

Texas EMS

M a g a z i n e

Register

for Texas EMS
Conference '96
by November 1 to
save time and
money



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Five years later: How Killeen
changed EMS in Texas. Page 26

Serving Texas Emergency Care Professionals

Texas Department of Health

September/October 1996

Fees Revisited: The process gets overhauled (again) September 1. Page 7
EHCAC meeting moved to September 27. Page 9

Order these free materials for your community education programs.

Mail or Fax order form to:

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

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. English-(4-61), Spanish-(4-61A)
_____	"When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure. A foldout first aid guide, 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 1970s title with a 1990s text, it has public health region office info and "for more information call" box. Explains BLS and ALS, 1989. (EMS-012)
_____	"I'm an EMS Friend" sticker. Ready Teddy in a 2-½ inch 2-color sticker.
_____	Send information on borrowing the Ready Teddy EMS Mascot suit , available from Austin or the regional offices. Kids love him! And they learn to stay safe.
_____	Send a sample of all public information and education materials—a PIE pack .



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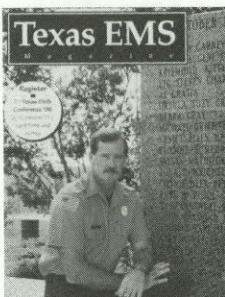
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Injury Prevention

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ABOUT THE COVER:
Firefighter/paramedic Robert Kelley, standing next to the monument erected in honor of the Luby's victims, triaged victims inside Luby's the day of the shootings. Photo by Kelly Harrell



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

September/October 1996

Vol. 17 No. 5

A bimonthly publication of

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

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

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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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New fee process changes will speed up certificates

You will soon see some changes in our application process for personnel certification. These changes are necessary for a couple of reasons. One is to ensure that the Bureau of Emergency Management is in compliance with published rules. The second is to improve our customer service.

Probably the single most visible change will be that applicants submit all documents prior to taking the state certification examination. In the past, we have permitted individuals to take the exam before documents were examined for completeness. With more than 47,000 people currently certified in Texas, you can imagine what a paperwork nightmare this caused.

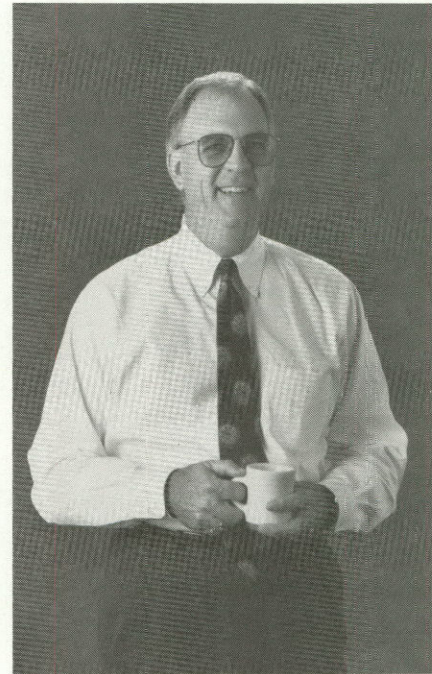
As an individual certificant, you should notice an improvement in the time it takes you to get your certificate. According to state law, we are required to notify you of your examination results 30 days after you test. Regional offices are currently grading exams, which allows them to provide your grade much faster than the required 30-day period. However, getting the certificate out is another matter.

Recently the Regional EMS Program Administrators met with staff from the EMS Standards Team to work on improving this process. That work will continue over the next few months. You can read about some of the early improvements now in place on page 7 of this issue. I would urge you to let us know of any concerns or comments you have as we work to

improve our customer service.

On a lighter note, I wanted to call your attention to another member of our staff. He is known as Conference Man, and you can see his picture on page 17. It's Conference Man's job to keep you advised on issues involving our annual conference. We are excited to have him, as he knows the answer to any question you may have about the conference. He will be in Fort Worth this year to provide directions and answers. The idea of Conference Man came to Kelly Harrell as she was running along the hike and bike trail in Austin one afternoon when the heat index was about 105 degrees. Who says there aren't some benefits to our hot Texas summers?

Speaking of the conference, we are listening to the requests we received on your conference evaluations. In 1997, we will move the conference to the new convention center in Austin. We are excited about coming back to Austin, as we will be able to introduce many new features to our conference. As we leave Fort Worth, we want to thank them for all their hospitality during the last four years. The entire city of Fort Worth was supportive of our conference. And who knows? We may return in a few years. 🐾



Gene Weatherall, Chief of the Bureau of Emergency Management

Letters

Dear Editor: The article "Doing the Right Thing" (May/June 1996) should be required reading for all EMT courses. It is well-written, provocative, and relevant.

The percentage of retired residents in this country is growing and often ignored by the EMS community. Rather than focusing on training for handling the confused geriatric patient, most EMS providers allow their crews to learn through the discovery approach. The results or conclusions may not always be correct.

I have seen some extreme examples of how elderly patients have been handled, from tying down patients merely at the insistence of family members to crew members who were anxious to go off and leave a patient without attempting to determine competence.

A major reason for the confusion is that there is not always a consensus among EMS personnel, family and friends over what makes a person incompetent to make an informed refusal of treatment. I have seen younger family members attempt to hospitalize a parent against her will for paying too much for home repairs. They did not seem aware that bad spending decisions are made by young and old alike and alone are not grounds for hospitalization.

Several years ago I responded to a residence to take care of an elderly gentleman. During the interview, he was able to provide dates for all his past surgeries and could answer any question with great detail. He was clean, articulate, very much in control, and did not want to go to the hospital. His family insisted that he was confused. An individual such as myself, who has trouble remembering his wife's date of birth after 18 years of marriage, has little enthusiasm for attempting to persuade him to go to the hospital.

Admittedly, assessing the competence of your patient can be a very subjective process. Everyone should "do the right thing" by taking the time to do a thorough assessment.

Sincerely,

Jim Becka, MEd, EMT-P, EMSC/IE

Clarification

Our apologies. In our effort to get to press on time last month, we inadvertently left out the names of some crucial volunteers from the regions during the Olympic Torch Run. Our hats off to:

Region 2/3

Mike Hudson, Logistics/navigation

Region 4/5

Jim Arnold, Logistics/navigation

Chris Carver, Driver

Region 6

Kevin Veal, Logistics/navigation

Scott Reichel, Logistics/navigation

Region 7

Rod Dennison, Logistics/navigation

Mike Foegelle, Logistics/navigation

Let us hear from you!

Remember to send us your EMS Week Report in the handy, postage-paid envelope. Or mail to *Texas EMS Magazine*, 1100 W. 49th, Austin, Texas 78759-3199, or fax it to (512) 834-6736.

Texas EMS Magazine
Texas Department of Health
1100 West 49th Street
Austin TX 78756-3199

By Phil Lockwood

Fees Revisited

The way you submit applications changes September 1

Question: *How can TDH get the EMS certificate and/or exam results into the candidate's hands, as quickly as possible after testing, while continuing to be efficient with the existing resources?*

That's the dilemma this bureau has been struggling with for years. It seems simple, but you'd be amazed at how complicated it can be. Although it was mostly because of candidate volume and a genuine desire to be customer-friendly, it appears we have made the application process as confusing for applicants as it is inefficient for us.

Customer Friendly . . .

In pursuit of customer friendliness, we began allowing candidates to submit applications to Austin early, by mail, at the test site with the fee, at the test site without the fee (payment to be paid afterwards by mail with a coupon), to the regional office early (with or without a fee), or any combination of the above if you sign a statement at the test site promising that you've already submitted everything required. (Whew!) Candidates' paperwork was often arriving in Austin incomplete and in stages.

. . . To Customer-Friendly

Finally, we realized we had created a monster. We had succeeded in providing each candidate with choice/information overload. Over the last few months, confused EMS candidates have just about worn out the bells in our phones. Try as we may, we seem to have dropped the 'r' from the word friendly.

If It's Broken . . .

With so many places and ways to submit the application and fees, it seemed just about everyone became confused at times. Candidates who were once told to send their payment by mail with a coupon were now being told that TDH fiscal office processing would slow down the application process. Some regions accepted the fee and some did not. Test proctors couldn't be sure each candidate had submitted all documents for certification when they tested—even if the candidate signed a statement making that claim. As candidates' partial paperwork and fees trickled in from the various routes, central office staff would send deficiency notices, just to find the lacking item would arrive a few days later by mail. Of course, when the candidate received the notice, we'd get a call saying, "I've already sent that . . ." Often, the candidate would never submit all the required items, and their file would lie dormant in our cabinets indefinitely. Clearly, this process of working a file three or four times, plus answering a phone inquiry before ever grading the exam (if grading it at all), was not efficient.

All this boils down to three major problems: 1) many candidates are not sure how, when or where to submit fees, applications (Continued on page 52)

What does all this mean to you?

The Bottom Line for EMS Applicants

1. Submit **all** application documents and fees to the appropriate TDH regional EMS office. (In initial courses, this can be done early through your course coordinator if you like. If application and fees are sent early, the course completion document may be submitted at the test site.)
2. If the regional EMS personnel do not have all documents and fees required for your certification, they will not allow you to sit for the exam. **NO WAIVERS WILL BE ACCEPTED.**
3. This process is mandatory beginning September 1, 1996.



News briefs

A compilation of news from around the state and nation

Fire chiefs, fire fighters oppose NAFTA trucking provisions

As representatives of first responders to highway emergencies, the International Association of Fire Chiefs (IAFC) and the International Association of Fire Fighters (IAFF) have praised the federal government's recent decision to delay further opening of southern borders to unsafe Mexican trucks.

Leaders of the IAFC and IAFF will be offering their assistance to the Department of Transportation to find a safe solution to provisions of the North American Free Trade Agreement that opens up international commercial truck and rail shipments between the U.S. and Mexico. The groups believe the trucks pose a threat to the public, and cite a recent study in which only 122 out of 835 Mexican trucks entering Texas with hazardous cargo carried signs or placards. Of these signs, more than half were wrong. Mexican trucks are on average three times older than American trucks, up to twice as heavy, and are not required to have front brakes.

For information, contact Doug Brown at the IAFC at (703) 273-9815, ext. 309.

Free kit gives ideas for baby safety shower

The U.S. Consumer Safety Product Commission has put a new twist on a old theme. CSPC is promoting

baby showers—Baby Safety Showers. The Baby Safety Shower features games and gifts with safety themes, and a special baby safety checklist. Guests have fun, and leave the party with new ideas about keeping babies safe at home. CSPC, in conjunction with Gerber Products Company, has developed a Baby Safety Shower How-to Kit. Included in the kit:

- Planning information on everything from choosing your site to developing a festive baby shower with safety games and food
- The Baby Safety Checklist, which highlights items in the home that could be a hazard to babies
- Games, like Safety Bingo, that teach guests safety tips
- A sample invitation, press release, public service announcement and other safety material—all reproducible and free—to use in putting your shower together

For a single free copy, write Baby Safety Shower How-to Kit, Item # 207, U.S. Consumer Product Safety Commission, Washington, DC, 20207, or call Jesus Chairez at (214) 827-6239. Items from CSPC are available via the internet at: <http://ericps.edu.uiuc.edu/nccic/nccihome.html>

National Council of State EMS Training Coordinators hold September conference

The National Council of State EMS Training Coordinators will meet September 8-12 in San Antonio. Organizers expect representatives from each of

the 50 states' EMS offices. For more information, call Kevin Henson at (505) 293-9417.

NHTSA offers recall info on two ambulance units

The National Highway Traffic Safety Administration offers information on their Auto Safety Administration's Auto Safety Hotline at (800) 424-9393. Two ambulance units have been listed in the last year. For more information, call the hotline or the manufacturer.

Warrick Industries, Inc.

Model(s): McCoy Miller Ambulance

Year(s): 1992-1994

No. of Vehicle(s): 192

Recall No.: 95V112000

Manufacturing Dates:

July 1991-July 1994

System: Electrical. Vehicle description: Ambulances. Description of defect: The fluorescent light circuit diode, located under the driver's seat, can overheat. Consequence of defect: This diode can become hot enough to ignite surrounding material resulting in a possible vehicle fire. Corrective action: Dealers will replace this diode with a solenoid that will electrically disconnect the wire instead of preventing back-feeding with a diode. Note: Owners who take their vehicles to an authorized dealer on an agreed-upon service date and do not receive the free remedy within a reasonable time, should contact McCoy Miller at (219) 264-7511.

Wheeled Coach Industries

Model(s): Wheeled Coach

Ambulance Year(s): 1994-1995

No. of Vehicle(s): 79

Recall No.: 95V219000

System: Structure; door assembly.

Vehicle description: ambulances. Description of defect: the ambulances were built with L-shaped entry door

assist rails. The rails are located such that when used with an open hand, the fingers can be caught in the door while closing. Consequence of defect: personal injury can occur when the door is closed on the fingers. Corrective action: Ambulance operators will be provided with guards and installation instructions, or if the operator prefers, Wheeled Coach will install the guards for them. Note: If replacement guards have not been provided free of charge within a reasonable time or the operator prefers to have Wheeled Coach install the guards, please contact Wheeled Coach at (800) 342-0720.

Fun on the web

Looking for some fun or informational web sites? Check out the following sites. Send your favorite web sites to: kharrell@ems.tdh.state.tx.us

National Highway Traffic Safety Administration EMS Home Page

Publications and other information, plus National Standard Curriculum

<http://www.nhtsa.dot.gov/nts/ems.htm>

CRASH—Citizens for Reliable and Safe Highways

<http://www.truck safety.org>

Texas Department of Health Home Page (EMS still under construction)

<http://www.tdh.state.tx.us>

EHCAC Meeting date changed to September 27

The September meeting of the Emergency Health Care Advisory Committee has been changed to September 27. Call Debby Hilliard at (512) 834-6700 for information on committee meetings and times.



Texas EMS Conference '96
November 24-27, 1996

Texas EMS Conference '96

The 11th Annual Texas EMS Conference and Exhibit Show

November 24-27, 1996

Fort Worth-Tarrant County Convention Center, Fort Worth, Texas

- Want to hear from leaders in EMS?
- Looking for top-quality education?
- Want to see the latest in technology and patient care?

Texas EMS Conference once again is coming to the Fort Worth/Tarrant County Convention Center. From November 24 through November 27, you will have your pick of quality clinical and administrative workshops, the opportunity to comparison-shop equipment and teaching materials, and plenty of time to share experiences with your counterparts from across

Texas and the U.S.

Quality education in luxurious surroundings at a reasonable cost has been the mission of Texas EMS Conference for 11 years. Again this year we'll give you the best educators, teaching the courses you need. The convention center and our four hotels will offer outstanding Fort Worth hospitality and service at special conference rates. And

EXHIBITORS	T E X A S E M S C O N F E R E N C E ' 9 6	
	EXHIBITOR REGISTRATION FORM	
	Call Jan Brizendine at (512) 834-6748 for exhibitor details	
	Firm Name _____	
	Names of _____	
	Representatives _____ <i>(Two representatives per exhibit space are included in registration fee. Additional representatives are welcome and will be charged \$50 for exhibit hall only)</i>	
	Address _____	
	City _____ State _____ Zip _____	Make check to: Texas Health Foundation Mail to: Exhibitor Texas EMS Conference PO Box 142694 Austin, Texas 78714-2694
	Type of business/products _____	(1) 10X10 booth \$475 \$575 after 11/1/96 (2) 10X10 booths \$900 (1) 20X20 vehicle booth \$550 \$650 after 11/1/96 (2) 20X20 vehicle booths \$1,000
	Phone _____ Fax _____ <small>Area Code Area Code</small>	no refund after 11/15/96 (payment should be received by 11/1/96 or should be brought to the conference)
Number of booths: 10X10 regular booths _____	Date _____	
20X20 vehicle booths _____	Enclosed \$ _____	

<u>Exhibit set-up times</u>		<u>Exhibit Show Opens</u>	<u>Exhibit Show Closes</u>
Vehicles	Regular booths	Sunday 2:00pm to 6:00pm	Tuesday 5:00pm
Sunday 7:30am to 9:00am	Sunday 9:00am to 12:30pm	(Welcome Reception in the Exhibit Hall)	

the conference registration fee makes Texas EMS Conference the best bargain in the nation for CE, allowing conference registrants to earn up to 15 hours of continuing education. The registration fee includes two lunches, three continental breakfasts, and snack breaks.


Make your reservations soon at one of the conference's four hotels. The Worthington, a five-star hotel seven blocks from the convention center, offers a \$65 rate for one person and a \$70 rate for two people, with a \$6 per day charge for parking. To make reservations, call (800) 433-5677.

The Radisson Plaza offers a \$55 rate for one or two people with a \$6 per day parking charge, and is located across from the convention center. Call (817) 870-2100 for reservations.

The Ramada Hotel, one block from the convention center, offers a \$55 rate for up to four people with no charge for parking. Call (817) 335-7000 for reservations.

The Holiday Inn Central, about two miles from the downtown convention center, has a \$45 rate for one to four people with no charge for parking. Call (817) 534-4801 for reservations.

Reserve your hotel room, send in your registration fee with the coupon below, and then come to Fort Worth prepared to see your favorite educators: Scott Bolleter, Don Gibson, Mark Hinson, Neil Coker, Karen Yates, Joseph Coppola, and Doug Key. And as always, we'll have some new folks who will become some of your favorites. And while you're in Fort Worth, don't forget our traditional Tuesday night EMS party. Plan on some Fort Worth boot-scootin' in the cowboy capital of the Southwest.

Use these coupons to register now at the special conference rate for 1996. Call (512) 834-6700 for information about the conference. 

Sponsored by
Texas Department of
Health and Texas Health
Foundation

Remember:
Preconference
classes must be
postmarked by
October 15.

