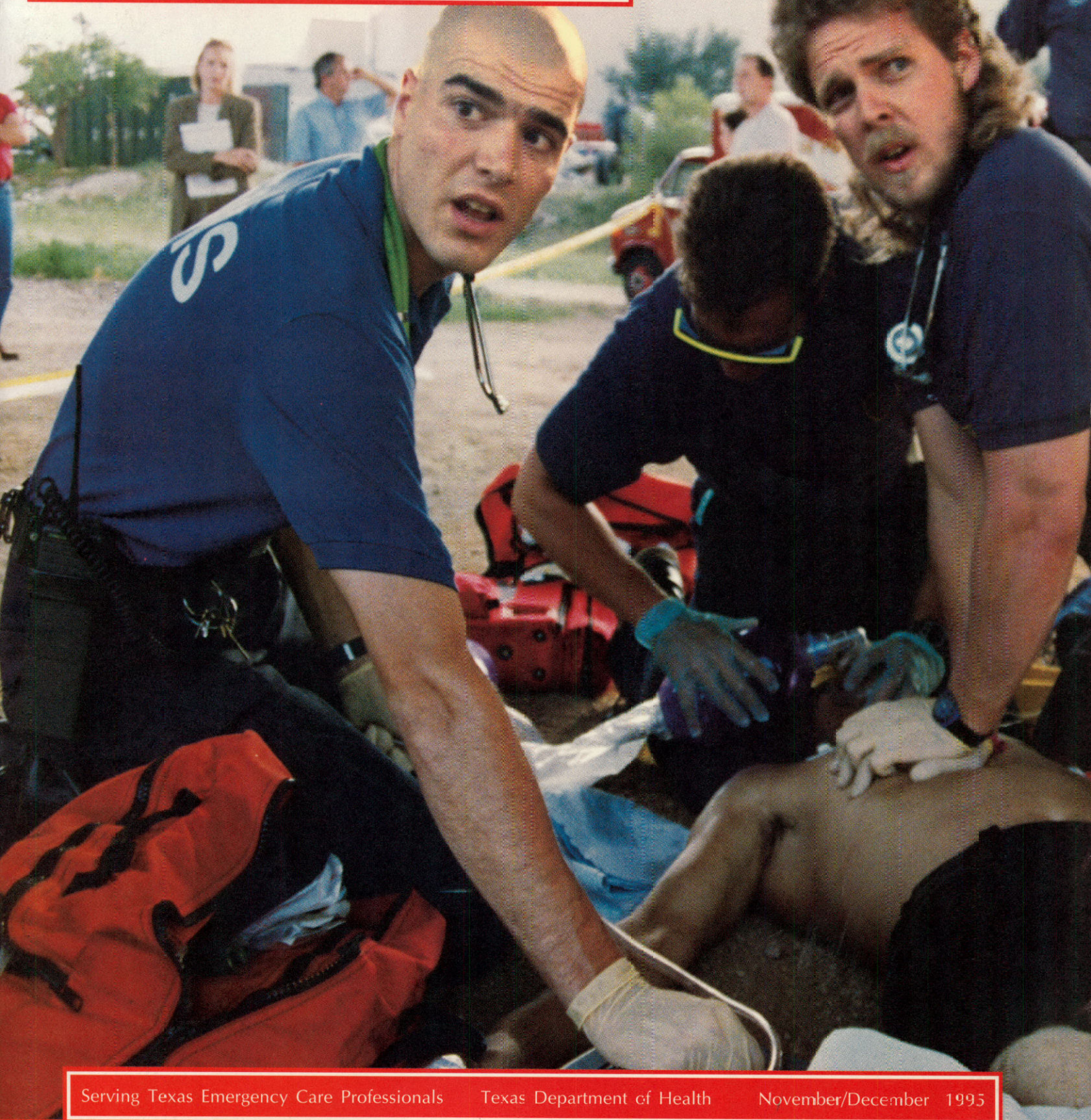


Texas EMS

M a g a z i n e



Serving Texas Emergency Care Professionals

Texas Department of Health

November/December 1995

EMS Local Projects grant program breaks records with 177 funded projects and \$1.3 million going to Texas communities to improve emergency medical services. Page 16

Mail or Fax order form to:

Bureau of Emergency Management
Texas Department of Health
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Order these free materials for your community education programs.

Organization _____

Shipping Address _____

Shipping information: 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:
Austin EMS' Sally Muir won second place in the 1994 EMS Photo Contest with this photograph of medics responding to a drowning patient.



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.

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Texas EMS

M a g a z i n e

November/December 1995

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A bimonthly publication of
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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.

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It's Conference Time!

FROM THIS SIDE

It is almost time for our annual EMS conference. It is hard to believe that this will be our tenth year to do the conference. We appreciate all of the support we have received over the years as the conference has grown to the largest in the nation. Yes, we think it is the largest in the nation as we count the number of registrations as opposed to the number that go through the vendor area over the entire conference.

There will be one major change this year. Alana Mallard will not be with the Bureau of Emergency Management. Alana has gotten a promotion and will be doing public information for the entire Department of Health in her new job as assistant director of the new office of communications and marketing. Alana was one of the original founders of this conference and will certainly be missed. She was one of the original group that pooled pocket change to rent a post office box when we started the first conference. On Monday night in Fort Worth we will honor Alana with a roast for her years of dedication to emergency medical service. Alana began working in EMS when she was 20 years old and we will dedicate the next issue of this magazine to her and her accomplishments in EMS.

It seems as if there are just clowns everywhere this time of year. The picture of Ready Teddy and me was taken at the Shrine Circus when Ready Teddy was the honorary ringmaster. Paramedic Ready Teddy got to spread his message of safety to the 7,000 children at this performance. It is now time to introduce my new clown friend—Who Who the Safety Clown. Who Who has developed a safety program that he teaches to children as

part of his job with LifeLine EMS in Wichita Falls. At the opening of our conference in Fort Worth we will introduce the safety program complete with workshops and an activity book. This program is designed to be taken home and implemented by any EMS person. Please join me in congratulating Who Who, also known as Dean Baswell, for developing this valuable program and sharing it with all EMS people in the state.

Please also join me in welcoming the new members of the new Emergency Health Care Advisory Committee. These members were recently appointed by the Texas Board of Health and will soon begin their work as our new advisory committee. We are really looking forward to working with this new committee as we accept the challenges ahead in emergency medical service. Welcome to Allan Helberg of Texarkana, representing EMS personnel; consumer representatives Barbara Curtis of Humble, Leticia Goodrich of Amarillo, John Holtermann of San Marcos, and Ronald Redus of Amarillo; Tyler's Lance Gutierrez representing emergency nurses and Jorie Klein of Dallas representing trauma nurses; emergency physician Donovan Butter of San Antonio, EMS medical director Bill Moore of Tyler, pediatrician Joan Shook of Houston, and trauma surgeon "Red" Duke of Houston; Clint Vardeman of Carrollton's Rural Metro Ambulance representing EMS providers; Lubbock Methodist Hospital's Ray Mason representing facility administrators; and Abilene Fire Department's Gary Cheek representing fire department EMS providers. 🐼



*GENE WEATHERALL, CHIEF
BUREAU OF EMERGENCY
MANAGEMENT*

An EMS Christmas

By Sheila J. Drazic

*'Twas the night before Christmas and all
through our town
Ambulances sat quietly—call volume was
down.*

*Dispatchers and medics, not having any calls,
All settled cozily within station walls.*

*The city grew silent as the night grew deep
And my partner and I settled in for some sleep.*

*But no sooner dreaming in our beds were we
When dispatch awoke us, saying, "Hurry!
Code III!"*

*The call had come in for an MVA
But now some nutcase was saying he'd hit
Santa's sleigh!*

*"Head trauma", we thought, as we gathered
our gear,
"Or maybe a drunk driver, it's that time of
year."*

*As we raced to the scene with our sirens and
lights
We hoped for the best, tonight of all nights.*

*We had no idea that we were in for a surprise
And, on our arrival, couldn't believe our own
eyes.*

*I said to my partner, "This must be a trick,
That man in the ditch over there can't be St.
Nick!"*

*There was a smashed-up sleigh, toys thrown far
and near,
And, off to the side, a group of reindeer!*

*The driver of the car, with a bump on his head,
Was crying and told us he wished he was dead.*

*"Oh, why did I have to have just one more
beer?
Now I've killed Santa—no Christmas this
year!"*

*By now we'd decided that this was too
strange
So we tried to call backup, but we were out of
range.*

*"No radio contact," to my partner I said,
"I'll go check out that one while you dress
this one's head."*

*I approached the man in the ditch with care,
He was dressed so oddly he gave me a scare.*

*He wore a red suit and a strange kind of hat,
I thought to myself, "Who dresses like that?"*

*Then he opened his eyes and he said, "Do not
fear.
Just please help me up, I must catch my
reindeer."*

*I said, "The reindeer are fine, but stay where
you are.
You've taken a pretty hard hit from that
car."*

*I didn't want to leave him, so I let out a
holler,
"We're gonna need backboard, head-blocks,
and collar!"*

*As we worked he cried, "No! Please don't
strap me down,
I have toys to deliver all over town!"*

*"All of the children tonight are depending on
me
To get their presents under the Christmas
tree."*

*"I'm sorry," I told him, as I shook my head
sadly,
"You're going to the hospital, you've been
hurt badly."*

*He looked up at me and wiped away a tear
And told me, "Then you must bring
Christmas this year!"*

Sheila Drazic was relaxing and recuperating from Thanksgiving in 1994 when she felt the Christmas spirit come over her. She wrote this poem for those who work during the holidays so that others may enjoy them at home. "If it can bring a smile to even one tired face," says Sheila of her poem, "then I will consider that as my contribution to the season."

*"Visit every child's home in this town?" , said I,
"Sir, you must think I can make an ambulance fly!"*

*I thought I had made a serious blunder
For his eyes grew steely and his voice was like thunder—*

*"Now Dasher, now Dancer, now Prancer and Vixen,
Come Comet and Cupid and Donner and Blitzen!*

*"Hitch on to that truck and take to the sky
For tonight, indeed, an ambulance will fly!"*

*I just shook my head as we loaded him in,
Then climbed in the cab and I had to grin.*

*There were the reindeer, all in a row,
In front of the truck as if ready to go.*

*"That's cute," I thought. "I'll just go around."
But then they took off and our wheels left the ground!*

*Away we went, up over the trees,
Sailing along as light as a breeze.*

*We touched down on rooftops, delivering toys,
Dropping gifts for good little girls and boys.*

*I called to the back, "Hey, not so fast!
You're going to Emergency, and I don't mean last!"*

*So we stopped briefly in the hospital ambulance bay
And wheeled him to ER and hoped he'd stay.*

*"We'll call in report later," we said on our way,
"This man's turned our ambulance into a sleigh!"*

*then off we flew, all through the night,
Delivering toys till the dawn's first light.*

*Then finally back at our station came down,
Both of us happy to be back on the ground.*

*Dispatch was mad, but the more we explained
The less they believed and the more they looked pained.*

*So we sat in our quarters. Boy, were we in trouble!
Turned on the morning news and perked up on the double.*

*As TV crews interviewed people around town
It seemed that some strange things had gone down.*

*Fire tracks were found on a rooftop or two
And children said, "This year, Santa wore blue!"*

*I grinned at my partner and said, "It's no mystery,
This Christmas will go down in EMS history!"*

Texas EMS

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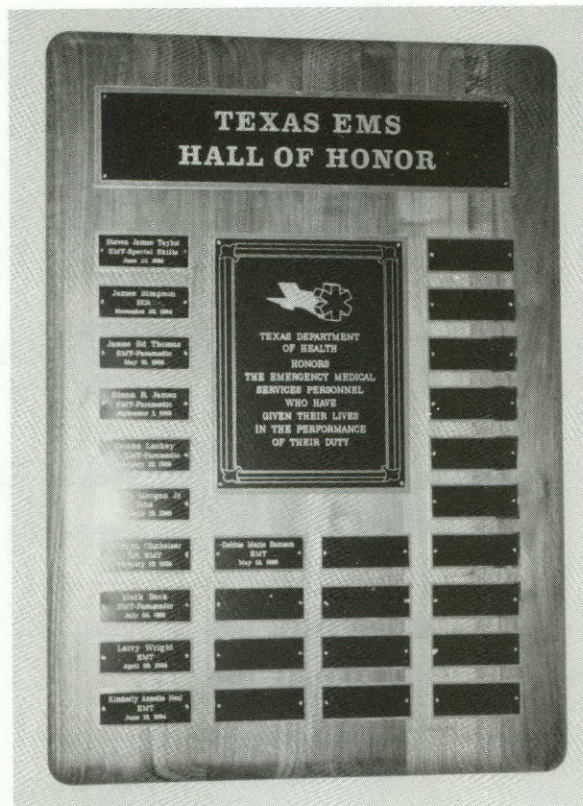
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M



TEXAS EMS HALL OF HONOR



Texas Department of Health honors emergency medical services personnel who lost their lives in service to the people of the State of Texas

**Jeanne Lackey, RN
EMT-Paramedic
February 13, 1989**

Jeanne Lackey, an RN and EMT-Paramedic with Mother Frances Hospital Flight for Life, died February 13, 1989, in a helicopter crash.

**Steven James Taylor
EMT-Special Skills
June 23, 1981**

Steven James Taylor, an EMT-Special Skills with Nacogdoches County Hospital District EMS, died June 23, 1981, in an ambulance crash.

**Glenn R. James
EMT-Paramedic
September 1, 1988**

Glenn R. James, an EMT-Paramedic with El Paso EMS, died September 1, 1988, when a drunk driver hit him as he worked a car crash on IH 10.

**Gerald Morgan Jr
Pilot
February 13, 1989**

Gerald Morgan Jr., a pilot with Mother Frances Hospital Flight for Life, died February 13, 1989, in a helicopter crash.

**James Simpson
ECA
November 29, 1984**

James Simpson, an ECA with Willacy County EMS, died November 29, 1984, responding to a major vehicle collision.

**James Ed Thomas
EMT-Paramedic
May 31, 1988**

James Ed Thomas, an EMT-Paramedic with Mother Frances Hospital Flight for Life, died May 30, 1988, attempting to rescue a patient in contact with downed live electrical wire.

**Kathryn Ohnheiser
RN, EMT
February 13, 1989**

Kathryn Ohnheiser, an RN and EMT with Mother Frances Hospital Flight for Life, died February 13, 1989, in a helicopter crash.

The Texas EMS Hall of Honor memorial plaque hangs permanently at Texas Department of Health in Austin at 1100 W. 49th Street. It will be displayed temporarily at Texas EMS Conference '95 in Fort Worth in the Exhibit Hall on November 19, 20, and 21.

The memorial honors Texas medics who died in the line of duty, and we invite your submission of honorees. Send information to Texas EMS Hall of Honor, 1100 W. 49th Street, Austin, Texas 78756, or call (512) 834-6700.

Mark Beck
EMT-Paramedic
July 24, 1991

Mark Beck, an EMT-Paramedic with Lubbock EMS, died July 24, 1991, while transporting a patient.

Larry Wright
EMT
April 29, 1992

Larry Wright, an EMT with Redwater-Maud Volunteer EMS, died April 29, 1992, overcome by toxic fumes while attempting to rescue a patient.

Barry Allen Lawrence
RN
February 10, 1994

Barry Allen Lawrence, a flight nurse with Critical Air Medicine based in San Antonio, died February 10, 1994, in an airplane crash.

Brett Alan Martens
Pilot
February 10, 1994

Brett Alan Mertens, a pilot with Critical Air Medicine based in San Antonio, died February 10, 1994, in an airplane crash.

William Drake Smith
RN
March 16, 1994

William Drake Smith, a flight nurse with Critical Air Medicine based in San Antonio, died March 16, 1994, of injuries sustained in an airplane crash on February 10, 1994.

Kimberly Annette Neal
EMT
June 13, 1994

Kimberly Annette Neal, an EMT and Mother Frances Hospital EMT-Paramedic student, died June 13, 1994, in a hit-and-run vehicle crash on her way to paramedic class.

Debbie Marie Samson
EMT
May 12, 1995

Debbie Marie Samson, an EMT with Hull-Daisetta EMS, died May 12, 1995, in an ambulance crash.



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.

