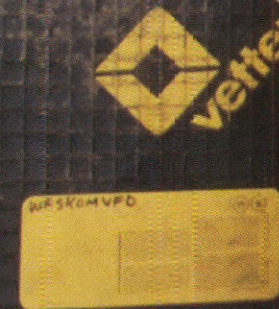


Texas EMS

M a g a z i n e

Texas EMS
Conference:
If you weren't there,
here's what you
missed. Page 46

This fire department/EMS
saved a life using
equipment bought with
Local Projects grant
money. Page 26



Serving Texas Emergency Care Professionals

Texas Department of Health

January/February 1997

Who's tops in Texas EMS? See page 50
Texas DMAT goes to the Olympics on page 14

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_____	"EMS Lifesavers—Career Information" brochure. Gives types of jobs, paid and volunteer, in various settings and salary ranges. (EMS-007)
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_____	"EMS—A System to Save a Life" brochure. A 1970s title with a 1990s text, it has public health region office info and "for more information call" box. Explains BLS and ALS. (EMS-012)
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ABOUT THE COVER: From left, EMT-I John Meyers, Pat Jenkins and EMT Murf King of Waskom Volunteer Fire Department/EMS pose with airbags used to extricate a woman in a car wreck on I-20 near the Louisiana border. *Photo by Kelly Harrell*



Texas Department of Health Mission

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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

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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.

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Legislature may consider EMS changes

This time of year everyone seems to be thinking about the upcoming biennial session of the Texas Legislature. Immediately after this session of the legislature, the Bureau of Emergency Management will begin work with the Emergency Health Care Advisory Committee to make necessary changes to our current rules. These changes will be based on any new or modified legislation voted into law. What I want to do in this issue is provide you with a list of legislative initiatives that the Bureau of Emergency Management will be requesting. As you read the list, please understand that the legislative process is lengthy and involves a lot of input along the way, so the following is somewhat of a wish list.

1. Amend Chapter 773 of the Health and Safety Code to allow TDH to consider legal actions against individuals who have deferred convictions or convictions that have been set aside.

2. Increase the administrative penalty to a maximum of \$1,000 per day. Current law sets a maximum penalty of \$250 per day.

3. Amend Chapter 773 of the Health and Safety Code to insure that quality improvement programs and committees of Regional Advisory Councils involved in case review for improvement are protected from disclosure.

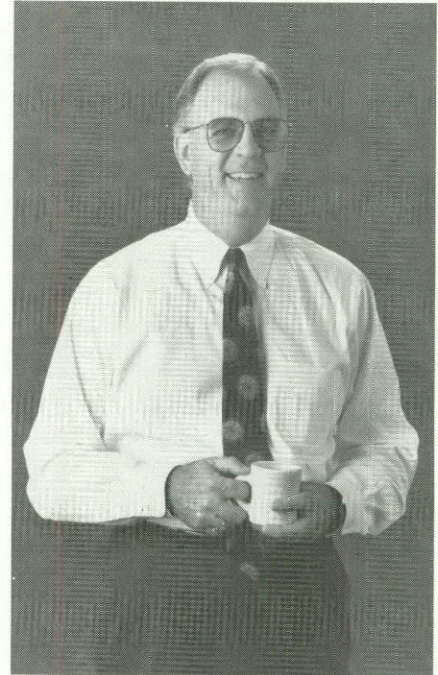
4. Raise the designation fees for trauma facility designation to \$5,000 for a Level I, \$4,000 for a Level II, \$2,500 for a Level III and \$1,000 for

a Level IV. This increase in fees will more accurately cover the actual cost of the designation process. In 1996, the fees collected covered only 11 percent of the actual cost of this program.

5. Add a fifth level of certification for EMS personnel. This new level of certification, licensed paramedic, will require college-level anatomy and physiology along with college-level English. The paramedic that qualifies for this level of certification will have completed a paramedic training program of 1,290 hours.

There is a lot of interest and effort regarding securing funding for EMS and trauma development in Texas. The Emergency Health Care Advisory Committee is currently working with the Texas Board of Health, legislative members and other state organizations in an effort to fund the EMS and trauma programs. Dr. Ron Redus of Amarillo, Dr. James "Red" Duke of Houston and Ray Mason of Lubbock are leading the negotiations to secure funding for trauma development in Texas. We'll report on this and on other legislation as it's filed.

Remember that these issues are only suggestions for legislative changes. We will provide you timely reports as possible during the legislative process. 🐶



*Gene Weatherall, Chief of
the Bureau of Emergency
Management*

Letters

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M

To *Texas EMS Magazine*: I am an EMT with Lexington EMS. We are a basic life support system. We are also a volunteer organization. We all know how hard it is to get the necessary CE hours that we are required to have. I really appreciate the opportunity you provide for these hours in your magazine.

I realize that it takes a lot of time for your staff to go through and grade the test. I can understand that extra money is needed for that, but when you are a volunteer I think that that's asking too much. We run 7 days a week, 24 hours a day, without any pay. We don't stay at the station, we drive in from our houses, and we aren't even reimbursed for gas. I wish you would look into dropping the \$5 processing fee for those of us that are volunteers. I'm enclosing a copy of my certificate as proof of my identity.

Thank you for listening and I hope you take the time to think about this. I would appreciate hearing back from you.

Sincerely,
Cathy Smith, EMT
Lexington EMS

Editor's reply: We considered this issue of charging carefully before we began. What we found is that neither the TDH office nor Southwestern Medical Center had the staff to enter, grade and mail the thousands of CE answers we receive each issue. So we were faced with a choice: either charge for staff time, use of equipment and mailing costs, or stop publishing CE. We chose to charge. To verify each of the people who claimed volunteer status would be another layer added to the time it takes to get them graded and returned. And, as always, there is staff time involved in verifying volunteer status. And if we didn't charge volunteers, we would have to charge everyone else more to make up the difference.

On the positive side, I think that it would be difficult to find CE anywhere for \$5 for 1.5 hours that allows you the convenience of taking the test in your own home, when you want to do it, and at your own pace. And the CE certificate comes right to your door.

We know how much the entire state relies on volunteers to bring EMS to its citizens. We really appreciate everything you all do. Thanks for writing.

Let us hear from you!

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 Mark Reger

Are you a 'Notme' bird?

Are you a Notme bird? Are you sure? Do you even know what a Notme bird is? A Notme bird is, unfortunately, not particularly rare. It's not a candidate for the endangered species list just yet.

I discovered Notme birds years ago. I was rather peeved about what one of my sons had done; just what it was I don't quite recall. I asked the kids who had done this dastardly deed. In unison, as if on cue, all three erupted with "Not me, not me, not me." And so, I discovered Notme birds.

Problem is that each of us may be a Notme bird. When you read an article suggesting that we improve attitudes, or work harder to be a team or strive for better communication, do you suddenly become a Notme bird? That is, while you read the article, do you make a mental list of all the people you know who really should read it? For the worst on the list, you may even call and read it to their answering machine. After all, he or she is not a team player. That person is lazy or they have a really bad attitude. If he or she would just read this, just listen, just straighten up their act...Notme, notme, notme.

If everyone is a Notme bird, then the articles do not apply to anyone at all. If this is so, then we must have excellent teamwork, a good attitude and communicate well. Unfortunately, where I live, on pothole-riddled Reality Road, it applies to *somebody*.

Consider approaching this prob-

lem like you do a patient assessment. You respond to a nursing home, for example. You inquire about the patient and are told to "just take them to the hospital to have a foley replaced; don't bother doing an assessment." Well, as my neighbor on Reality Road, you proceed to perform an objective assessment, even if it merely proves what the staff already told you. But as you know, we may discover important conditions we did not expect when we perform the assessment.

So when you read articles like this one, be objective. Do a quick, honest self-assessment. As with the nursing home patient, you often will find nothing to correct. But sometimes you do find things to correct. In fact, why don't we all agree to look at ourselves in the mirror. Let's work together to make the Notme bird extinct. Let's begin to pave Reality Road. 🚑

Paramedic Mark Reger is a coordinator/instructor and examiner. He works for Anderson Ambulance in San Antonio.



Have ambulances, will travel

Don't forget that the TDH ambulances—the 1962 antique and the new, state-of-the-art model—are available for special events, displays and presentations. EMS Development can also arrange guest speakers and more. Call Mark Huckaby at (512) 834-6700 or email him at mhuckaby@ems.tdh.state.tx.us

News briefs

A compilation of news from around the state and nation

Brackenridge gets trauma designation

The Trauma Center at Brackenridge Hospital in Austin was designated as a Major (Level II) Trauma Facility on October 29, making it the fourth Major Trauma Facility in Texas to receive the certification from the American College of Surgeons and the Texas Department of Health. Level II certification is awarded to centers that handle the most difficult cases. The only designation higher is Level I, which is usually reserved for hospitals that are trauma research centers associated with medical schools. The Brackenridge Trauma

Team began working toward the designation in 1992 and have since added sophisticated trauma equipment and nurses and physicians trained in trauma care, have appointed a trauma medical director and have upgraded the trauma registry.

Brackenridge is the fourth busiest ER in Texas, behind Parkland, Ben Taub and San Antonio Medical Center. In 1995, approximately 75,000 patients were treated in the ER at Brackenridge/Children's Hospital of Austin, with 2,186 admitted to the hospital.

Rural/Metro gets managed care contract

Rural/Metro Corp. has announced that it received its first statewide contract to provide comprehensive medical transportation services for Aetna Plans of Ohio's 550,000 managed care plan members across Ohio. Terms of the agreement were not disclosed.

"Aetna is one of the largest managed care insurers in the country," says James Bolin, president of Rural/Metro. "The contract will allow Rural/Metro to get hands-on experience in managing ambulance operations across a large geographic area under a managed care system."

Rural/Metro currently has ambulance service and/or fire protection operations in more than 150 communities throughout the U.S., including 19 in Texas.



TDH Deputy Commissioner Carol Daniels, second from right, and Emergency Management Assistant Bureau Chief Kathy Perkins, right, present a Level II trauma facility certificate to Brackenridge Trauma Medical Director Dr. Jose Braca.



Rod Dennison with TDH's PHR 7 in Temple presents a trauma designation certificate to Penny Gray, administrator for Limestone Medical Center. Limestone Medical Center is among 53 trauma designated facilities in Texas.

Limestone Medical Center receives trauma designation

Limestone Medical Center in Groesbeck received designation as a Basic Trauma Facility in September 1996. The medical center is among 53 facilities to be designated in Texas.