T E X A S E M S C O N F E R E N C E '96

REGISTRATION FORM

Call Penny Workman at (512) 834-6700 for registration details



Texas EMS Conference '96
November 24-27, 1996

Only \$75
\$90 at the door

(payment will not be accepted by mail after 11/1/96—registration fee should be brought to the conference)

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

Pre-conference
workshop total \$ _____

Conference
registration \$ _____
\$75, \$90 after 11/1/96
(do not mail after 11/1/96)

Total
enclosed \$ _____
(no refund after 11/15/96)

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Name _____

Address _____ Phone _____
Area Code

City _____ State _____ Zip _____

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

Do you make purchasing decisions for your firm? _____

Do you subscribe to *Texas EMS Magazine*? _____

Pre-conference workshop information

Workshop
name: _____

See list of pre-conference
classes, dates and registration
fees

Pre-conference
Workshop Fee \$ _____



Texas EMS Conference '96
November 24-27, 1996

Texas EMS Conference '96

November 24-27, 1996

Fort Worth-Tarrant County Convention Center
Fort Worth, Texas

The 11th Annual
Texas EMS Conference and Exhibit Show

Sunday, November 24, 1996

12:00 p.m. - 6:00 p.m. Registration in the Convention Center
2:00 p.m. - 6:00 p.m. **Exhibit Show Opens**—Welcome Reception in Exhibit Hall

Monday, November 25, 1996

7:00 a.m. - 5:00 p.m. Registration at the Convention Center
8:15 a.m. - 9:30 a.m. Opening Session—Joseph Coppola, MD
9:45 a.m. - 10:45 a.m. Workshop Breakouts
10:00 a.m. - 6:00 p.m. **Exhibit Hall Open**
11:00 a.m. - 12:00 p.m. Workshop Breakouts
12:00 p.m. - 2:00 p.m. Lunch in the Exhibit Hall
2:00 p.m. - 3:00 p.m. Workshop Breakouts
3:15 p.m. - 4:15 p.m. Workshop Breakouts
4:30 p.m. - 5:30 p.m. Workshop Breakouts

Tuesday, November 26, 1996

7:00 a.m. - 5:00 p.m. Registration at the Convention Center
8:00 a.m. - 9:00 a.m. General Session
9:15 a.m. - 10:15 a.m. Workshop Breakouts
10:00 a.m. - 12:00 p.m. **Exhibit Hall Open**
10:30 a.m. - 11:30 a.m. Workshop Breakouts
12:00 p.m. - 2:00 p.m. Awards Luncheon in East Exhibit Hall
Exhibit Hall Open *immediately after awards luncheon*
2:00 p.m. - 3:00 p.m. Workshop Breakouts
3:15 p.m. - 4:15 p.m. Workshop Breakouts
4:30 p.m. - 5:30 p.m. Workshop Breakouts
5:00 p.m. **Exhibit Show Closes**
8:00 p.m. Designate sober drivers for
on-your-own entertainment at Billy Bob's

Wednesday, November 27, 1996

8:30 a.m. - 9:30 a.m. Workshop Breakouts
9:45 a.m. - 10:45 a.m. Workshop Breakouts
11:00 a.m. - 12:00 p.m. Workshop Breakouts
Conference Adjourns

Sponsored by
Texas Department of Health and Texas Health Foundation

Preconference Classes

November 23-24, 1996

All classes at the Worthington Hotel or Radisson Plaza
Check hotel listings on the day of the class for exact room locations.

Three-day classes (8am-5pm)

Saturday, Sunday and Monday

Emergency Medical Dispatch

24-hour class, \$100 Worthington

Certify in EMD with this three-day class worth 24 hours of CE. The class follows the highly successful King County, Washington, model and is limited to 15 participants. For information, call Mike Polk at (512) 834-6700.

Two-day classes (8am-5pm)

Saturday and Sunday

Pediatric Advanced Life Support (PALS)

16-hour class, \$150 Radisson

Get the highly-popular PALS certification in this class, which awards at least 16 CE hours. Class is limited to 48 students. Presented in conjunction with Cook Children's Medical Center. For information, call Joyce Moore at (817) 885-4170.

EMS Managing Hazardous Materials

16-hour class, \$35 Worthington

Come see how EMS can respond to Hazmat in this hazardous materials class designed specifically for EMS responders and get 16 hours of CE. Class limited to 50 students. For information, call Louis Berry at (512) 834-6700.

One-day classes (8:30am-5pm)

Sunday

Rural/Volunteer Track

6-hour class, \$20 Worthington

This six hours of CE will focus on rural and volunteer issues such as funding, coverage and transport. The class is underwritten by the Local Projects program and is limited to 100 participants. Lunch will be included. For information, call Penny Workman at (512) 834-6700.

Coordinator Class

8-hour class, \$100 Worthington

Take the training you need to become a course coordinator. This class does NOT award CE, but after taking the course, if you meet other requirements, you will be prepared to take the coordinator exam. Limited to 50 participants. For information, call Heather Godinez at (512) 834-6700.

High Angle Rescue

Convention Center
Parking Garage 8-hour class, \$25

This popular class held on the convention center parking garage fills up fast, so hurry if you're interested. The class awards eight hours of CE and includes all necessary equipment. Strictly limited to 25 students. For information, call Rod Dennison or Mike Foegelle at (817) 778-6744.

START Triage

Worthington
3-hour class (2pm-5pm) \$20

START Triage (Simple Triage and Rapid Treatment) is a simple, step-by-step triage and treatment method to be used by first responders to multi-casualty incidents. This class awards 3 hours of CE credit. For information, call Amos Hunter at (512) 834-6700.

Emergency Plans Development

4-hour class (2pm-6pm) \$10
Worthington

One of the most difficult tasks assigned to an emergency management planner is to develop plans for health and medical response and recovery actions following a catastrophic disaster. This course will lay the groundwork for developing these plans. It does NOT award CE. For information call Sam Wilson at (512) 834-6700.

EMT Curricula

Radisson
4-hour class (1pm-5pm) \$20

An overview of the new EMT curricula. May be redundant for those who attended a RollOut. Limited to 100 participants. For information call Linda Reyes at (512) 834-6700.

Preconference workshop details

1. Participants MUST preregister for pre-conference classes. The cutoff date for sending your application AND money is October 15, 1996. The registration form is on page 11 of this issue. Be sure to write which class you're registering for on the form.
2. No refunds will be given after November 1, 1996.
3. All classes will be at the Worthington or the Radisson Plaza in downtown Fort Worth. The exact class times and locations will be published in the July/August issue. We have special hotel rates beginning Friday night at both hotels.
4. Any class that doesn't meet a minimum number will be canceled on October 20, 1996, and refunds will be issued to those who signed up.

Other preconference activities:

Valsalva Competition, Sunday and Monday at the Radisson. Call TAEMT at (409) 345-6352.

DWI Programs meeting, Saturday and Sunday at the Radisson. Call Thelma Lemley at (713) 331-8842.

Texas Association of Air Medical Services, Sunday at the Radisson. Call TAAMS at (214) 956-0707.



Texas EMS Conference '96
November 24-27, 1996

Texas EMS Conference '96

November 24-27, 1996

Fort Worth-Tarrant County Convention Center
Fort Worth, Texas

The 11th Annual Texas EMS Conference and Exhibit Show

Workshop Listing

Airway

- M 4:30 Advanced Airway Management & Rapid Sequence Intubation **Mark Hinson**
- W 9:45 Basic & Advanced Airway Management **Eric Epley**
- M 9:45 Upper Airway Emergencies **Jerry Ray Baskerville, MD**
- T 2:00 New Trends in Airway Management **Bryan E. Bledsoe, DO**

Assessment

- T 4:30 Assessment & Treatment of Pulmonary Diseases **David Phillips**
- M 3:15 Look Again: Scene Assessment **Mark Reger**
- T 2:00 Patient Assessment **Edward M. Racht, MD**

Cardiac

- W 11:00 AED: The Importance of Early Defibrillation Capabilities for all EMS Providers **Stephen J. Rahm**
- M 2:00 Assessment & Treatment of Pulmonary Edema **David Phillips**
- T 9:15 The Whys and Hows of Acute Resuscitation & Treatment Before They Arrest **Robert B. Genzel, MD**
- T 10:30 The Arrest & Post-Resuscitation Care **Robert B. Genzel, MD**
- M 11:00 Understanding Inotropes: Unveiling the Mystery of Digitalis & Other Inotropic Drugs **Gene Gandy, JD**
- T 9:15 Basic 12 Lead ECG Recognition/MI Identification—2 hrs. **John K. Griswell, MD**

CISM

- M 2:00 It May Not Be Group Psychotherapy But the Group Dynamics Are Why CISM Works **Len Denney**
- M 4:30 Grief and Dying **Vaughn Donaldson**
(Scheduled to speak: **Jack Hinds, DMin/Bill Mauldin, Jr., Chuck Giles, PhD**)

Communicable diseases

- M 11:00 The Hot Zone & You: Infectious Disease Update **Donald J. Gordon, PhD, MD**
- W 11:00 Exposure to a Patient With...What Do I Need to Know? **Jeff Taylor**

Geriatrics

- W 9:45 EMS & the Elderly Patient: An Overview **Tom Carrington, RN**
- T 10:30 Geriatrics **Karen Yates, RN**
- T 3:15 Patience & Patients: The Ethical Treatment of the Geriatric Patient **W. David Wilkerson**
- M 9:45 Understanding the Geriatric Patient's Response to an Emergency **Pauline VanMeurs**

(Workshop titles and speakers may change)

Workshop Listing (continued)



Texas EMS Conference '96
November 24-27, 1996

Instructors track

- T 2:00 Putting the BS into EMS: Developing an EMS Baccalaureate Degree Program for Texas **Neil Coker/Chris Black**
- T 10:30 Assessing Clinical Performance for Paramedic/EMT students **Jeff Hayes/Rebecca Brock**
- M 4:30 Moving from Passive to Active Learning: Increasing Student Involvement in the Learning Process **George Hatch**
- M 2:00 Developing a Curriculum **George Hatch**
- T 9:15 What Does the Future Hold for Paramedic Education? **Jeff Jarvis**
- W 8:30 Exam Development and Validation **Jeff Jarvis**
- T 4:30 Innovations in Education **Jeff Jarvis**
- M 3:15 Teaching Styles & Distance Learning **James Moshinskie, PhD**
- M 11:00 Dealing With Difficult Students **Mike Laman, PhD**
- M 9:45 Teaching Psychomotor Skills: Creating a Positive Climate **Mike Laman, PhD**
- T 3:15 Educational Techniques: Tricks to Enhance Process **John Rinard**

Legal

- T 4:30 DNR & the Prehospital Provider **John Rinard**
- M 4:30 Documentation **Wynn Gordy**
- T 9:15 Testifying/Suit Prevention **Jack Ayers, JD**
- M 3:15 EMS and the Compensation Connection **Karen Kalergis**

Management/Administration

- T 11:30 Becoming an EMS Leader **Ernie Rodriguez**
- T 9:15 EMS Productivity **Randy Strozyk**
- T 10:30 With a Little Help **Scott Bolleter/Sondra Epley, RN**
- T 2:00 Information Technology in EMS **Doug Key**

Medical/Trauma

- M 9:45 Abdominal/GU Injuries **Brian E. Bledsoe, DO**
- M 9:45 Burns: Early Care of the Burn Patient **Gary F. Purdue, MD**
- M 11:00 Closed Head Injury Management, Trends in **Mark Hinson**
- M 3:15 Dealing with Downs Syndrome in EMS **Deborah Burns**
- T 9:15 ID & Referral of Potential Organ & Tissue Donors by EMS Personnel **Kevin Sealy/Chad Martin**
- T 3:15 If a Dive Goes Bad, What's Next? **David Rives**
- M 4:30 Drownings **Roger Dean and Fernandes**
- M 11:00 Drug Overdoses, Gangs & Automatic Weapons **Joseph C. Coppola, MD**
- M 2:00 Endocrine & Metabolic Emergencies **Jerry Ray Baskerville, MD**
- M 2:00 Management of Patients Contaminated with Chemical Weapons **John Frey**
- M 3:15 Musculoskeletal Injuries **William C. Daney, MD**
- M 4:30 Man's Best Friend: Dog Bite Treatment & Prevention **Jane Mahlow, DVM/John Rinard**
- M 2:00 Neurological Emergencies **William L. Moore, MD**
- W 8:30 OSHA Rules for EMS Personnel: Do They Apply? **Tony Repka**
- T 9:15 Sports Medicine Injuries & EMS **Tarek O. Souryal, MD**
- M 9:45 Technology vs. the Clinician **Shawn Salter** [ETCO₂, pulse ox, NIBP, capnography]
- T 9:15 Thoracoabdominal Trauma: Assessment & Treatment **Joseph C. Coppola, MD**

(Workshop titles and speakers may change)

Workshop Listing (continued)



- T 3:15 Toxicology **Lance Villers**
- T 10:30 Endocrine and Metabolic Emergencies **William L. Moore, MD**
- T 2:00 Soft Tissue Trauma **Stewart R. Coffman, MD**
- W 9:45 The Role of EMS in Thrombolytic Therapy **Allen Johnson**

Ob/gyn

- T 4:30 Obstetrics & Head Trauma: A Case Presentation **Alex Stadthagen**
- T 4:30 Ob/gyn emergencies **Ann J. Burgardt, MD**

Pediatrics

- T 2:00 Neonatal Resuscitation in the Prehospital Environment **Alex Stadthagen**
- M 4:30 Pediatric Medical Emergencies **Joan E. Shook, MD**
- M 3:15 Recognizing the Signs of Child Abuse **Joan E. Shook, MD**

Prevention & Public Relations

- M 4:30 Bike Medics: Bicycle Use in the Prehospital Environment **Mark Tomasek /Bryan Fitzpatrick**
- M 2:00 Developing Community Support **Alana Mallard**
- M 11:00 PR With Clowning **Dean Baswell**
- T 2:00 Rehab Redux: Updates on an Emergency Prehospital Preventive Program **Jeff Rubin/Ken Saunders**
- M 9:45 Think Child Safety **Stewart Dobson/Richard Jackson/Gay Knight**
- M 3:15 Think Senior Safety: Home Health Services **Stewart Dobson/Richard Jackson**

Shock

- M 2:00 Anaphylaxis **Byran E. Bledsoe, DO**
- W 8:30 When Shock Doesn't Look Like Shock: Recognizing the Atypical Presentation **David Filipp**
- T 4:30 Shock **Robert Simonson, MD**

Other

- M 3:15 A Potpourri of Advanced Concepts & Clinical Pearls in Prehospital Care **Robert B. Genzel, MD**
- M 4:30 Advanced Care Technician: A New Dimension to Paramedic Practice **Donna George, PhD, RN**
- T 10:30 Evidence Preservation for Medical First Responders **Karen Hare**
- M 9:45 Helicopter Operations for EMS **Denny C. Joe**
- M 11:00 Objective Evaluation of Appropriate Mode of Patient Transport: Special Considerations **Jane S. Wynn, RN**
- M 11:00 Simulating Realistic Injuries: The Art of Moulage **Sunset Carson/ Bernard Stafford, LVN**
- T 4:30 Tactical Medicine: Where Are We? **Randy Crow**
- W 8:30 Texas EMD is Right on Track **Don Gibson**
- T 3:15 Terrorism & EMS **Chris Callsen**
- M 3:15 Wilderness Medicine/Prolonged Prehospital Care **Michael Schertz**
- M 4:30 Search & Rescue Operations, Your Role in **Jesse Tarin**

Workshops are one hour in length. Some workshops may be repeated. Seating for repeated workshops will be limited.

(Workshop titles and speakers may change)

Conference Man answers

“Why can’t we have the conference at South Padre Island?” and other questions

Why can’t we have the conference at South Padre Island?

Unfortunately—or fortunately—we’ve grown so large that only a few convention centers in Texas will even accommodate a group our size. As of last year, we are the largest EMS confer-

ence in the nation! Right now, Dallas, Fort Worth, Austin and Houston are big enough for Texas EMS Conference. San Antonio will be able to accommodate us when they complete added space to their convention center in 1999. San Antonio’s standing commitment to another group the Tuesday of our luncheon makes it impossible for us to fit in their current space.

When do you start planning for conferences?

Right now, we working on 1996, 1997 and 1998, with an eye on 1999 and 2000.

Are we going to stay in Fort Worth forever?

Fort Worth has given us excellent rates on the convention center and hotels and we have been very pleased. However, to be fair to other areas of the state, we are moving the conference to

Austin in 1997 and 1998. The Austin convention center and the hotels have given us excellent rates, and are even providing a free shuttle service between the hotels and the convention center. Best of all, parking is free at two of the hotels.

Why do we always have it before Thanksgiving?

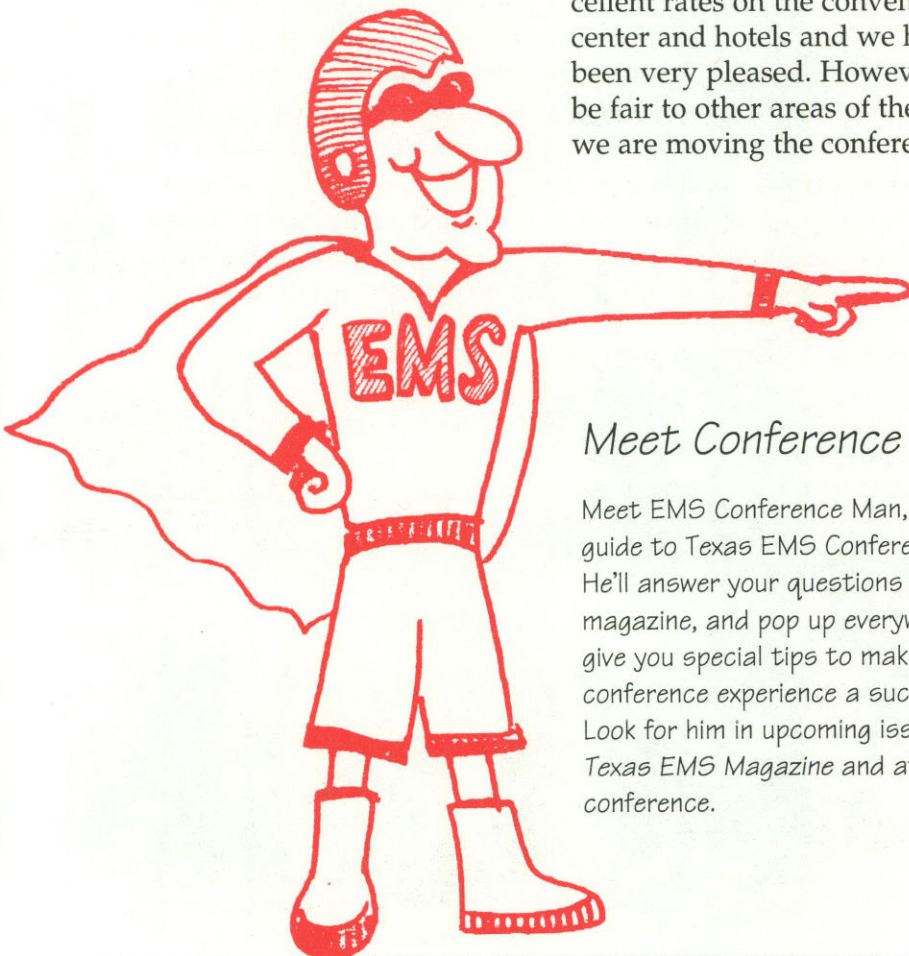
Our primary goal is to provide excellent education for EMS personnel at an excellent price. Because we choose this week, we are able to negotiate outstanding convention center and hotel rates. In short, no one else meets that week and the hotels want our business, even at a state rate. To give you an example, the group in one hotel the week before we are there pays \$89 for their rooms; we pay \$55.

