant may at any time reexecute or reissue an out-of-hospital DNR order in accordance with the procedures prescribed by Section 674.002, including reexecution or reissuance after the declarant is diagnosed as having a terminal condition.

§674.014. Conflict With Natural Death Act or Durable Power of Attorney for Health Care. To the extent that an out-of-hospital DNR order conflicts with a directive or treatment decision executed or issued under Chapter 672 or a durable power of attorney for health care executed or issued in accordance with Chapter 135, Civil Practice and Remedies Code, the instrument executed later in time controls.

§674.015. Effect of Out-of-Hospital DNR Order on Insurance Policy and Premiums.

(a) The fact that a person has executed or issued an out-of-hospital DNR order under this chapter does not:

(1) restrict, inhibit, or impair in any manner the sale, procurement, or issuance of a life insurance policy to that person; or

(2) modify the terms of an existing life insurance policy.

(b) Notwithstanding the terms of any life insurance policy, the fact that cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board are withheld from an insured person under this chapter does not legally impair or invalidate that person's life insurance policy and may not be a factor for the purpose of determining the payability of benefits or the cause of death under the life insurance policy.

(c) A physician, health facility, health care provider, insurer, or health care service plan may not require a person to execute or issue an out-of-hospital DNR order as a condition for obtaining insurance for health care services or receiving health care services.

(d) The fact that a person has executed or issued or failed to execute or issue an out-of-hospital DNR order under this chapter may not be considered in any way in establishing insurance premiums.

§674.016. Limitation on Liability for Withholding Cardiopulmo-

nary Resuscitation and Certain Other Life-Sustaining Procedures.

(a) A health care professional or health care facility or entity that in good faith causes cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board to be withheld from a person in accordance with this chapter is not civilly liable for that action.

(b) A health care professional or health care facility or entity that in good faith participates in withholding cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board from a person in accordance with this chapter is not civilly liable for that action.

(c) A health care professional or health care facility or entity that in good faith participates in withholding cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board from a person in accordance with this chapter is not criminally liable or guilty of unprofessional conduct as a result of that action.

(d) A health care professional or health care facility or entity that in good faith causes or participates in withholding cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board from a person in accordance with this chapter and rules adopted under this chapter is not in violation of any other licensing or regulatory laws or rules of this state and is not subject to any disciplinary action or sanction by any licensing or regulatory agency of this state as a result of that action.

§674.017. Limitation on Liability for Failure to Effectuate Out-of-Hospital DNR.

(a) A health care professional or health care facility or entity that has no actual knowledge of an out-of-hospital DNR order is not civilly or criminally liable for failing to act in accordance with the order.

(b) A health care professional or health care facility or entity is not civilly or criminally liable for failing to effectuate an out-of-hospital DNR order.

(c) If an attending physician refuses to execute or comply with an out-of-hospital DNR order, the physician shall inform the person, the legal guardian or qualified relatives of the person, or the agent of the person having a durable power of attorney for health care and, if the person or another authorized to act on behalf of the person so directs, shall make a reasonable effort to transfer the person to another physician who is willing to execute or comply with an out-of-hospital DNR order.

§674.018. Honoring Out-of-Hospital DNR Order Does Not Constitute Offense of Aiding Suicide. A person does not commit an offense under Section 22.08, Penal Code, by withholding cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board from a person in accordance with this chapter.

§674.019. Criminal Penalty; Prosecution.

(a) A person commits an offense if the person intentionally conceals, cancels, defaces, obliterates, or damages another person's out-of-hospital DNR order or DNR identification device without that person's consent or the consent of the person or persons authorized to execute or issue an out-of-hospital DNR order on behalf of the person under this chapter. An offense under this subsection is a Class A misdemeanor.

(b) A person is subject to prosecution for criminal homicide under Chapter 19, Penal Code, if the person, with the intent to cause cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board to be withheld from another person contrary to the other person's desires, falsifies or forges an out-of-hospital DNR order or intentionally conceals or withholds personal knowledge of a revocation and thereby directly causes cardiopulmonary resuscitation and certain other life-sustaining procedures designated by the board to be withheld from the other person with the result that the other person's death is hastened.

§674.020. Pregnant Persons. A person may not withhold cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board under this chapter from a person known by the responding health care professionals to be pregnant.

§674.021. Mercy Killing Not Condoned. This chapter does not condone, authorize, or approve mercy killing or permit an affirmative or deliberate act or omission to end life except to permit the natural process of dying as provided by this chapter.

§674.022. Legal Right or Responsibility Not Affected. This chapter does not impair or supersede any legal right or responsibility a person may have under a constitution, other statute, regulation, or court decision to effect the withholding of cardiopulmonary resuscitation or certain other life-sustaining procedures designated by the board.

§674.023. Duties of Department and Board.

(a) The board shall, on the

recommendation of the department, adopt all reasonable and necessary rules to carry out the purposes of this chapter, including rules:

(1) adopting a statewide out-of-hospital DNR order protocol that sets out standard procedures for the withholding of cardiopulmonary resuscitation and certain other life-sustaining procedures by health care professionals acting in out-of-hospital settings;

(2) designating life-sustaining procedures that may be included in an out-of-hospital DNR order, including all procedures listed in Section 674.001(14)(A)(i) through (vi); and

(3) governing recordkeeping in circumstances in which an out-of-hospital DNR order or DNR identification device is encountered by responding health care professionals.