Hurst firefighters add water to injury prevention

The Hurst Fire Department has always placed an emphasis on reducing fire-related deaths and injuries by allowing on-duty firefighters to install smoke detectors and test them periodically, including detectors for the hearing impaired. The public education of this fire department and others may be working: recently, the number of fire-related deaths dropped below the number of drowning deaths. That got one firefighter/paramedic thinking about ways to prevent water-related injuries and deaths.

Larry Brinkley devised a pilot program to teach water safety to children who have not been able to take classes due to inability to pay or to get transportation. Brinkley completed the American Red Cross Water Safety and Water Safety Instructor courses and taught other fire-

fighter/paramedics David Palla, Howard Hill, Charles Guess, Kevin Roberts, Wes Rippey, and Camron Flynn. A local health club donated the use of its pool for instructor training and the kids were trained in their apartment complexes. On-duty firefighters stood by for emergency responses. The firefighters trained 36 kids in 1995 and hope to train even more in 1996.

Corpus Christi boasts rate of CPR-trained citizens

If you need CPR, you might head to Corpus Christi, where about 8 percent of the population—one in 12 people—is trained to administer CPR. Each year the fire department, along with several other organizations, sponsors Super CPR Sunday, a free event to teach CPR. This year, the event drew 800 people. Among the instructors was EMS Hall of Fame

Hurst firefighters took prevention a step beyond fire safety recently with a series of water safety classes for low-income children. Seven firefighters certified as water safety instructors and taught 36 kids how to swim and be safe in the water.



Local and Regional EMS News

Trey Uresti, 10, received a National Fire Protection Association Certificate of Commendation from Bexar County Judge Cyndi Taylor Krier as his 6-year-old sister, Malysa Hickman, looks on. Trey saved Malysa's life when he forced her to stop, drop, and roll after her clothes caught fire. Looking on, from left, are county commissioners Walter Bielstein, Mike Novak, Paul Elizondo, and Robert Tejada.



member Carl B. Young, Jr.

The initiative to train individuals began in 1963, when the Corpus Christi-Nueces County Health Department, with the help of Nueces County Medical Society, set up CPR classes for the public. Since that time, thousands of citizens have been trained in an annual event. According to Captain J.D. Aranda of the Corpus Christi Fire Department, in 1994 the department responded to 216 medical codes with an overall save rate of 20.3 percent. In 43.6 percent of the cases, CPR was administered prior to the arrival of EMS personnel.

Fire safety information saves 6-year-old girl

The message "stop, drop, and roll" saved a 6-year-old Bexar County girl's life. Malysa Hickman's 10-year-old brother Trey Uresti learned that safety message during fire prevention week presentations by Bexar County volunteer firefighters

and County Fire Marshal's employees. In January, he remembered the message when his sister's clothes caught fire, and forced her to drop to the ground and roll.

The National Fire Protection Association recognized Trey for "efforts and actions (that) resulted in the saving of a human life." The certificate was presented by the County Commissioners Court in an August ceremony.

Eleven telecommunicators honored by commission

Eleven 9-1-1 emergency telecommunicators were honored recently with Public Safety Telecommunicators Awards given by the Advisory Commission of State Emergency Communications. The awards recognize the special accomplishments of individuals who field the more than 12 million emergency police, fire, and medical calls in Texas each year.

Of the 56 telecommunicators nominated, eleven were recognized: Mark Bethany of MedStar Ambulance, Fort Worth, who handled a call from a woman with a knife-wielding intruder in her home; Kay Buckholt, Garland Police Department, who handled a call from a young father whose family was suffering from carbon monoxide poisoning; Capt. Ricardo Everett, Houston Fire Department, who took a call from a woman stabbed repeatedly during an attempted rape; Jenny Findley, Lubbock EMS, who handled a call from an 11-year-old boy who had accidentally shot his 6-year-old brother with a shotgun; Stacey Hance, Collin County Sheriff's Office, who handled a call from an employee at city hall reporting that the chief of police had been shot by a fellow officer; Lora Harris, Arlington Dispatch Services, who took a call involving a domestic disturbance ending in a fatal shooting after the intruder opened fire on police; Robert Holland, Austin EMS,

Local and Regional EMS News

and John McKenzie, Austin Police Department, who handled a call from a cancer patient unable to speak; Brenda McCune, Duncanville Police Department, who handled a call from a teenager trapped in an upstairs bedroom during a break-in downstairs by three armed gang members; Cecelia Morris, Cleburne Police Department, who handled a call involving a car chase, hostage situation, and shooting; and Misty Worrell, Kingwood Area EMS, who handled back-to-back calls involving a man in cardiac arrest and a 3-year-old struck by a car.

Ambulance service celebrates 100 years in southern region—Australia

The Ambulance Service of New South Wales celebrates its 100th anniversary in 1995. One of six Australian states, New South Wales is roughly the size of Texas and Louisiana combined, with a population of about 5.8 million. Three million of those live in the Sydney metropolitan area. The service staffs 241 locations with about 2,500 officers and support personnel.

The ambulance service has a Texas connection. For the past four years, Christopher Patrick, ALS Station Officer, Grade II, has attended the Texas EMS Conference. And several other NSW medics have come to the Texas conference:

Mike Willis in 1992, and Ian Vaughan and Russell Lewis in 1994.

Southern Hill County EMS dedicates new building

Southern Hill County EMS has plenty to celebrate this year. The service bought a 1990 Ford ambulance in May and is upgrading it to ALS capable. Then in August, the service bought a new building. That's a long way from the donated hearse the service started with in 1978.

That year, the Hubbard Emergency Ambulance Drivers Association was organized by volunteers. By 1985, Hubbard Hospital personnel ran calls in a new ambulance during daytime hours on weekdays and on 24 hour-shifts on weekends. But

when the hospital closed that year, the service went back to all-volunteer staffing. In 1992, they had to limit hours to 6 p.m. to 6 a.m. because of a shortage of volunteers available during the day.

In 1994, a board of concerned citizens formed the Southern Hill County EMS with three paid staff for daytime hours. Hubbard Emergency Ambulance Drivers Association merged with the new organization and the eight volunteers now staff nights and weekends. Paid staff includes EMT-I Susan Fontenot, and EMTs Gerrie Whittle, and Willie Hunt. All paid staff also volunteer. Other volunteers are EMT-I Don Beers, and EMTs Ron Fontenot, Terry Richard, Carolyn Wren, and Gail Geltmeier.

New South Wales, a state in southern Australia, celebrated its 100th anniversary of EMS recently. The service uses medics on motorcycles for a rapid response unit.



Local and Regional EMS News



Bill Koppel of Nacogdoches EMS was named 1995 Employee of the Year during EMS Week festivities in May. The paramedic has been with the service about three years.

Nacogdoches EMS honored during EMS Week

The Nacogdoches County EMS supervisors honored employees and volunteers with a barbecue during EMS Week.

During that week, Nacogdoches Memorial Hospital also recognized six EMS employees. Bill Koppel, a paramedic, was named Employee of the Year for his "dedication and caring attitude toward patients and colleagues." Robert Mobley received EMS Volunteer of the Year. Also honored were Larry Murphy, Renee Faulkner, Tim Tomlin, and Ellen Mancil for outstanding service in Community Relations.

Nacogdoches County EMS expanded last November, increasing staff and moving into three stations to reduce response time.

Hiking trip turns up small-world story

When Joyce Gray, an EMT and course coordinator in Irion County, started up the hiking trail in Colorado, little did she know that she would make arrangements to bring Ready Teddy to her town. During a hailstorm on a trail outside Durango, Colorado, Joyce and her husband met three other Texans. One introduced himself as the commissioner of health.

Gray took the opportunity to tell Dr. David Smith how much she would like to use Ready Teddy, but the bear is rarely available when she calls. When the commissioner returned, he made arrangements for Irion County EMS to borrow a suit from TDH. "You just never know who you'll run into on trail," Gray says.

Irion County EMS covers the county with 17 volunteers and

two ambulances. The service makes about 72 calls a year.

Phi Theta Kappa takes immunization project

The Texas and New Mexico chapters of Phi Theta Kappa, the honor society at two-year colleges, have taken on a new service project. The 100 chapters will work with TDH to help Shots Across Texas immunize kids. Called Kappans for Kids, the program hopes to enlist 5,000 honor-student volunteers this year.

"Our chapters will contact local immunization groups to see what their needs are and then help them however we can," says Curtis Brant, a sponsor of Phi Theta Kappa and a paramedic instructor at San Jacinto College. "We saw that immunization was a tall order that needed to be filled."

Local and Regional EMS News

Careline medics Tracey Stringfellow, left, and Allen Downey, right, had an unusual call recently: a cardiac arrest on a roof. The paramedics performed CPR, administered drugs, and defibrillated four times before they got a pulse. They worked with firefighters to lower the man to the ground. He survived and is doing fine.



The program will continue in the coming years. "Each year, we get a new crop of students," Brant says.

Cardiac save sends medics up on the rooftop

Wichita Falls Careline medics Tracey Stringfellow and Allen Downey recently had a cardiac save that took them to the top—of the house, that is. When the call came about an unconscious man on the roof, the medics surmised that it could have been anything from a sleeping man to a bag of shingles that someone mistook for a human. As they got closer to the scene, however, they saw a firefighter on the roof administering CPR.

The two took their equipment up the ladder to find a 54-year-old male who had been working in the attic all day before losing consciousness on the

roof. When firefighters arrived, he had a weak pulse which soon disappeared. Stringfellow had to bend at the waist over the roof peak to reach to patient's head to intubate. The medics defibrillated, and got a line started. In all, the medics shocked four times before getting a pulse.

Then came another challenge: getting the large man down off the roof. With a lot of help from firefighters, the two secured the man "from head to toe with straps and tape." Using three ladders, the medics and firefighters lowered the man to the ground. The ER gave them a "hall pass right to ICU." At this writing, the man on the roof is doing fine. Stringfellow writes that it's that kind of call—where they can help someone or make things better—that really make him feel good.

Ready Teddy recently visited the Ol' Settlers Reunion in Camp Wood. As part of the day's activities, Ready rode in the parade, and handed out candy, coloring books, and stickers to all the children. Jan Tolleson played Ready Teddy.



Local and Regional EMS News

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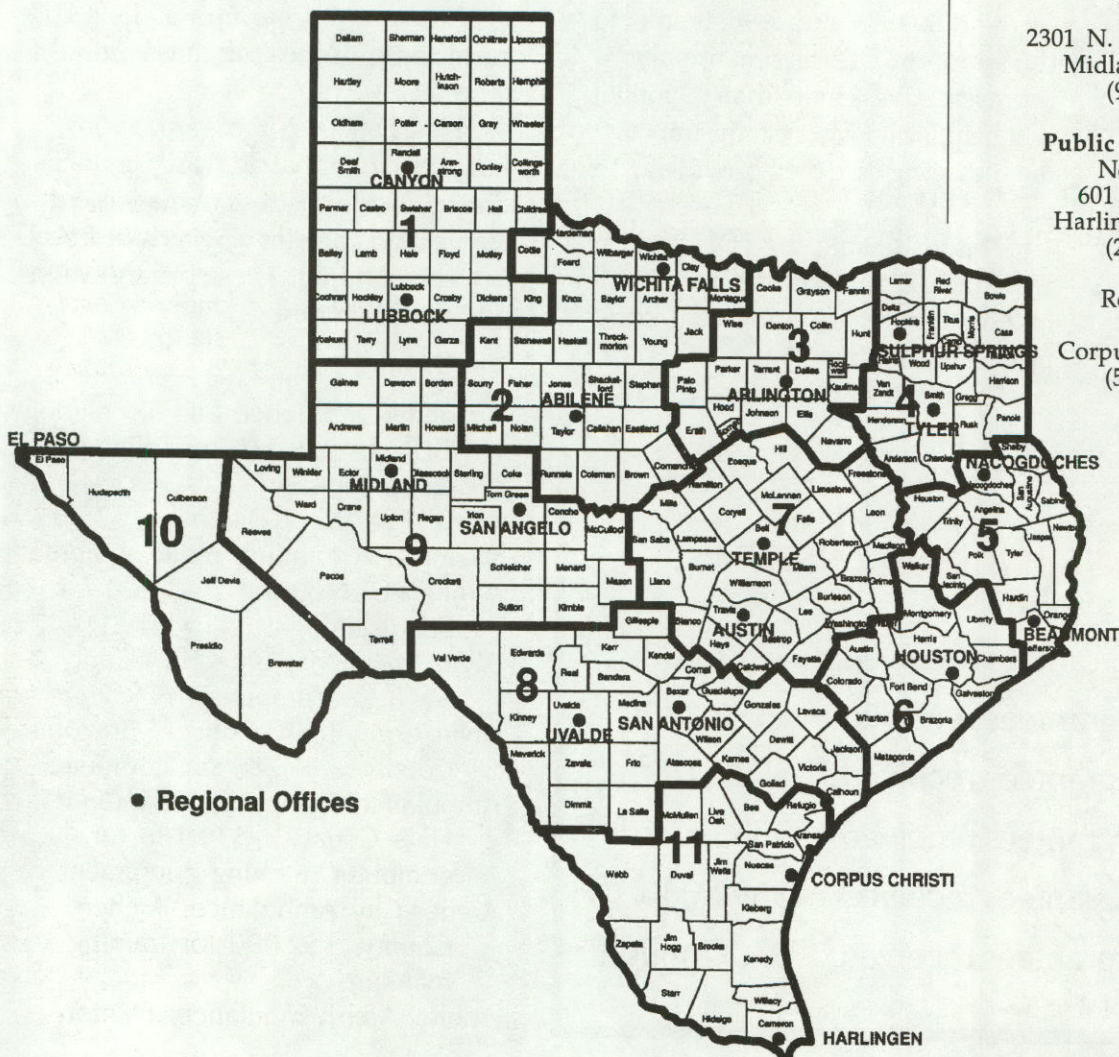
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Sixth year of EMS Local Projects sets records: 274 applications, \$4.2 million requested, 177 funded, \$1.3 million approved

By Alana S. Mallard

In its first five years, TDH's Local Projects EMS grant program funded 348 projects and sent \$2.5 million to local communities—\$2.5 million that helped improve emergency medical care for the seven million residents of those communities.

And in 1995 and 1996, thanks to the support of Texas senators and representatives, more than \$3 million will help local EMS systems improve the lifesaving care they provide to Texans.

This year alone, the TDH program will fund 177 projects and spend \$1.3 million to purchase equipment, supplies, and training.

"The Local Projects and Grant

Program emphasizes support for rural and frontier volunteer programs," program administrator John Murray said. "These areas have limited funding resources which makes it difficult to meet local needs for training and equipment." Murray said that this year the grant program will help 20 rural communities purchase ambulances.

Nearly 300 EMS organizations, hospitals, regional advisory councils, critical incident stress management teams, and colleges applied for Local Projects funding. These organizations will receive funding:

- Academy of Science and Technology, El Paso \$6,310 for training equipment
- Alba VFD, Wood County \$3,665 for ECA training, radio equipment
- Aldine FD, Houston \$3,900 for ECA training
- Alvin Area EMS, Brazoria County \$948 for computer, VCR
- Alvin Community College, Brazoria County \$1,280 for computer
- Ambulance Service of Hale Center, Hale County \$10,188 for computer, training equipment
- Archer City Ambulance, Archer County \$2,000 for training manikins
- Aubrey-Area Ambulance, Denton

Local Projects Funding History

1990	12	grantees received	\$213,000
1991	59	grantees received	\$396,220
1992	77	grantees received	\$522,153
1993	85	grantees received	\$655,697
1994	115	grantees received	\$692,040
1995	177	grantees received	\$1.3 million

County \$9,000 for paramedic training

Austin County EMS, Bellville \$8,540 for EMT training, CE program

Bailey County EMS, Muleshoe \$4,983 for monitor/defibrillator

Balmorhea Volunteer Ambulance, Reeves County \$815 for pneumatic trousers, pulse oximeter

Bandera County Emergency, Bandera \$6,457 for computer, training equipment

Beach City EMS, Baytown \$3,975 for rescue equipment

Beeville EMS, Bee County \$4,000 for radios

Big Country RAC, Abilene \$6,790 for PALS and PHTLS training, training equipment

Big Spring FD, Howard County \$10,195 for AED, pneumatic trousers, training equipment

Blanco Volunteer Ambulance, Blanco County \$23,100 for ambulance

City of Booker, Lipscomb \$25,988 for ambulance, radio

Brady/McCulloch County EMS, Brady \$4,900 for monitor/defibrillator

Brazoria VFD, Brazoria County \$25,000 for ambulance

Brookshire-Pattison Area Volunteer Emergency Ambulance, Waller County \$1,740 for computer

Brownsville EMS, Cameron County \$7,800 for computer

Bullard VFD, Smith County \$7,538 for rescue equipment

Burkburnett EMS, Wichita County \$2,110 for portable suction units, radios

Burleson Memorial Hospital EMS, Caldwell \$25,000 for ambulance

Cameron Ambulance Service, Milam County \$27,765 for ambulance, EMT-I training, computers

Canyon Lake-Comal County Volunteer EMS, Canyon City \$5,919 for training equipment, videos

Public/Private Partnerships for EMS

- **The Prudential** accepted 23 Local Projects requests for defibrillators into its Helping Hearts grant program, a new \$200,000 program for Texas.
- **Texas A&M University** accepted seven Local Projects requests for training as part of its statewide EMS education program funded by Texas Department of Transportation.
- **Communities across Texas** will match Local Projects funds with local donations, other grant funds, and EMS operating money to purchase equipment.