How do you choose rooms for workshops?

It’s all a matter of history. We choose different size rooms for workshops based on the past popularity of the speaker and the topic. We know, for instance, that some speakers always draw a large crowd and we put them in our largest rooms. In addition, we look at topics that were popular the previous year and give those bigger facilities. However, this is not an exact science. So sometimes we miscalculate the interest in a speaker or a topic.

What do we have to look forward to this year in Fort Worth?

Get up to 15 hours of CE with about 2,000 of your EMS friends while you see the best speakers in Texas and party at Billy Bob’s. 🍁



Meet Conference Man

Meet EMS Conference Man, your guide to Texas EMS Conference. He’ll answer your questions in the magazine, and pop up everywhere to give you special tips to make your conference experience a success. Look for him in upcoming issues of *Texas EMS Magazine* and at the conference.

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

Kelly Harrell, 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.

Uvalde EMS hosts an open house

After three years of planning, Uvalde Emergency Medical Services, Inc., opened its new EMS station and training facility earlier this year. The new facility includes four ambulance bays, two offices, public rest rooms, a kitchen, a living room, male and female sleeping quarters with two crew bathrooms and showers, a decontamination room, a classroom, two storage rooms, off-street parking and a two-bay ambulance maintenance facility. A donation from H-E-B Grocery allowed them to build the new facility.

Rural Metro sponsors trauma prevention project

Rural Metro ambulance presented Heart Of Texas Regional Advisory Council with a check to cover publishing costs for a

new coloring book designed to educate children on injury prevention and awareness. Trauma RACs help organize local resources to create regional trauma systems. Copies of the coloring book can be obtained through Rural Metro Ambulance Administrative Offices, 2317 Washington, Waco, Texas 76701.

Schleicher County and Eldorado VFD demonstrate rescue capabilities

Schleicher County Ambulance Service, Eldorado Volunteer Fire Department and Schleicher County Sheriff's Office staged a one-vehicle accident at Eldorado High School in May. Four student-actors were moulaged as victims, two as DOAs. Students from Eldorado Middle School and Eldorado High School watched as Eldorado VFD extricated victims from the car and Schleicher County Ambulance

Thirteen organizations joined forces in Hidalgo for a class that emphasized helicopter safety and patient packaging. Pictured are members of the class, which was hosted by the City of Hidalgo Fire and EMS Department in conjunction with Pharr Fire Rescue and Valley Air Care.



Local and Regional EMS News

Service loaded survivors. Coinciding with graduation and prom, the event brought home the "Don't Drink and Drive" message.

Hildago Fire and EMS hosts helicopter safety and vehicle extrication class

The City of Hildago Fire and EMS Department hosted a helicopter safety and vehicle extrication class in conjunction with Pharr Fire Rescue and Valley Air Care in May. The class emphasized helicopter safety, landing zones, patient packaging for air transport, equipment and techniques used in extrication. Participating in this training exercise were City of Hildago Police Department, South Texas Community College EMT Program, Ameristat Mobile Medical Services, Edinburg EMS, TDH Public Health Region 11, City of Brownsville EMS, Frontline

Martin County EMS sponsored a basic CISD class in Stanton in June. Nineteen people participated in the class, taught by Vaughn Donaldson, a Permian Basin CISM team member.



Ready Teddy poses with friends in Lumberton VEMS' float. Lumberton VEMS took second place in a local parade with an entry that encouraged people to get involved with EMS.

EMS, Alamo Fire Department, American Red Cross RGV Chapter and National Tow Services.

Martin County EMS participates in CISD class

Martin County EMS sponsored a Basic CISD class in Stanton in June. The nineteen class participants were from Alpine Fire Department, Andrews Fire De-

partment, Denver City Fire Department, Martin County EMS and Midland County Sheriff's Office. The class was taught Vaughn Donaldson, a member of the Permian Basin Critical Stress Management Team.

Texas A&M University EMS holds EMD course

Texas A&M University (TAMU) EMS sponsored a three-day EMD course in May. Fifteen medics and dispatchers completed the course. TAMU EMS is a student-run volunteer organization which provides MICU level care to the Texas A&M community.

Lumberton VEMS places in local parade

Lumberton VEMS placed second in a local parade during the Village Creek Festival in April. Lumberton's float featured a boat with Ready Teddy and

Local and Regional EMS News

some friends, and a banner reading "Ready Teddy Says Catch On To Lumberton EMS."

CPR training saves a near-drowning victim in Brownsville

When the City of Brownsville EMS taught CPR to Joe Camarillo in late 1995, little did they know that he would use that training to save the life of a 21-year-old near-drowning victim last May. Tammy Cuevas, manager of an apartment complex, and Camarillo pulled Ralph Carmona out of the complex pool and began to perform CPR on the victim. Carmona had been underwater for approximately two and a half minutes when Joe Camarillo Jr. alerted his father to the

City of Brownsville EMS were recognized recently when their public education program was credited with teaching CPR to a man who used the training to save a near-drowning victim. Receiving a proclamation from the mayor for their lifesaving efforts are, from left, Joe Camarillo, Tammy Cuevas, Joe Camarillo Jr., Frank Lopez and Charlie Gamez.



Dexter Tooke, an EMT-P with Val Verde Memorial Hospital EMS, competed in the 26.2-mile Boston Marathon in April. He completed the race in less than five hours.

emergency. When EMS arrived on scene, the victim was breathing.

Boston Marathon runner in ranks of Val Verde Hospital District EMS

Dexter Tooke, an EMT-P with Val Verde Hospital District EMS, ran the Boston Marathon in April. He finished the 26.2-mile race in less than five hours. Tooke has been certified as a paramedic for six years and has worked with Val Verde



Hospital District EMS for nine years. Celebrating its 100th running, the 1996 Boston Marathon had approximately 40,000 runners.

Medilife of Houston awards equipment to area first responders

Medilife of Houston, Inc., who received a grant from TDH's Local Projects, released a list of equipment bought for first responders in the Greater Houston area in April. The following first responders received equipment: Old Ocean VFD, Orchard VFD, Richmond FD, Spring VFD, Waller-Hempstead EMS, Wild Peach VFD, Bacliff VFD, Rosenberg FD and Danevang VFD. Supplies included portable oxygen and first responders kits, splint kits, cervical collar kits and V-vac hand-operated suction kits. Medilife will also be assisting some of these departments with Hepatitis-B vaccines for its

Local and Regional EMS News



Medilife of Houston, Inc., released a list of equipment awarded to nine area first responders. The funds came from a TDH Local Projects grant. From left, David Almaguer, president of Medilife, Keith Bollom of Orchard VFD, and David Rives of TDH Public Health Region 6 hold some of the equipment awarded to the groups.

members. Medilife serves the Greater Houston area including the counties of Brazoria, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller.

Tri-Med Ambulance Service participates in anti-drug programs

Tri-Med Ambulance Service in Electra participated during the school year in a drug and alcohol awareness program created by the Electra High School Peer Assistance and Leadership

(PALS) organization. The program consists of skits directed at grade school and junior high school students, and teaches the students about the dangers of drugs and alcohol.

Study shows distance learning can be effective tool in EMS certification

Jeffrey Jarvis, MS, EMT-P, and Jim Moshinskie, PhD, EMT-P recently completed a research project that examined the differences in test scores and motiva-

tion between two methods of teaching EMT-Intermediate classes. One method was the traditional teacher-centered approach and the other was a learner-centered approach using various distance learning strategies. The study found no differences between the two groups and concluded that a learner-centered approach using various distance learning strategies was a viable instruction method for a geographically-dispersed group of students. The project paper, coauthored by Gregory Hobbs, MD, and Sean Roden, MD, has been presented at several national education conferences and has won awards from Texas College of Emergency Physicians and Texas A&M Health Science Center.

Nameless EMS, Manchaca EMS receive area awards

Nameless EMS and Manchaca EMS have each been named First Responder Organization of the Year by Austin EMS. The award was presented at the annual Austin EMS Employee Recognition and Awards Ceremony in June.

Blue Mound EMT honored with award

Vicki Cordell of Blue Mound EMS was awarded the EMT of the Year for Tarrant County at the Tarrant County Fire Fighters' annual banquet in February.



Linda Robertson, far left, and Tonya Thaggard, second from far right, of Tri-Med Ambulance Service in Electra pose with the Peer Assistance and Leadership (PALS) students. Tri-Med and the PALS Electra High students worked together this year to teach junior high and elementary students about the dangers of drugs and alcohol.

Local and Regional EMS News



Members of Valley Air Care pose with the service's new helicopter. From left, Dennis Hebner, EMT-P, Wendy Garner, EMT-P, Stewart Evans, pilot, and Randall Welborn, pilot, staff the 18-month-old service, a division of Harlingen EMS.

Cordell has been in EMS in Blue Mound for four years and earned her EMT-I certification last January. She is serving her second year as Battalion Chief.

Austin EMS, Austin FD present prehospital trauma conference

Austin EMS and Austin FD presented the Brackenridge Hospital Multidisciplinary Trauma Conference in July. The conference was designed to give area trauma surgeons and emergency physicians an understanding of motor vehicle extrication. AEMS/AFD/Travis County EMS medical director and AEMS and AFD personnel provided a classroom introduction of extrication, which was followed by a

mock extrication with moulaged patients that displayed common extrication techniques.

Harlingen EMS celebrates 18 years of service

Harlingen EMS celebrated 18 years of service to the Rio Grande Valley in July. And Val-

ley Air Care, a 18-month-old division of HEMS, took delivery of a new helicopter in July. The new helicopter is an American Eurocopter AS 350 BA that will allow more rapid patient transport services in the Rio Grande Valley and northern Mexico.

Burleson County EMT Extrication Class held in Caldwell

EMT students in Caldwell participated in an extrication class in June. Students were instructed in victim removal from different scenarios and utilization of extrication tools. Caldwell FD also demonstrated the "Jaws of Life" for the students. The class was coordinated by Don Royder, EMT-P, Charlie Sparrow, EMT-P, and Gary Scarborough, EMT-P, in cooperation with Caldwell FD.

EMT students in Burleson County practice techniques during an extrication class, sponsored by Burleson St. Joseph Health Center.



Local and Regional EMS News

Texas Department of Health EMS Offices

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Denny Martin
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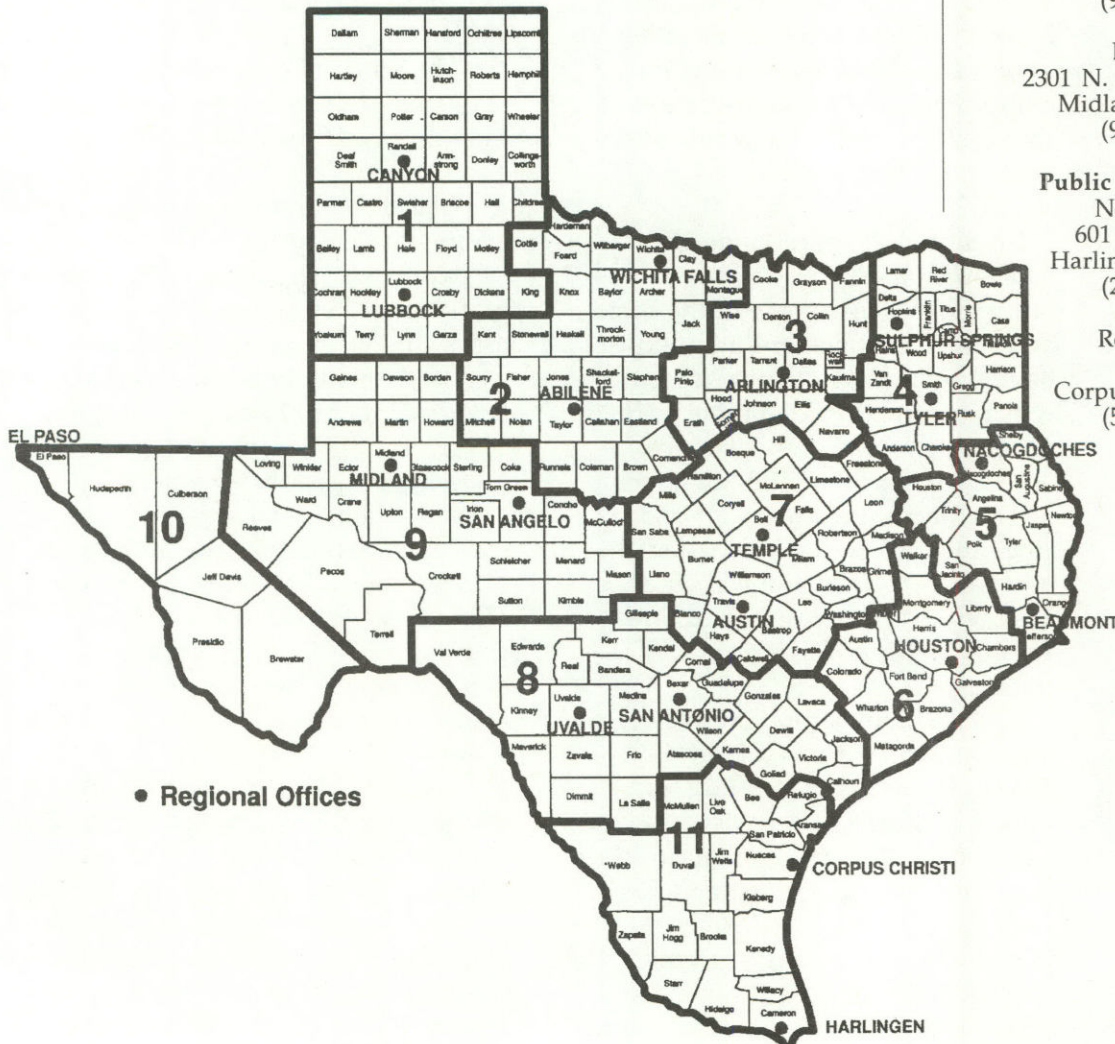
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(512) 888-7762



By
Jeffrey L. Jarvis,
MS, EMT-P

Frequently asked questions about EMS Education

When must my EMT-Basis courses be taught in accordance with the new curriculum?

All EMT-B courses beginning on or after September 1, 1996, must be follow the new curriculum.

What must I do to teach the new curriculum?

Three things must occur in order to teach the new curriculum. First, the coordinator must attend either a Texas or National RollOut. The completion document should be saved as verification of attendance. Second, all instructors must either attend a RollOut or complete the computer-based training version of the RollOut. Third, the certification exam must be available.

How will this curriculum affect paramedic training?

First, because some of the basic skills have changed and new skills have been added, advanced courses which begin after September 1, 1996, must incorporate these changes.

This means that all EMT-I and EMT-P beginning after September 1, 1996 must teach the new patient assessment, AEDs, Inhalers and EpiPens. The other new skills are already a part of the advanced training.

Second, the paramedic and intermediate National Standard Curricula are being revised. This project is due to be completed by September 1997. The content for the paramedic curriculum should be completed by June of 1996 with 10 pilot courses occurring after June. The intermediate curriculum will be a subset of the paramedic curriculum.

How has the ECA curriculum been affected?

Because ECA training only exists in Texas, the ECA curriculum is defined in our rules. Specifically, it is defined as being the DOT First Responder curriculum, plus certain skills from the EMT curriculum such as mech aides, traction splinting, etc.

The DOT First Responder curriculum has been revised to reflect the new assessment-based EMT-Basic curriculum. Texas has developed an ECA curriculum which is essentially the new basic curriculum minus the new skills.

The scope of practice of the ECA isn't changing. It will not, as a result, include any of the new skills.


How will independent coordinators be affected by this curriculum?

Not at all. There has been a persistent rumor that independent coordinators—that is, those not associated with a college—will not be able to teach after September 1, 1996. This isn't true!

What should I do about my EMT courses already in progress?

All courses which are already underway should continue as planned. There is no need to modify these courses in any way. When the students complete the course, they will take the exam based on the old curriculum.

The old exam will be available for one year, until September 1, 1997. By then, all courses should be based on the new curriculum.

The same concept applies to advanced courses and the new skills. Courses underway will not have to test on the new skills. 

Frequently asked questions about EMS Standards

By
Phil Lockwood

Certification Turnaround

Q: *I just got the hand-graded results from my regional office. When can I expect my grade breakdown report and certificate?*

A: You can expect a one to two week turnaround if you:

- pre-submitted your application and fee 30 to 45 days prior to the test date then submitted your course completion document at the test site, or
- submitted your application and course completion document at the test site and your regional office personnel gave you a receipt for your fee.

Beginning September 1, 1996, the only options for application and fee submission will be to the regional offices as listed above. The regional office will be responsible for application deficiency notification. (See article on page 7.) Call your regional office for details.

If your application was incompletely filled out, or did not include all the required attachments, your certification will be indefinitely delayed until all requirements are completed.

EMS Recertification Renewal Notices

Q: *Why didn't I get my EMS certificate renewal notice?*

A: Many renewal notices are returned to us because certificants have moved and did not inform us of their new address. Please allow us to provide you with current forms and instructions by simply updating your address, especially around recertification time.

Also remember that we now send notices to prompt you to send the re-

quired Two-Year CE Summary Report form.

Two-Year CE Summary Reports

Q: *Will my certificate be suspended if I didn't turn in my Two-Year CE Summary Report already?*


A: Beginning September, 1996, certificants with an expiration date of September 1998 or after, will be required to submit a Two-Year CE Summary Report at their two year mark. Failure to submit a completed Two-Year CE Summary Report form may result in the suspension of your certificate.

Two-Year CE Evaluation

Q: *My employer has required me to take the written Two-Year CE Evaluation. What requirements do I have to complete in order to sit for the evaluation?*

A: The Two-Year CE Evaluation **must** be completed within 180 days of your two-year certification mark (180 days before OR after). To qualify to sit for the CE Evaluation you must submit the following items:

- Completed Two-Year CE Evaluation Application form and fee (if applicable)
- Completed Two-Year CE Summary Report form

Everyone with an expiration date on or after September, 1998 should expect to receive a Two-Year CE Summary Report form in the mail. Two-Year CE Evaluation Application forms are available upon request from your local regional office or the central office. 