(b) The rules adopted by the board under Subsection (a) are not effective until approved by the Texas State Board of Medical Examiners.

(c) Local emergency medical services authorities may adopt local out-of-hospital DNR order protocols if the local protocols do not conflict with the statewide out-of-hospital DNR order protocol adopted by the board.

(d) The board by rule shall specify a distinctive standard design for a necklace and a bracelet DNR identification device that signifies, when worn by a person, that the possessor has executed or issued a valid out-of-hospital DNR order under this chapter or is a person for whom a valid out-of-hospital DNR order has been executed or issued.

(e) The department shall report to the board from time to time regarding issues identified in emergency medical services responses in which an out-of-hospital DNR order or DNR identification device is encountered. The report may contain recommendations to the board for necessary modifications to the form of the standard out-of-hospital DNR order or the designated life-sustaining procedures listed in the standard out-of-hospital DNR order, the statewide out-of-hospital DNR order protocol, or the DNR identification devices.

§674.024. Recognition of Out-of-Hospital DNR Order Executed or Issued in Other State. An out-of-hospital DNR order executed, issued, or authorized in another state or a territory or possession of the United States in compliance with the law of that jurisdiction is effective for purposes of this chapter.

Did you read...

By Alana S. Mallard

A study conducted in the Minnesota area found that of 125 paramedics and EMTs surveyed, 91% said they believe in God, 84% believe God works miracles, 62% pray for their patients, and 54% pray for their coworkers.

An East Carolina study concluded that EMS individuals wearing uniforms with badges are more likely to be identified as law enforcement personnel than as EMS personnel. Providers who do not wish to be mistaken for law enforcement personnel should wear the Star of Life, not a badge, on their uniform.

Citations used with permission

In a study conducted in the Minneapolis-St. Paul, Minnesota, area, researchers found that EMS workers have more doubts than the average citizen about the existence of God, but are just as spiritual. Of the 125 paramedics and EMTs surveyed, 91 percent said they believe in God—according to a Gallup sample, 94 percent of the general population said they believe in God. Other findings of the spirituality of the EMS group included:

- 60% never doubted God's existence
- 84% believe God works miracles
- 80% believe in life after death
- 87% pray
- 62% pray for their patients
- 54% pray for their coworkers
- 81% considered themselves spiritual

The researchers began this study with the hypothesis that traumatic events experienced on the job make EMS workers more skeptical about their spiritual beliefs. However, the researchers found that the EMTs interviewed "frequently were talkative and eagerly offered religious stories on and off the job. It was as if the EMT finally was permitted to talk about a forbidden subject.

From *Prehospital and Disaster Medicine*, July–September 1995, "Spirituality of EMTs: A Study of the Spiritual Nature of EMS Workers and Its Effects on Perceived Happiness and Prayers for Patients" by Candace J. Backus, William Backus, and Davis L. Page

An East Carolina study concluded that individuals wearing uniforms with badges are more likely to be identified as law enforcement personnel than as EMS personnel, and that EMS providers who do not wish to be mistaken for law enforcement personnel should wear the Star of Life, not a badge, on their uniform.

One hundred sixty people ranging in age from 15 to 82 years participated in the study and each person looked at twelve slides of various uniforms and insignia. Fifty-nine percent of the uniforms with badges were identified as law enforcement and 43.4 percent were called "other" by the participants. Only 5.5 percent of the uniforms with badges were identified as EMS, compared with 74.1 percent of the uniforms with the Star of Life patch.

The article's authors referenced recent magazine articles on violence against EMTs that encourage EMTs to ensure that they are not mistaken for police officers.

From *Prehospital and Disaster Medicine*, July–September 1995, "Mistaken Identity: The Effect of Badges on EMT Recognition" by Lawrence H. Brown, Jeff Waldman, Terry W. Copeland, William E. Smithson, and N. Heramba Prasad

Fire trucks painted lime-yellow have fewer crashes than the traditional red firetrucks, says a study published in the spring issue of Journal of Safety Research. The study covered a four-year period and looked at all moving motor vehicle crashes involving Dallas Fire Department fire engines.

Authors Stephen S. Solomon and James G. King conclude that if other factors remain the same, lime-yellow trucks are significantly safer. "The superior visibility of lime-yellow color yields an earlier awareness of the fire pumper's presence by the civilian driver and results in a lower accident rate," the researcher's said.

From *Emergency Medical Services*, July 1995, "Red Fire Trucks More Likely to Be Involved in Crashes"

Fire trucks painted lime-yellow have fewer crashes than the traditional red firetrucks, says a study published in the spring issue of *Journal of Safety Research.*

The U.S. has 40,767 licensed EMS vehicles—and 2,536 are in Texas. The states with the most EMS vehicles are New York with 3,500; Virginia with 2,551; Texas; Illinois with 2,029, and California with 1,846. At the other end of the spectrum are Hawaii with 78; Delaware with 141; Wyoming with 158; Vermont with 171; and Kansas with 199.

And the U.S. has nearly 730,000 EMS workers—45,634 of them in Texas. New York, California, Texas, Pennsylvania, and Virginia have the most prehospital providers. And the fewest? Hawaii with 599, then Delaware, Wyoming, Idaho, and Alaska.

Of the nearly 15,000 EMS agencies in the nation, 4,840 are fire department-based. Volunteers comprise 2,470 agencies; 2,121 are private firms; 1,512 are run by municipalities; 1,082 are first responder groups; 778 are hospital-based; and 336 are aeromedical groups.