Carlisle VFD, Rusk County \$1,409 for medical equipment, supplies

Carlsbad VFD, Tom Green County \$3,026 for medical equipment

Centerville EMS, Leon County \$804 for medical equipment

Central Texas CISM Team, Lockhart \$1,800 for specialty training

Chalk Bluff VFD, Waco \$3,750 for rescue equipment

Childress Regional Medical Center, Childress County \$7,540 for EMT training, AED

China VFD/West Jefferson County Vol. EMS \$2,825 for AED, pulse oximeter

Clay County Firefighter Assoc, Henrietta \$16,253 for radio system

Coahoma VFD, Howard County \$11,298 for medical equipment, computer

Coastal Bend RAC, Corpus Christi \$9,000 for EMT-I training

Community EMS, Hondo \$6,894 for EMT training, training equipment

Cook Children's Medical Center, Fort Worth \$4,805 for PALS training

Crockett County Hospital Amb, Ozona \$3,556 for AED, CPR training, PI&E

Crosbyton Clinic Hospital EMS,

1995 Application Facts

- Proposals funded 177
- Amount funded **\$1.3 million**
- Total proposals received 274
- Total amount requested **\$4,237,130**
- Smallest request \$348
- Largest request **\$546,878**
- Average request **\$15,464**
- Newest trend **Regional Advisory Council requests for multiple EMS agencies**
- Increase in number of proposals **24.5%**
- Increase in funding requested **14.2%**

- Crosby County \$8,306 for medical and training equipment
- Cross Plains EMS, Callahan County \$2,950 for pagers, computer
- CDBE/Acton VFD, Granbury \$3,087 for rescue equipment, training materials
- Dean VFD, Wichita Falls \$4,988 for EMT training, medical equipment
- Devine EMS, Medina County \$25,000 for ambulance
- Earth EMS, Lamb County \$5,851 for monitor/defibrillator, pneumatic trousers
- East Mountain VFD, Gilmer \$3,000 for radios, EMT training
- EMS Department, Moore County Hospital, Dumas \$4,318 for training equipment
- Fairchild VFD, Richmond \$1,791 for training tapes, BP kit
- Faith Community Hospital EMS, Jacksboro \$8,630 for radios equipment, training equipment, suction units, monitor/defibrillator
- Floydada EMS, Floyd County \$9,800 for first response vehicle, supplies
- Freer VFD and EMS, Duval County \$2,608 for vital signs monitor
- Frio County EMS, Pearsall \$31,000 for ambulance, EMT-I training
- Galena Park FD, Harris County \$31,000 for ambulance, monitor/defibrillator, computer
- Glasscock County EMS, Garden City \$2,835 for training equipment
- Goliad County EMS, Goliad \$13,932 for ambulance
- Grape Creek VFD, San Angelo \$3,338 for AED
- Groom Ambulance, Carson County \$5,681 for radios, AED, stretcher
- Guadalupe County Firefighters Assoc, McQueeney \$8,400 for EMT training
- Hamlin EMS, Jones County \$2,554 for AED
- Hamshire VFD, Jefferson County \$3,250 for AED
- Harmony VFD, Big Sandy \$11,660 for EMT training, BTLS, rescue equipment
- Hawley VFD, Jones County \$2,540 for medical equipment
- Heart of Texas RAC, Waco \$39,459 for EMT, EMT-I, ACLS training, pulse oximeter, AED, BP monitors, monitor/defibrillator, radios
- Henderson Memorial Hospital, Rusk County \$4,541 for medical equipment
- Hico Volunteer EMS, Hamiton County \$3,068 for AED
- Highland Lakes Medical Center, Burnet \$9,648 for training equipment
- Hitchcock VFD, Galveston County \$2,822 for EMT training
- Hopkins County EMS, Sulphur Springs \$1,246 for computer
- Howe VFD, Grayson County \$1,859 for ECA, EMT training
- Hudspeth County EMS, Fort Hancock \$25,000 for ambulance
- Iraan VFD and EMS, Pecos County \$2,403 for pulse oximeter, training equipment
- Jacksonville Fire/EMS, Cherokee \$7,298 for monitor/defibrillator specialty training
- Jersey Village VFD, Houston \$4,750 for vital signs monitor
- Joshua EMS, Johnson County

\$8,013 for monitor/defibrillator, ACLS, PALS, EMT, EMT-I training
 Kent County EMS, Jayton \$1,848 for pulse oximeter
 Kerrville FD EMS, Kerr County \$7,061 for pagers
 Kilgore College, Longview \$3,062 for training equipment
 Kingwood Area EMS, Harris County \$9,890 for AED
 Kopperl VFD, Bosque County \$4,775 for training equipment, pagers
 La Paloma EMS, Premont \$7,095 for training equipment, computer
 Lake Brownwood First Responders, Brownwood \$2,688 for radioequipment
 Lake Cities FD, Denton County \$3,605 for AED
 Lavaca County Rescue Service, Hallettsville \$10,333 for monitors
 LifeCare EMS, Weatherford \$2,575 for thumper
 LifeNet Medical Transportation System, Texarkana \$6,022 for training equipment, videos
 Lilbert-Looneyville VFD, Nacogdoches County \$2,165 for medical equipment
 Littlefield EMS, Lamb County \$3,543 for computers, stretcher
 Lone Pine VFD, Palestine \$2,615 for radios
 City of Los Fresnos, Cameron County \$12,358 for vital signs monitor, computer
 Lovelady VFD, Houston County \$7,583 for training equipment
 Lumberton EMS, Hardin County \$7,920 for medical equipment
 Lynn County Hospital District, Tahoka \$1,585 for training equipment
 Lynn County Hospital EMS, Tahoka \$1,800 for EMT-I training
 Madison County Hospital EMS, Madisonville \$3,556 for vital signs monitor
 Manvel Area EMS, Brazoria \$5,280

for radio equipment
 City of Marfa, Presidio County \$5,783 for monitor/defibrillator
 Matagorda Area VFD/EMS, Matagorda County \$2,012 for computer
 Medilife of Houston, Harris County \$9,930 for medical equipment, hepatitis B vaccine
 Memorial Hospital, Kermit \$2,250 for vital signs monitor
 Mills County EMS, Goldthwaite \$4,249 for monitor/defibrillator
 Mims VFD and Ambulance, Cass County \$2,317 for computer
 City of Mission, Hidalgo \$4,450 for EMT training, training manikins
 Mitchell County Ambulance, Colorado City \$25,000 for ambulance
 Motley County Hospital District, Matador \$25,000 for ambulance
 Mt. Enterprise VFD, Rusk County \$23,000 for ambulance
 Murchison VFD, Henderson County \$1,145 for medical equipment
 Normangee Volunteer EMS, Leon County \$2,080 for training videos, pulse oximeter
 North Bosque Volunteer EMS, Meridian \$30,192 for ambulance, AED, medical equipment
 Olton Volunteer Ambulance, Lamb County \$1,543 for training equipment

How Did TDH Advertise Local Projects?

1. RFPs mailed to Texas' 850 licensed EMS providers
2. RFPs mailed to Texas' 420 registered first responder organizations
3. RFP published in *Texas Register*
4. RFP published in *Texas EMS Magazine*
5. RFP posted on TDH EMS electronic bulletin board system
6. RFPs mailed on request to 1,200 individuals
7. Local Projects articles published in *Texas EMS Magazine*

- Ore City VFD, Upshur County
\$5,660 for radio equipment
- Overton EMS, Rusk County \$4,500
for monitor/defibrillator
- Palacios Area EMS, Matagorda
\$5,226 for monitor/defibrillator
- Pearland Area EMS, Brazoria County
\$3,128 for training equipment
- Pecos Volunteer Ambulance, Reeves
County \$25,000 for ambulance
- Presidio EMS, Presidio County
\$10,000 for ambulance
- Preston Peninsula Volunteer Fire and
Ambulance, Pottsboro \$2,203
for vital signs monitor
- Princeton VFD, Collin County
\$2,885 for medical equipment,
training materials
- Ralls Ambulance, Crosby County
\$2,034 for ECA training
- Rankin EMS, Upton County \$4,825
for telephone, training equipment,
pagers, computer
- Red Oak VFD, Ellis County \$3,389
for BTLs training, radios, training
equipment, rescue equipment
- RAC for Trauma Service Area H,
Nacogdoches \$8,110 for train-
ing equipment
- Rendon FD, Burleson \$4,095 for
AED
- Robertson County EMS, Franklin
\$3,359 for AED
- Robstown EMS, Nueces County
\$30,000 for ambulance, monitor/
defibrillator
- Sabinal EMS, Uvalde County
\$2,265 for EMT training, pulse
oximeter, PI&E, medical equip-
ment
- Saginaw FD, Tarrant County
\$3,000 for paramedic training
- San Angelo FD, Tom Green County
\$10,097 for BTLs, ACLS, PALS
training
- San Antonio AirLife, Bexar County
\$2,744 for training equipment, CE
program
- Santo Fire/EMS, Palo Pinto County
\$1,971 for computer, training
program
- Saragosa Mission First Responders,
Reeves County \$2,461 for
radios, training equipment, CPR
program
- Sargent Area Volunteer Fire and
Rescue, Matagorda County
\$4,943 for communication system
- Schleicher County Medical Center,
Eldorado \$4,663 for AED,
medical equipment, pagers
- Seminole EMS, Gaines County
\$5,490 for radio equipment
- Shallowater EMS, Lubbock County
\$5,069 for radio equipment
- Shepherd EMS, San Jacinto County
\$25,000 for ambulance
- Sinton Area Volunteer Emergency,
San Jacinto \$3,862 for training
equipment
- Skidmore VFD, Bee County \$855
for pagers
- Southwest Texas CISM Team,
McQueeney \$2,010 for spe-
cialty training
- Spearman EMS, Hansford \$1,000
color monitor, radio, training aids
- Stamford EMS, Jones County
\$1,000 for BP monitor
- City of Stephenville, Erath County
\$5,000 for monitor/defibrillator
- Sterling County EMS, Sterling City
\$3,981 for rescue equipment
- Stratford EMT Assoc, Sherman County
\$2,683 for training equipment
- Sunset VFD, Montague County
\$1,997 for radio equipment
- Swinney Switch EMS, George West
\$7,163 for EMT training, CPR
program, training equipment,
computer
- Tennessee Colony VFD, Anderson
County \$3,834 for radio equip-
ment, rescue equipment
- Terlingua Medics, Brewster County
\$29,645 for ambulance, stretcher,
CO₂ detector
- Terrell County EMS, Sanderson
\$25,000 for ambulance
- Texas-1 Disaster Medical Assistance
Team, El Paso \$3,278 for office
equipment

Texas A&M University EMS, College Station \$2,000 for training equipment

Texas Engineering Extension Service, College Station \$15,775 for training

Texas State Technical College, Sweetwater \$2,774 for monitor/defibrillator

Texas Tech University Health Sciences Center, El Paso \$19,826 for regional CE training

Texline Volunteer Fire and Rescue, Dallam County \$3,000 for AED

The Colony FD, Denton County \$2,475 for EMT training

Timpson Volunteer Ambulance, Shelby County \$1,214 for computer

Titus County Memorial Hospital EMS, Mount Enterprise \$18,040 for computers

Tyler FD, Smith County \$6,756 for AEDs

University Medical Center EMS, Lubbock \$3,648 for AED

Uvalde EMS, Uvalde County \$4,373 for AED, pulse oximeter

Val Verde Hospital District EMT, Del Rio \$1,949 for computer

Valley Air Care, Harlingen \$3,195 for minipak 911, syringe pump

Vernon Regional Junior College, Wilbarger County \$7,478 for computer, training equipment

Waskom VFD and EMS, Harrison County \$10,753 for radios, pagers, rescue gear, EMT training

Wayside Emergency Team, Armstrong County \$11,573 for pagers, radio equipment

Weslaco FD, Hidalgo County \$9,483 for AED, pulse oximeter, paramedic, CPR training


West Coke County EMS, Robert Lee \$3,780 for rescue tools

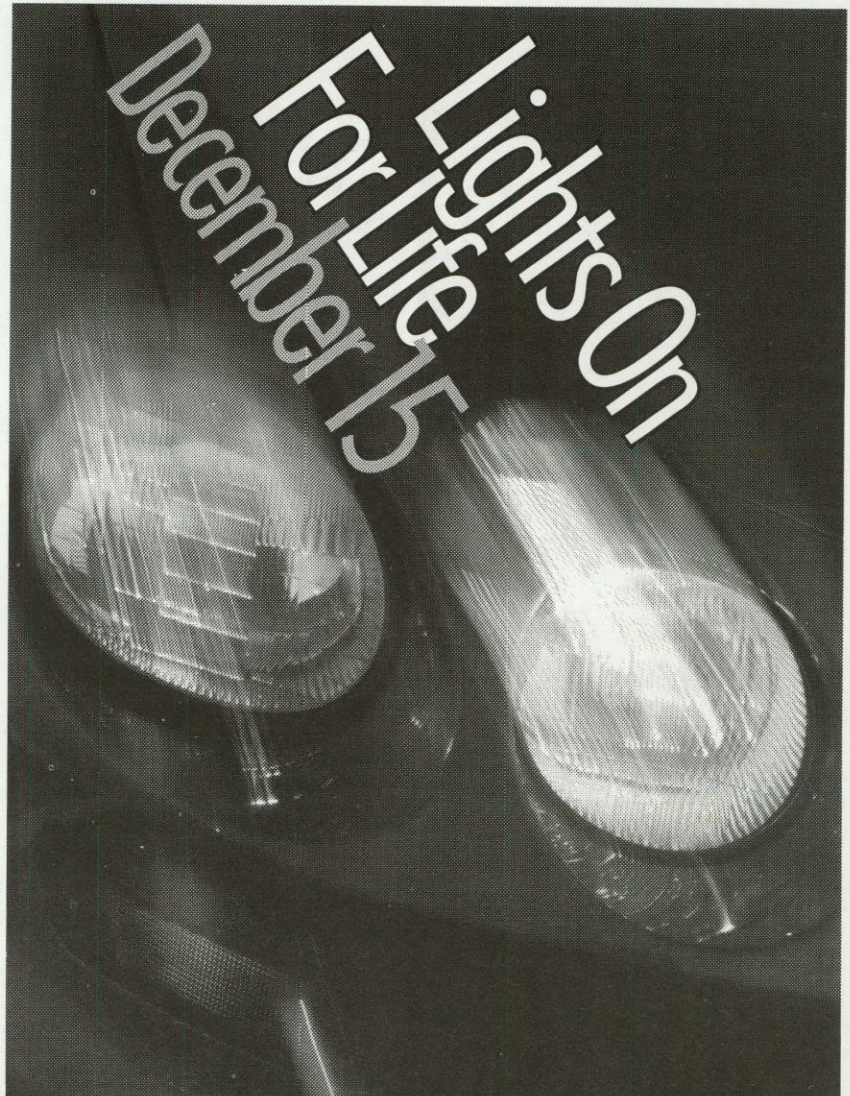
West Volunteer Ambulance, McLennan County \$25,632 for ambulance, pulse oximeter

Westside VFD, Palestine \$1,798 for radios, response kits, oxygen regulators

White Deer Volunteer EMS, Carson County \$12,600 for ambulance

Winkler City-County EMS, Kermit \$3,315 for training manikin, update kits, SCBAs, overhead projector


Zavalla VFD, Angelina County \$1,264 for EMT, EMT-I training 




**For Lights On
December 15**

**On December 15 let us REFLECT on the many deaths caused
by impaired drivers and REMEMBER by turning on our headlights.**

**On this day let us REDEDICATE ourselves to the cause
of keeping impaired drivers off our roads.**

 US Department of Transportation
National Highway Traffic Safety Administration

 TAKE A STAND AGAINST IMPAIRED DRIVING

Produced in cooperation with the National 3D Prevention Month Coalition.