Five years later: How Killeen changed EMS in Texas

By Kelly Harrell

PECTOS COURTESY OF KILLEEN DAILY HERALD

*October 16, 1991.
Dawn came clear
and bright in Killeen
that morning, with
pleasantly chilly fall
temperatures. Local
restaurants braced for
the lunch-time crush of
Bosses' Day patrons.*

Within 35 minutes of the first call, EMS crews had transported all the injured to local hospitals. Inside, 23 people lay dead on the scene, including George Hennard, the gunman.

A little after noon that day, C-shift paramedic/firefighter Linda Pugh had just finished transporting a patient who'd tangled with a chain-link fence. Across town, A-shift paramedic/firefighter Robert Kelley was spending his day off tinkering with his car.

The first, confusing calls for a multiple shooting came in at 12:42 p.m. One report gave the location of an apartment complex behind Luby's. That's where Pugh went first, only to be sent over to Luby's. More calls came in. Kelley picked up a call on his scanner and jumped in his car. He found an ambulance sitting on the service road of Highway 190, near Luby's, waiting for a nod from police that the scene was secure.

When George Hennard finished his rampage with a fatal, self-inflicted gunshot to the head, the final tally read more like a year's worth of run reports than a 10-minute event. Twenty-three people lay dead on the scene, including Hennard. Another 34 were transported to hospitals, 17 with gunshot wounds. One woman would later die of her injuries. The others had injuries ranging from glass cuts to fractures. Approximately 35 minutes after the first ambulance arrived at Luby's, everyone who needed medical attention had been transported to area hospitals.

Left at the scene were a handful of police officers, paramedics and other emergency personnel, still stunned by the events of the previous hour. The dead, their faces covered with green cloth napkins, would stay for many hours while investigators pored over the evidence. In the months and years to follow, Killeen and the nation would grieve for the victims of the

largest mass shooting in U.S. history. And Critical Incident Stress Management (CISM) for emergency workers would never be the same in Texas.

Not that CISM didn't exist before Luby's. Nationally, under the leadership of Jeff Mitchell, PhD, the American (now International) Critical Incident Stress Foundation taught Critical Incident Stress Debriefing (CISD) in courses across the country. In Texas, a few teams worked quietly and independently of each other. While each of these teams would go statewide to do debriefings, they relied mainly on word-of-mouth for notification.

The Luby's incident catalyzed CISM in Texas as no other event could have. Just the number of victims alone set Luby's apart. Never before in U.S. history had civilian emergency workers had to respond to that number of gunshot victims. But Luby's also brought together other factors that were poised to fall into place. Earlier that year, the Governor's Crime Victim Clearinghouse and Division of Emergency Management had begun to explore the concept of community crisis response similar to CISD as a way to help victims of mass-casualty incidents. TDH's Bureau of Emergency Management had just begun to develop a basic operating concept for a CISM Network. Across the nation, the concept that people who experience emotionally traumatic situations need help was gaining acceptance.

"There were already efforts underway," says Karen Kalergis, then with the Governor's Crime Victims Clearinghouse. "As (Division of Emergency Management's) Ed Schaefer said, Luby's put everything on warp speed."

Texas State CISM Coordinator



Emergency crews enter through the back of Luby's. Inside, overturned tables and chairs testify to the terror of a few minutes earlier. Nine EMS organizations offered help at the scene to the Killeen Fire Department.

"I didn't even remember until the next day that I had been a triage officer."

What did help, Pugh said, was when another facilitator questioned one of the medic's

actions.

"So we were on the defensive and that ... got us thinking and talking together. We knew we did the right thing. And talking to each other helped," Pugh says.

Robert Kelley, who was the third medic into the restaurant that day and triaged victims inside, also got the most out of talking to his peers. But he says the one debriefing wasn't enough for him. "It was like putting a band-aid on a huge, bleeding wound," says Kelley, a Vietnam veteran. Still, he didn't know he needed more help until his commander suggested it. He went through six months of one-on-one counseling.

"I'll be one of the first to admit I didn't think the stress was anything. I thought, hey, if you can't handle it, you need to leave," Kelley says.

"That's before I went through my counseling. People who take it seriously will improve. People who blow it off and want to go have another beer, it will catch up with them."

What Luby's did for Kelley, and for others, was to point out the importance of counseling for those who want it. And for those working to set

Paul Tabor agrees. "When Killeen happened, it helped us to get with other state agencies involved in the same thing," Tabor says. "We saw what other agencies were doing and how we could work together and help each other."

But the first debriefings after Killeen weren't a success story. State agencies and volunteers with good intentions, but little experience, descended upon Killeen in the hours after the incident.

"We did our best, but we were in such a chaotic situation," says Kalerigis. "We could see how more structure could have helped."

Debriefings, which optimally begin 24 to 72 hours after the event, were set up just five hours after the last ambulance left the scene. Killeen Fire Department employees were asked to attend the debriefings.

"This lady was talking and everybody was just confused. She'd ask us, 'How do you feel?' And we didn't know how we felt," says Linda Pugh, who triaged patients outside Luby's.

Linda Pugh had just finished a transport when she got the first call for Luby's. The paramedic/firefighter, who had been in EMS two years at the time of the shootings, said the incident gave her confidence in her abilities, but she wouldn't want to do it again.



up a network, it gave their cause a shot of adrenaline. Texas now has an extensive network of CISD teams for emergency responders, with about 1,100 individuals trained statewide using Jeff Mitchell's model. TDH's CISM Network has 16 teams that represent every area of the state, and Tabor receives three to four calls a month inquiring about services. Not all teams send in reports giving numbers of emergency personnel debriefed, but Tabor says that teams have done "easily hundreds" of debriefings in the last few years. Debriefings in Texas now have an organization and structure, and follow a national model.

Kalergis, who now works with the Attorney General's Crime Victims' Compensation Program, is impressed.

"TDH has gone really far in terms of having teams and structure, and in building that structure," she says.

How far Texas has come was apparent after the Oklahoma City bombing, when Texas CISM teams were asked to debrief Oklahoma emergency workers. Texas teams led 59 debriefings and Tabor received a commendation from the governor of Oklahoma on behalf of the Texas CISM Network.

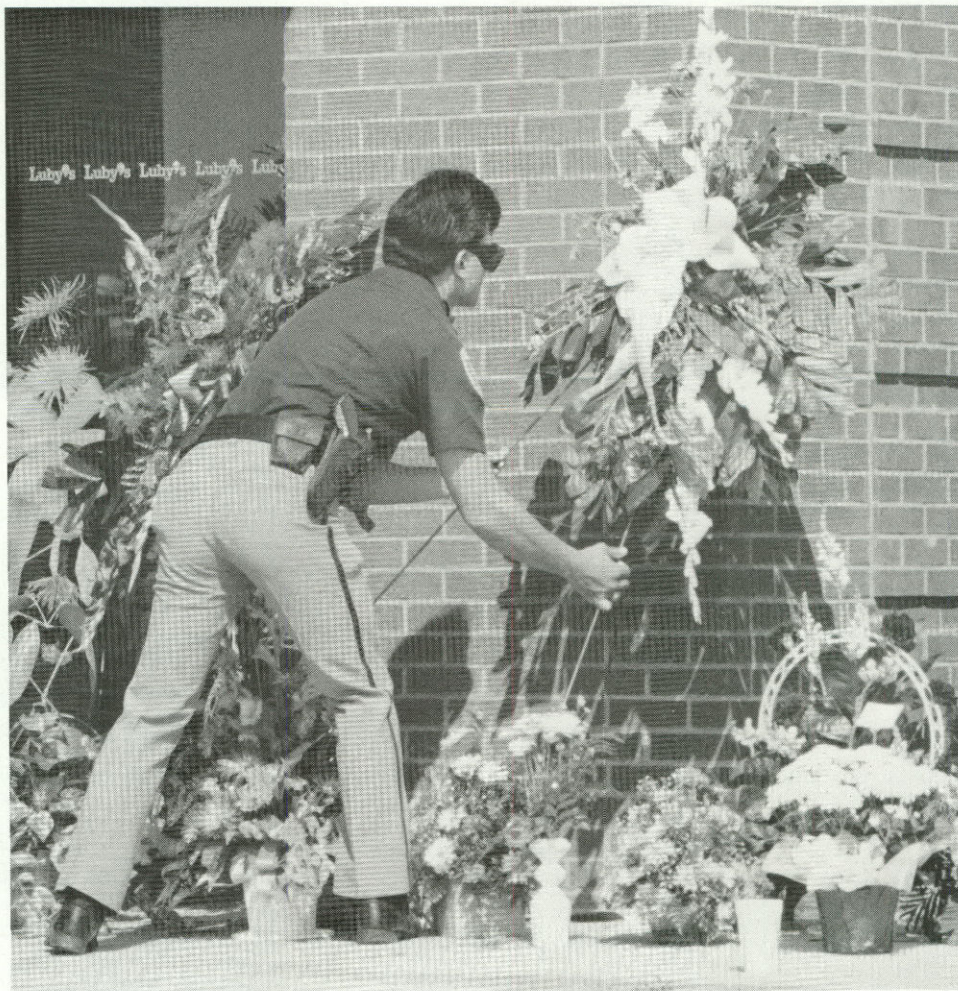
Nearly five years later, Killeen has also come a long way. Crews at the Luby's removed any evidence of the 100 rounds of ammunition fired that day, and rebuilt the gaping hole where Hennard rammed his truck through the wall. The completely-remodeled restaurant does a brisk lunch business, with no signs remaining of the devastation five years ago. A few miles away, Killeen honors the memory of the victims with

a granite memorial that bears their names.

Both Kelley and Pugh think that positive things have come out of the incident, such as an increase in confidence in their own abilities to handle a mass casualty and confidence that teamwork can pull them through any situation. Kelley is particularly proud of his department, not only for the way they handled the incident, but the way they supported medics afterwards.

"I think the entire department deserves acknowledgement," Kelley says. "Since the incident, we've become more aware of stress ... and burn-out. We're watching each other to make sure if we see any signs or symptoms, we can help this person." 🌻

For weeks after the incident, people left flowers and other remembrances outside the cafeteria. A granite memorial inscribed with the victims' names now stands a few miles away.



By
Paul Tabor

History Lesson: *The rise of CISD in Texas*

The Texas CISM Network was established to assist emergency service personnel who experience a critical incident such as a line of duty death, death of a child, multiple casualty/fatality scenes, etc.

The need for CISM in Texas became even more apparent in the fall of 1991 when 23 people were massacred in a Killeen Luby's Cafeteria.

Although the Texas Critical Incident Stress Management (CISM) Network did not officially begin operations until 1992, much of the groundwork was being laid several years prior to that. For some time, Gene Weatherall, chief of the Bureau of Emergency Management, had been concerned about the harmful effects of stress on emergency workers. After attending a Critical Incident Stress Debriefing (CISD) course in Arkansas sponsored by Jeff Mitchell, PhD, and the American (now International) Critical Incident Stress Foundation, he returned to Austin determined to help the emergency workers in our state through the resources of the Texas Department of Health. Joe Stone, the Bureau's Emergency Preparedness Team leader and Ernie Rodriguez, Assistant EMS division director at the time (now with Medstar in Fort Worth) began developing a basic operating concept for the Network.

The need for CISM in Texas became even more apparent in the fall of 1991 when 23 people were massacred in a Killeen Luby's Cafeteria. Although CISM services were provided, from an organizational standpoint, it was somewhat chaotic. This event was the impetus for the decision that Weatherall made to assign me as state CISM Coordinator and to work full time in getting this program fully operational.

A new statewide advisory committee was then appointed (see page 32). Policies and procedures for the

operation of the Texas CISM Network were written and approved as well as sample policies and procedures for local CISM teams. A 1-800 statewide CISD hotline telephone number was set up (1-800-452-6086) and plans were made to bring Jeff Mitchell, PhD, and George Everly, PhD, of the International Critical Incident Stress Foundation to Austin in June to teach four different CISM courses to emergency services workers from all over the state.

The Texas CISM Network assists emergency service personnel (EMS, law enforcement, firefighters, disaster workers, nurses, dispatchers/communications, etc.) who experience a critical incident such as a line of duty death, death of a child or multiple casualty/fatality scenes. Mitchell has said that a critical incident is any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later. The education, services and intervention strategies provided by Network teams have been proven to return the emergency worker to duty faster and healthier. Confidentiality of debriefings is mandatory and there is no charge for this service, although reimbursement for travel and expenses is requested, if possible. These volunteer teams are comprised of dedicated individuals who freely give of their time and talents to provide a vital service to the EMS system.

The need for debriefing became apparent again when a pipeline ex-

ploded near Brenham in April, 1992, injuring 21 people, three fatally. Ron Haussecker, Washington County's Emergency Management Coordinator, saw the toll being taken on the emergency responders and called TDH for help. The Texas CISM Network responded and was up and running.

Two months later, more than 270 people attended the training courses by Mitchell and Everly, which at that time was the largest single training session the Foundation had ever conducted. To show its commitment to this effort, TDH gave out more than \$10,000 in tuition scholarships to volunteers who attended the training.


In February, 1994, I completed Mitchell and Everly's CISD Train the Trainer Course in Baltimore. In May, the Texas CISM Network began teaching the 16-hour Basic CISD Course throughout the state. In that year, 11 courses were taught; in 1995, 13 courses were taught; and by the end of 1996, 12 more courses will have been taught. As of August 1996, the Network has taught 31 Basic CISD Courses to 825 persons. Including the 273 persons who attended the Mitchell training in Austin, the Network has presently trained almost 1,100 emergency service workers to the Basic CISD level in Texas. Advisory Committee member Mike Fitts, PsyD, and Debra Conley, mental health professional for the Galveston CISM team, have volunteered their time and assisted me in teaching these courses, which are approved for continuing education credit by TCLEOSE for law enforcement personnel, TDH for EMS personnel, the Texas State Board of Examiners of Professional Counselors for Licensed Professional Counselors, the Texas Board of Social Worker Examiners for social workers and TDH's Continuing Nursing Education office for RNs and LVNs.

The number of CISM teams in the state has tripled since the establish-

ment of the Texas CISM Network. The current teams are listed below, and there are several more in some stage of development. Two research projects are also underway: one by Fitts and myself, and the other by Dr. Jack Hinds (also an Advisory Committee member) and Bill Mauldin.

Since its inception, Texas CISM Network has responded to hundreds of requests for debriefings for thousands of emergency workers. Last May, the Oklahoma City Fire Department called on the Texas Network to conduct its debriefings for the almost 1,000 members of their fire department. Team members from all parts of the state traveled to Oklahoma City and conducted 59 debriefings over a 10-day period. The members are continuously presenting educational sessions to groups while at the same time expanding their own education. The teams are being recognized more and more by emergency service organizations throughout the state as "experts" on stress management and intervention strategies, and are being called upon for assistance.

Just recently, the Texas Counselors Association (TCA) through Carolyn Ewbank, chair of the Clinician's Issues Committee (and mental health professional with the Network's East Texas CISM Team) has asked the Network to work with her committee in developing training standards for counselors, mostly school counselors, in responding to critical incidents within a school setting. The issues involved in dealing with a school-focused critical incident are very different from usual CISM team responses. In the near future, the Network will set up a state-wide task force to work with TCA.

As the Texas CISM Network continues to grow and expand, call us if we can be of assistance to you or if you have something to offer to help us. 

The need for debriefing became apparent again when a pipeline exploded near Brenham in April, 1992, injuring 21 people, three fatally.

Last May, the Oklahoma City Fire Department called on the Texas Network to conduct its debriefings for the almost 1,000 members of their fire department. Team members from all parts of the state traveled to Oklahoma City and conducted 59 debriefings over a 10-day period.

Texas EMS CISM Teams

Amigo CISM Team

Karen Gold, Psy.D.
1401 Montana, Suite L
El Paso, TX 79902-5654
915/532-7102

Arlington FD CISM Team

Robert D. Townley, Jr.,
EMT
2807 Hollywood
Arlington, TX 76013
817/459-5541
817/492-9603 - Home

Big Country CISM Team

Anna D. Farr, LVN,
EMT-P
P.O. Box 3518
Abilene, TX 79604
915/673-8121
915/698-8947 - Home

Bluebonnet CISM Team

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

Brownwood Crisis Response Team

Dave Fair, EMT
P.O. Box 753
Brownwood, TX 76804
915/646-1566
915/643-8786 - Pager

Central Texas CISM Team

Cheryl Watson, LVN,
EMT-P
214 Bufkin
Lockhart, TX 78644
512/398-7320
512/376-7521 - Home

Dallas Area Critical Response Team

Karen Pickard, RN, EMT-P
307 East University
Ovilla, TX 75154
214/205-2723
214/825-8546 - Pager
214/617-2498 - Home

East Texas CISM Team

Carolyn Ewbank, LPC
3402 Harwood
Tyler, TX 75701
903/581-0933
903/593-0445 - Home

Four States CISM Team

Dave Hall
P.O. Box 1967
Texarkana, TX 75504
903/798-3042(3)
903/798-0700 - Pager
903/792-1486 - Home

Galveston Co. CISM Team

Debbie Conley, RN, EMT
1718 Amburn, Suite B
Texas City, TX 77591
409/772-2485
409/643-1244 - Pager
409/945-4688 - Home

North Texas CISM Team

Cameron Brown, EMT
1000 Throckmorton Street
Fort Worth, TX 76108
817/871-6174
817/452-2315 - Pager

Permian Basin CISM Team

Vaughn Donaldson,
EMT-P
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Midland, TX 79705
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915/686-9702 - Home

Southeast Texas CISM Team

Joe Crutchfield
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Beaumont, TX 77704
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409/841-7874 - Pager

South Plains CISM Team

Scott Murray, EMT-P
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Spur, TX 79370
806/271-3231
806/271-4174 - Home
806/759-6296 - Cellular

Southwest Texas CISM Team

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San Antonio, TX 78229-5631
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210/235-3748 - Pager

South Channel/Bay Area CISM Team

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713/687-9514 - Pager

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915/621-3795 (pager)

Jack Hinds, D.Minn.

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713/549-7185 (pager)

Gary Waites, EMT-P

12605 Sunset Circle
Santa Fe, TX 77510
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713/949-8448 (pager)
713/581-3531 (FAX)

Mike DeLoach, EMT-P

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Littlefield, TX 79339
806/385-6694
806/743-8324 (pager)
806/385-5742 (home)

Karen Gold, Psy.D.