Grant money goes to train emergency responders

The Bureau's Disaster Preparedness Team announced that it had used nearly \$100,000 in grant money in the past year to train 592 students in hazmat and CISD. The grant money came from the Federal Emergency Management Agency.

"The credit for getting the grant monies really goes to Louis Berry and Paul Tabor, who worked to secure the funding," says Joe Stone, team leader for Emergency Preparedness. "Every time we can train an emergency responder and give him or her a little more knowledge, we are potentially saving lives."

Fun on the web

TDH EMS homepage is on line at <http://www.tdh.state.tx.us/hcqs/ems/emshome.htm>

APCO International World Wide Web site job listings <http://www.apcointl.org/bulletin/job.html>

Mrs. O'Leary's cow? Just over 125 years ago, the Chicago fire burned the city. Now it's the subject of an online exhibit that is interesting for its information about firefighting and fire investigation. <http://www.chicagohs.org>

Telemedicine Information Exchange The Telemedicine Research Center operates this web site, which includes extensive information on telemedicine resources and research, from bibliographies to background papers. <http://tie.telemed.org/TIEtexthome.html>

Harborview Injury Prevention and Research Center The Seattle-based organization has developed a web site to provide objective information about research publications, organizations, regulations and products related to firearm safety. <http://www.guninfo.org>

EMS information This site contains a comprehensive list of know fire/rescue/EMS/emergency services sites on the internet. <http://gilligan.uafadm.alaska.edu/www-911.htm>.

Fire/rescue resources This site contains a comprehensive listing of fire/rescue resources, including EMS home pages and links to other EMS sites, and reference sites that feature documents and laws. This site also features EMS humor. <http://www.ncemf.org/emsstuff.html>

Keep those web sites coming to kharrell@ems.tdh.state.tx.us

EMS Standards

Contact us by email at EMSCert@ems.tdh.state.tx.us

When contacting us by phone at (512) 834-6700, you'll get the right processor and faster service is you use key words such as certification verification; deficiencies to be cleared; criminal history evaluations; address changes; duplicate certificates; complaint investigations; coordinator, instructor or examiner certifications; or miscellaneous license information.

Fax us at (512) 834-6736. We encourage you to submit letters, address and name updates, requests for information, etc., by fax. However, documents that require original signatures should be sent by regular mail. —Phil Lockwood

Public Health Region 1 wins Board of Health Award

Each year the Texas Board of Health gives awards to an outstanding associateship and region in the health department. Last month, we ran

the award nomination for the winner of the associateship award, the Associateship for Health Care Quality and Standards. This month, we run

an abridged version, edited for space, of the nomination from Region 1, who won the board's award for outstanding region.

Nomination for Board of Health Award

Public Health Region 1

PUBLIC HEALTH REGION 1 HAS ALWAYS enjoyed a positive reputation. The energy, cooperation and genuine commitment and professionalism of the Region 1 team sets them above many in the department. During 1995, the cumulative efforts of many individuals reflected what Region 1 represents as a whole - a true desire to serve the people of the Panhandle and South Plains of Texas. Out of necessity in a changing public health environment, the Region 1 team pulled together to share resources and ideas which have helped accomplish the TDH mission in new ways despite the region's vast geographical expanse. When compared to other regions, Region 1 has the least number of employees - fewer than 160, so meeting the needs of the public has sincerely been a challenge. However, in an arena filled with friends, no challenge is too great.

The best teams do not consist of players who simply play the games together.

It takes practice, commitment, and willingness to go beyond—to meet others on the playing field of life.

Leadership Region 1 is a leader in the agency. From the initiatives in EPSDT to taking on the dental clinic of a shrinking local health department, Region 1 demonstrated that

public health does not exist in a vacuum. It took risk. It took hearts and minds willing to extend beyond the customary. But Public Health Region 1 has been a leader.

5-A-Day One of three coalitions of its kind in the state, the 5-A-Day Coalition has worked diligently to promote positive nutrition throughout West Texas. In line with the national trends, the local goal has been to observe an increase in the per capita consumption of fruits and vegetables from 3.5 servings to 5 servings a day by the year 2000. The main objectives have been to increase public awareness and provide specific information on how to increase consumption. Targeting the groups with the lowest fruit and vegetable consumption, promotions entailed extensive media coverage on radio, television, and in the newspaper as well as support from the entire community.

Immunization/Protective Regulatory Service Partnership In discussions with the Child Protective and Regulatory Services (PRS), it became apparent that both agencies were accomplishing the same task. Both TDH and PRS were auditing the immunization records in day cares and registered homes. Together, both agencies established guidelines for providing

PRS with completed audit information.

Intern Program through Center for Public Service During 1995, the Community Oriented Primary (COPC) program developed a partnership with the Texas Tech University Master of Public Administration (MPA) program. Interns from the MPA program provided assistance to COPC through public relation materials design and the implementation of a provider database.

ATAK The best way to quit smoking is to never start. With this in mind, the Office of Smoking and Health developed a partnership with the Junior League of Lubbock to provide tobacco education in the elementary schools of the Lubbock Independent School District. Through this collaborative effort, the Anti-Tobacco Advocacy Campaign for Kids, or ATACK, was formed in 1994.

Lubbock Clean Air Coalition The efforts of the Office of Smoking and Health has been teamed up with the Lubbock Clean Air Coalition for several years to address the dangers of second-hand smoke exposure in Lubbock. Focused on the health and welfare of Lubbock's citizens, this partnership embarked on a major media campaign in 1995 to include radio, television, and newspaper coverage. These efforts helped bring about the first new ordinance on minors in possession of tobacco since 1989.

EPSDT Initiatives At the beginning of the summer, ten new VISTA volunteers were added to the ranks of EPSDT outreach workers. When all the figures were tallied, the number of screens provided in FY95 (as of February 1996) had increased by almost 12,000 over FY94 figures. The numbers had increased by 8.5 percent; however, the goal had increased by over 26 percent. If the goal had remained the same, FY95 figures would have indicated over 90 percent of the goal.

Dental Clinic With cuts in funding, it became apparent to the City of Lub-

bock that changes had to be made in the City's Health Department. One of the largest changes would require closing the City's dental clinic. But how would the vast dental needs of Lubbock's children be met? This question was answered by the TDH Dental Health team. In September of 1995 the Texas Department of Health formally took control of City's dental clinic and have fully established themselves as providers to children in need for Lubbock and the surrounding counties. In four months time, 367 patients had received treatment in the Lubbock clinic while the dental team continued to maintain its mobile dental unit which served over 400 patients in other areas of the Panhandle. The *fixed* clinic now provides the opportunity to bring children in from surrounding counties for dental screenings without the time and expense of travel.

Community Health Development Region 1 established a partnership with the Lubbock Area Foundation and the Volunteer Center of Lubbock, two private grant making agencies in Lubbock, and disseminated a Request for Proposals for Community Health Development grants. TDH staff members became certified trainers in community mobilization. Six coalitions in West Texas were awarded funding and began addressing community health problems to include adolescent pregnancy, trauma, cancer prevention, and substance abuse. The main focus has been preventive health care, but each coalition was given the freedom to assess their community needs and establish the means of addressing them.

Cancer Registry Expansion The Texas Cancer Registry experienced a major expansion in 1995, and Region 1 felt much of the stress from the growth. Nearly 1500 cancer cases were discovered that were missing from the Texas Cancer Registry data

files. These cases represented missing records from 1985 to 1992. Using her expertise, a TDH staff member designed two forms which have been used statewide by reporting hospitals. These forms have been included in the Cancer Reporting Handbook and are the standard for all Cancer Registry offices.

Continuous Quality Improvement Eighteen personnel received extensive training from the CQI Coordinators, Linda Wyatt and EMS Administrator Terry Bavousett. Nine teams were formed to address several processes and learn invaluable lessons about teamwork. One team, facilitated by Denny Martin, EMS program specialist, examined the lapsed appointment analysis for southern clinics in Region 1.

Interagency Training Council As an outgrowth of the Regional Interagency Council of Health and Human Service Agencies, the Interagency Training Council lead the way to address new ways of interacting between agencies in Region 1.

Innovation Much of what consumed time and resources in 1995 was focused upon the impact of the Title V fund reductions. What looked like a bleak future for many staff and clinic services resulted in a positive move into the future. Region 1 stepped out of the box. Taking the risks sometimes caused the region to be called "traitor" and other times "innovator" ... many times by the same people.

Title V Transition, COPC Expansion, Promoting Public Health, Shots Across Texas - Community Mobilization Training Region 1 Immunization program sponsored the Immunization Community Mobilization Training to community representatives throughout West Texas. Over 30 people from hospitals, local health departments, and even a representative from National Health Insurance

Company spent two days of building work relationships. During 1995, an added bonus to the Shots Across Texas effort in Region 1 was the addition of Immy the Immunosaurus to Immunization clinics. He has been a delight to the children and will be a special part of this program in the future.

CABA Awards Seeking to recognize businesses for their support of the stop smoking campaign, in 1995 the Office of Smoking and Health joined with the American Cancer Society to create an innovative new award that has brought credibility and media attention. The Clean Air Business/ Amarillo (CABA) Awards were developed to recognize those businesses in the city of Amarillo who have made commitments to their employees and patrons.

Human Resource Development Outstanding people accomplish outstanding feats. And people with the correct knowledge and skills can achieve unbelievable results. The accomplishments of 1995 exceeded many expectations. Nearly two-thirds of the regional employees received some form of human resource development training above and beyond the norm.

Training Coordination Team, Summer Enrollment Insurance Presentations, Performance Journal Training, Christmas Luncheon, Customer Service Quality customer service is a natural by-product of leadership, innovation, and human resource development. What many believed to be an effort in and of itself, Region 1 saw as a part of the process of serving the public. Customer service can be taught, but in Region 1 it was caught. In an environment of layoffs, outsourcing and reductions, customer Service was the mainstay of conducting daily business. The best picture of who we are is not displayed by what we say but by the words of those we serve. 

Heterosexuals with HIV/AIDS: Unique issues

This month's column is devoted to the unique challenges faced by heterosexuals with HIV. We will limit our discussion to the issues surrounding adults, as children bring up concerns that require a separate discussion. Heterosexuals are often confronted with several issues when they learn their diagnosis. The first issue might be feelings of shame and guilt. Many HIV+ individuals react by withdrawing, which takes the individual farther away from their support system at a time when they need it most. Many HIV+ people fear losing friends, loved ones, their children or their livelihoods, and unfortunately, this might be true.