New EMS rules affect providers, coordinators, those recertifying

By Pam West

Several changes to the EMS rules became effective in June 1995. As a health care provider, you are responsible for providing input into the legislative and rulemaking process, and then for following those rules. Don't depend on others to tell you what the requirements are. Find out for yourself—it's your certification or provider license on the line.

Many of you may have already reviewed these changes with the public health region EMS staff. If you have not, I want to emphasize that I give here only a sketchy overview of the revisions. If any of these changes affect you, contact your public health region EMS office for a copy of the rules.

New Definitions New rules now define abandonment and standard of care.

Provider Licensing Rule Changes

Treatment protocols may be reviewed and dated within 12 months prior to licensure rather than 90 days. Radio/electronic communication capability forms are no longer required. An MCI plan for your service, which has been coordinated with the local emergency management coordinator, is required.

Rather than submitting evidence of the standard liability insurance coverage, the provider must file a certificate of insurance with TDH. A notarized document that records the name of the business and a statement of disclosure of ownership is now required.

Accreditation with a national organization suffices for most of the licensure requirements. The licensure renewal process must be completed prior to the expiration of the current li-

cence. Continuing to operate without a license may result in administrative penalties up to \$250 a day, or other sanctions. A provider may not operate if there is a lapse in time between license expiration and licensure renewal without specific approval from TDH. Approval is based on an evaluation of several factors and is not automatic. The completed license application, and all required materials, must be submitted 60 days prior to the expiration of the current license rather than 30 days.

Vehicle inspections for renewal may be waived if the provider has been compliant with regulations during the previous licensure period. Spot inspections will be increased. Providers will be given a "mini-copy" of the license to display in each vehicle, rather than receive vehicle authorizations.

Staffing requirements, which have not changed, are found with the general licensing requirements instead of in the vehicle rules. More definitive information is given about some of the pieces of equipment. And all providers, even basic life support, must now have puncture-resistant containers on all vehicles and a red biohazard waste bag or equivalent.

There have been additions to the responsibilities of an EMS provider, several of which detail notification mandates when ownership changes or stock changes hands. Additionally, providers must notify TDH every six months of newly hired or terminated employees.

A copy of the patient run report must be left at the hospital so that it can be made a part of the patient's record. And approval to run a subscription program must be given by TDH prior to advertising or implementing the program.

Training and Education Rule Changes

Course coordinators now have some options on CPR training. And there is now a fee for course approvals unless the coordinator receives no payment for the course. The skills examination process changed to a skills proficiency process. Self-studies and site reviews were initiated. Paramedic programs with national accreditation can waive the state site review process and portions of the course approval process.

Physician assistants may challenge certification exams under certain circumstances. Course coordinators must first serve as certified program instructors for at least two years prior to applying to be a course coordinator. And there is now a late recertification process for coordinators, instructors, and examiners.

Recertification Changes

In August a change was made to the recertification rule which essentially gives everyone a 90-day grace period following expiration of their certificate, regardless of when the application was submitted. Applicants will continue to be assessed a late fee if application is received after the expiration date. Clarification was also made in this rule between late recertification and the re-entry process.

Public Hearing Held on October 11 for Proposed Rules

Additional rule changes were proposed by the Texas Board of Health at its September 15 meeting, and on October 11 TDH held a public hearing in Austin to give folks an opportunity to comment on the changes. Everyone in EMS should be grateful to those who took their time to come and express their opinions and to those who wrote letters of support or concern.

The board members will consider comments received through November 3 at their meeting on December 1 and will make any changes that they feel are appropriate. The rules that are ap-

proved at the December meeting will be effective around the first of January.


A popular proposal among EMS certificant is the addition of a provisional certification. If an individual has successfully completed a course, which includes skills proficiency verification, he or she may be allowed to work on a unit and count as one of the two certified people. However, the decision as to whether or not an individual would be allowed to work in this capacity would be left to the EMS provider and the medical director. If the individual should fail the state examination, that individual could not function as a certificant until passing the exam.

A controversial issue is the proposal that firearms not be allowed to be carried on an ambulance except by peace officers. The opinion of most who addressed this during the public hearing was that this should be worked out by the providers in policy rather than by rule.

For years we have had a rule for specialized vehicles which covered fixed wing and rotor wing aircraft. The board has proposed the repeal of this rule in favor of two new rules which address each of these transportation modes individually.

Proposals contain provisions for the new EMT curricula and would mandate its use after September 1996. It has also been proposed that the requirement that candidates pass all critical subscales be eliminated in favor of an overall passing grade, and that passing the National Registry examination would be an acceptable substitute for the initial exam. Recertification would remain according to present Texas rules.

And, finally, the board proposes to broaden the categories for reporting CE so that certifiants, providers, educators, and medical directors will have more latitude in designing CE programs that are needed in the local area.

If you have questions, or would like a copy of the proposed rules, please contact your public health region EMS office. 

As assistant chief in the Bureau of Emergency Management, Pam West oversees rulemaking.



Ryan White Act for emergency response employees

By Carol S. Lawrence

Dallas Fire Department Communicable Disease Coordinator Carol Lawrence rides out each month with a different EMS area fire crew. This crew of (from left) Lt. Ron Spears, paramedic Stuart O'Connor, paramedic Ice Delbert, Lawrence, and paramedic Steven Tawater was profiled in a national nursing publication.

The Ryan White Act—a federal law—mandates that medical facilities notify emergency response employees of any exposure of certain airborne and bloodborne diseases. The law also requires that every emergency response unit have a designated officer responsible for obtaining exposure information and provides an administrative process for requesting patient exposure testing results, with respect to state laws that require confidentiality.

The Ryan White Act requires medical facilities to notify emergency response employees within 48

hours of an exposure to an airborne disease. This time period is critical for exposures to meningococcal meningitis, pertussis, and suspect measles, but of limited value for suspect TB exposures. If a patient is already known or suspected to have TB, notification can be made in 48 hours. However, a sputum culture test for TB takes 6-8 weeks. A DNA probe test is quicker, but few hospitals have this capability.

The Ryan White Act is being merged with the Texas Communicable Disease Code, and mandatory testing of the exposure source is not required. If the patient refuses testing, then no information will be available without a lengthy administrative process or a court order, which nullifies the purpose of rapid notification.

If your department experiences problems obtaining patient testing information or lacks a formal notification process, evaluate your employee occupational follow-up procedures with these goals in mind:


1. Develop good working relationship with local infection control practitioners in your hospitals, at the health department, in the medical examiner's office, and among other health care providers
2. Designate one person in your department as responsible for employee exposure follow-up
3. Establish contacts with the local health care providers to discuss any problems and establish common goals
4. Develop a notification process acceptable to your department and to the health care providers

Emergency response employees must realize that obtaining patient testing information does not change what should be done for the exposed

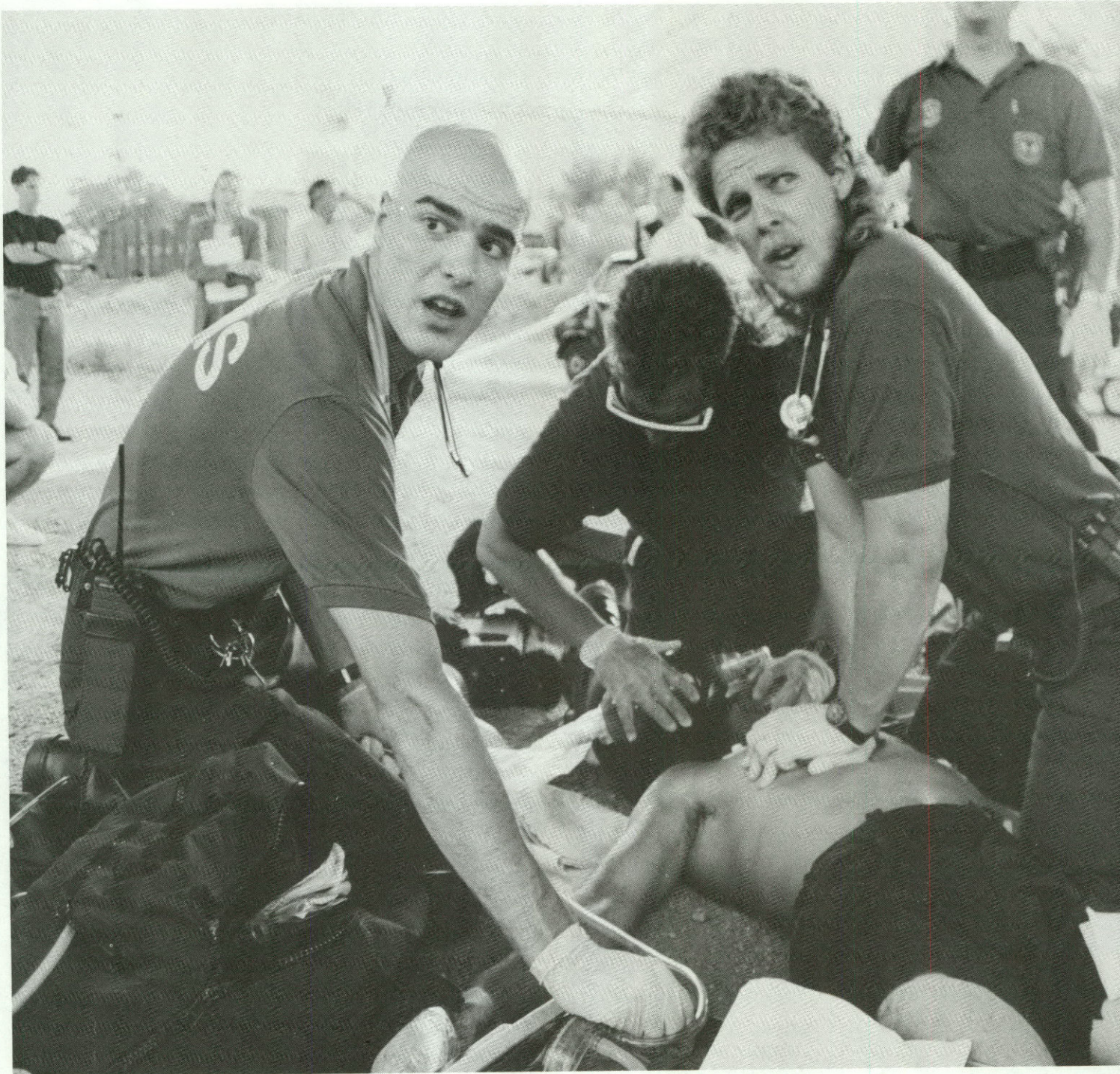
employee. Department officials should regard the patient as infected, since some test results may not be totally accurate. HIV infection is an example: if the patient is in the window period, the test may not identify the presence of HIV antibodies, even though the patient is contagious and capable of transmitting the disease.

While federal and state laws provide more protection to emergency response employees, the best protection is to take appropriate precautions by wearing protective gear, by following your department's protocols for occupational exposures, and by reporting these exposures promptly and completing all recommendations made by your medical director.

It is also important that your department establish a TB skin testing program, with ambulance personnel tested every six months, and other department personnel tested yearly.

Be aggressive with your employee's occupational exposure follow up. Provide as much information as possible to department personnel on potential communicable diseases. Your local health department epidemiology section, a hospital-based infection practitioner, or specialists in other fire and EMS departments may be a source of education for your personnel. 

Carol S. Lawrence, RN, BSN, is the communicable disease coordinator for the Dallas Fire Department and was a communicable disease investigator for the state of Florida for five years. Lawrence has been in infection control for ten years.



By Thomas J. Abramo
and Jan Auerbach

PHOTO BY SALLY MUIR
AUSTIN EMERGENCY MEDICAL SERVICES

Near-Drowning and Submersion Injuries

Introduction You are called to the home of a 16-month-old toddler pulled from a backyard pool by his mother after submersion for approximately three to four minutes. The incident occurred in a quiet suburban neighborhood in a private home swimming pool that was completely surrounded by fencing and had self-latching gates. The infant was playing on the pool deck under close supervision by his mother when the telephone rang. Mother ran into the house to answer the phone and upon returning approximately five minutes later, she found her son on the bottom of the pool. She immediately retrieved him from the pool, began rescue breathing, and called 911.

Upon arrival of EMS, the infant appeared pale, mottled, had a heart rate of approximately eighty beats per minute, and had no spontaneous respirations.

Epidemiology Most submersion injuries are entirely predictable and preventable. It has been estimated that childhood pool drownings have been reduced by up to 70 percent by the use of barriers and self-latching gates.

In the scenario described in the case history, a remote telephone by the pool could have avoided the tragedy.

Drownings are the leading cause of injury deaths for children less than five years of age in many states. It is second only to motor vehicle deaths nationally as a cause of nonintentional death in children under fourteen years of age. In Texas, drowning is the second leading unintentional killer of children under the age of five.

Children less than five years old are at the highest risk for drowning with an estimated rate of 2.9 per 100,000 population. This age group represents approximately 40 percent of all drowning victims. Prehospital

Objectives

After completing this article, the reader should be able to:

1. Distinguish between drowning and near-drowning.
2. Discuss the incidence, pathophysiology, assessment, and prehospital management of near-drowning.
3. Identify factors that influence patient survival of a near-drowning event

ambulance runs are requested for an estimated 4,000 to 6,000 victims per year in the United States. It is estimated that approximately one half of patients admitted to the hospital for near-drowning will not survive.

Approximately 80 percent of near-drownings in the pre-school age group happen in swimming pools. The major factors in nearly all of these near-drowning events is related to lapses in adult supervision. Submersion events usually last less than five minutes with an identifiable adult being responsible for supervision but with failure of that person to witness the event.

Bathtub near-drownings are the second most common cause of home water injuries. Buckets, barrels, and even toilets have also been responsible for near-drowning events. Any vessel that a toddler can enter can result in near-drowning when containing water.

Child abuse and homicide must also be considered when analyzing pediatric drowning and near-drowning injury events.

The second greatest age group for near-drowning is adolescence between 15 and 19 years of age. In this age group, near-drowning is second only to motor vehicle injuries as a cause of death.

In adolescence, near-drowning is associated with other injury patterns and result from risk-taking behavior and the use of alcohol and drugs. Victims in this age group often have head and cervical spine injuries that require special attention in the prehospital setting.

Pathophysiology To understand how to manage a near-drowning victim, it is important for the prehospital

provider to be aware of a few basic principles relating to the near-drowning injury event.

In the absence of CNS injuries, when the patient is submerged, the first response of a submerged person is an attempt at breath-holding. If small amounts of fluid are aspirated, laryngospasm may occur. During this stage, little or no water is aspirated. Hypoxia and hypercarbia result and panic with or without aspiration and water-swallowing eventually results. If the patient is hypoxic for an extended period of time, involuntary breathing with aspiration will occur. In approximately 15 percent of submersion victims laryngospasm protects against aspiration for several minutes, called dry drowning.

Whether a near-drowning has occurred in fresh or salt water has little significance on the ultimate outcome or electrolyte status. A typical drowning victim will aspirate approximately 3 to 6 ml/kg of water. More than 20 ml/kg of water is necessary in order to significantly affect electrolyte status. It is not uncommon, however, for a submersion victim to be hypovolemic and need fluids. This is not a result of water loss, but of increased capillary leakage in the systemic and pulmonary vascular system.

Fluid is rapidly absorbed from the lungs and it is usually unnecessary to be over zealous about trying to remove aspirated lung fluid. It is possible that loss of surfactant in the alveoli of the lungs may create problems. Surfactant lines the air sacks or alveoli and reduces surface tension to keep the alveoli open, similar to the method by which a soap bubble maintains its integrity. When surfactant is lost, higher pressures may be needed to ventilate the patient and positive end-

expiratory pressure may be necessary to keep alveoli open. Without help, atelectasis or lung collapse may occur, which will further result in hypoxia and carbon dioxide retention.