1401 Montana, Suite L
El Paso, TX 79902-5654
915/532-7102

Lee Sweeten, EMT-P

Public Health Region 8
Emergency Medical Services
1021 Garner Field Road
Uvalde, TX 78801
210/278-7173
210/278-7170 (FAX)

Upcoming CISD Courses

Sept 14-15

Nocona
Contact:
Joseph Gambill, Jr.
817/825-3282

Oct 5-6

Pasadena (San Jacinto College)
Contact:
Cheryl Angus
713/482-9487

Real medics don't get the blues: *Grief and loss with AIDS*

AIDS DEATHS CAN BE PARTICULARLY difficult because of the chronic and debilitating nature of this disease. Often medics have multiple contacts with a patient and bear witness firsthand to the loss of vitality, strength and health. Watching the slow decline of someone can't but remind us of our own mortality. This installment will explore how we as medics react; the next installment will examine how to support patients and their families during the grief process.


Our first need is to realize our own grief. Our culture has tended to encourage us to deny what is happening or to maintain a facade of calm acceptance, yet we all grieve. Contrary to popular belief, grief and loss are a part of our daily experience. Medics tend to focus on the large issues: the multi-car motor vehicle accidents, gunshot wounds with multiple victims, house fires with children involved. But the reality of grief and loss is that it can be as simple as the day we realize we're not invincible and that death comes to all of us. It may not be the single event that impacts us the most; frequently it is the cumulative effect of the daily trauma that ends up affecting our lives.

Still don't think grief impacts you? Take this simple quiz. How many times have you lain awake going over a case, wondering if there was anything else you could have done? How often do you engage in "sick" or dark humor? How many times have you hugged a loved one after being with a patient that bore the slightest resemblance to him or her? These are all signs of concern over someone or something lost or a threat to those very things we hold most dear.

Many of us have been taught that

death and injury are just part of the job. We are supposed to develop a tolerance and just keep going. Unfortunately, sometimes it takes a divorce, an ulcer or depression to clue us into the toll our work can take.

What can we do about it?

One of the most helpful and healthful things we can do is give expression to our grief in a positive manner. This may take the form of talking with a trusted friend or co-worker, a clergy member, or the member of a critical incident stress debriefing team. Many people find physical exercise, meditative thought or prayer helpful. If you're not the type of person that cries openly, don't try to force yourself. Dealing with grief is an individual process and it takes time. Most important is allowing yourself to feel what you feel. As you know, I work everyday with people living with AIDS. I talk with them, support them, help them find the things they need. I have held them when they cried. But I don't usually cry. Not too long ago I went to see the movie "Boys on the Side". At the end of the movie I began to cry, but I realized I wasn't crying about the movie. I was giving expression to hundreds of deaths I've seen. I was saying goodbye to men, women, children whose lives touched mine for a brief time. The point I hope to convey is that grief and loss will find expression somehow, either positively or negatively. We can control how it impacts our lives by controlling that expression in a positive way, or we can allow those feelings to seep out in ways we may not intend. The choice is ours. Take control of your grief before it takes control of you! 



This is the first in a two-part series on grief and loss

Starr Eaddy will be conducting a research project on EMS personnel for her master's thesis during Texas EMS Conference '96. If you wish to participate, please stop by her table at the conference, or write her at P.O. Box 34566, Dallas, Texas 75235.





By
John P. Frey, NREMT-P

PHOTO BY ALANA S. MALLARD

Hotter than a Jalapeño

Handling exposure to tactical chemical agents

On a warm spring day, students at the local high school are preparing for graduation. As the seniors are gathering to practice for the graduation ceremony, one student decides to cause some excitement. Pulling a can of pepper spray from his backpack, he sprays it into a crowd of students. When one of the students starts to have trouble breathing, EMS is summoned. Upon their arrival, EMS finds a 17-year-old male patient sitting in the school clinic complaining of difficulty breathing and a burning sensation on his face. Initial assessment by EMS notes a patent airway, labored respirations, and a rapid, strong pulse. EMTs also note that the patient has a oily, orange substance on his face. The patient's face is flushed with saline, but the flushing is discontinued when the patient complains of an increase in the burning. High flow oxygen by non-rebreather is established and the patient is transported to the local hospital. In route, the EMT providing care notices a burning sensation in her eyes after wiping them. The patient is treated and released within two hours. The EMT continues to have a burning sensation in her eyes for the next several days.

In addition to gloves and eye protection, providers might also need gowns and masks in dealing with a contaminated patient.

Introduction

Incidents of violence are dramatically increasing throughout the country. This epidemic touches field EMS providers from the most rural areas to the largest cities. People that once felt safe in their neighborhoods are now seeking means of protection. At the same time, events such as the Rodney King incident in California and the Branch Davidian incident in Texas have focused the public's attention on the use of lethal force by law enforcement agencies. As these issues continue to make headlines, both law enforcement and private citizens are turning in increasing numbers to non-lethal chemical agents such as pepper spray and Mace®. Police tactical teams now train and use as many non-lethal chemical weapons as they

Objectives

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

1. Identify the three tactical chemical agents generally noted in the field.
2. Identify the common medical presentations noted in patients that have been exposed to tactical chemical agents.
3. Describe the methods of decontamination for each of the tactical chemical agents.

do lethal ones.

A quick trip to the sporting goods store, gun show or even the local discount store will reveal personal protection sprays in a variety of sizes and formulas for use by private citizens. Law enforcement magazines contain dozens of ads for non-lethal chemical agents, each claiming to have the optimal formulation and delivery method for law enforcement use. Multilevel marketing companies are marketing personal defense spray product lines through their organizations. EMS personnel even carry these agents while on duty in case of an emergency, since many agency policies that prohibit weapons refer to firearms.

As the possession and use of these agents increase, EMS responses to patients exposed to them will also rise accordingly. Because of this, it is important that EMS personnel understand the various chemical agents in use and the appropriate treatment for patients exposed to them.

Chemical Agents through the Ages

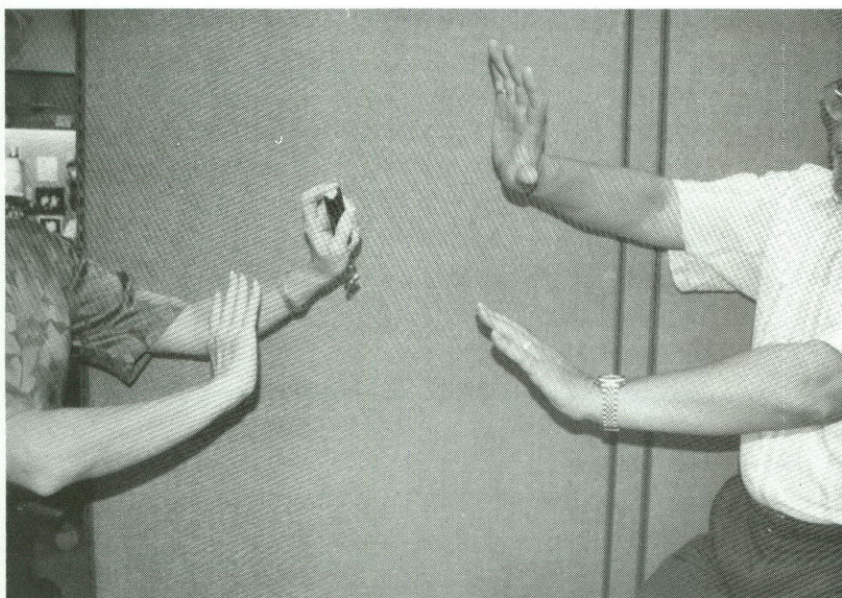
More than two thousand years ago, the Chinese tossed ground pep-

per in rice paper at their enemies. When it landed in the eyes of the enemy, the pepper mixture caused temporary blindness and the loss of the desire to fight. This is believed to be the first recorded use of a chemical weapon.¹

Many agents, such as the infamous mustard gas, were developed during World War I and proved their effectiveness on the battlefield. Frequently, these agents were formulated and delivered in dosages to kill or permanently injure. These agents were prohibited by global agreement from use in further military conflicts.

During World War II, an agent was developed that was not thought to be lethal, but proved effective for crowd control: Chloroacetophenone (CN). Civilian law enforcement embraced CN and it is still in use today. Immediately following World War II, another agent, Orthochlorobenzalmononitrile (CS) was developed by the British and found more chemically stable, less toxic, and more effective than CN. CS was widely adopted for use by American law enforcement agencies in 1965 and was initially used for crowd control. Both CN and CS are commonly known as "tear gas" or "Mace," although Mace® is a registered trademark for a brand of defense spray.

A relatively new agent that has come into common use in the last five years is known as Oleoresin Capsicum (OC). It is known by many names including "Peppermace," "Bodyguard," "Punch," "Karate in a Can," and "First Defense." OC has been used for many years by postal workers and utility personnel who face a daily battle with dogs. OC was widely accepted by law enforcement personnel after a three-year FBI study approved it for use by its agents and SWAT Teams. OC is currently the most common agent sold



for personal protection.

As the demand for chemical agents continues, the manufacturers continue to develop "hotter" and more effective concentrations and combinations of these agents. CN/OC and CS/OC combinations are being suggested for law enforcement use due to their ability to enhance each other's incapacitating abilities. New delivery methods for these agents continue to be developed and currently include smoke, aerosol sprays, dust grenades, 12-gauge-shotgun launched, 37mm-gun-launched, foggers and pressurized foam.

Why does my skin burn?

CN is a crystalline chemical that sublimates (vaporizes) to form a gas. CN is applied in a dust, smoke or aerosol form by use of grenades, launched projectiles or spray units. It is classified as a lachrymatory agent—that is, its primary action is on the upper respiratory system, causing tearing of the eyes and irritation of the nose. It has the odor of apple blossoms, but causes a burning or itching sensation to the skin, irritation to moist areas of the body, nose irritation, and flowing tears.² CN's effects normally start within a few minutes after exposure and can last up to 45 minutes. Although four deaths have been attributed to CN exposure, it is generally considered non-lethal.

CS is also a crystal that, like CN, sublimates into a gas. CS can be applied in dust, smoke or aerosol form, again by launched projectiles, grenades, or spray devices. CS reaction time is typically 20-60 seconds, depending on the dose, and its effects last from 10 to 30 minutes post-exposure. CS is classified as an irritant and causes effects ranging from extreme burning and involuntary closing of the eyes, a sensa-

tion of tightness in the chest and throat and a stinging sensation on moist skin.³ No deaths have been directly attributable to CS exposure.

OC, Oleoresin Capsicum, is a derivative of the cayenne pepper that can be applied as dust, aerosol, or foam from grenades or spray devices, although launched projectiles are becoming more common. Because OC will not burn, it cannot be applied in a smoke form. OC is fast-acting and causes immediate swelling of mucous membranes, involuntary closing of the eyes, uncontrollable coughing if inhaled, gagging, and the sensation of intense burning of the skin and mucous membranes. OC has been known to cause superficial burns, especially in fair skinned individuals. Anaphylaxis has been reported with OC exposure in rare instances, but no deaths have been attributed to it.⁴ The relative heat of an OC formulation is measured in Scoville Heat Units (SHU), a food industry standard measurement for foods such as peppers. OC formulations vary, but concentrations from 200,000 to 2,000,000 SHUs are common. By comparison, a jalapeño pepper has a SHU of 4000, where a cayenne pepper has a SHU of 100,000. OC is classified as an inflammatory agent and causes local vasodilation effects. This action serves to enhance its effect by allowing for more chemical permeation through pores in the skin.

How do we get this stuff off?

In many respects, the treatment for patients exposed to these chemicals is not unlike that for any other hazardous material exposure. Universal precautions, including gloves, eye protection, gowns, and HEPA masks will minimize most provider exposure from patient contamination. Providers should be careful not to become con-

taminated from the patient.

The first step in the treatment of an exposed patient, along with the treatment of any life threatening injuries, is the decontamination of the patient. Special attention should be paid to the patency of the airway and the effectiveness of respirations. In almost every case, these patients benefit immensely from immediate high flow oxygen therapy. Pulse oximetry is a recommended adjunct. Early endotracheal intubation may also be indicated, although the need for this is rare.

Contaminated patients can spread the agent to the EMS personnel, possibly incapacitating them. After donning gloves, gowns, eye protection, and masks, all contaminated clothing should be removed from the patient and sealed in a vapor-tight bag. All affected areas should then be washed in cool water. Special care should be taken to ensure that the patient's hair is well-rinsed, as this represents an area of high concentration of agent. Because of its oily nature, OC (pepper spray) should be flushed with cool water, and then removed by alternately patting the area with wet towels

and then dry towels.⁵ Soap is not initially used to remove OC because the oil in the soap tends to trap the agent in the pores of the skin. This additional contact time can increase the severity of the dermal burning. Note that when water is first applied to OC, it tends to increase the burning sensation due to the agent spreading to previously unexposed skin. When the visible traces of OC are removed, soap and water can be used to remove any residue. Commercial products exist to "neutralize" OC, but their effectiveness has not been shown to be superior to water. Patients should be transported with rear windows open and ventilation systems constantly exhausting to reduce exposure to the medics.

Anaphylactic-type reactions should be managed as anaphylaxis with high concentration oxygen therapy, epinephrine administration and the use of diphenhydramine. Administration of a steroidal agent such as Dexamethasone may help minimize edema.

Dermal exposure generally does not result in injury, although superficial burns have been reported, especially with OC exposure. Treatment for these burns should first ensure that all the agent is removed, and then treat as thermal burns. For isolated or small burns, wet sterile dressings provide relief of pain for the patient and are usually well-tolerated; however, the potential for hypothermia must be considered. In cases of large burns, dry sterile dressings should be used.

Care of eye exposure involves flushing for at minimum 15 minutes with an isotonic solution such as normal saline. Contact lenses should be removed immediately. Use of tetracaine hydrochloride or other ocular anesthetics may facilitate the flushing



procedure. Flushing adjuncts, such as a Morgan Lens®, may provide more control during flushing, although a nasal cannula hooked to IV normal saline or Ringers works well in a pinch. In most cases, flushing alone is sufficient to remove the agent from the eyes.

A common presentation post-exposure is that of Acute Hyperventilation Syndrome (AHS). This is generally noted in intoxicated persons or those already in a higher anxiety state such as from domestic disputes. Management of AHS includes calming the patient and coaching them to slow their breathing.

A factor commonly overlooked by EMS personnel when managing a chemical agent exposure is underlying problems. Common respiratory and cardiac conditions may be triggered or exacerbated by a chemical exposure. Remember that many patients who are exposed to chemical agents are intoxicated or under the influence of other pharmacological agents. Normal treatment for altered mental status (AMS) patients, including Naloxone, Dextrose, Thiamine and Flumazinil, should be considered in all unconscious patients.

An attempt should be made to

Chemical Agent Properties

	CN Chloroacetophenone	CS Orthochlorobenzalmalononitrile	OC Oleoresin Capsicum
<i>Odor</i>	Apple Blossoms	Peppery	Peppery
<i>Reaction Time</i>	1-2 minutes	20-60 secs	1-2 seconds
<i>Duration</i>	10-45 minutes	10-30 minutes	1-20 minutes
<i>Clinical Effects</i>	Tearing eyes Nose irritation Burning skin Itching skin	Burning eyes Runny nose Stinging skin Tightness in chest Dizziness	Closing eyes Coughing Skin inflammation Nausea Respiratory inflammation
<i>Application Method</i>	Fogger Grenade Dust Aerosol spray 37-mm-launched Shotgun-launched Smoke	Fogger Grenade Dust Aerosol Spray 37-mm-launched Shotgun-launched Smoke	Fogger Grenade Dust Aerosol Spray 37-mm-launched Shotgun-launched Foam
<i>Color Code</i>	Red (Law enforcement grenades and projectiles)	Blue	Orange

identify the chemical agent involved so that appropriate definitive care can be provided in the emergency department. The method of delivery (foam, dust, smoke, spray, or fog) and the duration of exposure may also yield clues to the patient's condition and subsequent treatment.

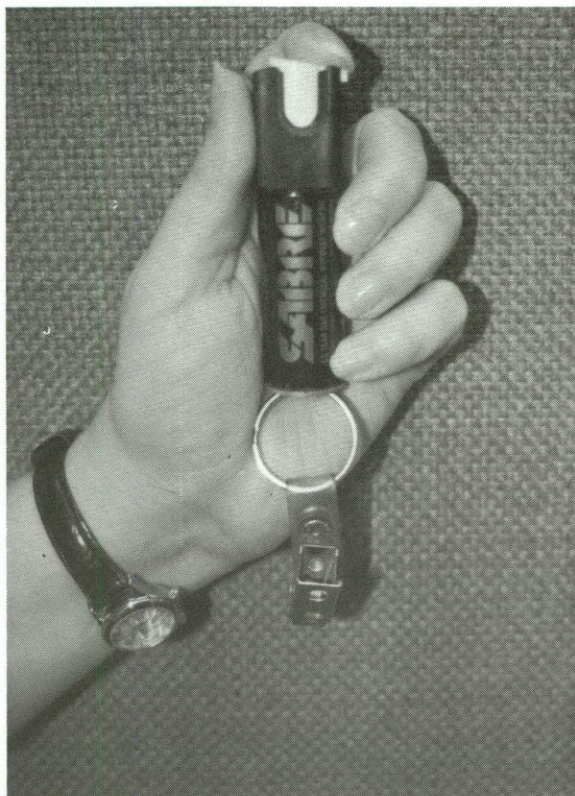
In the opening scenario, the EMTs responded to a patient who had been sprayed with oleoresin capsicum (OC). The inflammatory action of the OC resulted in the patient's dyspnea and the burning sensation. Washing the OC with water initially caused it to spread to unexposed skin, accounting for the increase in the burning sensation. Attempting to remove the substance and treating the dyspnea with high flow oxygen were both proper treatments. However, providers should always take care not to touch exposed areas of their body with contaminated gloves. Had the substance been recognized and identi-

fied, it could have been removed before transport saving the attending EMT from a "burning" experience.