The dynamics of HIV disease make discretion essential. I have a heterosexual male client who has not yet informed his wife of his HIV status. The client assures me that he practices safe sex when they are intimate. He told me he fears losing his family, who mean the world to him. I could not disclose his HIV status to his wife on moral, ethical or legal grounds; what I can do quite comfortably is refer him to support services that can help his address his concerns. The decision to tell or not to tell significant others is not the primary issue. What is important is informing infected individuals of the availability of support that is sensitive to their needs. Infected individuals know the people around them far better than we do. Whether their fears of being rejected are real or perceived, it is ultimately their decision to disclose their status when they are ready, to whom ever they choose.

A secondary effect of shame and

guilt is the tendency to deny what is happening. Medics are frequently called to care for a previously healthy adult who "suddenly" develops pneumocystis carinii pneumonia (PCP), an AIDS-defining illness. The emotional issues about HIV often prevent the individual from seeking medical care in the earliest stages of the disease. Our role can be one of informing patients about treatment options and maintaining a hopeful attitude.

HIV+ heterosexuals have the option of using services within the gay/lesbian community. Many heterosexuals are unfamiliar with this community and are therefore reluctant to seek assistance there. The key point to remember is that many gay/lesbian communities have a decade of experience dealing with HIV/AIDS. No agency I know of would turn someone away just because they are heterosexual.

One of our jobs as health care providers is to provide as much factual information about HIV as possible. The encouraging results from individuals on the new protease inhibitors treatment leads many to believe that HIV disease will rapidly become a chronic but manageable illness. Resources are available to HIV+ individuals; most are open to anyone living with the disease, and some are specific to heterosexuals. EMS personnel can help by providing factual information about HIV on request. We can also suggest participation in support services for heterosexuals with HIV. Individuals can get information about support services by calling their local AIDS hotline or the National AIDS Hotline at (800)342-2437. 🐾



EMT Starr Eaddy conducted an AIDS research survey at Texas EMS Conference.

From Texas to the Olympics

Tx-1 Disaster Medical Assistance Team volunteers at Olympic Games

By Sam Wilson

The possibilities were enough to boggle the mind. The opportunity, the crowds, the media, the worldwide attention: a terrorist's dream come true, also known as the 1996 Summer Olympic Games in Atlanta.

Tasked with the protection of millions of visitors and athletes, the Federal Bureau of Investigation put its considerable talent to work to eliminate as many potential threats as possible, and at the same time, making contingency plans in the event that the protective measures didn't work. Of major concern was how to treat hundreds, if not thousands, victims of

a terrorist incident might bring. The FBI did not concern itself with only the relatively routine explosive devices. They prepared for an event that involved weapons of mass destruction, particularly chemical and biological weapons capable of inflicting numerous casualties in a very short amount of time.

With the prospect of a multi-casualty event of huge proportions facing them, the FBI turned to the National Disaster Medical System (NDMS) for help. In a collaborative effort that defines interagency cooperation, NDMS, the FBI, the Department of Defense, FEMA, and the Treasury Department developed the concept of medical strike teams to provide emergency care at the games. A medical strike team is a self-contained unit (five persons), consisting of an emergency physician, a nurse, and EMTs and/or paramedics, all with their gear. Rapidly deployable and fully equipped, four teams were on alert for the duration of the Olympic Games, rotating shifts to maintain 24-hour coverage. The personnel to staff these teams were drawn from Disaster Medical Assistance Teams (DMATs) from all around the country. Tx-1 DMAT sent four teams, put together with members from across the state. Here's



The trip to Atlanta gave one crew of Tx-1 DMAT a chance to hold the Olympic torch that boxer Muhammed Ali used to light the Olympic flame at opening ceremonies. From left, paramedic Gus Amezaga, nurse Margie Day, physician Stewart Coffman, paramedic Mike Simmons and EMT-I Susan Simmons.

what they did, what they learned and what it was like to be involved in the biggest event of its kind in the world.

The Summer Olympic Games in Atlanta began on July 19 and continued through August 1996. Tx-1 provided a contingent of personnel to staff four teams that provided coverage from July 6 through August 6. Each team was deployed for seven days. Upon arrival, the team members were met at the airport and transported to Dobbins Air Force Base in Marietta, Ga. After check-in, the teams received a copy of the clinical protocols that were being used, a list of contents of the various response bags, and training on the Mark-1 kit—the military’s individual-issue auto-injectors for chemical and biologic antidotes.

All staging, stand-bys and logistics took place out of Dobbins AFB, with teams working twelve-hour shifts during their deployment. They were kept under tight control, with specific requirements for reporting and responding to drills and alerts. Off-duty time was spent in preparation for the following day’s on-duty time. In fact, there was actually no real off-duty time, since the teams had to be ready to respond to Dobbins AFB within 30 minutes, even when off duty!

For the teams assigned to Dobbins, a normal day went something like this: At about 0600, the team was picked up at their assigned quarters and transported to a hanger at the airfield. The dayshift started at 0700 and ran until 1900. (The night shift ran from 1900 to 0700.) At 0700, the team received their daily briefing and assignments. Teams were assigned as a Go Team, a total of four daily, or as

stand-by to the Go Team. If a team was assigned as a Go Team for that shift, they had to maintain a state of constant readiness, and be prepared to be on the ready line in less than two minutes after the alert signal. The stand-by teams had to report to the stand-by area in less than ten minutes, also prepared for immediate departure. If an event occurred at any of the Olympic venues, the Go Teams on alert would be deployed from Dobbins AFB in Blackhawk or Huey helicopters. All of the teams received substantial training on the helicopters—everything from the basic safety lecture to training on jumping from a hovering helicopter (Ranger jump).

Teams were either assigned to Dobbins AFB for their duty, or were members of remote teams. These remote teams were stationed with FBI, Secret Service, DEA and other federal response teams at various locations around the Olympics. Many were stationed at specific venues, and functioned as on-scene response teams. The remote teams had the same rigorous training schedule as the teams assigned to Dobbins.

The majority of the time on duty was spent in training. The teams received training on the DRASH (Deployable Rapid Assembly Shelter) unit, which it can be set up in less than 30 minutes, ready to receive patients. It has capability of climate control, electricity, individual-screened areas for the patients and specialized procedure areas. The unit collapses in about the same amount of time it takes to set it up.

Training also included nuclear, biological and chemical warfare, START incident command system, CISM, mission orientation briefings from the FBI and Secret Service, and more

training on the helicopters. Drills were held during the tour of duty. Following the drills, teams met and discussed deficiencies and problems. For example, the staff at Dobbins determined a need to better organize the helicopter loading. So the Tx-1 team developed a loading schematic indicating where each team member would sit and where the equipment would be placed.

Security was incredible. Team members had to have identification on them at all times, with several penalties for not having or losing identification. Taking pictures was forbidden anywhere on the base. When President Bill Clinton arrived for the opening ceremonies and when Vice President Al Gore arrived for the closing ceremonies, the base was locked down even more securely. While the teams were still on alert and subject to response during lock down, all non-essential personnel were sent home and most routine activities were halted. The teams were advised to remain in the hanger during this period. These events were short-lived, and things soon returned to "normal."

Fortunately, there was not a need to use any of the strike teams for a response. The only real event that occurred was the pipe-bomb explosion in Centennial Park on July 27. The Go Teams were not activated, although there was a heightened sense of awareness and preparedness among the FBI and NDMS staff. The medical response to the event at Centennial Park was handled by local emergency responders.

The final day of the Olympics was a critical day for the emergency response personnel.

"Everyone was a little on edge due to the fact that it was the last day of

the Olympics, and no one knew if something was about to happen or not," says Susan Simmons, executive officer of the Houston division of Tx-1. "All teams were told they would be on high alert until 0200 the next morning, and to remain in a state of readiness in the event of something happening at closing ceremonies," she says.

On this, the last day, the teams were kept busy with more training and a surprise drill. That afternoon, a member of the FBI's Alpha Team showed up with the original Olympic torch—the one used to light the torch in the stadium. The teams were allowed to have a Kodak moment with the torch. They were also allowed a brief photo opportunity in the hanger and on the flight line during the afternoon, in between training, exercises and drills.

The remainder of the deployment was spent tending to all of the administrative details that accompany such a mission. Early the next morning, the remaining teams began their out-processing and preparations for departure and return to their home stations. A huge sense of relief was evident in all of the federal forces involved. At the same time, everyone felt a sense of pride in that had anything happened, they were as prepared for it as possible.

This mission was unlike any other in which the DMATs are typically involved. Usually, a DMAT is deployed to a disaster site following the disaster and an assessment of the need for additional medical assistance. Instead of having patients to care for, the teams were standing by in case of a catastrophic disaster. There was, however, still a sense of urgency and a serious atmosphere. No one knew

Paramedic Sam Wilson helps emergency services agencies plan for disasters as part of the Bureau's Emergency Preparedness Team.


what might happen. It is very difficult to prepare for the unknown, much more so than getting geared up to respond to a known event. The training the teams received served to reinforce the seriousness of the mission. Most EMTs and paramedics don't have a lot of training on biological and chemical warfare. That training made everyone more aware of the potential for a catastrophic disaster and the degree of preparedness needed to respond to such a disaster.

In addition to the feeling of relief, most of the team members felt that the experience was invaluable. There was a tremendous feeling of pride in having had the opportunity to participate in this history-making event, and most team members also felt honored to have been chosen for this mission. In order to accomplish this mission it was mandatory the teams function as a cohesive unit. One of the things that the Medical Support Unit (MSU) staff did to facilitate this was to ensure that members of the same team stayed in the same quarters - hotels, barracks, etc. The MSU staff also made every effort to keep team members from the same state together on the same strike team. This wasn't possible in each case, so interpersonal and team-building skills were put to good use to create an effective response team with a diverse make-up.

Overall, the mission was considered a success. FEMA and NDMS were able to put together these medical strike teams from all over the U.S., and from a number of various backgrounds, and form effective teams that could respond to any event anywhere in the Olympic area. Team members from Tx-1 heard nothing but positive comments from the MSU personnel regarding their performance,

and this made each team member a little prouder to have been a part of this mission.

The members of Texas-1 who deployed to Atlanta deserve a "Well done!" for their efforts. Those who made the trip were: Martha Dodson, DO (El Paso), Danielle Curtis, RN (Temple), Brenda Sharp, EMT-P (El Paso), Matthew Webb, EMT-P (El Paso), Ron Meyers, EMT (Houston), Bart Hammack EMT-P (Houston), Joel Guzman, EMT (El Paso), Gale Fulte, EMT (El Paso), Jan Virgil, RN/EMT-P (El Paso), Velia Alarcon, EMT-I (El Paso), Antonio Solis, EMT (El Paso), Susan Simmons, EMT-I (Houston), Mike Simmons, EMT (Houston), Stewart Coffman, MD (Dallas), Margie Day, RN (El Paso), Gus Amezaga, EMT-P (El Paso), Raul Guerrero, EMT-P (El Paso), Bill Edsall, EMT-I (El Paso), Tony Garcia, EMT (El Paso) and Carmen Ruiz, EMT (El Paso). We are all proud to have been represented by these folks at the Summer Olympic Games in Atlanta.