The effects of the submersion event on the cardiovascular system can be related to the duration of hypoxia. Life-threatening dysrhythmias and cardiogenic shock can occur after prolonged periods of hypoxemia and acidosis. Capillary leak and myocardial dysfunction may result in organ system failure when the hypoxic insult is severe.

The brain and nervous system is also often injured as a result of submersion with prolonged hypoxia and carbon dioxide retention. Cellular injury can result in an encephalopathy caused by disorder in blood flow to the brain resulting in edema and increased intracranial pressure. In the prehospital setting, early attention to oxygen administration and controlled hyperventilation may help to reduce this morbidity.

Information Gathering And Initial Assessment Although taking a complete history is not the first priority, several bits of extremely important information relating to the submersion event should be obtained in the prehospital setting. See Table I for a checklist of information needed.

What was the duration of asphyxia? The time of submersion is the most important factor relating to survival and prognosis. How long was the patient down? Was bystander CPR needed and initiated? How long did it take the patient to respond and begin spontaneous breathing? Was the patient stiff, flaccid, posturing, or having any convulsive or abnormal motor movements?

Although the issue of fresh versus salt water has little prehospital management significance, the contents of water aspirated may be extremely important for management beyond the prehospital setting. Did the water contain debris, chemicals, bacteria, or other contaminants? It must be assumed that what is in the water during the submersion event is also in the lungs of the patient being resuscitated. Aspiration pneumonia requires special attention during the recovery phase.

Table II lists important issues to address in the physical assessment, including airway, breathing, ventilation, perfusion, posturing, mental status, and temperature.

Is there a possibility of a traumatic injury event before, during, or after the submersion injury? Cervical spine control and a careful examination for evidence of trauma should always be a part of the initial assessment.

Is there history of an underlying seizure disorder that may have precipitated the near-drowning? Initial assessment of the near-drowning victim is directed at assessing the presence of respiratory failure, respiratory distress, and shock.

Adequacy of airway, efforts needed to maintain respiration, air movement, and circulatory status should be assessed in the same manner as other critically ill patients. The cardiovascular, respiratory, and neurologic systems are the focus of initial assessment, and will direct resuscitation efforts.

Prehospital Management Since the vector causing injury in a near-drowning patient is as-

Table I

Near-Drowning Documentation

- Total time submerged?
- Bystander CPR initiated?
- Time to spontaneous breathing?
- Contents of submersion water?
- Head/neck injury?
- Child abuse?

phyxia, it is most important to restore available oxygen to the tissues as quickly as possible. The most significant factor in reducing near-drowning morbidity is availability of effective bystander cardiopulmonary resuscitation.

The initial response to the near-drowning patient is to establish a patent airway and initiate rescue breathing as rapidly as possible. While maintaining a stable neutral cervical spine position, the airway should be cleared and ventilation with 100 percent high flow oxygen should be started.

During the resuscitation phase, gentle pressure on the cricoid may help to prevent aspiration of fluid and debris from the stomach. There is no such thing as too much oxygen for a near-drowning victim, even if the patient spontaneously breathes. Assisted bag-valve-mask ventilations may be necessary if ventilatory efforts are inadequate. If the patients are apneic, secretions are excessive, the airway is unstable, or color does not improve with assisted ventilations, the patient should be ventilated and airway secured prior to transport.

Circulation should be the next priority. Attempts to obtain vascular access should not delay transport to the nearest facility if the patient is unstable. If the patient appears to have poor peripheral circulation, bradycardia, or hypotension after airway and ventilation is secured, fluids should be provided en route. If peripheral intravenous access is not easily accessible in the pediatric patient, intraosseous access should be attempted. Shock should be

managed with isotonic fluids—normal saline or lactated ringers—with 20 ml/kg infused over 5–20 minutes.

The patient should be carefully monitored to watch for abnormalities in heart rate and rhythm. Drugs used for dysrhythmias in near-drowning victims will be no different than other arrest victims. The endotracheal route may be used for administration of drugs if vascular access is unobtainable.

The next step in prehospital management establishes a neutral thermal environment. Remove wet clothing and dry the patient to prevent further heat loss. Infants and young children have a much greater surface area to mass ratio, causing rapid loss of heat when moist clothing remains on in a cold environment. Hypothermia increases metabolic demands and makes resuscitation more difficult.

When the near-drowning victim is unresponsive or has altered mental status, it is important to carefully assess neurologic status. Full spine precautions should be maintained when there is even the slightest question of possible trauma.

Documentation of abnormal motor movements, posturing, focal neurologic findings, and muscle tone is an important part of the initial assessment and the prehospital record. If the patient has a significant neurologic insult and is requiring assisted ventilations, hyperventilation should be performed in order to reduce cerebral blood flow and decrease intracranial pressure.

Hypothermia Submersions Especially in infants and toddlers, the diving reflex may be initiated when the face is exposed to extremely cold water. The diving reflex slows the heart rate and shunts blood from the skin

Table II

Near-Drowning Physical Assessment

- Airway stable?
- Work-of-breathing?
- Adequacy of ventilation?
- Skin color/perfusion?
- Posturing/muscle tone seizures?
- Mental status?
- Core temperature?

and abdominal organs to the cerebral and coronary circulation.

In extremely cold water environments, the basal metabolic rate is reduced and survival may be significantly increased with prolonged submersion. Survival without neurologic sequelae is occasionally reported beyond 40 minutes in cold water—below 15° C. A pulseless, apneic, hypothermic patient retrieved from cold water should not be considered dead in the prehospital environment.

Establishing an airway and administering oxygen is first priority. But the patient should not be aggressively rewarmed until moved to a controlled environment. There is some evidence that the “metabolic icebox” will protect the patient in the prehospital setting more effectively than prehospital attempts at rewarming.

There is no evidence that intubation or placement of oro-gastric tubes increases the risk of cardiac dysrhythmias. Cardiac compressions should be started when a pulse is absent regardless of the core temperature. Bradycardia may be a physiologic response to the decreased metabolic state and may only reflect a low core temperature.

When the core temperature of a patient is less than 30°C., drugs should probably be avoided until controlled warming has been initiated. The myocardium in hypothermic patients is usually resistant to electrical stimulation. Decisions on use of electricity, bretylium, lidocaine, epinephrine, and atropine in a hypothermic patient should usually be deferred to medical control for advice. The most important issues are to provide oxygen, ventilation, and when necessary, cardiac compressions.

When a hypothermia submersion injury is being managed in the prehos-

pital setting, it is extremely important to relay information to the receiving hospital as quickly as possible. Rewarming of hypothermic patients requires special equipment and preparation that can be initiated at the receiving hospital during transport time.

Summary The management of the submersion injury in pediatrics is directed at reducing the time of hypoxia and asphyxia. Early and liberal use of oxygen and attention to airway and ventilatory efforts is of prime concern.

Prehospital providers must recognize possible head and neck injuries as well as the need to prevent further aspiration. Assisted ventilation, tracheal intubation, and vascular access must be considered to support ventilation and circulation when necessary.

Careful observation of the environment to collect information relating to the injury event is a critical part of the prehospital provider’s role. Evidence of trauma, child abuse, and the circumstances surrounding the submersion injury should be relayed to the receiving hospital personnel. 🐾

References:

1. Wintemust GJ: Drownings in Early Childhood. *Pediatr Ann* 1992, 21:417-421.
2. Fields AI: Near Drowning in the Pediatric Population. *Crit Care Clin* 1992, 8:113-129.
3. Qan L, Gore EJ, Wentz KR, Allen J, Novack AH: Ten-Year Study of Pediatric Drownings and Near-Drownings in King County, WA: Lessons in Injury Prevention. *Pediatrics* 1989, 83:1035-1040.
4. Quan L, Kinder D: Pediatric Submersions: Pre-hospital Predictors of Outcome. *Pediatrics* 1992, 90:909-913.
5. Gregory JS, Bergstein JM, Aprahamian C, Wittmann DH, Quebbeman EJ: Comparison of Three Methods of Rewarming from Hypothermia: Advantages of Extracorporeal BloodWarming. *J Trauma* 1991, 31:1247-1252.
6. Dean JM, Kaufman ND: Prognostic Indicators in Pediatric Near-Drowning: The Glasgow Coma Scale. *Crit Care Med* 1981, 9:536-539.

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Near-drowning and submersion injuries CE article questions — 1.5 hours of CE

1. All drownings are characterized by:
 - a. hypoxia, acidosis, hypovolemia.
 - b. hypovolemia, hypercarbia, hypothermia.
 - c. hypoxia, hypercarbia, acidosis.
 - d. hypothermia, acidosis, hypoxia.
2. Which of the following does not have any effect on patient survivability after a near-drowning incident?
 - a. Associated trauma
 - b. Cleanliness of the water
 - c. Patient's gender
 - d. Water temperature
3. What age group is at the highest risk for drowning?
 - a. Fourteen years of age
 - b. Less than five months of age
 - c. Less than five years of age
 - d. Fifteen to 19 years of age
5. In adolescence, near-drowning is often associated with other injury patterns and results from:
 - a. risk-taking behavior.
 - b. use of alcohol.
 - c. use of drugs.
 - d. all of the above
6. Adolescent near-drowning victims often have associated injuries of the:
 - a. head and cervical spine.
 - b. internal organs.
 - c. lumbar-sacral spine.
 - d. upper and lower extremities.
7. When the patient is submerged, the first response is an attempt at:
 - a. aspiration.
 - b. breath holding.
 - c. involuntary breathing.
 - d. water swallowing.
8. With the possible loss of surfactant from the alveoli as a result of near-drowning:
 - a. lower pressures may be needed to ventilate the patient.
 - b. atelectasis or lung collapse may occur.
 - c. surface tension in the alveoli will be reduced.
 - d. all of the above
9. Which of the statements concerning near-drowning is not true?
 - a. All near-drowning victims should be transported to the hospital for evaluation.
 - b. Survival may be significantly increased with prolonged submersion in cold water.
 - c. Only 25 percent of patients admitted to the hospital for near-drowning will survive.
 - d. Whether a near-drowning has occurred in fresh or salt water has little significance on the patient's outcome.
10. The most important factor relating to survival and prognosis of a near-drowning victim is:
 - a. contents of submersion water.
 - b. time to spontaneous breathing.
 - c. presence of spinal injury.
 - d. total time submerged.
11. The most likely cause of cardiopulmonary arrest in the submersion victim is:

- a. seizure.
b. spinal injury.
c. ventricular fibrillation.
d. asphyxia.
12. During the resuscitation phase of a near-drowning victim:
- a. too much oxygen can be harmful.
b. cricoid pressure is of no value.
c. you should hyperextend the cervical spine.
d. the airway should be cleared.
13. The patient should be ventilated with a secure airway prior to transport if:
- a. apneic with an unstable airway.
b. color does not improve with assisted ventilations.
c. secretions are excessive.
d. all of the above
14. Initiation of the diving reflex after prolonged submersion in cold water:
- a. reduces the metabolic rate.
b. slows the heart rate.
c. shunts blood to the cerebral and coronary circulation.
d. all of the above
15. Pre-hospital resuscitation measures to avoid in a cold water near-drowning victim include:
- a. aggressive rewarming.
b. cardiac compressions.
c. endotracheal intubation.
d. oro-gastric tube placement.
16. Drugs should probably be avoided until controlled warming has been initiated in a patient with a core temperature:
- a. greater than 98.6°F.
b. less than 30°C.
c. between 32° and 40°C.
d. greater than 30°C.
17. Management of shock in the near-drowning victim may include all of the following except:
- a. monitoring for abnormalities in heart rate and rhythm.
b. infusion of isotonic fluids at 20 ml/kg over 5-20 minutes.
c. administration of drugs endotracheally.
d. delaying transport until vascular access is obtained.
18. IV fluids should be provided in route if the patient has:
- a. bradycardia.
b. hypotension.
c. poor peripheral circulation.
d. all of the above
19. Pre-hospital management of a hypothermic near-drowning patient includes all of the following except:
- a. establishing a neutral-thermal environment.
b. relaying information to the hospital in advance.
c. beginning cardiac compressions only after rewarming.
d. removing wet clothing and drying.
20. Morbidity from increased intracranial pressure as a result of submersion can be reduced by oxygen administration and:
- a. removing aspirated lung fluid.
b. IV fluid resuscitation.
c. hyperventilation.
d. spinal immobilization.



This answer sheet must be postmarked by December 15, 1995.

CE Answer Sheet #3—November/December *Texas EMS Magazine*
"Near-drowning and submersion injuries" Pages 26–33

Name _____ SSN _____
Certification Level _____ Expiration Date _____
Organization _____ Work Phone _____
area code
Address _____ City _____
street
State _____ Zip _____ Home Phone _____
area code

For TDH CE credit, mail your completed answer sheet to:

Debra Cason, RN, MS
EMS Training Coordinator
The University of Texas
Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75235-8890

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

Answer Form

Check the appropriate box for each question. EMTs answer 1–15;
paramedics answer 1–20.

- | | | | | | | | | | | | | | | | | | |
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EMS may see tropics' newest threat: dengue

By Kelly Harrell

The Ebola virus made headlines recently after an outbreak in Zaire and the graphic depictions of the horrifying disease in books and a movie. But Texans are more likely to see dengue fever, a tropical virus prevalent in Central America. Carried by mosquitoes, the disease has reemerged along the Texas border after an absence of almost 20 years. Reynosa, Mexico, across from McAllen, has reported 200 cases, while McAllen has reported one. Three others have been reported from Houston.

What is it? Dengue fever is an acute viral illness with severe flu-like symptoms, including achy muscles and joints, headaches, and high fever. It is often accompanied by a rash. "It's a bad, bad flu," says Lionel Vela, medical director for TDH region 11. "It's not (usually) fatal, but you might wish it were. You don't want to get this." In Africa, the disease is known as "breakbone fever" for its severe symptoms.

Five cases of a more severe form of dengue, called hemorrhagic, have also been reported along the border. This strain lessens the blood's ability to coagulate, leading to leaking blood vessels and internal bleeding and in some cases, death.

How is it transmitted? The *Aedes aegypti* and *Aedes albopictus* mosquitoes spread the disease by biting an infected person, incubating the virus, and then biting someone else. The mosquito remains infected for the remainder of its life. Although *A. aegypti* is usually confined to warmer climates, *A. albopictus*—nicknamed the Asian tiger mosquito for its ferocity—has been found as far north as Philadelphia. "The *A. albopictus* can definitely tolerate colder temperatures," says Glenna Teltow, an entomologist with TDH.

Who's at risk? Dengue most often hits the very young and the poor. Especially in Central America and Mexico, the disease hits areas where sanitation has


not kept pace with population growth, leaving plenty of areas for the insects to breed. The *A. aegypti* prefers to breed in artificial containers around domestic habitations. The *A. albopictus'* breeding grounds also include more natural settings such as holes in trees where water collects.

How can it be prevented? The best way to prevent dengue is to kill the carrier by spraying for mosquitoes and larvae, and by emptying standing water wherever it collects: tires, cans, barrels, and jars. "Because these mosquitoes typically do not travel more than a few hundred feet from where they were hatched, our best defense is to get people to eliminate hatching grounds," says Texas Commissioner of Health David R. Smith, MD.

What about EMS? Julie Rawlings, an infectious disease specialist for TDH, also recommends wearing long sleeves and pants and staying indoors whenever possible. Both mosquitoes that carry dengue bite humans during daylight hours. The *A. aegypti* in particular favors humans over any other prey.

"We could also recommend judicious use of repellents for adults," Rawlings says.

In treating patients, dengue fever may be confused with flu. In either case, it's better not to give aspirin, says Kate Hendricks, MD, director of Infectious Disease Epidemiology and Surveillance for TDH. "If a person has dengue, aspirin may cause some bleeding tendencies, especially for those who have had the disease before," says Hendricks. "You don't want to give aspirin during flu because of Reye's Syndrome."

TDH has a pamphlet available, "Prevent Dengue by Stopping the Mosquito Life Cycle," which details how to recognize mosquito breeding grounds. For copies of the pamphlet, call Richard Campman, Region 11 Harlingen, at (210) 423-0130. 

Associate Editor Kelly Harrell visited with EMS personnel along the border, who reported seeing no cases of dengue yet.