From a special supplement in the July 1995 issue of *Emergency Medical Services* magazine, called The Silver Book, The Ultimate EMS Fact Guide Book

The U.S. has 40,767 licensed EMS vehicles—2,536 in Texas. New York has 3,500; Virginia has 2,551; and Illinois has 2,029—Hawaii has 78 and Delaware has141.
And the U.S. has nearly 730,000 EMS workers—45,634 of them in Texas.

Want to avoid low back injuries? Exercise will help, says Paul Davis, PhD in exercise physiology and project director for the Firefighter Combat Challenge. In an article filled with strengthening exercises, Davis says this:

- The muscles of the body are meant to be used. If you don't challenge them they will wither (atrophy) and lose tone and strength.
- Disuse creates a high-risk condition. With an imbalance in the system, you place excessive demands on your anatomy.
- A regular program of resistive training is the best method of ensuring optimal health.
- Working on those muscles that contribute to appropriate muscular balance can work wonder in reducing the likelihood of injury.

From *Fire Chief*, July 1995, "A way to save your back from the future" by Paul O. Davis

These Ten Commandments of Injury Surveillance and Public Health Programs were excepted from remarks made by Ronald L. Somers at the Centers for Disease Control's Third National Injury Control Conference held in Denver, Colorado, in 1991.

1. Be aware that injury surveillance data is often more important for its political impact than for its scientific impact. Most of the hazards that we uncover with surveillance are already known, but not fully appreciated.

2. Target the easy issues first. Success breeds success in the injury prevention business. Dealing well with a readily addressable hazard provides psychological momentum for dealing with the next more difficult hazard, even when the hazards are unrelated.

3. Promote specific solutions, not general panaceas. It is no use pointing out problems without pointing to specific solutions. There is no place any longer for the old "be good, be careful" school of safety. Emphasize whenever possible environmental, i.e., passive, solutions, rather than behavioral solutions.

4. Accept that half a victory is better than no victory.

5. Believe passionately that human suffering is worth preventing, and believe it sufficiently to ensure the employment of full-time workers. Injury prevention programs cannot be effectively run by hobbyists or dabblers.

6. Distinguish yourself and your program by singleminded dedication to accomplishments. Apply your energy three parts to accomplishment, one part to publication show and tell.

7. Anticipate hazards as well as react to them. Not all preventive action needs to be prompted by data.

8. Pace yourself, don't burn out. Let your little light shine, but not too brightly, and not all at once.

9. Realize that injury prevention is a team effort, involving cooperation across professions, across departments, and across institutions, but be prepared to go the distance alone.

10. Remember that while there is no place for ego in injury control, there is a definite place for flamboyance. Keep in mind though that "the way to get things done is not to mind who gets the credit for doing them."

Remember that while there is no place for ego in injury control, there is a definite place for flamboyance. Keep in mind though that "the way to get things done is not to mind who gets the credit for doing them."

From *Response: EMS Alaska*, Spring 1995, Alaska Department of Health and Social Services

A study of Austin and Travis County shootings in 1991 and 1992 showed that 155 Travis County residents were shot to death, and that in an average month six people died and nine people were injured from gunshot injuries. Medical costs of the shootings that occurred in this two year period exceeded $2 million.

David Zane and Mary Jo Preece, the study's principle investigators, made three gun safety recommendations applicable to every community:

- Information campaigns to educate the public about the risks and benefits of gun possession and the safe use of guns and ammunition.
- Public policy initiatives limiting access to guns and guidelines on the storage, transport, and use of guns.
- Engineering improvements to make guns safer.

A study of Austin and Travis County shootings in 1991 and 1992 showed that 155 Travis County residents were shot to death.

In an interview after the study's publication, Zane cited research that shows a three-fold increase in murders and a five-fold increase in suicides where a gun is in the home.

In 1993 firearm-related deaths were the eight leading cause of death in Texas, claiming 3,456 lives, compared to 3,456 motor vehicle crashes deaths and 2,551 deaths due to AIDS, according to data prepared by Texas Department of Health's Injury Prevention and Control Program. Approximately 47 percent of the gunshot deaths were homicides; 45 percent were suicides; and 4.5 percent were unintentional. In 1993, 515 Texans under the age of 20 died from gunfire—that's one child a day or the equivalent of a classroom every three weeks. Gunfire accounted for 38 percent of all deaths of Texas adolescents in 1993 and 70 percent of African American adolescents in Texas.

From *Healthy 1*, July 1995, "Handgun law renews public health concerns" by Barry Sharp, TDH Adult Health Program

Traffic crashes are the leading cause of death for youth and young adults in this country, accounting for about one-third of all deaths between 15 and 24 years of age. Youths between 16 and 20 years of age die in traffic crashes at twice the rate of the general population., and males in this age group die at more than twice the rate of females.

The solutions, according to the Safe and Sober Campaign, are:

- Increased safety belt use
- Decreased alcohol use
- Prudent speed

Nearly three-fourths of youth occupant fatalities in 1993 did not wear safety belts. Experts estimate that nationally 1,350 young people could have been saved if they had worn safety belts.

Safety belt use among young people was lower in alcohol-related crashes than in crashes with sober drivers and passengers.

In 1993, nearly half of all young driver fatalities were speed-related.