For additional information, please contact Ron Burchett (El Paso) at (915) 549-3808; Susan Simmons (Houston) at (713) 353-4154; or Sam Wilson (Austin) at (512) 834-6700 or visit the Tx-1 DMAT homepage at <http://rgfn.epcc.edu/users/dmat1/dmat.html> 

Disaster Medical Assistance Teams from all over the U.S. assembled in Atlanta to serve as standby medical teams in case of a catastrophic event such as a large bombing or attack. Tx-1 DMAT sent four teams, put together with members from around the state.



Local and Regional EMS News

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

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Send your news to:
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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.

Research project may have on-scene satellite link with patient and ER physician

The University of Texas Medical School at Houston hopes to develop a satellite project that would link patients at the scene with physicians in the emergency room. Known as Disaster Relief & Emergency Medical Services (DR&EMS), the project would combine telemedicine with emergency medical services by transmitting video images and vital statistics from the scene to physicians at another site. The project would have a command and control center for telecommunicators that would keep physicians and remote emergency personnel in contact. The project would also develop new infrared diagnostic equipment, medical treatments and emergency surgery applications that can be used in hospitals and remote locations.

San Antonio AirLife receives national accreditation

San Antonio AirLife received national accreditation by the Commission on Accreditation of Air Medical Services (CAAMS) in July. CAAMS is a national accrediting commission which offers voluntary accreditation surveys to fixed wing services, hospital-based rotorwing services and non-hospital based rotorwing services. To earn CAAMS accreditation, San Antonio AirLife underwent a site survey that included mandatory surveys of their aircraft, communications center, flight operations and helipads. The auditors also interviewed rural hospital physicians and EMS providers served by AirLife. In its first five and a half years of operations, AirLife has flown 5,074 missions and transported 6,108 patients.

Ready Teddy encourages bicyclists on the Tour de Braz to be safe while biking. Manvel EMS/FD provided food and drinks at the first rest stop on the tour.



Ready Teddy and Manvel EMS/FD cheer on bicyclists in the Tour de Braz

In July, Manvel EMS and fire department provided a rest stop station for the Tour de Braz, the third annual bike ride sponsored by the Alvin Convention & Visitor Bureau Division. The ride featured a 10-mile course, a 31-mile course, a 62-mile course and a 100+-mile course so that riders of all endurance levels could participate. Manvel EMS/FD provided drinks and snacks,

Local and Regional EMS News

and a pool and fountain to cool bicyclists. Ready Teddy encouraged riders to be safe for the rest of the course. Manvel EMS/FD has also adopted a family of a four-year-old frequent patient. The service collected food donations for the family at Thanksgiving and Christmas and gifts on the child's birthday.

Texas EMS in Angleton celebrates birthdays of the elderly, staffs Brazoria Fair and Junior Rodeo

Texas EMS in Angleton holds monthly birthday parties for the residents of local nursing homes, providing birthday cake, ice cream and balloons. In August, they helped Mrs. Mary Vivian Powell celebrate her 106th birthday along

Texas EMS in Angleton helped Mary Vivian Powell celebrate her 106th birthday in August. Texas EMS in Angleton assists with birthday celebrations in the community's nursing homes, providing cake, ice cream and balloons.



Brazoria VFD recently took delivery of a 1996 Frazier Type I ambulance. The purchase of the new unit was made possible by a grant from TDH Local Projects.

with other residents of the Village on the Creek nursing home in Clute who also had August birthdays. Texas EMS also participated in the Brazoria Fair and Junior Rodeo by providing medical assistance to injured riders.

Brazoria VFD receives ambulance

Brazoria VFD recently took delivery of a 1996 Frazier Type I ambulance. The new ambulance was bought by a TDH Local Project grant in conjunction with the Brazoria VFD and the City of Brazoria. The new unit will replace an 11-year-old unit.

Cantrell named as public education coordinator

Shelly Cantrell was named the public education coordinator for the 9-1-1 Network of East Texas. She previously had been a telecommunicator at Tyler Police Department.

Del Rio paramedic assists Brazoria County officials in manhunt

A man sought in the October 1 slayings of four people in

Local and Regional EMS News

Pearland was arrested at a state hospital in Kerrville on October 3. A Del Rio paramedic had contacted Del Rio police after noting that a man he had transported on October 2 looked similar to the individual featured in a news story about the slayings. The alleged killer's car was found in Del Rio after his arrest.

Ready Teddy and Bradford FR encourage community support

Ready Teddy and Bradford First Responders encouraged community support for EMS by riding on a float in Montalba's Fall Fest parade. Bradford FR serve Anderson County in East Texas.

West Volunteer Ambulance Service takes delivery of new ambulance

West Volunteer Ambulance Service took delivery of a 1995 Mc-

West Volunteer Ambulance Service recently took delivery of a 1995 McCoy Miller Type III. The new ambulance gives the service two units to cover the City of West, northern McLennan County and southern Hill County.



Coy Miller Type III ambulance. A TDH Local Projects grant contributed \$25,000 towards the purchase of the ambulance. West VAS covers the City of West, northern McLennan County and southern Hill County.

Austin EMS converts their EMS system to single-tiered system

Austin EMS has begun conversion of their system from a multi-tiered to a single-tiered sys-

tem. After converting from a single-tiered system to a multi-tiered system in 1980, Austin EMS saw a steadily increasing call volume and response area that convinced them a consistently higher level of care was necessary. The conversion is being accomplished in three phases; when finished, each ambulance will be staffed with one EMT-P and one EMT-I. Begun in July, system conversion will be completed by March of 1997.



Bradford Fire Chief Jerry Kelley, right, Ready Teddy and friends were part of the Bradford FR float entry into Montalba's Fall Fest parade. The float encouraged the community to support the local EMS.

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Lee Richardson, EMT-P, was a finalist for NAEMT's 1996 Asmund S. Laerdal Award of Excellence. Second from left, he is pictured with, from left, Jeffrey Hatten of Laerdal, Tim Morrison, winner of the award, and Kevin Agard of NAEMT.

Texas paramedic is finalist in NAEMT awards

Lee Richardson, a firefighter and EMT-P working for the City of Big Spring and First Flight in Abilene, was a finalist for the 1996 Asmund S. Laerdal Award of Excellence for Paramedic of the Year. Richardson has been a paramedic for 11 years and involved in EMS

since 1981. NAEMT presented the award at their national education conference in Louisville, Kentucky, in October.

Advanced Ambulance Services participates in fall festival

Advanced Ambulance Services, Inc., and Ready Teddy participated in Trinity Christian Church

and Academy's Fun Fall Festival in San Antonio. Festival participants toured the MICU ambulance and were given Ready Teddy coloring books.

Austin EMS paramedics go into the inner perimeter with Travis County SWAT team

Five Austin EMS paramedics



Advanced Ambulance Services, Inc., medics Ernest Hernandez and Lisa Preston explain equipment on the ambulance to Fun Fall Festival participants. Advanced Ambulance Services, Inc., and Ready Teddy participated in Trinity Christian Church and Academy's Fun Fall Festival to encourage EMS awareness.

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have been trained to provide emergency medical care to Travis County SWAT team members while accompanying them into the crime scene, called the inner perimeter. Wearing bullet-proof vests and helmets, the paramedics provide medical assistance to individuals injured during situations in which SWAT teams participate. Situations such as dealing with snipers or serving warrants to dangerous suspects may require that they work without lighting or have to communicate without making any noise. Nationally, most SWAT teams that take along medical personnel keep them away from the inner perimeter. Austin paramedics on the team are Jim Allday, Elizabeth Payne, Mikel Kane, Andy Flood and Joseph Torres.

Carl Young, Jr. receives award for CPR instruction

Carl Young, Jr. received the 1996 Lifetime Achievement Award for CPR instruction. The award was presented to him by Fire Chief J. J. Adame of Corpus Christi FD and the Super CPR Sunday IV Committee during the annual community CPR program.

Terlingua Medics lose ambulance to flooding creek

Terlingua Medics lost their

Terlingua Medics' backup ambulance, pictured half-buried in a sandy creek bed, was totaled in September when it was washed downstream by a swollen creek. They had recently purchased a new ambulance with a TDH Local Project grant.



backup ambulance while trying to cross a swollen creek in response to an emergency call in September. An attempt to remove it from the creek was halted when a tractor and winch truck were unable to move the ambulance. The ambulance was dragged downstream as the creek swelled to nine to ten feet in depth. The ambulance and tractor were unsalvageable. Fortunately, Terlingua Medics had recently purchased a new ambulance with a TDH Local Projects grant.

EMT receives awards from American Red Cross, DPS for lifesaving CPR

Lupe Aguayo, volunteer firefighter and EMT with Crosbyton Clinic Hospital EMS, was awarded for his efforts in saving a man's life. On July 4, outside of Guthrie, Aguayo performed CPR on Miguel Soria

for a half hour before Soria was flown to Methodist Hospital in Lubbock. Thrown from his vehicle, Soria had been given up for dead by other bystanders when Aguayo stopped at the scene. Aguayo was presented a certificate by the American Red Cross and the Director's Award by the Department of Public Safety in August.

David Pearse named head of emergency medical technology at Kilgore College

David R. Pearse has been named director of emergency medical technology for Kilgore College in Longview. He has 11 years of EMS experience and eight years of EMS teaching experience. Pearse had previously taught at Trinity Valley Community College in Palestine. Pearse won Educator of the Year at the Texas EMS Conference '96 in Fort Worth.