Conclusion

The use of non-lethal chemical agents continues to increase in both the law enforcement and civilian sectors throughout the country. To safely provide care for exposed patients, EMS personnel must understand the effects and treatment for the commonly-used agents. A little caution during the treatment of an exposed patient may prevent a "burning" experience back at the station. 🚑

John Frey, a nationally registered paramedic, is manager of Environmental, Health, Safety, and Security for Compaq Computer Corporation. He has held similar positions with Boeing and NASA. With instructor certifications in Tactical Chemical Weapons and Control and Restraint, he has had the opportunity to experience the effects and treatment of tactical chemical weapons first-hand. Frey holds EMS and fire instructor certifications and is an educator with Metrocrest Medical Services and Montgomery College. Frey has been actively involved in the emergency services for 18 years. He will speak on handling chemical tactical weapons at Texas EMS Conference '96.



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2. Hall AH, Rumack BH (Eds): *MEDITEXT (TM) Medical Management*. Micromedex, Inc. Englewood Colorado (Edition expires 10/31/94).
3. *HSDB: Hazardous Substance Data Bank*. National Library of Medicine, Bethesda, Maryland (CD ROM Version). Micromedex, Inc., Englewood, Colorado (Edition expires 10/31/94).
4. Archambault T, Rookwood G: *O.C. (Oleoresin Capsicum) Instructor Training Manual*. Fourth Ed. Mace Security International, Bennington Vermont 1994.



1. The three common tactical chemical agents commonly encountered in the field include all of the following EXCEPT?
 - a. CN
 - b. CS
 - c. ON
 - d. OC
2. Peppermace, Bodyguard, Punch, and First Defense are all trade-names of which of the following type of agent?
 - a. CN
 - b. CS
 - c. ON
 - d. OC
3. Which type of tactical chemical agent has had deaths directly attributed to it?
 - a. CN
 - b. CS
 - c. ON
 - d. CS
4. Which of the following tactical chemical agents are crystalline particles that sublime?
 - a. CS and OC
 - b. CS and CN
 - c. ON and OC
 - d. CN and OC
5. OC is classified as an?
 - a. lachrymatory agent
 - b. irritant agent
 - c. inflammatory agent
 - d. subliming agent
6. Decontamination of tactical chemical agents include?
 - a. protecting the rescuer first
 - b. removing the patient's contaminated clothing
 - c. flushing contaminated areas with cool water
 - d. all of the above
7. Patients exposed to tactical chemical agents will always need endotracheal intubation.
 - a. true
 - b. false
8. Soap should be used initially to remove OC contamination from skin.
 - a. true
 - b. false
9. Common adverse patient reactions to tactical chemical weapons include?
 - a. dermal burns
 - b. anaphylaxis
 - c. acute hyperventilation syndrome (AHS)
 - d. all of the above
10. Dermal burns usually associated with OC exposure are of what severity?
 - a. superficial
 - b. partial thickness
 - c. full thickness
 - d. none of the above



11. Management of acute hyperventilation syndrome includes?
 - a. having the patient breath into a paper bag
 - b. calming the patient
 - c. placing the patient on high flow oxygen
 - d. putting the patient in a prone position

12. Treatment of anaphylaxis normally includes?
 - a. sodium bicarbonate
 - b. lidocaine
 - c. epinephrine
 - d. adenosine

13. Patients with altered mental status (AMS) should be treated using which of the following?
 - a. naloxone
 - b. dextrose
 - c. flumazinil
 - d. all of the above are indicated

14. Determination of the type of agent and delivery method used is not important for determining patient treatment methods.
 - a. true
 - b. false

15. Ocular anesthetics, such as tetracaine hydrochloride, are useful when attempting to flush agent from the patient's eyes.
 - a. true
 - b. false

This answer sheet must be postmarked by October 25, 1996

CE Answer Sheet #6 — September/October 1996 *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

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

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

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

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

Answer Form

Check the appropriate box for each question.

- | | | | | | | | |
|--------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | 9. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 2. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | 10. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 3. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | 11. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 4. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | 12. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 5. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | 13. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 6. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | 14. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 7. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | 15. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 8. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | | | | |

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

By Eddie B. Callender, Jr.,
Bay City EMS

Better billing 101 *These tips may help you get reimbursed for your services*

From rural volunteers to big city career medics, we all want more than we presently have. The only real difference lies in exactly *what* we want. Struggling volunteers may want to replace an old traction splint, buy a new radio, or put a pulse oxymeter on board. The big city guys may want exercise equipment for the station, some new technology for the ambulances or a pay raise.

In every case, the fulfillment of these wants requires dollars.

People expect to pay for health care, including EMS. This is especially true if it is good health care. Regardless of the type and tax status of the EMS provider, Medicare, Medicaid and private insurance companies recognize the value and necessity of emergency medical services, and are willing to pay for them. If we are doing our jobs well, we ought to accept reasonable payment for our services so that we can maintain and improve our capabilities.

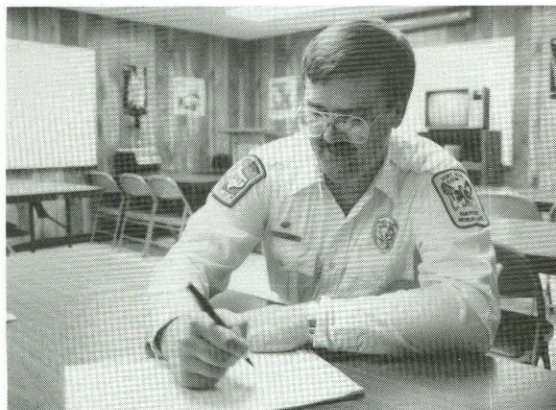
Missing from most EMS training courses is information on the EMT's roles and responsibilities to his/her

service to properly document the legitimate use of EMS so that claims for services will be paid. While the subject of reimbursement could be examined from many angles, we will look only at proper field documentation in this article.

As with so many other unpopular EMS topics, getting the right attitude is equivalent to winning at least half the battle. Field medics from all types of services need to understand two things. The first is that insurance, Medicare and Medicaid *will pay* for legitimate emergency medical services, including transfers. This represents "dollars" outside that can be brought back into the local economy. Remember that our Medicare patients pay Medicare premiums and insured patients pay insurance premiums. Outside dollars may also help reduce the local tax burden.

Secondly, when writing the run report narrative, the medic must tell why EMS was a required element of the health care needed by the patient. The question is, "Why were you, Mr./Ms. EMT, so important to this patient?" Every time we write a report on a legitimate call, we get to tell why we are so important. In fact, we get to justify our existence. If we justify our existence, we will probably get paid for the important services we render.

If a call meets Medicare criteria for reimbursable transport, you can bet it will meet everyone else's. Medicare requires that ambulance service be medically necessary and reasonable according to the diagnosis. In addi-



tion, it must be demonstrated that the patient's condition is such that use of any other method of transportation is contraindicated, whether or not it is available.

Key elements in having a claim approved: the transport is a result of an emergency situation; the patient needs to be restrained, is unconscious or in shock; the patient requires oxygen or other treatment enroute; the patient must remain immobile because of a fracture that has not been set or the possibility of a fracture; the patient sustains a CVA or MI or is experiencing severe hemorrhage; or the patient is bed-confined before and after the ambulance trip, or can be moved only by stretcher.

Diagnoses which justify ambulance transports include: acute abdominal pain, anaphylaxis, asphyxiation, status asthmaticus, burns, debilitating cancer, cardiac dysrhythmias, cerebral embolus, hemorrhage, ischemia or thrombosis, chest pain, choking, coma, congestive heart failure, deliriums tremens, diabetic coma or insulin shock, dyspnea, seizures and back injury.

Under no circumstances should a medic be deceptive in writing a report. Besides being unethical, Medicare and Medicaid may impose stiff penalties for the submission of fraudulent claims. On the other hand, we must make the best case that we legitimately can on each report we write to enhance our chances of approval and payment. It's simple economics: the more we bring in, the more we can spend on personnel, equipment, ambulances, and other supplies. When we write our reports, we must prove that EMS played a vital and necessary role in the care of our patient. In so doing, we will not only fulfill our responsibility to our service, we will make positive steps toward the realization of our "wants." 🐾

Jeff Jarvis says goodbye

As many of you know, I have spent the better part of the last four years promoting EMS education in Texas and assisting coordinators to improve their programs. While this work has been very rewarding, it is time for me to move on to new challenges.

I have been offered the opportunity to run the EMS Education program at Scott & White Hospital in Temple. After much thoughtful discussion with my wife Kristi and several close friends, I've decided to accept the offer. I began my new job on June 24.

As the Director of EMS Education, I will be taking over for Dr. Jim Moshinski. You'll note, of course, that I didn't say replacing him. Mo leaves me an established program with some rather large shoes to fill. While I know that it will be hard work, I'm excited about the opportunity this position offers.

As excited as I am about my new position, I'm just as sad about leaving TDH. While there have certainly been frustrations, I truly enjoyed serving as the State Training Coordinator. I've been able to meet many of the educators in our state and I've learned a great deal from them. I've also been able to discuss education with the training coordinators in other states. I am very proud to say that I think Texas has one of the best EMS systems in the country. As often as we complain about our own systems, it's really quite interesting to look outside and see what a good job we're really doing.

As I've told many people, this is a great time to be involved in EMS. The forces of change are very clearly beginning to effect our profession. This tidal wave which has been effecting the rest of the health care industry is now upon us. It's clear that EMS systems of the future will be considerably different than they are today. Our challenge is to direct that change in a way that is favorable to us, and more importantly, to our patients.

I plan on continuing to work towards directing that change. I feel very strongly that we need to move forward with our plans to create an additional level of paramedic in Texas. I believe that the creation of a Licensed Paramedic, that is, one who has graduated from a nationally accredited college with at least an associate's degree in EMS and has passed a national exam, will give our profession more flexibility when dealing with the future of health care. While I understand that this may not be for everyone, I feel that this option should be available for those who want to continue their EMS education. Along those lines, I plan to continue to support the direction of the new paramedic curriculum. If you haven't yet reviewed the progress on this project, I strongly urge you to do so. Use your internet web browser to go to the project's home page at <http://www.pitt.edu/~para med/> and let the developers know how you feel about it.

I also believe that the educators in our state must become better organized and find a united voice with which to address these pressing issues. I hope to work with you to create this voice so that we can continue to improve the quality of EMS education in Texas! 🐾

Safety Pages

National Fire Prevention Week is October 6 -12

Did you know that the U. S. has one of the highest fire death rates in the industrial world? Nationally, a residential fire occurs every 66 seconds. In Texas, a fire occurs approximately every five minutes. But many of these fires and fatalities could be prevented by having a portable fire extinguisher handy. In honor of National Fire Prevention Week, Ready Teddy is donning his firefighter's helmet to give you these tips to pass on to your community.

During National Fire Prevention Week, get to know your ABC fire extinguisher. Portable fire extinguishers can be used to put out or contain a small fire until the fire department arrives. They are not designed to fight large or spreading fires, and so are useful only under certain conditions.

Always caution when operating a fire extinguisher. Extinguishers, if used incorrectly, can cause a fire to spread in front of the pressurized extinguishing agent. So always have a clear escape route when using a fire extinguisher.

There are three basic classes of fires, categorized by the fuel of the fire. Class A fires involve ordinary combustibles such as wood, clothes and paper. Flammable liquids such as gasoline, oil and oil-based paint are Class B fires. And Class C fires are caused by energized electrical equipment, such

as wiring, fuse boxes, circuit breakers and appliances. A multipurpose fire extinguisher marked ABC may be used on all three classes of fires. There are other classes of fires, but these are industrial fires and may not be handled by portable fire extinguishers.

Have an ABC fire extinguisher available in the kitchen to contain cooking fires before they spread. The extinguisher should be located away from the cooking surfaces, yet easily available. A pan lid or baking powder can also smother a fire. Never put water on a grease fire, because water will cause the grease to splash and spread the fire.

And before fighting any fire, make sure that the fire department has been called and that everyone is leaving the building.

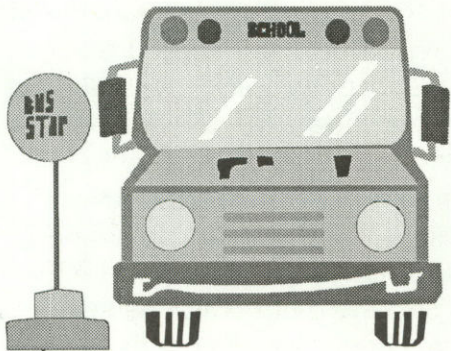
The Texas Commission on Fire Protection, Public Education Section, offers a curriculum for fire prevention and safety for grades Kindergarten through 8th and for high school health and economics classes. One set of the curriculum's master copies is free for fire departments and volunteer fire departments to copy for their use, with each additional set costing \$1.00 per book. For EMS organizations, a set of master copies costs \$1.00 per book (five book minimum). The Texas Commission on Fire Protection also has free master copies of brochures about fire prevention and safety. For more information, contact the



Texas Commission on Fire Protection,
P. O. Box 2286, Austin, TX, 78768,
(512) 918-7100 or visit their web site at
<http://www.tcfp.capnet.state.tx.us>

Big yellow means pay attention

School Bus Safety Week, October 20 - 26



Children ride them to school in the morning, on field trips during the day and back to home in the afternoon. Doesn't it make sense to highlight school bus safety? National School Bus Safety Week is October 20-26. The theme, "Big Yellow Stops, Everyone Stops," reminds drivers that, by Texas state law, same-side vehicles must stop when buses have flashing red lights, have a STOP sign displayed from the side of the bus, or are halting to load or unload children. When the road has only a stripe or a turn lane dividing it, vehicles on both sides of the road must stop when buses are loading or unloading children. When the road has a clearly defined median, opposing traffic is not required to stop. Flashing yellow lights on a bus are a warning to drivers to be prepared to stop. The slogan also reminds drivers to watch for children

unexpectedly crossing the street when they get on or off a school bus. For information about school bus safety and traffic laws, call the National School Bus Transportation Association at (703) 644-0700 or your local DPS office.

TEXAS EMS CERTIFICATIONS AS OF JULY 31, 1996

ECA	8,271
EMT	25,418
EMT-I	3,489
EMT-P	10,033
TOTAL	47,211
COORDINATOR	378
INSTRUCTOR	1,637
EXAMINER	1,876

A Halloween Safety Idea



Trick or treat! A Halloween community party for kids is a safe alternative to trick-or-treating. Better yet, have Ready Teddy visit your party to hand out coloring books and stickers. Staying at home on Halloween? Hand out Ready Teddy stickers with your treats. Send in the order form on the back of the cover or call (512) 834-6700 to order coloring books and stickers.

Conference Man Riddle



What has 4,582 legs, eats thousands of doughnuts, buckets of barbecue, cartloads of chicken fried steaks and stays in the same spot for five days? Hint: 35,000 education hours. See page 10 for answer.

Did you read...

By Kelly Harrell

The simple act of putting babies to bed on their backs instead of their stomachs may be the reason for the 30 percent drop in sudden infant death syndrome in U.S., according to a federal study

Researchers say rear-facing child safety seats should not be placed in the front seat. The airbag, which can deploy at velocities up to 200 miles per hour, can strike the back of the safety seat and the force can be transmitted to the infant's head. This can be avoided by placing the safety seat in the back seat of the vehicle.

Rear-facing child safety seats placed in the front seat of cars can cause potentially lethal injuries in cars equipped with passenger-side airbags. In a case reported in *Pediatric Emergency Care*, a three-week-old infant was restrained in an approved, rear-facing safety seat in the front seat of a car equipped with a passenger-side airbag. The vehicle was involved in a moderate-severity frontal collision in which the airbag deployed. The driver sustained a knee injury and a pelvic fracture, while the infant remained securely in her safety seat. Initially the infant had spontaneous respirations with palpable pulses, but then became apneic and pulseless and had to be intubated in the field. Resuscitation at the hospital was unsuccessful. A CT (computerized tomography) scan showed a massive subgaleal hematoma with bilateral parietal fractures as well as massive cerebral edema with compression of the ventricles. Researchers say that the airbag cover flap and airbag fabric, which can deploy at velocities up to 200 miles per hour, struck the back of the safety seat and the force was transmitted directly to the infant's head. Rearward movement of the infant then stopped abruptly when her head hit the front seatback of the vehicle. Both of these contacts contributed to her lethal injury. The injury could have been prevented by placing the safety seat in the back seat of the vehicle.

From *Pediatric Emergency Care*,

12(3): 201-2, 1996. "Lethal airbag injury in an infant," by Celeste M. Hollands MD, et al.

The National Institute of Aging has found that women who lose a lot of weight after age 50 significantly increase their risk of hip fractures. The increase is so pronounced that researchers recommend that doctors take the weight history of postmenopausal women into account when assessing their hip-fracture risks, and prescribing preventive measures. Each year 250,000 Americans suffer hip fractures, and 17 percent of 50-year-old white women will fracture a hip during their remaining years.

From TDH's News Clips, *Houston Chronicle*, "Risk of hip fracture," June 4, 1996.

Two consumer groups who teamed up to study America's playgrounds found that most are not safe. The Consumer Federation of America (CFA) and the U.S. Public Interest Research Group surveyed 562 playgrounds in 25 states and Washington, D.C. In a report, the groups said:

- 85 percent of playgrounds lacked adequate protective surfacing, based on standards CFA is proposing. That group calls for wood chips or sand nine to 12 inches deep beneath play equipment or rubber mats.
- 9 percent have cement, packed dirt or asphalt under equipment. However, that figure is an im-

provement over the 31 percent reported in 1992 and the 13 percent reported in 1994.

- 47 percent have equipment with small gaps, open S-hooks, or other protrusions that can snag clothing, especially hood drawstrings, and cause strangulation.

For a copy of a brochure on CFA criteria, send a self-addressed, stamped envelope to Parent Checklist, P.O. Box 12099, Washington, D.C., 20005-0999.

From TDH's News Clips, *USA Today*, "Most playgrounds unsafe, consumer groups say," by Dennis Kelly, June 11, 1996.

Diabetics will soon will be able to choose a new type of insulin that promises to work faster than current therapy. The Food and Drug Administration has approved Humalog, which essentially conventional insulin with a twist. Eli Lilly & Co. switched two amino acids in the synthetic hormone so that it would better mimic the rapid way that a healthy body produces insulin after a meal. Currently, diabetics must take insulin shots about an hour before eating. The new drug can cut that time to 15 minutes.

From TDH's News Clips, *Dallas Morning News*, "Fast-acting insulin for diabetic OK'd by FDA," June 18, 1996.

Latex gloves may not give you the protection you need. A recent study found that when latex becomes wet, e.g. with sweat, some gloves allow infectious agents through, and defects in improperly manufactured gloves may present a greater hazard than previously thought. Medical College of Wisconsin researchers tested six brands of

sterile surgical gloves by placing and HIV-sized microbe inside the gloves while they were suspended in water. Result: One-third of the gloves allowed the microbe through.