The Safe and Sober Campaign from National Highway Traffic Safety Administration sends out quarterly planners on traffic safety subjects: alcohol, speed, seatbelts, youth programs. Call

National Highway Traffic Safety Administration at (202) 366-5440 to request a free packet.

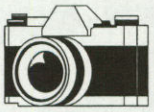
From Campaign Safe and Sober, Youth Traffic Safety Programs, April May June 1995, U.S. Department of Transportation, National Highway Traffic Safety Administration

Here are some low-cost ways to motivate people who work for you:

- A pat on the back.
- A smile.
- A simple, sincere thank you.
- A personal letter to the employee, with copies sent to your immediate supervisor.
- Public recognition in front of peers.
- Public recognition in front of a higher-level boss.
- A letter of praise from a customer shared directly with the employee who delivered the service.
- A letter of praise from a customer posted on the company bulletin board or printed in the company newsletter.
- Listening to an employee who has an idea for improving efficiency and then acting affirmatively on that suggestion.
- Allowing an employee to work on a project that he or she would not usually work on.
- Asking employees what nonmonetary rewards they would like to have and, if possible, try to provide them.
- Issuing a "You Were Mentioned" certificate to employees whenever you hear something nice about them, whether from a customer, coworker, or superior.
- Bringing in a treat after a unit-wide effort.
- Providing free lunch for employees caught in the act of victory by an appointed group of company-wide "catchers."
- Rotating the "company flag" or other symbol of excellence from deserving unit to deserving unit on a quarterly basis.

From *Performance*, March 1995, "Motivation"

Nearly three-fourths of youth occupant fatalities in 1993 did not wear safety belts. Experts estimate that nationally 1,350 young people could have been saved if they had worn safety belts.



1995 Texas EMS Photography Contest

Entry Form

Photographer's Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

Mail to: EMS Photos, Texas Department of Health
1100 W. 49th Street, Austin, Texas 78756.

Deadline for entering: October 15, 1995

Tape this form to the back of the photo.
For more information call Jan Brizendine at 512/834-6748.

Photo Contest Rules

- Anyone is eligible, no entry fee is required.
- Entries must be received **no later than October 15, 1995.** Winners will be announced at the Texas EMS Conference, November 19-22, 1995.
- Unmatted prints **8x10 inches** or **5x7 inches** may be submitted, in color or black and white. Fill out the entry form on this page, tape it to the back of your photograph, and mail your entry to: EMS Photos, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756-3199.
- The Texas Department of Health will keep all photo entries and will have the right to publish entries in TDH publications. Photographer's name will be printed along with the photo. Ownership of the negative will remain with the photographer.
- A grand prize winner will receive $100 and a plaque. First place will receive $75 and a plaque. Second place will receive $50 and a ribbon, third place will receive $25 and a ribbon. One honorable mention winner will receive a ribbon. Judges will select winning photographs based on artistic composition, originality, visual appeal, and good patient care.

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.

FOR INFORMATION, CONTACT THE BUREAU'S CHIEF INVESTIGATOR, VIC DWYER, AT (512) 834-6700.

* THESE LISTINGS ARE NEW THIS ISSUE. DENIALS AND REVOCATIONS WILL BE PRINTED IN THREE CONSECUTIVE ISSUES. SUSPENSIONS AND PROBATED SUSPENSIONS WILL BE PRINTED UNTIL SUSPENSION OR PROBATION EXPIRES.

* **Alfa Ambulance Company**, San Antonio, Texas. Administrative penalty of $500. Chapter 773, Health and Safety Code, 773.050, failure to have two certified attendants when in service.

Bailey, James K., Wylie, Texas. Emergency suspension of EMT-Paramedic certification. EMS rule 157.51 (1), imminent danger to public health or safety, also felony and misdemeanor convictions.

* **Barcheers, William A.**, Hemphill, Texas. Twelve months probation of EMT-Paramedic certification through July 10, 1996. EMS rule 157.51 (2)(Y), jeopardizes health or safety of a patient.

Brown, Vickie Lee, Hungerford, Texas. Eighteen months probation of EMT certification through March 15, 1996. EMS rule 157.44 (b)(1) and (c), and 157.53, felony convictions.

* **City of Clute EMS**, Clute, Texas. Administrative penalty of $250. Chapter 773, Health and Safety Code, 773.050, failure to have two certified attendants when in service.

Communicare Ambulance Service, Thicket, Texas. Twenty-four months probation of provider license from December 8, 1993, until December 8, 1995. EMS rule 157.11, (a)(1)(E) and (F), improper personnel listing and staffing plan.

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

Davis, Donald Richard, Texarkana, Texas. Twelve months probation of EMT certification through September 28, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

Gregory, Fleta, May, Texas. Agreed to twelve months probation of EMS coordinator certification through December 20, 1995. EMS rule 157.64 (a)(4), falsifies course completion documents.

* **Gudgell, Donna**, Gatesville, Texas. Decertification of Emergency Care Attendant certification. EMS rule 157.57, conviction of a felony while certified.

Hart, Joel, Beaumont, Texas. Eighteen months agreed probation of EMT-Paramedic certification through September 30, 1995. EMS rule 157.51 (2)(A), failing to follow EMS standards in the management of a patient.

Hurtt, Morgan Lee, Kingwood, Texas. Twenty-four months probation of ECA certification through December 21, 1995. EMS rule 157.44 (b)(1), misdemeanor conviction.