Local and Regional EMS News

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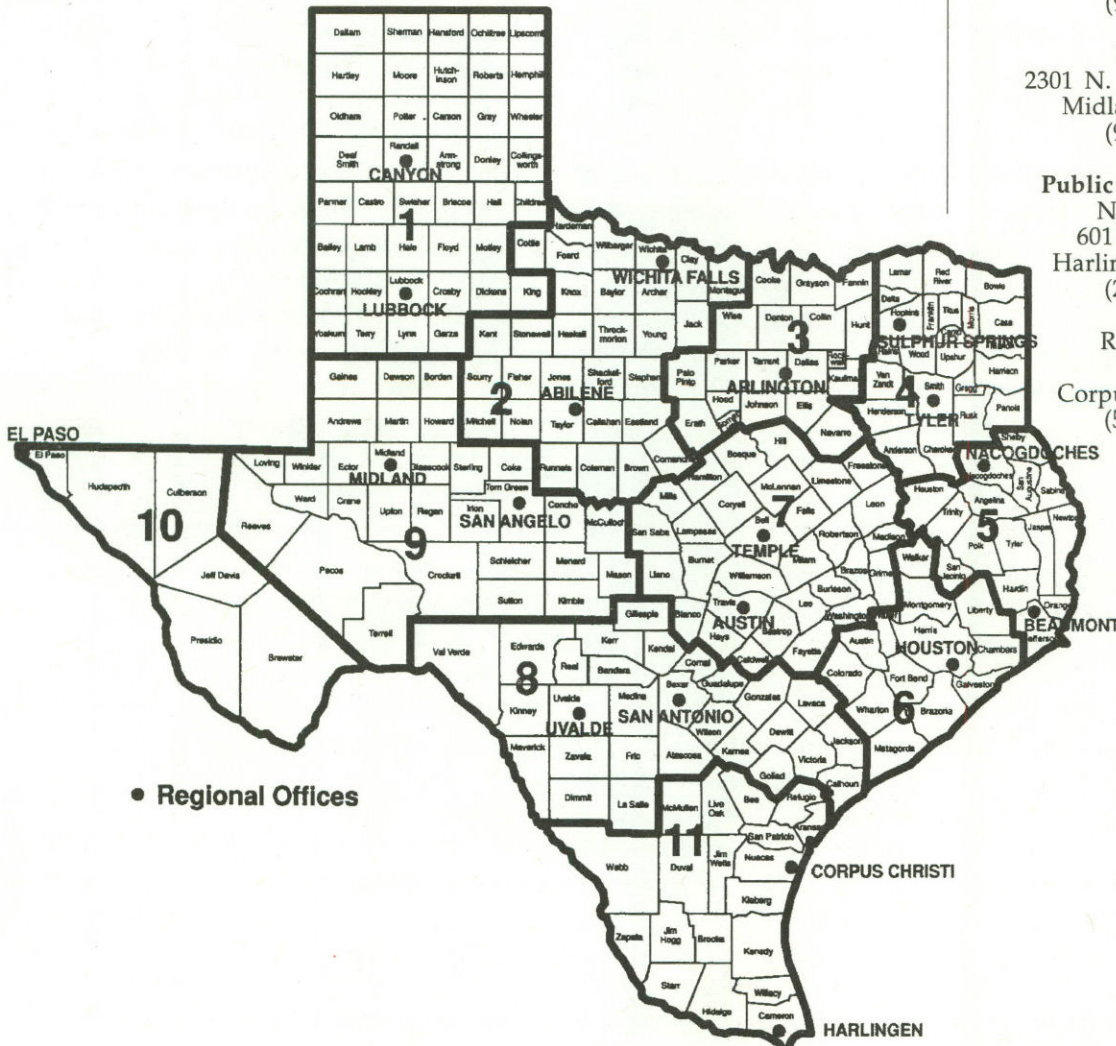
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• Regional Offices

By
Neil Coker, BS,
EMT-P

Frequently asked questions about EMS Education

Can basic EMTs receive credit for attending advanced-level CE courses?

Yes, basic EMTs can receive credit for attending intermediate and paramedic CE programming. There are definite advantages gained when EMTs participate in advanced CE. First, studying and practicing together improves the ability of EMS personnel to work together on calls. This, of course, leads to better patient care. Second, sitting in on advanced CE may help some EMTs make the decision to pursue intermediate or paramedic certification. Finally, attending programs which cover intermediate and paramedic content can increase an EMT's chances of success in advanced certification courses.

EMS personnel should never be hesitant about pursuing opportunities to further their skills and competence. After all, that's why it's called *continuing* education.

I'd like to use some of my LVN courses as CE. However, the rule says credit is based on semester hours successfully completed. The program I am enrolled in is taught on a clock hour basis. Will I be able to receive credit?


The intent is to allow credit for any relevant academic courses. Whether your school uses semester hours, clock hours, or quarter hours doesn't matter. If you are interested in CE for academic courses, contact John Rinard, associate state EMS training coordinator, at EMS Education, 3601 Fourth Street, Lubbock, TX 79430. Please send a transcript showing a grade of C or better, a course description or syllabus,

and a cover letter which includes your certification level and expiration date. After John determines the amount of course content that applies to EMS CE, you will receive a confirmation letter verifying your hours.

I'd like to verify my students' skills proficiency using higher standards than those in the TDH Skills Criteria and Score Sheets. Can I do this?

Yes, you can. The rules state that skills verification shall be "supervised by a state-certified course coordinator and shall be administered by state-certified examiners using state-approved skills criteria." While the TDH Skills Criteria and Score Sheets provide minimums, coordinators can, and are encouraged to, obtain approval to use higher standards in their courses.

If you want to exceed the minimums, you should:

1. Work with your instructors and medical director to develop requirements that are educationally and medically appropriate.
2. Coordinate with your regional office to ensure that your criteria do, in fact, exceed the minimums.
3. Provide your skills sheets and grading criteria to the students at the beginning of courses, and ensure that they understand they are being held to a higher standard than the state minimums.
4. Orient your examiners to your requirements.
5. Monitor the reliability and validity of your skills sheets and grading criteria as part of your program's quality improvement process. 

Neil Coker is the new state EMS training coordinator. Call him at (806) 743-3218 or email him at ALHNBC@TUHSC.EDU

By
Phil Lockwood

Frequently asked questions about EMS Standards

Changing application process *I've heard all these rumors about TDH changing the application process for EMS certification. What's really going on down there? Are you really changing things? How does it affect me? That is, will it lessen the hassle I have to go through to get my certificate?*

On September 1, we did change the process for applying for certification. The most striking change for you is that all applications are now to be sent directly to our regional EMS offices. The regional EMS staff will accept fee payments, evaluate your application, and will help you clear up any problems before scheduling you to sit for the written exam or evaluation. Their familiarity with your local situation may really help eliminate any "hassle."

As for the effect on you, we are already seeing shorter turnaround times from application to certification date. We expect even better results when all the bugs are worked out. We have put together a process improvement team to work on making the application process even speedier and more efficient. Our goal is to make improvements in our service to you while continuing to protect the public interest.

Inactive vs. Emergency Suspended

I have not accrued any CE hours. Should I apply for inactive certification to keep my certificate from being emergency suspended at the two-year mark?


Don't forget the rule has a clause that gives you some leeway. But, if the summary is not postmarked within three months, the certificate will be emergency suspended.

If you intend to regain active certification within a year or two, I would recommend against inactive

certification just to avoid emergency suspension. Requirements for re-entry from inactive certification are fairly extensive, and include not only completion of the CE hours, but several additional courses such as BTLS, ACLS, and PPC, plus skills proficiency verification and testing. If you are emergency suspended for failure to submit CE hours, EMS rules allow for prompt reinstatement when the CE hours (alone) are met.

Many have told me that they chose inactive certification to keep from getting their name in the Disciplinary Action pages of the *Texas EMS Magazine*. Certainly, those who fail to turn in CE hours as required are emergency suspended, but this is more of a consequence (i.e. failing to recertify after four-year certification) than a punishment. While the emergency suspension prohibits the certificant from working in EMS, the candidate's conduct is not considered a serious threat to public health or safety. We intend to separately list the names of certificants who have been emergency suspended for failing to provide two-year CE summaries, to signify a different category of disciplinary action.

The right CE stuff *How do I know the CE hours I've summarized on my Two-Year Summary report are officially acceptable and/or in the right content areas?*

They must be pre-approved, as shown by a CE approval number on the completion certificate you got from the course. The document should also list the content areas and hours. Be sure to hold on to those documents. If we should audit your CE records, we will cross-reference our records and contact the CE provider to validate the authenticity of what you submit as proof. 

Call EMS Standards at
(512) 834-6700 or send
your questions electronically to
EMSCert@ems.tdh.state.tx.us

Survivors' Tales

*Local Projects
grants money
means life
for some
communities*

By Kelly Harrell

RARELY DOES THE CONCEPT WE CALL government follow a clear path into the life of one individual. Sure, we drive on roads built with tax dollars and are assured of clean drinking water because it's tested in a state lab, but not often can we pinpoint one person who is alive today because of one Texas government program. But that's exactly what happened in at least two cases with money from TDH's EMS Local Projects Grants program, which gives grants to Texas emergency medical services each year. In six years, the program has awarded \$5.4 million in grants to 709 organizations for projects such as equipment, training, injury prevention programs and even ambulances. The program has also served as a grant information clearinghouse, referring many more EMS organizations to other agencies who could better serve their needs. The stories below make up just two of the thousands of calls EMS personnel have made using the knowledge, skills or equipment they got from their association with TDH's Local Projects.



Waskom Volunteer Fire Department/ EMS includes, standing from left, Peggy Payne, Ernie Payne, Deidre Evans, Robbie Chambers, Dan Evans, Jerry Hall, Leslie Solomon, Harold England, Cary Gee and Monica Hickey. Kneeling from left are Mark Solomon, James "Murf" King, John Meyers, Pat Jenkins and Julie Robbins. The service has about 40 volunteers and covers about one-third of Harrison County. In 1995, they made about 300 EMS calls.



From left, EMTs Nellie McDowell, Dianna Bertreaux and Shanna Worthington of Imperial Volunteer EMS responded to a cardiac arrest in the West Texas town. The victim regained spontaneous pulse and respirations en route to the hospital after medics used a defibrillator bought with funds from TDH's Local Projects and Pecos County.

Traveling on I-20 near the Texas border last August, Deidre Evans knew something was wrong when she saw the flash of red brake lights ahead in the deepening dusk. Traffic stopped. An EMT, Evans pulled off to the side of the road. "Stay in the car," she told her children. Up the road, she found the problem. A car had flipped on its roof, trapping a woman driver.

"She was not only trapped in the vehicle, she had been partially ejected when the car rolled and landed on her, pinning her head between the roadway and the car," Evans says.

The children traveling in the car, safe in their seatbelts in the back seat, had crawled to safety through the broken-out rear window. Evans quickly assessed the situation and sent a bystander for her jump kit. Laying flat on her stomach, Evans was able to peer under the car and talk to the still-

conscious driver. Although Evans could take pulse and respirations, the car would have to be lifted before any other assessment could be done.