A safe home for the holidays

By
Penny Workman

Penny Workman, who accompanies Paramedic Ready Teddy on many of his appearances in Central Texas, will present an injury prevention workshop at Texas EMS Conference in November. Workman will talk about using Paramedic Ready Teddy and the PAWS (prevention, awareness, wellness, and safety) curriculum in your community.

This time of year is a time of joy and celebration. Parties and family gatherings are a large part of the holiday season. Make sure that your home is safe for you, your family, and all visitors to your household by checking some points of safety. Paramedic Ready Teddy, Texas Department of Health's safety mascot, says, "Accidents don't just happen, so check out your house to protect you and your guests from preventable injuries."

- Make sure that all area rugs are securely set on the floor. Use nonskid mats and tape to secure shifty rugs on hardwood and tile floors. Tape will also keep rugs and carpet from rolling up around the edges. If the rug still shifts, take it up.

- Electrical cords crossing high traffic areas are serious tripping hazards. Put the cord out of traffic

areas if possible or cover it completely with tape. Make sure that you don't have too many cords plugged into an outlet, as this could potentially cause sparks and a fire. If you have to put many plugs into one outlet, get a power strip—a series of monitored outlets that allows you to plug in several electrical plugs and that turns itself off if any of its fuses senses a problem.

- Test all smoke detectors in your house. Many detectors beep when their batteries get low, but test them just in case. Install a smoke detector outside of each sleeping area and at least one smoke detector per floor level of the house. Many house fires are begun by cigarettes, so remind your guests not to smoke in bed and to always properly extinguish their burning tobacco products.

- Make sure that all foods are properly cooked and stored. Meats should be thoroughly cooked all the way through and refrigerated promptly after being served. And dairy products should not be left out of the refrigerator for more than



Little Taylor Carver stays safely buckled up during the holidays—and always—when she rides in the car, no matter how short the drive.

five hours. Many foods, if cooked or stored improperly, will cause abdominal pains, vomiting, diarrhea, and fever and could even cause death.

If you have visitors staying overnight, consider ways to softly light rooms that your guests need to find during the night, like a bathroom or kitchen, or areas that could potentially be dangerous in the dark, like stairs. You'll prevent slips, falls, and broken bones.

Baby-proof your house if you have visitors with small children. Put all breakable items above the child's reach and put plugs or plastic plug covers over outlets. Make sure that all medicines, cleaning materials, poisons, and small objects that might choke a child—like safety pins and buttons—are out of little hands' reach. If you don't want to move things, install locks for cabinets. All cords need to be moved away from areas where a child might pull or chew on it and move furniture that could be pulled over by a toddler trying to pull up on it.

Holidays generally involve traveling. Practice safety on the road by always wearing seatbelts and always properly securing small children in child occupant safety seats. Get plenty of rest before long trips and don't drink and drive.

Some gifts require safety gear to be safe gifts. Be sure to include a bike helmet with a bicycle and a helmet and pads with inline skates. And toys for small children should not have small parts that a child might swallow and choke on.

Now that you have checked over your house, you can enjoy the holiday parties and get-togethers and have a safe, merry holiday season. 🍁

Tips on how to use this article

1. Give the article local endorsement by adding a quote from your EMS director or medical director.
2. Talk to your newspaper editor now about holiday safety articles—he or she will appreciate an article that's already written and backed by local safety experts.
3. Suggest that the schools send the article home with students just before Thanksgiving.
4. Ask churches to include the article in bulletins or as tabletop pickups in the lobby or meeting room.
5. Take the article to the radio station and suggest that announcers and DJs incorporate the tips into their programs.
6. Use any parts of this article and change the article however you choose to make it apply to your community.

U.S. Consumer Product Safety Commission Hotline

The number 1-800-638-2772 is your link to a variety of recorded messages on product recalls, consumer products, and product safety. Callers can report an unsafe product, report a product-related injury, find out about product recalls, learn how to return or repair a recalled product, and order safety publications.

For recorded recall and safety information dial 1-800-638-2772 then push the three-digit numbers shown below after the hotline number answers.

- 211 Toys, including crayons
- 212 Bunkbeds, toddler beds
- 213 Children's furniture
- 214 Clothing, children's apparel
- 215 Outdoor playground equipment
- 216 Bathroom equipment
- 217 Bicycles, exercise equipment
- 218 Disposable lighters
- 219 Decorative and novelty products
- 220 Drug packaging
- 221 Fireworks
- 222 Furniture
- 223 Hardware and power tools
- 224 Home heating and cooling equipment
- 225 Home electrical systems
- 226 Kitchen appliances and equipment
- 227 Heavy and light duty household appliances
- 228 Lawn and garden equipment
- 229 Pest control devices
- 230 Pools, spas, hot tubs, patio equipment
- 231 Smoke detectors, fire extinguishers
- 555 Listing of CPSC publications

Give your left brain some space

By Karen L. Gold

THE CARE AND FEEDING OF EMERGENCY RESPONDERS

Left, right, left, right, left, right . . . The mental marching we as emergency responders do all day, everyday, can be so wearing and wearisome.

Left brain: thinking, processing, analyzing, encoding

Right brain: visualizing, empathizing, gesturing

Left brain: speaking, receiving messages, comprehending

Right brain: posturing, moving in space, writing, calculating

Left brain: coaxing, explaining, reassuring

Ideally, the left brain relaxes when the right brain reacts. The right brain relaxes when the left brain labors. But the percentage of left brain laboring that we rescuers do far exceeds the right brain reacting. So, we tire of dealing with people, relating with people who relentlessly demand our

attention, who persistently tug at our emotions: anger, sadness, frustration, pride, disappointment. Personnel above, beside, and below us. Patients, victims, family, shoppers, storekeepers, drivers, graffiti taggers who deface our community—people deplete

Left, right, left, right, left, right... the mental marching we as emergency responders do all day, everyday, can be so wearing and wearisome.

our reserves of emotional strength.

We emergency responders must know how to revive ourselves. No one else can be depended upon to produce the symbolic smelling salts each and every time they are needed. So, we must acquire an assortment of tools and tactics for dealing with the stress of caring for others.

Among the best tools and tactics are those that allow the creative expression of our bottled-up tensions and feelings, without having to talk or be talked back to.

Green plants, leather, clay, wood, canvas, paints, antique lamps with

We must acquire an assortment of tools and tactics for dealing with the stress of caring for others.

faulty wiring, jigsaw puzzles, model aircraft, rickety furniture in need of refinishing, cake batter, cookie dough . . . These things won't whine, grumble, defy, or dis.

Think about archery, bird-watching, blacksmithing, carpentry, calligra-

phy, line-dancing, inline skating, entomology, fishing, spelunking. Try semi-precious gem hunting and polishing, hiking, kite-flying, metal-detecting, origami, quilting. Study magic, rope tricks, astronomy, astrology, trains, watch repair.

The message here is obvious: you must have an avocation, another way to occupy yourself, in order to assure your health and longevity in your chosen career.

There are, no doubt, dissenters among you who would prefer to risk growing multiple eyes as couch potatoes seated before the TV set. Some of you may find that you are exhausted just thinking about the activities discussed above. In truth, there will be times when even the most vigorous of you will want to veg out. And I encourage you to do just that, but do it with flair and finesse:

- Get yourself a massage—or imagine yourself having one
- Doodle
- Practice deep muscle relaxation
- Daydream
- Watch fish swim in an aquarium
- Stargaze
- Stretch out with your dog or cat for a nap
- Soak in warm salt water
- Rock in a rocking chair in a darkened room

Remember these immortal words? "Music hath charms to soothe the savage breast, To soften rocks, or bend a knotted oak."

Science has proven this prosody from William Congreve (1697) to be true, for music at sixty beats per minute or 4-4 time tranquilizes as psychoactive agents like Tranzene and Valium. Musical balm is instrumental. It is classical, country, easy listening, R&B, and New Age. It is certainly not rap, rock or heavy metal, or even Jim


Post safety tunes. There is not a breast on earth that is soothed by Megadeath, Dio, or the Smashing Pumpkins. Instead, think of Bach, Chopin, Alabama, Kitaro, or Marsalis.

Assuming that my readers are all

There will be times when even the most vigorous of you will want to veg out—but do it with flair and finesse.

adults, I bring to your attention one more obvious recreational method of inducing relaxation: sexual activity. And again, I would gently suggest to you that this, too, when carried out with flair and finesse is most therapeutic. Sorry folks . . . there can be no installment with further information on this most particularly delicate topic. You, your partner, and your collective imaginations are on your own.

So, Emergency Responders, why not march to a new drum beat?

Left, right, pause; left, right, pause; left, right, pause; left, right, pause; left, right, pause . . . 

Karen Gold, PsyD, serves on Texas Department of Health's Texas Critical Incident Stress Management Network and practices in El Paso.

MADD Safe and Sober Workshop

Mothers Against Drunk Driving (MADD) and the National Highway Traffic Safety Administration (NHTSA) will host a Safe and Sober Workshop in Austin on September 6 and 7, 1996.

Session topics will include impaired driving, safety belts, child restraints, ALR, double jeopardy, DUI enforcement, field sobriety testing, reducing alcohol sales to minors, and media advocacy. The workshops will be conducted by MADD and NHTSA representatives and state and local officials.

For more information contact Karen Housewrite, Austin MADD, (512) 445-4975.

Organ and tissue recovery:

*Paramedics blaze a
new trail for EMS
professionals*

By Kathleen Irvin

Kathleen Irvin is a communications specialist in Houston.

IT'S EARLY MORNING AND PARAMEDIC SEAN CONLEY IS ON call. In the midst of a restless sleep, Sean awakes to the sound of his pager. He fumbles for the phone.

The organ procurement coordinator on the line tells Sean about a potential organ and tissue donor fatally injured in a car accident just a few hours ago. The coordinator has received organ and tissue donation consent from the family and asks Sean to come to the hospital immediately.

As Sean searches for a pair of scrubs, questions about the organ and tissue donor occupy his thoughts. Who is waiting locally that will meet the donor's specifications? And will the physician accept the organ for transplantation? Sean tries to visualize the national list of transplant patients waiting for organs, and the face of one particular young man from Houston who needs a heart comes to mind. Could this be the night he receives a transplant? It's a long shot, he thinks, but if their size and blood type match . . .

Sean gets into his car. As if the vehicle has a mind of its own, it leads Sean to the emergency room of the hospital. He takes a deep breath and enters, unaware of the events that will unfold in the next twelve hours.

It is now 2:30 in the morning. As an assistant organ procurement coordinator, Sean's day is just beginning.



Houston paramedics Joseph Sharp and Sean Conley often travel by plane to transport donated organs and tissues as part of their organ procurement work.

Long-time associates Sean Conley and Joseph Sharp loved the challenges of the emergency care profession. But two years ago they stumbled across the field of organ and tissue recovery, and curiosity pressed them to find out more. Now the first emergency care professionals in Texas to become assistant organ procurement coordinators, Conley and Sharp hope to blaze a new career trail for fellow paramedics.

Like most paramedics, Conley and Sharp chose the emergency care field out of a desire to help people. Conley became intrigued with emergency training as a local fire department volunteer and then held his first EMS position with the Houston Fire Department. Subsequently, he spent several years with P&S Ambulance Service in Houston. Sharp, a native of Pasadena, Texas, was just 15 when he began volunteering at a local hospital. Completing his EMS training shortly after high school graduation, Sharp held a variety of EMS positions in Dallas and Houston before he was promoted to supervisor for P&S Ambulance Service. He met Conley there.

Sharp first learned about organ and tissue donation from a coordinator with LifeGift Organ Donation Center, the organ procurement organization serving Houston and Southeast Texas. Sharp was fascinated by the many roles a procurement coordinator plays, from complete donor care to the thrill of finding the right match for a potential transplant recipient on the brink of death.

"As a paramedic, I was already trained for acute situations and taught quick decision-making skills," says Sharp. "I realized my experience could directly apply to organ and tissue recovery."

Sharp wanted to find out more, so he invited a LifeGift educator to talk to his department about the benefits of organ and tissue donation. "I had no

idea donation helped so many people," he says. "A single organ and tissue donor can help more than 85 people live healthier, happier lives."

Conley expressed interest in organ and tissue recovery as well, so the two decided to approach Kimberly Davis, regional director at LifeGift. Skeptical at first, Davis had to be convinced that paramedics could handle the detailed responsibilities of organ procurement. "I've been a nurse for 17 years, and I never knew about the extensive lifesaving training paramedics receive," says Davis. "As I went through each step of the donation process, Sean and Joe explained how their skills were relevant."

Davis adds that once hired, the paramedics' skills continued to impress LifeGift staff. "Organ procurement can be long and tedious," she explains. "The process can last from eight to 20 hours per donor. By hiring Sean and Joe, we sped up the recovery process and divided responsibilities. As donor organs and tissues are removed, the attending assistant coordinator places donor organs with transplant patients, prepares the organs for transplantation and coordinates local and national transportation. This frees the coordinators to counsel the donor family, tend to a new donor, or sleep."

Mentioning organ and tissue recovery to Sharp and Conley invigorates the listener. Their passion for their responsibilities is evident the moment they mention the profession. "My adrenaline flows every time I'm beeped about a potential donor," Sharp says. "Our decisions can still mean life and death for a patient, it's just a different setting."



Sean Conley (left) and Joseph Sharp use their paramedic skills to monitor donor patients prior to surgery.

Conley relates the process with the same enthusiasm. "When a donor referral is made to LifeGift and consent is granted, one of us is called in to coordinate the donor's blood testing for antigen types, AIDS, and other diseases," Conley explains. "We'll then refer to the United Network for Organ Sharing patient list and match donated organs with potential recipients. Once donor organs are matched, each recipient's physician is contacted and asked to accept or reject the organ."

When all of the organs and tissues are placed with recipients, the donations are carefully removed from the body. At this point, timing is critical, says Sharp. "Organs have what is called ischemic time, or the amount of time an organ can stay outside of the body before irreparable harm occurs," he says. "When the donor and recipient are local, organ and tissues are transported quickly by ambulance. But often an organ must be transported to a patient waiting in another state, or a donor organ is offered to a Houston patient from another city."

"Every second counts," Sharp adds. "If we are not prepared for every type of situation we can lose the organ and possibly the life of the patient waiting for it."

Though Conley and Sharp admit organ and tissue recovery is the most exciting part of their job, they emphasize the importance of donor care during the procurement process. "We ensure organs and tissues are properly preserved and stored," says Conley. "Organ and tissue donation is the highest expression of love for mankind, so the donor's body is always treated with respect and dignity."

And the paramedics are sharpening their

development skills. LifeGift appoints each coordinator to several hospitals in Houston and outlying areas. The coordinator is responsible for donor awareness education in each hospital and surrounding community.

"This is a new challenge for me," Conley says. "My service area includes a rural hospital outside Houston where organ and tissue donor awareness is very low. The community and its hospital will need a lot of additional education to dismiss misconceptions about donation." To combat myths and increase donor referrals, Sean hosts donor programs for hospital staff. He also wants to start a community volunteer program to encourage donor awareness in the area.

And Conley has plans for a paramedic donor awareness program. "Organ and tissue referral is new to most emergency care professionals," Conley says. "My hope is not only to increase referrals to LifeGift, but encourage more paramedics to consider the organ and tissue recovery profession."

Sharp also hopes his pursuit of the organ and tissue recovery profession opens new career options for emergency care professionals in Texas. "I've gained a broader appreciation for the medical care field," reflects Sharp. "I enjoy the personal interaction with donor families, similar to my emergency care experience. But now I have more freedom to conduct job responsibilities, such as hospital development, in a creative manner that best suits my talents."

"A career change is always difficult, yet Joe and I are building on the knowledge and skills practiced as paramedics," says Conley. "Sometimes, in the middle of a late night donor referral, we'll joke with each other about going back to the emergency care field. But the privilege of recycling life through organ and tissue transplantation—it's a miracle I'll never get tired of." 🐾

LiftGift assistant organ procurement coordinator Sean Conley searches Houston-area hospital donor records and the national United Network for Organ Sharing to find matches for organ donation.



EMS rule requires disaster plan for Texas license

By Sam Wilson

On June 22, 1995, EMS rule 157.11 (a)(1)(H), which requires providers to have a disaster plan, became effective. The rule states in part that with their licensing documentation providers must "submit a copy of a plan which is coordinated with the local emergency management director or coordinator and which specifically addresses prehospital response to multiple casualty, or catastrophic events."