Jackson, Benjamin John, Plano, Texas. Two years probation of EMT certification through February 8, 1997. EMS rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

Jasso, Steven James, Harlingen, Texas. Twelve months probation of EMT certification through September 28, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

Johnson, Gregory Carl, Bellaire, Texas. Six months probation of certification to December 14, 1995, subject to conditions. Conviction of a misdemeanor in accordance with EMS rule 157.44, relating to certification of persons with criminal backgrounds to be EMS personnel.

Lastinger, Lawrence Wayne, Victoria, Texas. Twelve months probation of EMT cettification through September 22, 1995. EMS rule 157.44 (b)(1) and (c), and 157.33, felony conviction.

* **Light, Doyle**, Mineral Wells, Texas. Two months suspension of EMT certification through August 23, 1995. EMS rule 157.51 (2)(Y), jeopardizes health and safety of a patient.

Long, Jackie Don, Hallettsville, Texas. Eighteen months probation of Emergency Care Attendant certification through September 30, 1995. EMS rule 157.44 (b)(1)(2) and 157.53, felony conviction.

* **Madison, Edith Ann**, Bay City, Texas. One year probation of EMT

G O O D W O R K

The 87 disciplinary actions taken in FY94 represent less than one-fifth of one percent of the total 46,500 certified EMS personnel. Our thanks to the huge majority for providing quality patient care.

certification through June 15, 1996. EMS rule 157.51 (2)(Z), falsification of application for certification.

* **Madison, James Monroe**, Bay City, Texas. One year probation of EMT certification through June 15, 1996. EMS rule 157.51 (2)(Z), falsification of application for certification.

Massegee, Tommy Doyle, Grand Prairie, Texas. Four years probation of EMS certification through March 12, 1999. EMS rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

Merten, Ray L., Bellville, Texas. Agreed to twelve months suspension of EMT certification until September 22, 1995. EMS rule 157.51 (2)(A), failing to follow EMS standards of care in management of patient.

Munoz, Cecilia, McAllen, Texas. Eighteen months probation of EMT certification through September 30, 1995. EMS rule 157.44 (b)(1)(2) and 157.53, misdemeanor conviction.

Nolanville Volunteer Fire Department, Nolanville, Texas. Agreed to administrative penalty of $250. Chapter 773, Section 773.050, failing to staff emergency medical service vehicle, when in service, with at least two certified personnel.

Penney, Marty, Whitney, Texas. Eighteen months probation of EMT certification through February 28, 1996. EMS rule 157.51, failing to follow EMS standards of care in the management of a patient.

Plumlee, Robert Michael, Saginaw, Texas. Twenty-four months probation of EMT certification through February 17, 1997. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor convictions.

Pool, Roy Lynn, Groom, Texas. Decertification of EMT-Intermediate status. EMS rule 157.51 (2)(P), felony conviction while certified.

Pritchett, Douglas, Pampa, Texas. Agreed to three months suspension of EMT certification. Nine months probation through September 26, 1995. EMS rule 157.51 (2)(w), practicing as an EMT while under EMS suspension.

Russell, Teresa Leann, Channing, Texas. Twelve months probation of EMT certification through November 9, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

Overview of Investigations Activity

March 1991–February 1995

Investigations Closed with no action	620	
Hearings Held	85	*TDH upheld in 74 out of 105 cases**
Suspensions and Decertifications	124	
Emergency Suspensions	67	
Denials of Certification	48	
Probation Periods	109	
Administrative Penalties	37	
Revocation of Provider License	9	

*Some certificants declined hearing once scheduled

Schulze, Clarence, La Grange, Texas. Twelve months probation of EMT-Paramedic certification through September 15, 1995. EMS rule 157.51 (2)(W), failing to remain certified in EMS.

Sentesi, Lester, Spring, Texas. Emergency suspension of EMT-Paramedic certification. EMS rule 157.51 (1), imminent danger to health and safety.

Sisneros, Daniel Keith, Amarillo, Texas. Twelve months probation of EMT certification through November 9, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

Smallwood, Derek, Richmond, Houston, Texas. One year probation of EMT certification through May 12, 1996. EMS rule 157.44 (b)(1) and (c), and 175.53, felony conviction.

Southern Ambulance, Lubbock, Texas. Agreed to administrative penalty of $1,250. Chapter 773, Section 773.050, failing to staff emergency medical service vehicle, when in service, with at least two certified personnel.

Speirs, Gary II, Fort Worth, Texas. Denial of EMS recertification through August 31, 1996. EMS rule 157.53 (2), previous conduct of applicant relating to the duties of EMS personnel contrary to accepted standards.

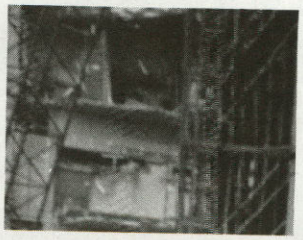
Stevens, Sanns Renee, Houston, Texas. Twelve months probation of EMT certification through September 29, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

Vance, Michael Patrick, Lewisville, Texas. Twelve months probation of EMT certification through February 17, 1996. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

Ward, Tonia Donetta, Houston, Texas. Twelve months probation of EMT certification through September 15, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

Watts, Joel Andrew, Bridge City, Texas. Eighteen months probation of EMT certification through September 30, 1995. EMS rule 157.44 (b)(1)(2) and 157.53, misdemeanor conviction.