"I told her who I was and that help was on the way," Evans says. "I tried to calm her. But if you've ever waited on help, you know it can seem like forever."

Unbeknownst to the woman trapped, Evans' service, Waskom Volunteer Fire Department/EMS, had recently been awarded a grant from TDH to purchase rescue equipment. The desire for the equipment arose from another pin-in where an overturned truck had to be winched off a man

TEXAS EMS CERTIFICATIONS AS OF NOVEMBER 18, 1996

ECA	8,553
EMT	26,781
EMT-I	3,717
EMT-P	10,755
TOTAL	49,806
COORDINATOR	400
INSTRUCTOR	1,855
EXAMINER	2,036

who'd had a heart attack while driving. With the increase of traffic on I-20 and the number of MVAs associated with oil, gas and lumber operations in the area, the service decided to ask for air bags that, when placed under a vehicle and inflated, lift the vehicle far enough off the ground to extricate a victim. The air bags, which are flat and made out of thick, black rubber, have other extrication uses as well.


"Those air bags are a prime example of equipment that you don't need often but when you do, nothing else will do," says Waskom Chief James "Murf" King.

Across the state, the tiny town of Imperial sits just a bit south of where Crane County intersects Pecos County. It was there on a Sunday afternoon in March that Paula Rodriguez, visiting with friends and family,

went unexpectedly into cardiac arrest. While someone called 9-1-1, family members initiated CPR. First on the scene were first responders from Imperial Volunteer Fire Department, followed shortly after by Imperial EMS ambulance crew of EMS Nellie McDowell, Dianna Bertreaux and Shanna Worthington. Medics delivered a shock at the house and continued with shocks and a thumper until Mrs. Rodriguez regained spontaneous pulse and respirations outside Monahans.

If it had been a couple of years earlier, Mrs. Rodriguez' family might have attended her funeral. In 1994, Imperial Volunteer EMS received a TDH's Local Projects grant that helped pay for, along with Pecos County funds, a defibrillator. It probably saved Mrs. Rodriguez' life: the closest hospital sits 30 miles away in Monahans.

"Thanks to well-trained family members, well-trained EMTs, Local Projects money and our County Commissioners who help us get funds for ambulances and equipment, Mrs. Rodriguez is well on her way to recovery with no brain damage," says Kenna Ivey, assistant chief of Imperial Volunteer EMS.

Stories like these are just part of the whole picture that makes up the life of emergency medical services. Each of the 1,200 organizations who received grants probably have stories to tell, ways that Local Projects improved patient care or increased survival rates in their community. But the real story is not one of grants, or equipment or machines. It's about people. And there are at least two people in Texas who can tell a survivor's tale, thanks in part to Local Projects. 

Important DNR Date

January 1, 1997

- DNR packets containing the new Texas Out-of-Hospital Do-Not-Resuscitate forms, bracelets and information available to health care providers for physician use. Packets are available from the Texas Medical Association at 401 W. 15th, Austin, TX, 78701-1624; (512) 370-1300.

- All out-of-hospital health care providers should have protocols in place for responding to patients with Texas OOH DNR orders. These should include patient handling and disposition, on-scene conflict resolution procedures and usage reporting methods.

Call Mark Huckaby at (512) 834-6700 for more information.

By Penny Workman

Spread the word: National Child Passenger Safety Awareness Week in February

Motor vehicle crashes are one of the leading cause of death and injury for children. In 1994, more than 600 Texans under 19 died in motor vehicle crashes; one-third of those children were under the age of six. For each death, there were approximately 18 hospitalizations, 230 emergency department visits and 450 visits to doctors' offices. Motor vehicles crashes are considered to be the most preventable cause of death and injury in children.

February 9 - 15 is National Child Passenger Safety Awareness Week. Remind your community that taking time to protect their children takes only a few moments and might save their children and their future.

- Always buckle up your children. In a collision, your child's delicate body becomes a projectile that will be tossed around the vehicle interior and possibly ejected from the car. Children have been known to die from injuries sustained by hitting the dashboard in 10-mile-per-hour collisions.

- Never put a child—in a child safety seat or simply buckled in—in the passenger seat of a vehicle equipped with a passenger-side air bag. If the air bag inflates, the force may injure a child. And a car seat can be hit with approximately 200 pounds of force, causing internal injuries to a child's head.

- Put smaller children in safety-approved child safety seats every time that they ride in vehicle. Even though the child might be older, their smaller frame might be injured by a conventional seat belt.

- If you are unsure as to how the car seat is secured in your vehicle, refer to the owner's manual or contact the vehicle's dealership.

- If you have questions about buying car seats or potential recall on car seats, call TDH's SafeRiders at 1-800-252-8255. They have updated information about recall notices on car seats and have a car seat loan program to help qualified families with the cost of buying car seats. ➔



By Kelly Harrell

EMS Local Projects grant awards top previous year

Bonnie Mikulenska of Somervell County, second from left, accepts a check at the conference from, left, Health Commissioner Patti J. Patterson, MD, Region 2/3 Director James Zoretic, MD, and Bureau Chief Gene Weatherall.



It's been a record two years for EMS grants. Since 1995, 361 organizations have received almost \$3 million in equipment, training, public information programs and many other items—even ambulances. During 1996-97 alone, 184 different organizations will benefit from the more than \$1.6 million in grants. And that means better patient care for millions of Texans.

"We know we're making a real difference in patient outcome, especially in rural or frontier areas, which usually have limited resources," says program administrator John Murray. "People tell us that certain calls would have had tragic endings if they hadn't had equipment paid for with Local Projects money."

The following organizations received funding:

Alba Volunteer Fire Department, Alba \$2,702 for medical equipment, radio equipment, suction units, and TV/VCR

Angleton Area Emergency Medical Corps, Angleton \$1,500 for advanced Cardiac Life Support Training BTL5-B and BTL5-A to TEEX

Aransas County Medical Services, Inc., Rockport \$25,000 for ambulance
Area Metropolitan Ambulance Authority, Fort Worth \$4,250 for Critical Incident Stress Management training

Arp Volunteer Fire Dept, Arp \$1,189 for suction units, an oxygen kit, and portable radios

Associated Ambulance Authority, Clarendon \$6,500 for automatic external defibrillator

Austin County Emergency Medical Services, Bellville \$12,433 for automatic external defibrillator and pulse oximeter

Bandera County Emergency Medical Services, Bandera \$6,092 for training equipment

Beaumont - Public Health Department, City of Beaumont \$3,566 for computer and software

Bethel-Cayuga VFD - FR, Cayuga \$3,143 for automatic external defibrillator

Big Spring Fire Department, City of Big Spring \$3,865 for instructor course, emergency medical dispatch training, Advanced Cardiac Life Support training, Pediatric Advanced Life Support training, Prehospital Trauma Life Support training and Emergency Medical Technician-Paramedic training

Blue Volunteer EMS, Lexington \$4,000 for Emergency Medical Technician training

Bogata Fire & Rescue, Bogata \$3,750 for Hurst extrication equipment ECA and EMT to TEEEX

Bradford First Responders, Palestine \$1,658 for Blood Pressure Kits, a Kendrick Extrication Device, a Spine Immobilizer, Oxygen Kits, Traction Splints, multi-cuff blood pressure kit and splint set

Brazos Valley Regional Advisory Council, Bryan \$23,668 for automatic external defibrillators, computers, printers, pagers, pulse oximeters, mobile radios, Military Anti-shock Trousers, Kendrick extrication device, Prehospital Trauma Life Support Training, and Emergency Care Attendant training

Bridge City Vol Fire & Rescue, Bridge City \$563 for glucometer, a child's litter, and pulse oximeter

Brownsville EMS, Brownsville \$11,750 for Advanced Cardiac Life Support training, monitor/defibrillator upgrade, Pediatric Advanced Life Support training, and pulse oximeters BTLs to TEEEX

Bruceville-Eddy Volunteer Ambulance Service, City of Bruceville-Eddy \$1,300 for vital signs monitor

Bulverde-Spring Branch Emergency Medical Service, Spring Branch \$35,000 for ambulance

Camp County Emergency Medical Services, Inc., Pittsburg \$7,059 for monitor/defibrillator

Carlsbad Volunteer Fire Department, Carlsbad \$7,117 for rescue equipment

Centerville Emergency Ambulance Service, Centerville \$885 for adult and pediatric mannequins

Central Texas Trauma Council, TSA-L, Temple \$3,250 for Global Positioning Systems

Channelview Volunteer Fire Department, Channelview \$20,000 for ambulance

Childress Regional Medical Center, Childress \$3,008 for training mannequins and rhythm simulator

Cleburne, Fire Services Division, City of Cleburne \$800 for intubation kits

Clute, City of Clute \$4,836 for semi-automatic external defibrillators

Coahoma Fire & EMS, Coahoma \$1,180 for cot repair kit and glucometer

Colorado County EMS, Columbus for EMT, EMT-I and Bridge EMT to TEEEX

Community EMS, Inc., Hondo \$33,500 for ambulance

Coryell Memorial Hospital Emergency Medical Services, Gatesville \$10,857 for automatic external defibrillators and Emergency Medical Technicians training

Crockett County EMS, Ozona for BTLs to TEEEX

Crosbyton Clinic Hospital EMS, Crosbyton \$3,307 for Military Anti-Shock Trousers, pulse oximeter, and training mannequins

Cross Plains Emergency Medical Service, City of Cross Plains \$35,000 for ambulance

Denver City Emergency Medical Services, Denver City \$35,000 for ambulance

Dixie Volunteer Fire Department, Tyler \$6,332 for rescue equipment

Dublin Ambulance Service, City of Dublin \$5,067 for automatic External defibrillator and pulse oximeter

Eagle Pass Fire Department, City of Eagle Pass \$8,852 for automatic external defibrillator, Emergency Medical Technician-Intermediate training, Military Anti-Shock Trousers, laryngoscope kits, and a defibrillator Trainer

Earth EMS, Earth \$5,480 for medical equipment, pulse oximeter, radio equipment, stretcher, suction units and training equipment

East Texas Medical Center Mt. Vernon, Mt. Vernon \$8,000 for monitor/defibrillator

East Mountain Volunteer Fire Dept., East Mountain for EMT to TEEEX

Eastland Volunteer Fire Department, Eastland \$2,073 for continuing education training, medical equipment and videos

Elmo Volunteer Fire Dept., Elmo \$1,320 for Emergency Medical Technician training and Emergency Care Atten-