What is required? In order to be licensed, EMS providers in Texas must submit a copy of a disaster plan to TDH. The rule requires coordination of the plan with the local office of emergency management so that local officials know (a) that the EMS provider has a plan and (b) what the plan is. In other words, everyone knows what is supposed to happen in the event of disaster.

What do we do? Give a copy of your plan to your local office of emergency management and enclose a copy of the plan with your provider license application that you submit to TDH.

What if we don't have a plan? EMS providers must have a disaster plan in order to receive or renew their provider license, and there are several options available to developing a plan.

Ideally, you would form an inter-

agency task force to develop a disaster plan. Several offices can assist in plan development. The Governor's Division of Emergency Management, also called DEM, provides training for plan development. Texas Department of Health has produced a course specifically designed for the development of health and medical disaster plans. For additional information on either of these, contact the TDH EMS program administrator in your area or the TDH Emergency Preparedness Team in Austin at (512) 834-6700.

The Texas Disaster Act of 1975 requires cities and counties to have emergency response and recovery plans, and, ideally, this change in the EMS rules will foster a coordinated effort to develop and maintain appropriate response and recovery plans for emergencies and disasters. In those jurisdictions that already have coordinated disaster plans, this rule change will help those responsible for emergency management gain a better understanding of how the system works, how the individual parts of the process mesh, and what the end result of planning efforts should be. 

Sam Wilson, a paramedic, serves TDH as the Health and Medical Plans Officer in the Bureau of Emergency Management's Emergency Preparedness Team.

TEXAS EMS CERTIFICATIONS AS OF
OCTOBER 19, 1995

ECA	8,394
EMT	26,073
EMT-I	3,436
EMT-P	9,318
TOTAL	47,221
COORDINATOR	397
INSTRUCTOR	1,567
EXAMINER	1,784



Teddy's Travels: Paramedic Ready Teddy logs trips from Austin every month

By Ryan Davis

Since Paramedic Ready Teddy first began working for Texas Department of Health and Texas EMS in September 1990, nearly one million children have heard, read, and colored his EMS awareness and injury prevention messages.

This Ready Teddy trip list includes some recent travels from Austin only. But we would like to report the bear's activities all across the state in each issue of *Texas EMS Magazine*, so let us know what Ready Teddy did in your community and how many children he saw. And be sure to send photos.



Honorary Shrine Circus Ringmaster Paramedic Ready Teddy asked the guy in sequins to tell the 7,000 children and adults about bike helmets and seatbelts.

September

- Stratford EMS** 150 kids
- Austin, Board of Health meeting**
Ready Teddy received his TDH five-year service award
- Eden Fire Department and Ambulance** Fall festival with 100 kids
- Presidio EMS** 500 kids
- Austin, Cub Scouts pack meeting** 60 kids

October

- Presidio EMS** Health fair with 350 kids
- Pearland EMS** Barbecue and craft show with 80 kids
- Westworth Village Fire Department** in Fort Worth Safety Day
- Austin** Preschool class with 25 kids
- Oakwood Fire Department EMS** Fire Prevention Day with 138 kids
- Littlefield EMS** health fair
- Austin** Brownie meeting with 12 kids
- Lake Brownwood VFD/EMS** Halloween Safety Carnival with 800 kids
- Flatonia EMS** 23rd annual Czillispiel for 30,000 children and adults
- Gillespie County EMS, Fredricksburg** Halloween Party for 3,200 kids
- Austin Shrine Circus** honorary ringmaster for 7,000 kids and adults



At a recent health fair at South Plains Mall, Paramedic Ready Teddy helped Lubbock EMS talk to kids about emergencies.

Send articles and pictures about Ready Teddy events in your community to Ryan Davis at Texas Department of Health, Bureau of Emergency Management, 1100 W. 49th Street, Austin, Texas 78756. And that's Ryan with Rainbo on page 5.

6481 if you want to purchase Ready Teddy from Costume Rental and Sales.

Wearing Ready's outfit

When you put on the Paramedic Ready Teddy costume, remember to:

- eat first
- keep cool by using an ice vest and putting water on your face and neck
- drink small amounts of water
- put the bear head on at the last minute, but before anybody sees Ready
- be wary of older kids—they like to kick and pull fur hands
- have a bear handler because it's hard to see in the bear head
- don't speak, but let the handler speak for you
- "be" the bear by using exaggerated motions, acting out the speaker's words
- never, ever answer the question, "Are you a boy bear or a girl bear?"
- men prefer handshakes, women and small children prefer hugs
- take breaks or rotate bear performers if longer than 45 minutes in suit

Borrowing or buying a Ready Teddy costume

Ready Teddy, that lovable bearamedic, is available on loan for EMS and community events in your town. He travels around the state by being shipped and insured for \$500. Your shipping cost to return him to Austin or send him to his next visit if he's really, really busy should only be \$10–\$15. To be safe, try to reserve the suit at least a month ahead of your events. Ready keeps pretty busy teaching kids safety tips on their bikes, in the car and at home. Call Ready Teddy at (512) 834-6700 or at the regional office nearest you listed in every issue of the *Texas EMS Magazine*.

You can also purchase your own Paramedic Ready Teddy suit, as about 50 EMS groups have. Costume Rental and Sales in Taylor gave us the lowest bid in our most recent State purchase of bear suits—approximately \$600 for the head, body, boots, gloves, jacket, and cap. The white shirt is \$60 and an ice vest is about \$250. Call (512) 365-

Good luck, and have fun with it.
We're saving kids' lives. 🐻

Did you read...

By Alana S. Mallard

The Advisory Commission on State Emergency Communications has adopted a new mascot—Ready Fox.

The Advisory Commission on State Emergency Communications has adopted a new mascot—Ready Fox. The Texas 9-1-1 public education animal, unveiled during 9-1-1 Day festivities in Odessa, was developed by California's Urbano Productions over the last year.

Plans include a children's video starring the fox and accompanying educational materials for use in schools. Contact ACSEC's Janet Lea at (512) 305-6929 for more information about using Ready Fox in EMS presentations.

From *The East Texas Transmitter*, October 1995, published by the 9-1-1 Network of Texas, Joanna Oliver, Editor

EMS public education programs are usually aimed at community members. But it pays for EMS professionals to heed some of that same advice: for example, controlling cholesterol levels.

One of the major risk factors for coronary heart disease is cholesterol, which can be controlled through diet, exercise, and medication.

Adults should have their blood cholesterol checked every five years, or more often if needed. And here are some healthy eating tips from a couple of federal agencies: eat a variety of foods, maintain a healthy weight, choose a diet low in fat and one with plenty of vegetables, fruits, and grain products, use sugar, salt, and alcohol in moderation.

Research shows that physically inactive people are at higher risk for coronary heart disease than those who regularly participate in moderate activities. The American College of Sports Medicine suggests choosing one of these exercise options:

1. Accumulate 30 minutes or more of moderately intensive physical activity most days of the week, such as walking stairs, doing yard work, dancing, or planned exercise.

2. Involve large muscle groups in a prolonged, rhythmic exercise for at least 15 minutes three ways a week, with additional benefits gained for exercising 20 minutes four days a week.

From *Healthy 1*, September 1995, a publication of Texas Department of Health, Adult Health Program, Barry Sharp, Editor

Ever wish you could talk your bosses into purchasing a new piece of equipment? Influencing that decisionmaking process just takes planning and doing your homework, says one manager who has been a paramedic for 12 years. Here are Matt Zadavsky's tips for analyzing a proposed equipment changeover and presenting it to someone in the corner office:

1. Can you show a theoretical basis for your proposed change? Does the product solve a particular problem or answer a specific need?

2. Is there solid, human scientific research to support the change? 3. Is the proposed change clinically important? Seek the advice and support of your medical director on any new piece of equipment.

4. Is it practical, teachable, affordable, and safe? Will it save money now or in the long run? It is compatible with other equipment that you will continue to use? What kind of safety record does it have?

5. Who else has used it? Find out how long they've used it and why they chose it. What do they like about it, what do they dislike, and would

Citations used with permission

they purchase it again? Was the service good?

Once you can support the purchase logically, write up your proposal by explaining the current problem, describing the piece of equipment with your analytical data from the questions above, telling why the problem is important to the agency, and showing how you propose to implement the piece of equipment and field test it.

From *Jems*, "How to Influence Purchasing Decisions" by Matt Zavadsky, September 1995

A position paper by the Air Medical Services Committee of the National Association of EMS Physicians outlines these criteria for prehospital air transport of adults without trauma and children:

1. The patient is a candidate for a therapeutic regimen requiring urgent initiation of treatment from onset of symptoms, and air transport is significantly faster than is transport by ground.

2. The patient is critically ill, and transport by land would be hazardous or delayed because of road or traffic conditions.

3. Land transport of this patient would leave a community without prehospital personnel and/or land transport for an inappropriate period of time.

4. The patient requires life support above the level of local ground-based prehospital providers, and additional staffing during transport.

5. A patent airway is difficult to obtain/maintain, and is essential in this patient.

6. The patient shows evidence of circulatory and/or respiratory collapse.

7. The patient is experiencing progressive physiologic deterioration, is unstable, and/or requires measures not available from the ground transport service or the local community hospital.

From *Prehospital and Disaster Medicine*, "Criteria for Prehospital Air Medical Transport: Non-trauma and Pediatric Considerations" by Catherine C. Carruba, Richard C. Hunt, and Nicholas H. Benson, April-June 1995

"Heroin screws you up" is the message of a public service announcement meant to combat the high use of heroin across the U.S.—a use that may begin to put pressure on EMS systems' crews, drug supplies, and disposable equipment.

Couple stabilized high and increasing use of heroin in the Northeast and South with low-cost high-purity heroin available everywhere, and EMS is bound to see drug overdoses. The heroin is so pure that one EMS agency spokesperson said their doses of naloxone, or Narcan, were doubled, tripled, and even quadrupled.

The Drug Abuse Warning Network, which collects information from 500 hospitals nationwide and from medical examiners in large cities, reported nearly twice as many medical emergencies and deaths from heroin in 1993 compared to 1990—a jump from 33,900 events to 63,000. The numbers in Dallas increased from 21 overdoses in 1992 to 55 overdoses in 1993—a 162 percent increase.

And besides increased numbers of emergency events involving heroin, EMS crews may begin to find multiple overdoses at one location. Because of the purity of today's heroin, some users die with the needle in their arms. In that case, EMS personnel should tape the needle and syringe in place, rather than remove it, and remember universal precautions since IV drug use increases the risk of HIV exposure.

Heroin appears to be the drug of choice in the '90s and overdose epidemics will probably become more commonplace.

From *Emergency Medical Services*,

Because of the purity of today's heroin, some users die with the needle in their arms—EMS personnel should tape the needle and syringe in place, rather than remove it, and remember universal precautions since IV drug use increases the risk of HIV exposure.

"Instant Death" by Nancy Perry, September 1995

Texas Department of Transportation supports several public education programs aimed at reducing traffic-related injuries and deaths.

Several videos are available for temporary loan from TxDOT: "Staying Alert and Alive" promotes caution, awareness, and safety to educate all ages about vehicle occupant safety; "Stop and Look with Willie Whistle" teaches kids to pay attention around school zones, school buses, and rail crossings; categories of other traffic safety videos include teen issues, alcohol avoidance, and child safety. A catalogue is available by calling Leslie Hayter at (512) 416-3178.

Vital Signs is a new program that emphasizes the meaning and importance of traffic signs, signals, and lane marking. The joint effort of TxDOT, TDH, DPS, Texas Education Agency, Texas Transportation Institute, and 3M Corporation aims at the 60 percent of drivers who got their licenses 20 or more years ago and who have had no formal driver education. Projects include a brochure from DPS and TxDOT, revisions to the *Texas Driver's Handbook* by DPS, an update in driver education classes by TEA, and a program of senior driver education by TDH. Contact Randall Dillard at (512) 463-8613 for more information.

The Safe & Sober Campaign kicks off a new campaign emphasis each quarter in an effort to reduce alcohol-related fatalities to 43 percent and increase safety belt usage to 75 percent by 1997. The National Highway Traffic Safety Administration says meeting those campaign goals will save the lives of 3,000 Americans and \$1 billion in health care costs each year. To receive Safe & Sober program planners call (512) 416-3176. Planner topics include impaired driving, use of safety belts, child passenger safety, teenage issues, and speeding.

A 5 percent auto insurance discount is available through a 6-hour alcohol and other drug driving awareness program. The Texas Commission on Alcohol and Drug Abuse developed the curriculum and an instructor training program. To find out about programs in your community or to be an instructor call Barbara Davidson at (512) 867-8190

From *Driveline*, Summer 1995, published by Texas Department of Transportation, Carla White, Editor

We're in the midst of Hurricane Roxanne in the Gulf of Mexico as we go to press, and it seems like one hurricane or tropical storm after another. But remember this one for next year: Texas Department of Public Safety has produced a series of public service announcements called "Don't Gamble With a Hurricane." The TV spots feature football coaching great Bum Phillips emphasizing the value of evacuation and family preparedness and Spanish versions are available.

Copies of the tapes and other hurricane awareness materials are available from Texas DPS, Emergency Management, PIO/PSA Project, PO Box 4087, Austin, Texas 78773-0001.

From *Emergency Management Digest*, April-June 1995, published by Texas Department of Public Safety, Jo Schweikhard Moss, Editor

Alcohol is a factor in 36 percent of the fatal motor vehicle crashes in Texas, which in 1994 totaled 2,710 crashes involving alcohol. Across the nation, 28,000 people died in 1980 in alcohol-related highway crashes, according to Beckie Brown, national president of MADD. She says that in 1994 the number was 16,886 deaths in the U.S.

MADD, Mothers Against Drunk Driving, deserves much of the credit for the reduction in deaths from drunk driving. Legislators have enacted

A 5 percent auto insurance discount is available through a 6-hour alcohol and other drug driving awareness program.

tougher laws and people's awareness of the need to drive sober has been heightened.

MADD leaders in Texas have worked unsuccessfully for even tougher laws: sobriety checkpoints, lowering the DWI limit from 0.10 to 0.08 grams of alcohol per 100 milliliters of blood, child endangerment protection from intoxicated parents or guardians, banning open alcoholic beverage containers in a car.

Intoxication manslaughter in Texas carries a maximum penalty of 20 years in prison and a \$10,000 fine.

From Austin *American-Statesman*, June 7, 1995, "Alcohol remains factor in fatalities" by Pamela Ward

The National Institute for Occupational Safety and Health has certified 13 respirators of the type used by hospital and prehospital employees—and the cost of this first batch approved under new testing and certification rules ranges from less than \$1 to \$3.

The new regulation, which became effective July 10, allows for a generation of respirator filters with less leakage, more efficiency, and easier breather. The only respirator that met filtration efficiency performance criteria under the old rules cost approximately \$8.

"The tremendous decrease in cost is welcome news," U.S. Health and Human Services Secretary Donna E. Shalala said. "In a time when regulatory actions are frowned upon, this is an excellent example of how a smart regulation can lead to considerable savings."

The first 13 respirators certified were chosen randomly from the submissions received before the July 7, 1995, deadline. NIOSH will test 120 respirators currently awaiting approval, and expects additional certifications soon.

From "NIOSH Change Will Save Health Care Industry Millions", released August 25, 1995, Julie Tisdale, (202) 260-9727

Because influenza leads to more serious illnesses such as primary influenza pneumonia or secondary bacterial pneumonia, members of certain high-risk groups and their close contacts should be vaccinated beginning in September. Vaccine should be offered to children and adults up to and even after influenza virus activity is documented in a community, and it can be administered at the same time as other immunizations. Children nine and younger, who have not previously received the vaccine, should receive two doses of vaccine one month apart, and the second dose should be given before December, if possible.

Members of these groups should be targeted:

- People 65 years of age or older
- Residents of nursing homes
- Adults and children with chronic pulmonary or cardiovascular disorders
- Adults and children who required regular medical follow-up or hospitalization the preceding year because of chronic metabolic diseases, renal dysfunction, hemoglobinopathies, or immunosuppression
- Children and teenagers (6 months to 18 years) who receive long-term aspirin therapy
- Physicians, nurses, and other personnel in hospital, prehospital, and outpatient settings
- Employees of nursing homes and chronic-care facilities
- Providers of home care to persons at high risk
- Household members, including children, of people in high-risk groups

Influenza vaccine is considered safe for pregnant women, and recent studies suggest that women in the third trimester of pregnancy and early puerperium might be at increased risk of serious complications from influenza.