Wilkerson, David, Matthew, Houston, Texas. Twelve months suspension of EMT-Paramedic certification through September 21, 1995. EMS rule 157.51 (2)(K), appropriates or possesses personal items of a patient without authorization.



By Jack Hinds

How shall I sing a new song in a strange land?

As I stood on the Oklahoma City street outside the chainlink fence that separates the public from the bomb site, I recalled the Old Testament writer's anguish as he cried, "How shall I sing a new song in a strange land?"

It was not as though there were no song now. Bagpipers began to play the hymn "Amazing Grace," four teenage girls offered their rendition of Bette Midler's "The Rose," and the brakes of a large truck carrying Wilburt Burial Vaults screeched out its own tune.

I was there as a mental health professional clinical member of one of the Texas teams leading critical incident stress debriefings for Oklahoma City firefighters, and, I suppose, as both a participant and as an observer. I believed that my training, both as a clinician and a paramedic, and twenty plus years of experience had prepared me for this day.

But today all my previous lectures to hundreds of students came back to haunt me. I had so often said, "We do not live in a just world. This is just a world in which we work toward justice." Over the next three days, I was to share and experience the full impact of being a real person with other real people in what in will call the emergency services personnel family. Together we would deal with anger, grief, loss of control, confusion, grief work, and the splitting away from that just world that I thought I knew so well.

Two firefighter/paramedics from Midland, Texas, were to be a part of the family with me as we went in search of a new song in this decidedly strange land. Over dinner that evening, we three healers rehearsed our plans and became a mini-family ourselves.

For the next three days, the tree of us sat in four-hour sessions with groups of twenty rescuers who had faced the full impact of the destruction of the Alfred P. Murrah Building and the lives of people—friends and strangers. All of us had been swept up into an assault on the person and family of Oklahoma City.

During the sessions we talked about how emergency services people are a family, that families listen and share, grieve and hurt. We said we were there to listen to the family and to help that family reframe itself. The stories began to pour out. Eyes shifted toward the floor, tears fell, fears surfaced. Little by little, the family began to support itself. Some people have a more difficult time than others: vulnerability is difficult to admit.

My two colleagues and I, sent to Oklahoma to help for three days, were not so foolish as to believe that major interventions occurred. That healing would follow over the next months and years. Some of us will always share in a split-world view. For others, deep-from-the-surface trauma has occurred that may persist over the years. But all of us share forever the power of being there with the family together.

I suspect that the new song I may have learned to sing in this strange land of death and destruction lies not in the singing but in the meaning of the singing itself. It was more important for me to "be" a certain way in this place than it was for me to "do" a certain thing.

Jack Hinds, a mental health counselor in Spring, Texas, is a veteran paramedic with Cypress Creek EMS.

Calendar

Meetings

September 9-10, 1995. **Basic CISD Courses**. Lake Jackson, TX. Contact David Filipp at 409/266-3000.

September 15, 1995. **South Plains EMS Golf Tournament**. Contact Charla Mitchell at 806/791-2582.

September 16, 1995. **Mass Fatality Handling Course**. Walker County Fire-Fighters Association, Huntsville, TX. Contact John Hobbs at 409/291-3047.

September 16-17, 1995. **South Plains EMS Update '95**. Contact Charla Mitchell 806/791-2582.

September 23-28, 1995. **Wilderness EMT**. Poteau, Oklahoma. $475. Sponsored by The Kiamichi Experiential Education Program. Call 918/647-9205 for information.

September 29-October 1, 1995. **Region 8 BTLS**. 3-day course. $125. Corpus Christi. To register call Edward Escovedo at 512/994-0019 or Chris Grote at 512/991-4729.

September 30-October 1, 1995. **Basic CISD Courses**. Borger, TX. Contact Cheryl Newberry at 806/274-5311.

October 13-14, 1995. **Pearland EMS BBQ-Cookoff and Craft Show**. Pearland Independence Park. For information and registration information call 713/485-6953.

October 14-15, 1995. **Basic CISD Courses**. Webster, TX. Contact Cheryl Angus at 713/482-9487.

October 19-22, 1995. **International Critical Incident Stress Foundation Conference**. Austin, TX. Call 410/730-4311 for more information.

October 21, 1995. **PALS Update**. $40. Contact Kathy Jordan, Texarkana College, 903/838-4541.

October 21-22, 1995. **Pediatric Advanced Life Support**. $150. Contact Kathy Jordan, Texarkana College, 903/838-4541.

Paramedic Ready Teddy. Don't forget to use Texas' furry EMS mascot to help you with these local activities: **DWI Awareness** in November, **Holiday Safety** in December. Call 512/834-6700 to schedule the Ready Teddy costume or request activity packets.

October 24, 1995. **What's New in Infectious Disease?** $45. Contact Kathy Jordan, Texarkana College, 903/838-4541.

October 27-28, 1995. **Basic CISD Courses**. Olney, TX. Contact G. Allen Grant at 817/564-2882 or 817/564-2339. Webster, TX. Call Cheryl Angus at 713/482-9487.

November 19-22, 1995. **Texas EMS Conference '95**. Fort Worth, TX. 512/834-6700.