*184 EMS
organizations
receive \$1.6
million in
projects*

- dant training
- Elmwood Volunteer Fire Department EMS First Responders**, Palestine \$452 for Kendrick extrication device and oxygen regulator
- Emergency Nurses Cancel Alcohol Related Emergencies**, Irving \$2,000 for public information and education program
- Fairchilds Volunteer Fire Dept.**, Richmond \$2,076 for pulse oximeter, training equipment, mannequin, traction splint and videos
- Fisher County EMS**, Rotan \$5,036 for CPR mannequins, automatic external defibrillator, and Auto Vent 2000
- Frio County Emergency Medical Service**, Pearsall \$13,575 for automatic external defibrillators
- Frontier Ambulance Corp.**, Morton \$36,559 for ambulance and training mannequins
- Glasscock County Volunteer EMS**, Garden City \$34,846 for ambulance and stretcher
- Glenn Heights Fire Department**, Glenn Heights \$4,000 for Emergency Medical Technician training and Emergency Medical Technician-Paramedic training
- Golden Crescent Regional Advisory Council (TSA-S)**, Yoakum \$3,125 for Basic Trauma Life Support training
- Grand Prairie Fire Department**, Grand Prairie \$4,834 for training equipment
- Grape Creek Volunteer Fire Department**, San Angelo \$6,871 for medical equipment
- Groveton Volunteer Fire Department & Emergency Medical Service**, Groveton \$36,200 for ambulance and blood pressure monitor
- Hallsville Volunteer EMS Inc.**, Hallsville \$34,500 for ambulance
- Halo-Flight Air Ambulance**, Corpus Christi for BTLs to TEEX
- Hamshire Volunteer Fire Department, Inc.**, Hamshire \$34,000 for ambulance
- Harmony Consolidated Volunteer Fire Department, Inc.**, \$1,807 for continuing education, pagers and radio equipment
- Harrison County First Responders**, Marshall \$4,483 for automatic external defibrillators, blood pressure kits, medical equipment, a Kendrick extrication device, and suction units EMT to TEEX
- Hart**, City of Hart \$7,094 for radio equipment and pagers
- Heart of Texas Regional Advisory Council**, Waco \$46,946 for advanced Cardiac Life Support training, Automatic external defibrillators, Basic Trauma Life Support training, a blood pressure monitor, Critical Incident Stress Management training, Emergency Medical Technician bridge update, a monitor/defibrillator, paramedic completion training, disaster training, Pediatric Advance Life Support, pulse oximeters, trailer, Out-of-Hospital-Do-Not-Resuscitate class and disaster equipment
- Henderson Memorial Hospital EMS**, Henderson \$2,750 for monitor/defibrillator
- Hereford Emergency Medical Services**, Hereford \$11,229 for computer, Emergency Medical Technician-Intermediate and paramedic training, mannequins and simulator
- Hill Country EMS Training, Inc./North Blanco EMS**, Johnson City \$798 for advanced Life Support baby and child mannequin
- Hilltop Lakes Volunteer Fire Department**, Hilltop Lakes \$1,297 for training mannequins and portable suction unit ECA to TEEX
- Hoover Valley Volunteer Fire Department and EMS, Inc.**, Burnet \$3,403 for automatic external defibrillator
- Howard College**, Big Spring \$8,651 for automatic external defibrillator trainers, Emergency Care Attendant training, medical equipment, oxygen kit, training mannequins and training equipment
- Howe Volunteer Fire Department**, Howe \$2,495 for 20 hepatitis B vaccines
- Idalou EMS**, Idalou \$2,295 for public information and education
- Imperial Volunteer Emergency Medical Service**, Imperial \$3,263 for vital signs monitor and training mannequin
- Indian Harbor VFD**, Granbury \$1,700 for rescue/equipment
- Jacinto City Volunteer Fire Dept**, Houston \$1,050 for pagers
- Jacksonville Fire/EMS Department**, City of Jacksonville \$7,538 for rescue equipment
- Jewett EMS Inc.**, Jewett \$2,500 for automatic external defibrillator
- Kent County EMS**, Jayton \$1,925 for radios

- Kerrville Fire Department**, Kerrville \$2,985 for pulse oximeters
- King County EMS, Inc.**, Guthrie \$20,690 for ambulance, computer, oxygen bottles and radio equipment
- Kinney County Emergency Medical Service (EMS)**, Brackettville \$977 for pulse oximeter
- Kopperl Volunteer EMS**, Kopperl \$7,500 for automatic external defibrillator and Emergency Medical Technician-training
- La PaLoma EMS**, Premont \$35,000 for ambulance
- La Vernia Volunteer Ambulance Service**, La Vernia \$35,000 for ambulance
- Lake Whitney Medical Center EMS**, Whitney \$3,354 for vital signs monitor
- Lake Worth Fire Department**, City of Lake Worth \$2,500 for automatic external defibrillator
- Lavaca County Rescue Service**, Hallettsville \$993 for advanced Life Support training equipment
- Leroy Volunteer Fire Dept., Inc.**, Leroy \$1,866 for pagers
- Levelland/Hockley County**, City of Levelland \$35,000 for ambulance
- Liberty Fire Department**, City of Liberty \$5,320 for monitor/defibrillator with upgrade and training tapes
- Liberty Eylau Volunteer Fire Department**, Texarkana \$1,476 for rescue equipment
- Life Air Rescue**, Shreveport \$4,163 for helmets
- LifeNet**, Texarkana \$1,682 for disaster supplies
- Limestone Medical Center (South Limestone Hosp Dist)**, Groesbeck \$30,000 for ambulance
- Littlefield**, City of Littlefield \$14,000 for First Responder vehicle
- Lone Pine Volunteer Fire Department**, Palestine \$400 for oxygen regulator/tank
- Lumberton Volunteer Fire Department**, Lumberton \$3,137 for training supplies and medical equipment
- Lumberton EMS**, Lumberton \$3,250 for radios
- Lynn County Hospital District EMS**, Tahoka \$900 for Emergency Care Attendant Training and Emergency Medical Technician training
- Mabank Volunteer Fire Department**, Mabank \$2,350 for automatic external defibrillator
- Manvel Area EMS**, Manvel \$35,000 for ambulance
- Marfa**, City of Marfa \$2,607 for training Mannequins
- Martin County EMS**, Stanton \$1,488 for training equipment
- Mathis**, City of Mathis \$7,250 for radio equipment
- Medilife of Houston**, Houston \$22,918 for semi-automatic defibrillator, hepatitis B vaccines, medical equipment, monitor/defibrillator, and public information and education program
- Memorial Emergency Medical Services**, Palestine \$2,200 for Emergency Medical Technician training and equipment
- Mexia Fire Department**, Mexia for EMT to TEEEX
- Midfield Volunteer Fire Department and EMS**, Midfield \$5,786 for radio repeater system
- Mims Volunteer Fire Department & Ambulance Service**, at Johnson Creek \$1,340 for training mannequins
- Montalba Fire Department**, Montalba \$1,298 for blood pressure kits, medical equipment, Kendrick extrication device, oxygen kits and suction units
- Nacogdoches County EMS**, Nacogdoches \$1,772 for computer
- Newton County 1st Responders**, Newton \$2,330 for training equipment
- Noonday VFD**, Noonday \$2,495 for automatic external Defibrillator and portable suction units
- Normangee Volunteer EMS Inc.**, Normangee \$1,870 for computer and pagers EMT to TEEEX
- Nortex Regional EMS Providers Assoc/ Bowie Fire Dept**, Bowie \$41,886 for Emergency Care Attendant training, training equipment and medical equipment
- North Central Texas Trauma Regional Advisory Council**, Irving \$4,800 for public information and education
- Northeast Texas Community College**, Mt. Pleasant \$8,602 for training equipment
- Northeast Texas Regional Advisory Council**, Mt. Pleasant \$17,900 for Basic Trauma Life Support training, Emergency Care Attendant training, and prehospital pediatric provider courses
- Northwoods Volunteer Fire Department**, Clarksville \$2,475 for blood pressure kits, Emergency Medical Technician training, splint kit, cervical collar set, oxygen regulator/tanks, and Kendrick extrication device

- Odessa Fire Department**, Odessa \$1,500 for computer and printer
- Odessa Emergency Providers Achievement Fund, Inc.**, Odessa \$3,408 for continuing education training
- Paducah Ambulance Service**, Paducah \$32,727 for ambulance, spinal equipment, and CPR training equipment
- Payne Springs Volunteer Fire Dept. Inc.**, Payne Springs \$1,900 for automatic external defibrillator
- Pearland Area Emergency Medical Services**, Pearland \$2,604 for automatic external defibrillator
- Permian Basin Critical Incident Stress Management Team Inc.**, Midland \$3,500 for Critical Incident Stress Management training
- Piney Woods AHEC - Stephen F Austin St University**, Lufkin \$13,201 for continuing education program
- Pleasant Grove Volunteer Fire Dept First Responders**, Texarkana \$2,720 for oxygen resuscitator and radio equipment
- Quitaque**, Quitaque \$4,916 for radio system
- Ralls Ambulance Service**, Ralls \$3,615 for training materials
- Ranger Fire Dept. EMS**, Ranger \$809 for computer
- Regional Advisory Council of the Concho Valley**, San Angelo \$19,394 for Advanced Cardiac Life Support training, Basic Trauma Life Support training, Emergency Medical Technician training, and Prehospital Pediatric Provider Course
- Rio Bravo EMS**, Rio Bravo \$35,000 for ambulance

- for encore monitor
- San Angelo Fire Department**, San Angelo \$18,364 for training equipment
- Saragosa Mission First Responders**, Saragosa \$2,272 for radio equipment, training mannequins and training equipment EMT to TEEEX
- Seguin Fire/EMS**, Seguin \$2,465 for crisis mannequin, Advanced Life Support training aids
- Shallowater EMS**, Shallowater \$6,158 for radio equipment
- Shelbyville Volunteer Fire Department - First Responders**, Shelbyville \$2,970 for medical equipment, Military Anti-Shock Trousers, a Kendrick extrication device, oxygen kits, and radio equipment EMT to TEEEX
- Sherwood Shores Volunteer Fire Department**, Sherwood Shores \$3,161 for Emergency Care Attendant training
- Skidmore Vol Fire Dept**, Skidmore \$1,500 for computer
- Somervell County Volunteer, Fire, Rescue, & EMS Dept**, Glen Rose \$798 for radio
- South Texas Community College**, McAllen \$6,367 for Emergency Care Attendant training, Military Anti-Shock Trousers, suction units and training equipment
- South Anderson County Volunteer Emergency Corps, Inc.**, Elkhart \$839 for oxygen units and a Stokes basket
- South Plains EMS Regional Advisory Council TSA-B**, Lubbock \$10,525 for data reporting system
- Southeast Texas Trauma Regional Advisory Council**, Wharton \$2,325 for continuing education program
- Southern Oaks Volunteer Fire Dept**, Streetman \$1,835 for pulse oximeter, suction unit, radio, and Emergency Care Attendant training ECA to TEEEX
- Southside Volunteer Fire Department**, Palestine \$386 for oxygen sets
- Southwest Texas Critical Incident Stress Management Inc.**, San Antonio \$4,550 for Basic and Advanced Critical Incident Stress Management training student scholarships
- Spearman EMS Association, Inc.**, Spearman \$1,924 for training equipment and computer upgrade
- Spohn Kleberg Memorial Hospital**, Kingsville \$35,000 for ambulance
- Stamford EMS**, Stamford \$3,500 for defibrillator
- Sweeny Community Hospital**, Sweeny

FY 97-98 Grants

The Texas Department of Health is preparing to distribute the application packets for the FY 97-98 Grants. Applications will automatically be mailed to all EMS Providers, Registered EMS First Responders, and others who have applied for a grant in the past two years.