From *Occupational Safety and Health Reporter*, "Latex gloves less virus-resistant than previously thought," 0095-3237, April 3, 1996.

The simple act of putting babies to bed on their backs instead of their stomachs may be the reason for the 30 percent drop in sudden infant death syndrome (SIDS) in U.S., according to a federal study. Researchers say that at least 1,500 babies have been saved in the last two years through this public information campaign. The "Back to Sleep" campaign is credited because "nothing else has changed," according to Dr. Duane Alexander of the National Institute of Child Health. Sleep position isn't the only factor connected to SIDS. Others include smoking in the room where the child sleeps, using fluffy bedding that can smother a child and keeping the room too warm.

From TDH's News Clips, *San Antonio Express News*, "Study says fewer babies sleeping on stomachs is beating SIDS," Associated Press, June 25, 1996.

For the first time, the Centers for Disease Control and Prevention has issued investigation guidelines to help coroners and police distinguish between crib death and homicide in infants who die suddenly. CDC has released a standardized, six-page form for noting such things as the position of the infant's body, any suspected injuries and any evidence of drug use in the home. The recommendations may reduce the

For the first time, the Centers for Disease Control and Prevention has issued investigation guidelines to help coroners and police distinguish between crib death and homicide in infants who die suddenly.

TDH staff members found that 3,396 Texans died from gunshot wounds in 1994, compared to 3,307 who died as a result of injuries involving motor vehicles.

Researchers from Arizona and North Carolina have discovered two cases of lead poisoning in children who ate pieces of cue chalk. Both of the children lived in homes with pool tables.

One of the worst fears of elderly people who live alone is that they'll become incapacitated and be unable to get help. Now a study in the *New England Journal of Medicine* shows it happens frequently. Typically, victims fell and were unable to get up.

likelihood of an incorrect SIDS diagnosis, the CDC said.

From TDH's News Clips, *Austin American-Statesman*, "Crib death, murder guidelines," Associated Press, June 21, 1996.

Researchers from Arizona and North Carolina have discovered two cases of lead poisoning in children who ate pieces of cue chalk. Both of the children lived in homes with pool tables. The chalk is rubbed on the end of a cue stick to keep it from slipping off a pool cue. Both children, a 28-month-old female and a 27-month-old male, had been seen with chalk in their mouths. In a study published in the June issue of *Pediatrics*, investigators determined the lead content of 23 commercial brands and colors of pool-cue chalk, including the brands implicated in the two cases of lead poisoning. Three of the chalks sampled—Pioneer Chalk's green and tangerine chalks, and Master Chalk's green chalk—contained lead levels typically considered a childhood lead hazard. Remaining samples had very low levels of lead. Rather than getting rid of your pool table, researchers suggest simply changing the brand of cue chalk you use.

From TDH's News Clips, *Dallas Morning News*, "Cue chalk blamed for cases of lead poisoning in kids," by Peter Modica, June 26, 1996.

One of the worst fears of elderly people who live alone is that they'll become incapacitated and be unable to get help. Now a study in the *New England Journal of Medicine* shows it happens frequently. The risk of becoming helpless or dying at home is 16 times higher

for someone 65 or older than that of having a heart attack. Typically, victims fell and were unable to get up, or they became too weak to get out of bed or up from the couch. Those found quickly were usually discovered by neighbors, friends or landlords. Researchers suggest that people be "nosy neighbors" and establish calling circles among friends.

From TDH's News Clips, *USA Today*, "Elderly have reason to fear dying alone," by Tim Friend, June 27, 1996.

The proportion of homicides due to gunfire jumped almost 18 percent in the last ten years, making firearms the cause of almost three-quarters of all homicides, according to a report released by the Centers for Disease Control and Prevention. And according to a study by the Texas Department of Health, for the fifth year in a row, more Texans died from firearms than motor vehicle crashes. TDH found that 3,396 Texans died from gunshot wounds in 1994, compared to 3,307 who died as a result of injuries involving motor vehicles.

From TDH's News Clips, *Houston Chronicle*, "More homicides involve firearm use," by Tara Meyer, June 7, 1996, and *Cleveland (TX) Advocate*, "Firearms lead deaths," May 29, 1996.

The world's first home HIV testing kit is now available over-the-counter for about \$40. Users of the test kit prick a finger and place three drops of blood on a paper card. They mail the card to a lab under contract by the manufacturer, and get the results a week later over the phone, using a personal access code. If the result is nega-

over the phone, using a personal access code. If the result is negative, users get a recorded message in most cases. If the test is positive, the call is put through to a counselor.

From TDH's News Clips, *Austin American-Statesman*, "HIV home kit to make Texas debut," by Leigh Hopper, June 21, 1996.

The Centers for Disease Control and Prevention (CDC) published this year the results of a study of 710 health care workers who tested positive for HIV after contact with HIV-infected blood. In the study, the CDC listed factors that increase the likelihood of contracting the AIDS virus on the job, including a "deep injury," visible blood on the device causing the injury, a procedure involving a needle placed directly in a vein or artery, and terminal illness in the source patient. Also, HIV infection among health care workers who are exposed was reduced 79 percent when they promptly began using zidovudine (ZDV, also known as AZT). A study reported at the Third Conference on Retroviruses and Opportunistic Infections early this year found 829 health careworkers among the 78,207 adults with AIDS in the U.S. Of those, only 18 were EMTs.

From *JEMS*, Inside EMS, "CDC Releases Risk Factors for Provider HIV Infection," by Marion Garza, April 1996.

A study of 74 collisions in Houston involving emergency medical services vehicle collisions produced some surprising results: A few drivers with previous emergency services vehicle collisions (EMVCs) account for a disproportionate

number of EMVCs and nearly 90 percent of all injuries. Researchers found no statistical association between occurrence at an intersection and severity, day versus night, weekend versus weekday, presence or absence of precipitation or use of warning lights and sirens (WL&S) versus severity of collision. Drivers with a history of previous EMVCs were involved in 33 percent of all collisions, and five drivers, all with previous EMVCs, accounted for 88.2 percent of all injuries. The authors conclude that they suspect that a history of EMVCs, rather than WL&S, intersections, weather or time of day, ultimately will prove to be a major determinant of EMS collisions.

From *Prehospital and Disaster Medicine*, (11)3: 195-201, 1996. "Emergency Medical Vehicle Collisions in an Urban System," by William A. Biggers Jr., MD, Brian Zachariah, MD, and Paul E. Pepe, MD.

According to a study of 74 emergency services vehicle collisions (EMVCs) in Houston, drivers with a history of previous EMVCs accounted for 33 percent of the EMVCs.

Contact Gay Knight for more information at (512) 834-6700 or FAX (512) 834-6736.

Think Child Safety Manual

Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

Mail to: Gay Knight/EMS
Texas Department of Health
1100 W. 49th Street
Austin TX 78756.

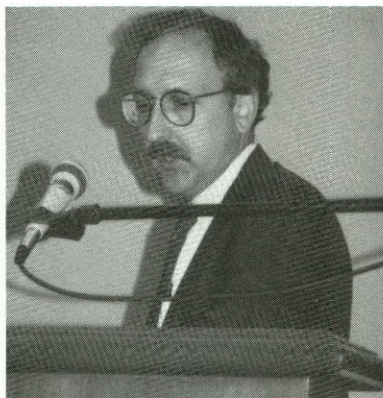


Public hearing held on DNR process

A public hearing on the Out-of-Hospital Do Not Resuscitate (DNR) Order was held on July 18, 1996, at the Texas Department of Health. Ron Mansolo, associate commissioner of the Associateship for Health Care Quality and Standards, facilitated the hearing; Pam West, and John Rinard of the Bureau attended. Seven people offered comments on the draft copy. All were supportive of the draft rule and accompanying form and suggested changes that might make the rule and the form more clearly understood. Bill Moore, MD, representing the Texas College of Emergency Physicians, said, "By getting family members together with the doctors, filling out the DNR forms may become part of the healing process for the family." A representative from the Travis County Right to Life organization expressed concern about the lack of address of the issue of pregnant women and DNR Orders.

The rule was submitted to the Texas Board of Health during the June 28 meeting and public comments were accepted through August 15. The rule will be submitted for final adoption by the Texas Board of Health at the September 13 Board of Health meeting.

Seven individuals offered comments at the July 18 DNR public hearing. Hugh Barton, assistant counsel for Texas Medical Association, suggested changes to clarify the DNR form for physicians.



Fees revisited *(Continued from page 7)*

and the supporting documents to get the most prompt service, 2) TDH regional EMS test proctors are not sure if every candidate they test has submitted all required documents and paid the fee, and 3) TDH central office staff has to handle many of the applications several times before being able to grade the answer sheet and issue certification.

Generally, the EMS certification customers are not getting quick, efficient certification, which is unacceptable to everyone.

... Then Fix It

Central and regional office TDH staff met, discussed the problems, and worked out a solution. It was decided that:

All applications and supporting documentation and fees will be submitted to the regional office where the candidate intends to sit for the exam or CE evaluation; and

TDH regional EMS personnel will examine the documents for correctness and completeness, and will directly contact the course coordinator, the firm's training officer or the individual candidate to solve any errors or deficiencies that exist; and

TDH regional EMS personnel will accept the candidate's payment of fees and will quickly forward acknowledgment directly to the central TDH EMS office with the other documentation; and

TDH regional EMS personnel will submit only correct and complete applications to the central office for data entry; and

TDH regional EMS personnel will not test any candidate unless they have direct proof that the candidate has met all eligibility requirements; and

TDH central office personnel will enter the data and grade the exam, and send out results and/or certificates much more quickly, as no deficiency letters will have to be written or mailed. 🐾



1996 Texas EMS Photography Contest Entry Form

Photographer's
Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

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

Deadline for entering: October 15, 1996

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



Photo Contest Rules

- Anyone is eligible; no entry fee is required.
- Entries must be received **no later than October 15, 1996**. Winners will be announced at the Texas EMS Conference, November 24-27, 1996.
- Unmatted prints **8x10 inches** or **5x7 inches** may be submitted, in color or black and white. Fill out the entry form on this page, tape it to the back of your photograph, and mail your entry to: Jan Brizendine, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756-3199.
- The Texas Department of Health will keep all photo entries and will have the right to publish entries in TDH publications. Photographer's name will be printed along with the photo. Ownership of the negative will remain with the photographer.
- Two grand prize winners will be chosen—a color photo category and also a black and white photo category. Each winner will receive \$100 and a plaque. One first place winner will receive \$75 and a plaque. One second place winner will receive \$50 and a ribbon, one third place will receive \$25 and a ribbon. One honorable mention winner will receive a ribbon and \$15. Judges will select winning photographs based on artistic composition, originality, visual appeal, and good patient care.

Texas EMS

M a g a z i n e

\$20 for 2 years

Your point of contact with the agency that regulates Texas EMS - taking state and national EMS issues and answers to emergency medical services professionals serving in every capacity across Texas.

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1100 West 49th Street
Austin, Texas 78756-3199

M

**Texas Association of EMTs 1996 State Skills Competition Championship &
World Valsalva Bowl Competition Championship**

Sunday, November 24, 1996 8:00–5:00 pm
The Radisson Plaza Fort Worth, Texas

Skills

Team Composition—3 Members, 1 Alternate

ALS Team
EMT/P & EMT/I
May have 1 BLS member

BLS Team
ECA & EMT
All BLS

Entry Fees
Teams

All TAEMT members \$50; Non TAEMT members \$75

ALS Competition
Written exam
Medical call (megacode)
Trauma call
Fun event (2)

BLS Competition
Written exam
Medical call
Trauma call
Fun event (2)

Valsalva Bowl World Championship Competition
Preliminaries run concurrently with Skills Competition

Championship Rounds at TAEMT Awards Meeting
Monday Night, November 25, 1996

Team Composition

3 Members + 1 Alternate

All members must have Texas EMS Certification—may be any combination of ECA, EMT, EMT/I, EMT/P

Entry Fees

Teams of all TAEMT members \$15.00;
Teams of non TAEMT members \$25.00

Awards

Best ALS and BLS exam score; Best ALS and BLS medical call; Best ALS AND BLS trauma call

Best fun event scores

ALS State Champion; BLS State Champion

For rules and entry package: Texas Association of EMTs, 202 S. Columbia Dr, West Columbia, TX, 77486 or (409) 345-6352.

**Texas EMS Conference '96
Golf Tournament**



November 24, 1996
Registration Form

Make check to: **MedStar**
Mail to: Golf Tournament
MedStar/TLC
Derek Peters
3010 S. Grove
Fort worth, TX 76104

Cost: \$50 per player

Course:

The Golf Club at Fossil Creek, I-35 at NE Loop 820,
3401 Clubgate Drive, Fort Worth, TX

- Scramble Format
- Prizes: 1st, 2nd, 3rd, longest drive, hole-in-one, closest to the hole
- All prizes will be awarded immediately following

For information contact Derek Peters at (817) 927-4455

Contact Name _____
Address _____
City _____ State _____ Zip _____
Phone: HM _____ WK _____
Players:
1. _____
Phone: _____ Average score _____
2. _____
Phone: _____ Average score _____
3. _____
Phone: _____ Average score _____
4. _____
Phone: _____ Average score _____

1996 Texas EMS Award Nomination Application



Texas EMS Conference '96
November 24-27, 1996

EMS Awards Categories

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

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

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

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

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

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

Public Provider Award honors an organization operated by a county, municipality, tax-based hospital, or state or local government agency which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

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

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

This nomination is for:

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

Name of nominee _____

Street address of nominee _____

City _____ State _____ Zip _____

Telephone number of nominee _____
Area code

Your name _____

Your street address _____

City _____ State _____ Zip _____

Your level of certification _____

Your daytime telephone number _____
Area code

Your service or other affiliation _____

Your signature _____ Date _____

Send awards to:

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

Nomination must include not more than 3 typewritten pages of background or documentation

Nominations must be postmarked by October 1, 1996.

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

We will announce award winners at Texas EMS Conference '96 during the Awards Luncheon on November 26, 1996.

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.

A.S.A.P. Ambulance, Deer Park, Texas. Administrative penalty of \$250.00. EMS Rule 157.11 (m)(11) failure to notify department of change in medical director.

City of Azle E.V.A.C. Azle, Texas. Agreed to eighteen months probation of provider license from March 1, 1995, to October 1, 1996. EMS Rule 157.11 (a) (I) failure to have a medical director for the advanced level service.

Bertin, Randal P., Spring, Texas. Agreed to twelve months probation of EMS Coordinator Certification from September 25, 1995, to September 25, 1996. EMS rule 157.64 (a)(7) Coordinator compromise of examination process and (8) fail to maintain integrity of the course.

* **Bisbee, Stephen Girard**, Combine, Texas. Probation of EMT-Paramedic recertification through January 31, 1997. EMS Rules 157.44(c), 157.51(b)(16) and (c), and 157.53(3), misdemeanor conviction while holding current EMT-Paramedic certification.

* **Bradley, Dennis Mark**, El Paso, Texas. Three month suspension of EMT-Paramedic certification starting June 28, 1996 through September 28, 1996. Additional nine month probation through June 28, 1997. EMS Rule 157.51(b)(1) and (20), intentional falsification of patient records.

* **Brookes, Jesse Glen Jr.**, Port Isabel, Texas. Six months probation of EMT recertification through January 12, 1997. EMS Rules 157.44(c), 157.51(b)(16) and (c), and 157.53(3), misdemeanor conviction while holding current EMT certification.

Calder, Yulonda Lynn, Kemp Texas. Twelve months probation of EMT certification through January 8, 1997. EMS Rules 157.44(b)(1) and (c), and 157.53, misdemeanor conviction.

Christian, Aaron Louis, Beaumont, Texas. Two years probation of EMT certification through October 19, 1997. EMS rules 157.44(b)(1) and (c), and 157.53, felony conviction and misdemeanor convictions.

* **City County EMS**, Mineral Wells, Texas. Agreed to administrative penalty of \$250 and one year probation. EMS Law Section 773.050, failure to have two certified personnel on emergency medical services vehicle 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.

* **Cruz, Juan Jose**, Aransas Pass, Texas. Decertification of ECA certification and denial of EMS certification. EMS Rules 157.44(b) and (c), 157.51(b)(16), and 157.53, past misdemeanor convictions and a new misdemeanor conviction while holding current EMS certification.

* **DeMoss, James E.**, San Antonio, Texas. Emergency Suspension of EMT-Paramedic certification. EMS Rule 157.51 (a)(1)(A) reasonable cause to believe certificant creates an imminent danger to the public health or safety: felony charges.

EM-CARE Ambulance Inc., Edinburg, Texas. Administrative Penalty of \$4,000.00. EMS Rule 157.11(a)(1)(F) Certificate of insurance not in force for provider.

Glass, Michael Allen, Monahans, Texas. Emergency suspension of EMT-Intermediate certification. EMS rule 157.51(a)(1)(A), imminent danger to the public health or safety; felony indictment while currently certified.

Guerrero, Reynaldo, aka Guerra, Reynaldo, Dallas, Texas. Decertification of EMT certification. EMS Rule 157.51(2)(P), (Z), falsification of an application for certification, failure to report felony conviction.

Hagar, Kathleen, Girard, Texas. Twelve months suspension of EMT certification starting February 13, 1996, to February 13, 1997. EMS Rule 157.51 (2)(A), (B), (H), under the influence of alcohol which affects certificant's ability to render aid according to accepted procedures or protocol.

* **Hathaway, Kenneth Aurther**, Gonzales, Texas. Twelve months probation of EMT certification through July 12, 1997. EMS Rules 157.44(c), 157.51(b) and (c), and 157.53, misdemeanor conviction.

Haxton, Ricky Joe, Tyler, Texas. Twelve month probation of EMT-Paramedic recertification from October 19, 1995, to October 19, 1996. EMS rules 157.44(b)(1) and (c), and 157.51(b)(16), misdemeanor conviction while currently certified.

Highland Village VFD, Highland Village, Texas. Administrative penalty of \$100.00. EMS Rule 157.16 Subscription service operation without department notification.

Irvin, Timothy Keith, Colmesneil, Texas. Twelve months probation of EMT certification through May 22, 1997. EMS rules 157.44, 157.51(b) and (c), and 157.53 misdemeanor conviction.