Jobs

ECAs, EMTs, Paramedics: 9-1-1 service Huntsville-Walker County EMS hiring all skill levels for both full and part-time positions. Crews work 24/48 with good salary and benefits. Good driving a must. For more information call 409/295-4848 between 8am-5pm.+

EMT-Paramedic: Full-time position on MICU ambulance, 9-1-1 only system serving Comal County. Full benefits. Send resume to: BOD President, PO Box 38, Spring Branch, TX 78070.+

Paramedics: Competitive wages and benefits. Current TDH certified, drivers license. Sent resume to: AmeriStat Ambulance, Human Resources, 10116 Huebner Road, San Antonio, TX 78240 or for more information call 210/558-7602.+

Paramedics: Harker Heights Fire Department. 9-1-1 MICU. Advanced protocols. Texas certified firefighter/paramedic/EMT. Salary $19,067. Applications accepted at Texas Employment Commission. For information contact Scott or Andy at 817/699-2688.+

Paramedic/EMS Division Director: Supervise the operation and administration of volunteer EMS service. Strong communication and management skills required. Salary range $25,000 to $30,000. Submit application to Friona City Manager, 623 Main, Friona, TX 79035.+

Paramedics: Full-time and part-time Texas certified paramedics needed at Hopkins County EMS. Send resume to PO Box 275, Sulphur Springs, TX 75482 or call 903/439-4036.*

Paramedic: Washington County EMS is accepting applications for the positions of full and part-time Texas certified paramedics. Apply in person at 1100 East Horton, Brenham, TX. For more information call 409/277-6265.*

Paramedic: Needed for full-time position to work 24 on and 48 off. Requires TDH certified paramedic with ACLS, BTLS and good driving record. 1-2 years experience and PPPC preferred. For more information or application call 903/531-4472.*

Paramedic/Firefighter: Kerrville. $1,784. Texas certified firefighter and EMT-P. Apply in person or send resume to: City of Kerrville, Personnel Dept., 800 Junction Hwy., Kerrville, TX 78028. 210/257-8000, fax 210/792-3850.*

ACLS/Instructor and ECA Instructor/Coordinator: Needed for small medical training company. Fax resume to: 214/270-0857 or mail to Metroplex Medical Training, 2429 E Hwy 80, #101, Mesquite, TX 75150.+

Instructors: Paramedic or RN needed to instruct EKG, AED or medical terminology courses. BLS instructor needed to instruct CPR instructor trainer program. Contact Steve Cutler with Metroplex Medical Training Services. 214/270-0857.*

Emergency Medical Technology Instructor: Texas certified EMT/Paramedic or licensed RN or LVN. Three years work experience with EMSS in emergency department, ICU or CCU. EMT instructor certification required. $25,051 to $34,032 per nine-month academic year. Excellent benefits. Application deadline: August 2, 1995. Human Resources Dept., El Paso Community College, PO Box 20500, El Paso, TX 79998.*

EMS Sales Reps: Full-time EMT-Paramedics needed for part-time sales positions. $10,000 to $20,000 income potential. Must have extensive EMS product knowledge. Send resume to: PO Box 23958 #245, Milwaukee, WI 53223-0958.+

EMS Administrator: A working/supervisory/management position in the EMS Department with the city of Schertz. Must have current Texas certification as EMT, EMT-Intermediate, or

For a free conference listing or ad send a fax to *Texas EMS Magazine*, 512/834-6736.

Calendar

EMT-Paramedic and a Texas driver's license. Experience in the administration, financial, training and operation of an emergency medical service. Mail resumes, with salary history, to city of Schertz, Personnel Dept., 1400 Schertz Parkway, Schertz, TX 78154. Applications will be provided by calling 210/658-4636. Position closes Sept. 15, 1995.+

EMS Director: The city of Dalhart is accepting applications for the position of EMS director. Applicants must be Texas certified paramedic and must be certified in ACLS and PALS. Dalhart EMS provides BLS and MICU service to the city of Dalhart. Excellent benefits. Contact City of Dalhart, PO Box 1071, Dalhart, TX 79022-1071 or 806/249-5511.*

Work Wanted: Two Texas certified EMT-paramedics interested in relocating to Texas to work for an emergency 9-1-1 service. 6 and 8 years experience with a busy 9-1-1 service. Resumes available by fax. Call 417/588-9492.*

For Sale

For Sale: 1988 Chevrolet Collins Type I ambulance; 454 gas engine. 91,689 miles. Equipped with lights and siren. $12,000. Call Bevin 409/826-4480.

For Sale: 1982 Ford Type II ambulance. Light, siren, cot included. $5,000. St. Jo VFD. Call 817/995-2789 or night at 817/995-2689.+

For Sale: Used radios: 3 Midland UHF mobiles, 1 Motorola Trexar UHF mobile, 1 Motorola MX 330 UHF hand held with charger, 1 Uniden 800 MHz mobile, 2 Nuetec 800 MHz mobiles, and 4 King 800 MHz mobiles. Willing to trade for VHF high band handhelds and mobiles. Call 512/241-3393.+

For Sale: 1985 Ford F-350 Type I ambulance. Good condition, $9,500. 1985 Ford E-350 Type III ambulance. Good condition, $10,000. Owner may consider carrying the note for an established service. Call David Cleveland at 210/281-5000.*

For Sale: New and used public safety equipment. Used lowband, VHF, UHF, 800, & 900 radios, lightbars, grille lights, strobes, sirens, & speakers. Best prices on new equipment. Call 1-800-818-6263.*