From *Disease Prevention News*, "Recommendations of the Advisory Committee on Immunization Practices" by Lynne Sehulster, September 18, 1995, a publication of Texas Department of Health

Intoxication manslaughter in Texas carries a maximum penalty of 20 years in prison and a \$10,000 fine.

Comfortable fit: *Bavousett finds 18-year niche in EMS*

Radio announcer, minister, paramedic, policeman: which one doesn't fit Region 1's Terry Bavousett? Since college, he's worn all those hats and more. But for the last 18 years, Bavousett has worked for TDH, first as a field representative and now as an EMS program administrator responsible for 41 Panhandle and South Plains counties. Bavousett says that he plans to keep his current hat on for a while, due in part to the pride he feels for his region's EMS.



"One part of our region, the Amarillo area, that has an EMS system that has long been recognized for being one of the best in the nation," Bavousett says.

"And the Lubbock area has the first trauma Regional Advisory Council to be recognized and the first Level I Trauma Center in the state."

"So I have two distinct areas and both have outstanding EMS systems with aggressive protocols that allow people to receive the best prehospital care anywhere."

The Lubbock native began a career in radio while studying for a degree in Bible at Lubbock Christian College. When he graduated, he stepped into a job as news director at KCAS in Slaton, where he covered the 1976 presidential campaign. That year Bavousett enrolled in an EMT course and became one of the six people to start Slaton's EMS.

"We graduated one evening and we were called to the police department about midnight. The police chief gave us our pagers and EMS jackets," Bavousett says. "While we were

standing around admiring our new ambulance, our first call came in. So it was a kind of baptism by fire."

While an EMT, Bavousett took an interest in police work and wore a badge for two years after he completed law enforcement training. The next year, TDH lured him back to EMS, the hat he most enjoys wearing.

"The vast majority of EMS people I work with are modern-day Good Samaritans. They are volunteers who answer calls in the middle of the night without compensation. All EMS people are very caring, special people," Bavousett says. "Working with them makes my job worthwhile and enjoyable."

For the past several years, he has been able to wear a couple of hats at Texas EMS Conference by putting to use his experience as a radio announcer. Bavousett supplies the booming voice behind the curtain during the general sessions and other workshops in the theater. This year, he will be in front of the curtain as he plays ringmaster at the opening session, *Circus Clowns Come to Town: Working Together to Prevent Pediatric Trauma*.

"Being a ringmaster in front of the audience will be a new experience for me, but after spending time in law enforcement and on an ambulance, I'm ready for almost anything," Bavousett says.

Bavousett lives in Canyon with his wife, Maribeth, and 16-year-old son James. He serves as vice president of the board of directors for Camp Blue Haven, a youth camp in New Mexico. During his two-week annual stay, he trains camp counselors in CPR and first aid. 🚑

Acosta, Daniel Jr, El Paso, Texas. Probation of EMT certification through March 14, 1996. EMS rules 157.44 (b)(1) and (2), and 157.53, felony conviction.

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.

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.

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.

Doolittle, Charles M., North Richland Hill, Texas. Decertification of EMT-Paramedic certification. EMS rule 157.51 (2)(V)(B)(C) and (Y), violation of any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

Frankie, Bonnie N., Riverside, Texas. Decertification of EMT-Intermediate certification. EMS rule 157.51 (2)(R) and (V), obtaining any benefit to which not otherwise entitled by duress, coercion, fraud, or misrepresentation while in the course and scope of duties as an EMS certificant.

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

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.

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

Moore, Douglas Scott, Gilmer, Texas. Agreed to probation of EMT certification for 18 months, if and when certified. Article 6252-13c, Section 4, eligibility of persons with misdemeanor convictions.

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.

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.

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.

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.

• **Weinheimer, Rex Joseph**, Stonewall, Texas. Four years probation of Emergency Care Attendant certification through September 30, 1999. EMS rule 157.44(b)(1) and (c), and 157.53, misdemeanor convictions.

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.

1996 Safety Observance Periods

Supported by National Safety Council, 1121 Spring Lake Drive, Itasca, Illinois 60143-3201, (708) 775-2307

National Child Passenger Safety Awareness Week
February 11-17

National Highway Traffic Safety Administration
Lori Millen
(202) 366-6616

National Poison Prevention Week
March 17-23

Poison Prevention Week Council
(310) 504-0580, ext. 1184

National Bike Month
May

League of American Wheelmen
Bonnie McClun
(401) 539-3399

Buckle Up America Week
May 20-27

National Safety Council
Carole Guzetta
(202) 293-2270

Safe Kids Week
May 4-11
(202) 884-4993

National Safe Boating Campaign
May 18-24

U.S. Coast Guard
Jo Calkin
(800) 368-5647

National Safety Week
June 28

American Society of Safety Engineers
Char Haguewood
(708) 692-4121, ext. 218

Safe America Month
June (ends July 4)

National Safety Council
(708) 775-2307

National Farm Safety Week
September 15-21

National Safety Council
Michael Taylor
(708) 775-2304

National Fire Prevention Week
October 6-12

National Fire Protection Association
(800) 344-3555

National School Bus Safety Week
October 20-26

National School Bus Transportation Association
(703) 644-0700

National Drunk and Drugged Driving Awareness Month
December

National Safety Council
Laura Wilkinson
(202) 293-2270, ext. 945

Paramedic Ready Teddy says ACCIDENTS DON'T JUST HAPPEN



It's the T-shirt you need for the point you want to make: it takes all of us to prevent injuries. Order yours now for \$8—only \$6.50 if you order 10 or more.

Name _____

Street Address _____

City, State, Zip _____

- (CS) Child Small
- (CM) Child Medium
- (CL) Child Large
- (AM) Adult Medium
- (AL) Adult Large
- (AX) Adult Extra Large

Sizes	Quantity	Sub-total
		\$
		\$
		\$

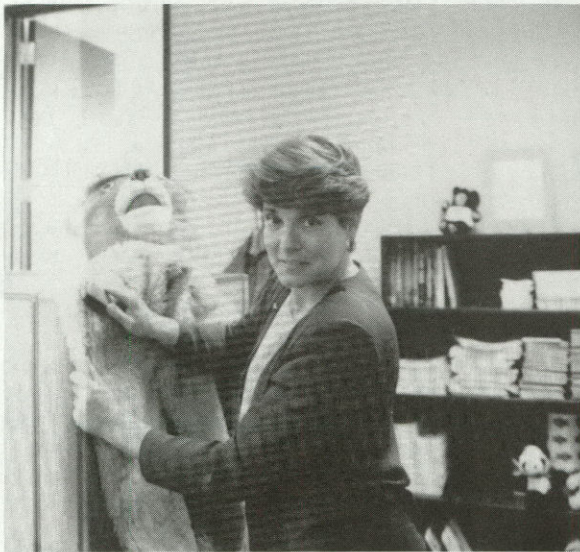
T-shirts are Beefy-T,
100 percent cotton.

Total	\$
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Make checks to: Texas Health Foundation
Mail to: EMS T-shirts
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Austin, Texas 78714-2694

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EMS and PI&E: injury prevention, EMS awareness, community involvement



ALANA S. MALLARD,
EDITOR
TEXAS EMS MAGAZINE

One of the trends I've watched with interest over the last decade is the movement of more and more EMS organizations into the important area of public information and education.

For several years the Texas Press Association has sent the health department EMS clippings from weekly newspapers, and that way we keep up with your EMS Week activities, medics of the year awards, volunteer appreciation ceremonies, school and community presentations, blood pressure checks, CPR Sundays, bike safety clinics, 9-1-1 programs, fire safety education, what to expect when EMS arrives, how to know an emergency, poison prevention, yielding to emergency vehicles, and even some regularly-occurring columns written by EMS medics and bears.

The list of safety observances on page 52 can help you plan injury prevention presentations for 1996, and you can order planning packets for each topic. You can also order information on these safety issues and many more from the Bureau of Emergency Management by contacting Penny Workman at (512) 834-6700.

This is my last issue as editor of *Texas EMS Magazine*. I'm joining TDH's office of communications and marketing as assistant director. If I can ever help you just give me a call at (512) 458-7400. 🐻

Calendar

Meetings

November 19, 1995. **Texas EMS Conference '95 Golf Tournament.** The Golf Club at Fossil Creek. Contact Derek Peters at 817/927-4455.

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

December 2, 1995. **CPR-Healthcare Provider.** \$20. San Antonio College, Continuing Education. Contact Wynn Gordy at 210/733-2643 for information.

December 2-3, 1995. **National Registry EMT-Intermediate and Paramedic examination.** Written and practical examination held at Vernon Regional Junior College. Wichita Falls, TX. Contact Gene Rudnicki 817/696-8752.

December 8-10, 1995. **BTLS classes.** \$45. San Antonio College, Continuing Education. Contact Wynn Gordy at 210/733-2643 for information.

December 9-16, 1995. **CPR Instructor.** San Antonio College, Continuing Education. Contact Wynn Gordy at 210/733-2643 for information.

January 6-7, 1996. **Texas Association of Fire Educators Mini Conference.** Sign up for NFA courses; Leadership II, Instructional Techniques, (NEW) Incident Safety Officer. Contact David Gabaree at 817/547-2091.

January 7-12, 1996. **Texas Association of Fire Educators Conference.** Contact David Gabaree at 817/547-2091.

March 13-16, 1996. **EMS Today.** Albuquerque. Jems at 1-800-266-5367.

Jobs

Paramedic: \$30,000-\$40,000/yr. Paid vacation and insurance. Contact: Deanna, Trans Star EMS, PO Box 1238, Silsbee, TX 77656 or 409/385-7439.+

Paramedic/Firefighter: Kerrville. \$1,911/mo. City pays 80% of family health insurance. Must be Texas-certified firefighter and EMT-P. Apply or

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.

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

send resume to: City of Kerrville, Personnel Dept., 800 Junction Hwy, Kerrville, TX 78028. 210/257-8000 or fax 210/792-3850.+

Paramedic/EMT Instructor: Position available with University of Texas Southwestern Medical Center. Two full-time openings for EMS instructors. Paramedic certification and experience required. RN or PA certification and two years clinical or EMS experience is required. Resume: Debra Cason or Lynn Carpenter, 5323 Harry Hines Blvd., Dallas, TX 75235-8890. 214/648-3131.+

EMS Personnel: Rapidly expanding Harris County EMS organization. Trans Vital Ambulance, 11300 South Post Oak, Suite 204, Houston, TX or contact Pat Burford at 713/721-8882.+

EMTs: City of Austin, emergency medical services department is seeking experienced EMTs interested in employment with a busy city/county 9-1-1 EMS operation. (56,600 calls last year). For job information and confidential consideration, contact Ms. Jane Lingo at 512/469-2055.+

Paramedic: Full-time position to work with volunteer organization, serving Cottle County. Retirement benefits provided. 1 to 2 years experience preferred. Must have good references. Send resume to PO Box 729, Paducah, TX 79248

or call 806/492-3613.+

EMT: Full-time position available for local MICU level EMS/transfer provider. Kermit Memorial Hospital Critical Care Transport. Call Mike Dorris 915/586-6864.

EMT-Is and EMT-Ps: County municipal EMS provider. 48/48 shift, good benefits. Contact Zelda Martinez with Goliad County EMS 512/645-8191.*

Paramedics: EMS serving Marble Falls area 9-1-1 calls. Two openings beginning December 1. Must be currently certified Texas EMT-P, ACLS, EVOC. Competitive wages and benefits. Send resume to Marble Falls Area EMS, Inc., PO Box 296, Marble Falls, TX 78654. No phone inquiries, please.*

Paramedic: Full-time position. Requires TDH certified paramedic possible with ACLS, BTLS and good driving record. For more information or application call 512/547-3995.*

Assistant Director: Massachusetts has an assistant director vacancy. Salary range \$35,000 - \$43,900. Seeking someone with background in personnel management in an EMS or other health care setting with program quality improvement skills and fiscal coordination. Alice Cataldo, Office Mgr. or Louise Goyette, Dir. of EMS at 617/727-8338.*

Medical Control Officer: Metrocrest Medical Services offices in Hunt Co./Greenville, Bryan/College Station, and Houston area. Four years exp. as paramedic in ALS system, instructor or examiner certification, one year EMS mgmt. David Phillips 214/484-1158.*

Emergency Vehicle Operator Training Courses and EMS Continuing Education Courses

The Texas Engineering Extension Service (TEEX), Texas A&M University System, is accepting applications for FY96 Emergency Vehicle Operator Training Courses and EMS continuing education courses. Funds target rural EMS organizations without adequate resources to provide training for ambulance and first responder personnel.

Application deadline is December 15, 1995; successful applicants will be notified by January 15, 1996.

To receive application details, call Aspen E. Smith at (409) 845-6391 or write TEEX Law Enforcement and Security Training Division, Texas A&M University System, College Station, Texas 77843-8000. Grant funding provided by the Texas Department of Transportation.

Calendar

Field Training Officer: Metrocrest Medical Services offices in North Central Texas, Bryan/College Station, and Houston area. Four years exp. as paramedic in ALS system, instructor or Examiner certification, and one year EMS instruction. David Phillips 214/484-1158.*

Employment Wanted: 16-year veteran NREMT-P, TDH eligible, BCLS/ACLS instructor, PHTLS instructor/coordinator, field and administrative experience, relocating to Dallas area for spouse's employment, seeking opportunities in Dallas surrounding communities, resume available. Call 504/725-1512 or write Al Johnson, 211 Villere Drive, Destrehan, LA 70047.*

For Sale

For Sale: Kenwood TK200 FM, handheld, 2-way radio, 5 watt, 6 channel, 2 batteries, belt, cases and charger and Regency microcom 24 FM (automount) 2-way radio, 4-channel complete with brackets, antenna, microphone and wires. \$300. Regency K100 10-channel touch scanner AM/FM with 2 search modes. \$150. 6-10pm 713/376-2626.+

For Sale: LifePak 10P w/battery charger, \$6,800. LifePak 5, 3-lead w/battery charger, \$2,400. HBA International supplies preowned equipment to services that do not have the funds to purchase new equipment. 1-800-466-0834.+

For Sale: 2 aluminum D cylinders, \$50 each; 2 aluminum E cylinders, \$60 each, full of oxygen. 1 Rescue Annie with

case, \$500. All like new, used for demo only. 817/726-3510 or 817/665-6706.*

For Sale: Pro-Tuff uniform EMT pants, Flying Cross dress shirts, Hi-Tec Magnum service boots and TDHEMS patches at bargain prices. Call West Uniforms at 1-800-575-0384 for catalog/prices.*

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 Nueteq 800 MHz mobiles, and 4 King 800 MHz mobiles. Willing to trade for VHF high band handhelds and mobiles. Call 512/241-3393.*

Announcements

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?

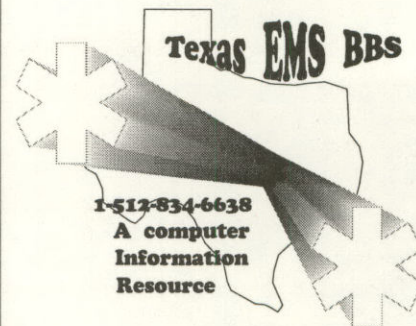


Moving? Let us know your new address—the post office does not forward this magazine to your new address. Use the subscription form in the magazine to change your address and mark the change of address box or write to us. We don't want you to miss an issue!

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.

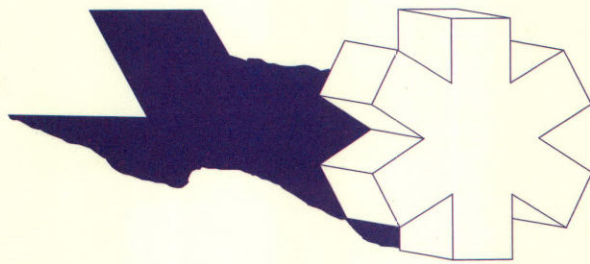
For circulation and ad information contact Jan Brizendine at 512/834-6700 or *Texas EMS Magazine*, 1100 West 49th, Austin, Texas 78756-3199.



- **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.

Make plans now to attend Texas EMS
Conference '96 next year in Fort Worth,
November 24-27. More of the best faculty,
food, exhibitors, and networking in the nation.



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