Jackson, Benjamin John, Plano, Texas. Two years probation of EMT certification through February 8, 1997. EMS rule 157.44(b)(1) and (c), and 157.53, misdemeanor conviction. (*Incorrectly reported as felony conviction in previous issues of the magazine since March/April 1995. We apologize for our error.*)

Jonas, Kolin Max, Kendalia, Texas. Twelve month probation of EMT-Paramedic certification from October 19, 1995, to October 19, 1996. EMS rules 157.44(b)(1) and (c), and 157.51(b)(16), misdemeanor conviction while currently certified.

* 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.

* **King, Julie Ann**, Sour Lake, Texas. Twenty-four month probation of EMT-Intermediate certification. EMS Rule 157.51(2)(A), failure to follow EMS standards in patient management.

* **Kirker, Thomas D.**, San Antonio, Texas. Emergency Suspension of EMT-Paramedic certification. EMS Rule 157.51 (a)(1)(A) reasonable cause to believe certificants creates an imminent danger to the public health or safety: felony charges.

Lewis, William Andrew Jr., Killeen, Texas. Twelve months probation of EMT certification through September 20, 1996. EMS Rules 157.44(c) and 157.53, misdemeanor conviction.

* **Licon, David**, El Paso, Texas. Twelve months suspension of EMT certification. EMS Rule 157.51(2)(V), obtaining benefits not entitled through fraud or misrepresentation while in the course and scope of employment as an EMS certificants.

Loney, Gaylord "Chris", San Antonio, Texas. Decertification of EMT-Paramedic certification. EMS rule 157.51(2)(A), failure to follow EMS standards in management. Also 157.51(2)(B), failure to administer treatment in a responsible manner in accordance with the medical director's orders or protocol.

Lucero, Jaime Joseph, Amarillo, Texas. Twelve months probation of EMT certification through February 13, 1997. EMS Rule 157.51(b)(26), falsification of an application for certification.

Mason, Ronald Alan, Tyler, Texas. 24 months probation of EMT-Paramedic recertification through January 11, 1998. EMS Rules 157.44(c), 157.53 and 157.51(b)(16), misdemeanor conviction while currently certified.

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.

McClain, William Keith, Stephenville, Texas. Twelve months probation of EMT-Intermediate through October 19, 1996. EMS Rules 157.44(c), 157.53 and 157.51(b)(16), misdemeanor conviction while currently certified.

Moore, Douglas Scott, Gilmer, Texas. Eighteen months probation of EMT certification through October 9, 1997. EMS rules 157.44(b)(1) and (c), and 157.53, misdemeanor convictions.

Paducah Ambulance Service, Paducah, Texas. Agreed to twelve months probation from September 25, 1995 to September 25, 1996. EMS rule 157.19 (c)(1)(U) violation of any rule or standard that would jeopardize the health or safety 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.

* **Possum Kingdom EMS**, Graford, Texas. Agreed to administrative penalty of \$1,000. EMS Rule 157.19(c)(1)(A), failure to comply with provider license requirements; expired drugs on ambulance.

* **Ramos, Vincent Web**, Killeen, Texas. Twelve months probation of EMT certification through July 12, 1997. EMS Rules 157.44(c), 157.51(b) and (c), and 157.53, misdemeanor conviction.

Rhame, Steven Wayne, Arp, Texas. Twelve months probation of EMT-Intermediate certification through November 17, 1996. EMS Rules 157.44(b)(1) and (c), and 157.53, misdemeanor conviction.

Rouse, Molly C., Groveton, Texas. Twelve months probation of EMT-Paramedic certification through May 3, 1997. EMS rule 157.51(2)(C), failure to maintain confidentiality of patient information obtained in the course of professional work.

Ruiz, Eric Charles, San Antonio, Texas. Twelve months probation of EMT certification through January 8, 1997. EMS Rules 157.44(b)(1) and (c), and 157.53, misdemeanor conviction.

* **Rusie, Timothy E.**, Lubbock, Texas. Emergency suspension of EMT-Paramedic certification. EMS Rule 157.51(a)(1)(A), imminent danger to the public health or safety; felony indictments.

* **Salazar, Luis**, El Paso, Texas. Three month suspension of EMT-Paramedic certification starting July 5, 1996 through October 5, 1996. Additional nine month probation ending July 5, 1997. EMS Rule 157.51(b)(1) and (2), intentional falsification of patient records.

Thompson, Jack W., Anson, Texas. Agreed to 12 month probation of EMT-Paramedic certification from December 21, 1995 to December 21, 1996. EMS rule 157.51 (b)(3) failure to maintain confidentiality of patient information obtained in the course of professional work.

* **Villalpando, Victor Manuel**, San Benito, Texas. Probation of EMT certification through December 31, 1996. EMS Rule 157.44(b) and (c), 157.51(c)(2), and 157.53, felony conviction and misdemeanor conviction.

Wagener, Marvin Joseph, College Station, Texas. Twelve months probation of EMT-Paramedic recertification through November 29, 1996. EMS Rules 157.44(c), 157.53 and 157.51(b)(16), misdemeanor conviction while currently certified.

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.

Wolfskill, Andrew Lloyd, Lolita, Texas. Emergency suspension of EMT-Intermediate certification. EMS rule 157.51(a)(1)(A), imminent danger to the public health or safety; felony conviction while currently certified.

Calendar

Meetings

September 14-15, 1996. **Basic CISD Course.** \$35, 16 hours. Nocona Housing Authority, 400 Hobson Street. Contact Joseph M. Gambill, Jr. 817/825-3282.

September 25-26, 1996. **2nd Annual Massachusetts Fire & Safety Public Education Conference.** Boxborough Holiday Inn, Boxborough, MA. For more information contact the public education unit of the Massachusetts state fire marshall's office at 617/351-6040.

October 1, 1996. **Pharmacology Update: Boosters and Blockers.** 1 day, 6 CNE hours. Contact Kathy Jordan, Texarkana College, 903/838-4541.

October 3-November 3, 1996. **EMT Intermediate (BTLS) Class.** San Antonio College. \$384. Call Wynn Gordy at 210/733-2643.

October 5-6, 1996. **Basic CISD Course.** \$35, 16 hours. San Jacinto College, Pasadena Campus. Contact Cheryl Angus 713/482-9487.

October 5-6, 1996. **EMT Examiner.** San Antonio College. \$35. Call Wynn Gordy at 210/733-2643.

October 12, 1996. **PALS Update.** 1 day. \$40. Contact Kathy Jordan, Texarkana College, 903/838-4541.

October 12-13, 1996. **PALS Pediatric Advanced Life Support.** 2 days. \$150. Contact Kathy Jordan, Texarkana College, 903/838-4541.

October 11-13, 1996. **19th Annual Technical Rescue Competition.** Garner State Park. Stan Irwin. 210/684-8268.

October 18-20, 1996. **(BTLS) Class.** Basic and advanced. San Antonio College. \$58. Call Wynn Gordy at 210/733-2643.

October 23-27, 1996. **1996 Colorado State EMS Conference.** The Village at Breckenridge Resort, Breckenridge, Colorado. For information contact Colorado Meeting Consultants at 1-800-889-5690 or 303/420-4879.

November 7, 1996. **Cardiovascular Update.** 1 day, 6 CNE hours. \$45/\$10-student rate. Contact Kathy Jordan, Texarkana College, 903/838-4541.

November 9-10, 1996. **PPPC.** San Antonio College. \$35. Call Wynn Gordy at 210/733-2643.

November 22-24, 1996. **ACLS.** San Antonio College. \$35. Call Wynn Gordy at

For a free meeting listing or ad send a fax to *Texas EMS Magazine*, 512/834-6736. Ads will run for two issues and meetings will run until the date of the meeting.

210/733-2643.

November 24-27, 1996. **Texas EMS Conference '96.** Registration fee \$75, \$90 at the door. Fort Worth, TX. Call 512/834-6700 for more information.

December 12, 1996. **Diabetes Update '96.** 1 day, 6 CNE hours. \$30/\$10-student rate. Contact Kathy Jordan, Texarkana College, 903/838-4541.

Jobs

EMT-Paramedic: Progressive EMS immediately north of San Antonio. TDH certified. 9-1-1 experience. Dutes include patient care and administration. Resumes: Bulverde-Spring Branch EMS, PO Box 38, Spring Branch, TX 78070.+

Paramedics: Harker Heights FD. Persons certified as both firefighter and EMT-P. Starting salary \$21,233. Applications accepted at HHFD, 401 Indian Trail. Contact Capt. Philen at 817/699-2688.+

Instructors & Coordinators: Contract fire, EMS instructors and coordinators are needed for a new education company. Planning to expand to the international level. Send a resume and for instructors a list of courses that you can teach to: Advanced Business Innovations, 40 FM 1960 West #433, Houston, TX 77090. Mark envelopes with Instructor or Coordinator.+

EMT-I & EMT-P: Needed for a fast growing Harris/Ft. Bend ambulance service. Full or part-time. MICU/ALS/Transfer service. Benefits package. 1-800-511-2822.+

CPR Instructor: To teach BLS courses. Send resume to Metroplex Medical Training. 2429 E Hwy 80 #101, Mesquite, TX 75150. Must live in the Dallas area.+

Firefighter: The City of Arlington needs firefighters. Must be Texas Department of Health certified EMT and have a Texas basic firefighter certification. Starting salary \$2,348. 24-hour on, 48-hour off schedule. Bilingual helpful. For information call 817/265-7938.*

Full-time/Part-time Paramedics, EMT-Intermediates, and EMTs: Rural Metro Ambulance is rapidly expanding its Houston operations and is seeking qualified personnel. Send resume to Rural Metro Ambulance, Human Resources, 301 George Strake Blvd., Conroe, TX 77304 or call 409/539-4884.*

Director of EMS Education: Scott & White is seeking a full time director of EMS education. Master's degree required. Contact Dr. Janet Englekirk 817/724-5688.*

Paramedic/Firefighter: Kerrville. City pays 80% of family health insurance.



1996 Texas EMS Photography Contest

Educational settings, emergency scenes, safety training for children, rescue situations—take EMS photos and enter them! Two grand prize winners will be chosen—each winner will receive \$100 and a plaque. One first place winner will receive \$75 and a plaque. One second place winner will receive \$50 and a ribbon, one third place will receive \$25 and a ribbon. One honorable mention winner will receive a ribbon and \$15. All photos will be displayed at Texas EMS Conference '96. See page 53 of this issue for more information and a registration form.

\$1,911/mo. Must be Texas certified firefighter and EMT-P. Send resume or apply at City of Kerrville, Personnel Dept., 800 Junction Hwy, Kerrville, TX 78028. 210/257-8000 or FAX 210/792-3850.*

Paramedics: Fast growing full time transfer service. Contact Mr. Coveney at 713/682-2273.*

Paramedics: Hopkins County EMS needs full or part-time paramedics. Hospital based EMS provides emergency and non-emergency service to Hopkins county. Progressive protocols, excellent equipment and benefits. Negotiable salary. Must be 21 with one year of experience, ACLS, PPC or PALS, BTLS or PHTLS. Contact 903/439-4036 or P. O. Box 275, Sulphur Springs, TX 75482.*

Instructor: EMS Technology. Required associate degree in EMS Technology. Texas EMT Paramedic. 3 years experience with 9-1-1 service. Send resume with five professional references plus copies of transcripts to North Harris Montgomery Community College, Human Resources, 250 N. Sam Houston Parkway E., Houston, TX 77060 or FAX 713/591-9386.+

EMT-Paramedic: Correctional managed care, (formerly TDCJ-EMS) has full-time and part-time positions available in Huntsville, Palestine, and Rosharon. University of Texas Medical Branch benefits package for full-time employees. For application send request to: Human Resources, 301 University Blvd., Galveston, TX 77555-1008 or call 409/747-2619.*

EMS instructors: Metrocrest Medical Services is looking for part-time EMS in-

Calendar

structors. Qualifications include TDH instructor/examiner, two years active EMS service, ACLS-I, PHTLS-I/BTLS-I, and PPPC/PALS preferred. Contact Mark Hinson at 214/484-1158.*

EMS instructors: Metrocrest Medical Service looking for full time EMS instructor and assistant ACLS/PALS coordinator to assist in EMS programs. Must have TDH instructor/examiner, two years teaching experience, and two years 9-1-1 EMS service. Should have associates degree in health related field, bachelors degree preferred. Salary \$27,000 to \$32,000 with benefits. Contact Mark Hinson at 214/484-1158 or send resume to FAX 214/484-1158.*

Customer Service Reps: CPR rental equipment. Austin, San Antonio and Tyler. Send resume: Metroplex Medical Training, 2429 E Hwy 80, #101, Mesquite, TX 75150.*

Volunteers: The oldest EMS in the state needs volunteers. ECAs, EMTs and paramedics. One or more shifts per month. Harris Co. Emergency Corps. 12,000 calls per year, affiliated with Hermann Hospital MedCon. Low cost training and opportunity to gain additional 9-1-1 experience helping individuals through a nonprofit agency. For information call Barbara Sampey or Dr. J.P. Price at 713/875-8000.*

For Sale

For Sale: Used equipment-3 model 1005 thumpers, complete with board, carrying case and oxygen carrier with regulators. Good condition, \$750. 1 model 1005 thumper, without board or carrier, \$300. 1 model 1005 thumper for parts, \$100. 2 Laerdal portable suction, completer and in good condition, \$200 each. Call Tina or Diana 409/345-2390.+

For Sale: 1989 Ford E-350 Wheeled Coach, 7.3 liter diesel. Great Condition. 915/580-5262.+

For Sale: Don Reid Ford has a type III ambulance chassis for sale. 407/644-8111.+

For Sale: Electronic billing for Medicare, Medicaid and private insurance. Call Tom Van Wyngarden at 800/568-7004.+

For Sale: 1985 F-350 Wheeled Coach Type I walk through w/light bar, stretcher, scoop stretcher, some equipment. Extra clean. 66,078 miles. Call Theresa 713/837-0166.+

For Sale: Skillmeter Resusci Anne with printer-\$1,000; 66 Ford 600 pumper mint condition, everything works-\$10,000. Elmo Volunteer Fire Dept. Contact Eric Porter 214/524-3687.+

For Sale: 1992 Ford Type III diesel ambulance. Nothing down, take over

payment or best offer. For more information call Richard at 512/547-3995.+

For Sale: Affordable legal protection that protects you on and off duty. \$16/mo. Frederick Johnson, BBA, NREMT, Independent Associate. Group discount. 713/784-3065.+

For Sale: Used Motorola monitor II pager and charger. 37.180 frequency. Excellent condition. \$100. Contact Patty 409/544-3237.*

For Sale: We buy and sell defibrillators. 90 day warranty on all models. HBA International. 1-800-466-0834.*

For Sale: Used 2-way radio equipment. Low band VHF-UHF-800 MHz-900MHz. Used light bars, sirens, strobes, grillelights. New equipment available also. Command Communications 1-800-818-6263.*

For Sale: Three Motorola Monitor II pagers and chargers. Excellent condition, 37.180 frequency—capable of 2 channels. \$95 each. Calvin Wright 210/981-4912.+

For Sale: We specialize in ambulance billing. Private ambulance service EMS/volunteer service, let us do your billing for you. Electronic billing for Medicare, Medicaid and private insurance. For more information please call: L&M Billing Service. 210/276-4186.*

For Sale: FLSAS offers foreign language programs. A disaster situation is not the time to learn a new language. For information call 1-800-282-1090.*

Announcements

Scholastic Scholarship Searches: Write Advanced Business Innovations, 40 FM

Placing an ad? Moving? Renewing your subscription?

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

Moving? Let us know your new address—the post office may not forward this magazine to your new address. You may use the subscription form in this magazine to change your address, just mark the change

EMS stories wanted

We want to receive letters about unusual, interesting or humorous EMS calls. We will publish some of the more interesting ones as space permits. Send your EMS story to:

Jan Brizendine

Texas Dept. of Health/EMS

1100 West 49th Street

Austin, TX 78756-3199

or FAX 512/834-6736

1960 West #433, Houston, TX 77090.+

Training Funds Available: The Texas Engineering Extension Service (TEEX) EMS has applications for FY97 EMS certification, CE, and driver training courses. Funds target volunteer EMS organizations. Deadline is November 15, 1996. Contact Ms. Smith at 409/862-4074 or TEEX EMS Program, Law Enforcement & Security Training, Texas A&M Univ., College Station, TX 77843-8000. Funds from the Texas Department of Transportation.*

CPR manikin rentals and supplies ACLS airway management trainer (intubation head) for rental use. BLS & ACLS videos. Contact Metroplex Medical Training Services at 214/270-0857.+

+ This listing is new to this issue.

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

of address box and mail it to us or fax your new address to 512/834-6736. We don't want you to miss an issue.!

Renewing your subscription? Paid subscriptions have a 4-digit number on the mailing label. Example: 9610 means the subscription expires with the October of 1996 issue. Use the subscription form in this magazine to renew your subscription and mark the renewal box.

For circulation and ad information contact Jan Brizendine at 512/834-6700.

The Back Page profile features a different EMS organization each issue. Kevin Clark of Rural Metro submitted this profile.

EMS Profile: Rural Metro Ambulance

Name of your service Rural Metro Ambulance - Texas Operations

172 EMT-Intermediates and 169 EMTs.

Metro is very active in the Shots Across Texas program. To date, we have administered over 3,000 shots to children in Texas.

Areas of service in Texas Dallas Metroplex, Sherman, Whitesboro, Van Alstyne, Grand Prairie, Arlington, Hurst, Watauga, Abilene, Pampa, Borger, Montgomery County, Livingston, Polk County, Grimes County, Bastrop, Pasadena, Houston, Waco

How many years have you been in service? Rural Metro has operated in Texas since 1985. We have been in service in Arizona since 1947.

Current projects Rural Metro just organized a nationwide Disaster Response Team. The team consists of units and personnel from Rural Metro operations across the U.S. During a recent disaster drill, we were able to move over 100 staffed ambulances to the Texas Gulf Coast in less than 23 hours. Rural Metro is presently standardizing our ambulances across the nation. 🐼

Number of personnel Rural Metro Ambulance has 816 field personnel in Texas. We currently have 475 paramedics,

Number of units and capabilities We currently operate 133 MICU/MICU-capable units in Texas.

Number of runs last year Rural Metro had more than 139,000 ambulance responses last year.

What is your favorite injury prevention activity? Rural

Join Conference Man
and 2,000 of your friends
at Texas EMS Conference '96
November 24-27—registration
form on page 10



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

Periodical
Rate Paid
At Austin, Texas