For Sale: 1984 Chevrolet Type II. Good running condition. New paint, upholstery and floor covering. 1985 Ford Type III. New paint, upholstery, tires and batteries. Low mileage. Great transfer unit. We buy used ambulance modules. Reliable Emergency Vehicles Inc. 1-800-460-8258.*

For Sale: 7 two-man stretchers including mattresses. $250 each. Call Joe or Lila at 409/598-4098.*

For Sale: Matrx Life Defense Plus ECG monitor/defibrillator/pacemaker unit, with case, cable, pacemaker cable, pedi-paddles, 3 battery packs, charger interface. Excellent condition. Complete $4,995. Call Mike Scudder at 915/837-3028.*

For Sale: Two used Uniden 25-watt VHF two-channel mobile radios. Call 903/845-2915 after 5:00 pm.*

For Sale: Thumper for sale with two 0_2 tanks. Never used except for demonstration. Like new. Donna Johnson 915/379-1422 or Machelle Stephenson 915/379-1149.*

Ambulance Billing Service: Private or volunteer ambulance service/EMS electronic billing for Medicare, Medicaid and private insurance. Contact Leisa at 210/276-4723 after 4:00 pm.*

Announcements

EMTs: El Paso based training organization. Training will range from ECA through paramedic, including initial and recertification training courses for state and national certification. We will institute a monthly CE program with a wide variety of topics and schedules. We will provide instructor/examiner courses. For more information contact Wendy Younger at 915/857-5095 or Kelle Rende at 915/855-3044.+

Fundraising: Door to door picture fundraising. Bonded and insured. Owned by EMTs, volunteer services a specialty. We do all the work. Letters of recommendation upon request. 1-800-381-3411 or 409/858-3411, ask for Morris.*

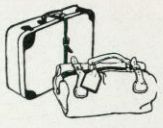
CPR manikin rentals and supplies Contact Steve Cutler at Metroplex Medical Training 214/270-0857.

CPR Instructor training courses conducted throughout the year at Brookhaven College. Call 214/620-4715 for information.

\+ This listing is new to this issue.

* Last issue to run.

Moving? Renewing your subscription? Placing an ad?



Moving? Let us know your new address—the post office does not forward this magazine to your new address. Use the subscription form in the magazine to change your address and mark the change of address box or write to us. We don't want you to miss an issue!

Renewing your subscription? Paid subscriptions have a 4-digit number on the mailing label. Example: 9510 means the subscription expires with the April, '95 issue. Use the subscription form in the magazine to renew your subscription and mark the renewal box.

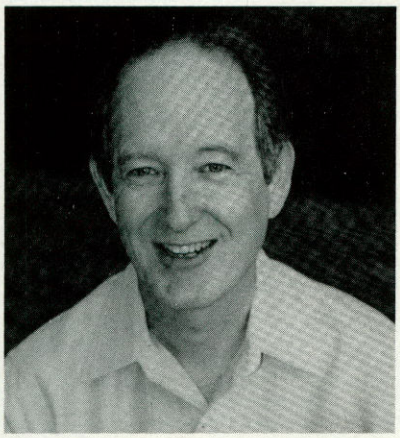
Placing an ad? To place an ad in the calendar section, write the ad (keep the words to a minimum, please) and fax to *Texas EMS Magazine*, 512/834-6736 or send to the address below. Ads will run in two issues and then be removed.

For circulation and ad information contact Jan Brizendine at 512/834-6700 or *Texas EMS Magazine*, 1100 West 49th, Austin, Texas 78756-3199.

Bureau Profile by Kelly Harrell

EMS in Texas: *Wayne Morris sees many changes over the years*

Pick a place on the globe. Chances are that if Wayne Morris hasn't already been there, he wants to go. In the last few years, the Region 6 EMS Program Administrator has driven up the coast of California, motored around Great Britain, schussed down Colorado mountains, and walked in Peace Park in Nagasaki, Japan.



Wayne Morris' education degree prepared him for work on EMS skills testing criteria.

"I guess the next trip will be to Alaska if we don't go back to Japan," Morris says. Morris' first grandchild, Haruna, was recently born to Morris' son and his wife in Japan, where his son is stationed with the U.S. Navy.

Morris began as a Public Health Technician in the Houston office of Texas Department of Health in 1977, inspecting ambulances and giving written and skills tests five nights a week. Back then, three program specialists did all the testing for the region, traveling as much as four days each week.

"And I would estimate we were probably testing about 1,200 people a year," Morris says. "Now we do close to 4,000 a year."

He certified as an EMT in 1977 and as a paramedic two years later, the same year he was promoted to program manager. He's seen EMS in the region evolve in the last 18 years with the influx of people, and the continued sophistication of EMS systems.

"It is harder and harder for EMS to recruit and maintain volunteers not only because of the (higher skills) they have now in EMS, but also because many people now have second jobs," Morris says. "We've seen that a lot of people have had to hire paid people to work, especially in the daytime."

Morris has played a part in advancing EMS in Texas, including being chair of the EMS Skills Committee from 1990–93. The 18-member committee, made up of EMS educators from across the state, devised standardized skills testing criteria for basic and advanced levels.

With the switch to the National Standard Curriculum in the fall of 1996, revisions in skills testing will be necessary. "I hope the committee can address those issues in the next few months," Morris says.

Morris lives in Fulshear, west of Houston. In his spare time, he sings with a gospel quartet that performs at community events.

Bureau of Emergency Management
Texas Department of Health
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