If you would like to receive a packet, you may call or write:

Local Projects and Grant Program
Bureau of Emergency Management
1100 W. 49th Street
Austin, TX 78756
(512) 834-6700

(Packets maybe downloaded or requested on the Internet at:

<http://www.tdh.state.tx.us/hcqs/ems/emshome.htm>)

- RNR First Response Program**, Floydada \$4,125 for automatic external defibrillator, medical equipment, and oxygen regulator
- Robinson Volunteer Fire Department**, Robinson for BTLS to TEEEX
- Robstown EMS**, Robstown \$4,000 for automatic external defibrillators
- Ropesville Volunteer EMS Service**, Ropesville \$4,400 for portable radios and a radio repeater system
- San Antonio Airline**, San Antonio \$4,297

\$3,545 for adult, child, and infant mannequins and video set

Swinney Switch Emergency Medical Service, George West \$1,590 for Military Anti-shock Trousers and videos

Taft Volunteer EMS, Taft \$1,320 for radios and training equipment

Teague EMS, Teague \$15,000 for ambulance remount

Texas Tech University Health Sciences Center, Dept. of Emerg Med., Lubbock \$30,892 for training equipment, and education and specialty training program

Texas J Regional Advisory Council, Odessa \$12,132 for equipment, Emergency Medical Technician class and training tapes

The Friendswood Volunteer Fire Dept & The City of Friendswood, Friendswood \$2,000 for computers

Thomas Lake Road VFD, Riverside \$3,991 for Emergency Medical Technician-training, a semi-automatic external defibrillator, and splints

Town of South Padre Island, South Padre Island \$2,595 for automatic external defibrillator

Trinity Peninsula Ambulance Association, Trinity \$25,086 for ambulance remount, stretcher, and vehicle radio

Trinity Valley Community College, Kaufman \$5,299 for automatic external defibrillator trainers, Military Anti-Shock Trousers, and training mannequins

TX-1 Disaster Medical Assistance Team, Metroplex Division, \$1,500 for continuing education training

Tyler Fire Department, Tyler \$550 for CPR mannequins

Vernon Regional Junior College, Vernon \$9,358 for Emergency Medical Technician-training and training equipment

Ward Memorial Hospital EMS, Monahans \$33,000 for ambulance EMT to TEEEX

Waskom Volunteer Fire Dept/EMS, Waskom \$4,246 for automatic external defibrillator, medical equipment, Kendrick extrication device, pagers, and radios EMT-I to TEEEX

Wayside Emergency Team, Inc., Wayside \$35,000 for ambulance

Wells, Wells \$2,358 for Emergency Care Attendant training, bag valve masks, oxygen kits, traction splint, and Kendrick extrication device

Weslaco Fire Department, Weslaco \$6,198 for Emergency Medical Technician-training and mannequin

West Coke County Hospital District for West Coke County EMS, Robert Lee \$1,740 for Training Equipment

Western Texas College, Snyder \$7,146 for automatic external defibrillator, medical equipment, suction units, training mannequins, computer and training equipment

Westlake Community VFD/Emergency Medical Services, Dayton \$3,699 for emergency Medical Technician-training, VCR, and television EMT to TEEEX

Westside Volunteer Fire Department, Palestine \$440 for oxygen kits

Whitehouse Volunteer Fire Department, City of Whitehouse \$2,289 for automatic external defibrillator and suction unit

Willacy County EMS, Inc., Raymondville \$35,000 for ambulance

Williamson County EMS, Georgetown \$5,020 for community education program training

Winkler Co EMS, Kermit \$6,900 for monitor/defibrillators

Yoakum County, Plains \$8,252 for monitor/defibrillator and pulse oximeter

Yoakum EMS, Yoakum \$20,000 for ambulance

Zapata County Fire Dept. and Ambulance Service, Zapata \$32,000 for ambulance

Zavalla First Responders, of Zavalla \$1,047 for Emergency Medical Technician-training, Emergency Medical Technician training, and suction units ECA and EMT to TEEEX

Funding History

Year	Requests by Year	Requested \$ by Year	Requests Funded	Funded \$ Total
FY 90-91	21	\$ 497,953	12	\$ 213,000
FY 91-92	79	\$ 844,186	59	\$ 396,220
FY 92-93	108	\$ 793,164	77	\$ 522,153
FY 93-94	223	\$3,640,000	85	\$ 655,697
FY 94-95	220	\$3,700,000	115	\$ 692,040
FY 95-96	274	\$4,237,130	177	\$1,314,994
FY 96-97	221	\$3,881,007	184	\$1,627,658
Total	1,146	\$17,593,440	709	\$5,421,762

By J. Nile Barnes, BS, EMT-P

Respiratory Emergencies:

New scope of care for EMTs means greater responsibility





Case Presentation

On the first cool evening of the autumn, an elderly woman's daughter calls EMS for her mother, who is having difficulty breathing. She tells the communications specialist that she has been short of breath for hours, but has been trying to manage herself with her inhalers and oral medications. When the two EMTs arrive at the home, they find a 69-year-old woman in severe respiratory distress. She is sitting in a chair, holding herself upright with her arms and only able to answer in short sentences due to the dyspnea. They quickly assess breath sounds and find coarse wheezing in all fields on inspiration and expiration. The patient's skin is cool and moist and the daughter says she looks pale. While the first EMT begins oxygen by non-rebreathing mask and continues his focused assessment, the second EMT looks over the patient's medication bottles and contacts medical control. The EMS Medical Director is working in the emergency department that evening and takes the call. The EMT identifies himself and offers a description of the patient. After describing the patient, including vital signs (pulse 130/min and regular; ventilations 32/min and labored; blood pressure 150/88 torr), they ask for orders for a unit dose of

albuterol to be given by nebulizer. The medical director agrees and asks if they have considered a rendezvous with an ALS or MICU. The EMTs assure the medical director that an ALS unit is responding and they will probably rendezvous with them in the next fifteen minutes. They begin the nebulizer in the house and quickly begin transport. At the rendezvous, the paramedic on the crew confirms the assessment findings and continues the care. As the ALS crew departs for the hospital, they contact medical control to give an update and request additional orders. The medical director and the paramedic confer, and decide to continue the nebulizer treatments, but to add ipratropium

Texas' adoption of the 1994 EMT-Basic National Curriculum makes it possible for EMTs to give medications by inhaler or nebulizer. While that increases the level of care available for patients, it brings greater responsibilities for EMTs.

Objectives

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

1. State the characteristics of the beta-2 class of adrenergic drugs used in respiratory emergencies
2. Summarize the characteristics of anticholinergic drugs used in respiratory emergencies
3. Summarize the indications, cautions, and concerns for beta-adrenergic drugs and anticholinergic drugs for the patient with respiratory distress.
4. Define the terms agonist and antagonist.
5. Identify the primary neurotransmitters involved in the autonomic nervous system.
6. Distinguish a nebulizer from an inhaler.
7. Identify the legal requirements for EMS providers to give medications

bromide to the albuterol solution, since the albuterol has not been working alone. Over the next thirty minutes the patient begins to improve and upon arrival in the emergency department she can speak in complete sentences.

Introduction

Respiratory emergencies are something EMS providers face frequently. Now that Texas has adopted the 1994 EMT-Basic National Standard Curriculum, EMTs will now be able to administer inhaled and nebulized bronchodilators with medical direction. This article will discuss two categories of bronchodilators that can be inhaled or nebulized.

Inhaled bronchodilators are common treatments for patients in respiratory distress with bronchospasm. These drugs come from two main classes, beta-2 adrenergic agonists and cholinergic antagonists.

The first group, beta-2 (β_2) agonists, affect the portion of the auto-

nomous nervous system known as the sympathetic division. The sympathetic division is the portion of the nervous system that is responsible for the "fight or flight" mechanism. This system arises from the thoracic and lumbar spinal cord and uses the neurotransmitter norepinephrine, which is similar to epinephrine (adrenaline). Because the drugs of this class affect the receptors for these neurotransmitters, they are often called adrenergic drugs.

Another group of drugs used to treat respiratory emergencies are cholinergic antagonists. Drugs in this class block the effects of the parasympathetic division of the autonomic nervous system. This division uses the neurotransmitter acetylcholine to bind with two types of receptors, muscarinic and nicotinic. The parasympathetic and sympathetic nervous systems are in constant balance with each other to keep body systems in balance. Since the parasympathetic role is to balance the "fight or flight"

Receptor	location	result of stimulation	result of blockade
alpha (α)	vasculature, eye	peripheral vasoconstriction, mydriasis (pupil dilation)	vasodilation, miosis (pupil constriction)
beta-1 (β_1)	heart	increased heart rate and force of contractions	decreased heart rate and decreased force of contraction
beta-2 (β_2)	lungs, uterus, vasculature	bronchodilation, uterine relaxation, vasodilation	possible bronchoconstriction and vasoconstriction

Table 1. Comparison of some α and β adrenergic receptors.

receptor	location	result of stimulation	result of blockade
muscarinic	salivary glands, bronchioles, pupils, heart, gastric tissue	↑ salivation, ↑ bronchial secretions, bronchospasm possible, miosis, bradycardia, ↑ gastric motility and secretions	↓ salivation, ↓ bronchial secretions, bronchodilation, mydriasis, tachycardia, ↓ gastric motility and secretions,
nicotinic	motor neurons	muscle movement	paralysis

Table 2. Comparison of some parasympathetic receptors.

response, it is often referred to as the “feeding and breeding” side of the autonomic nervous system. This system arises from the cranial nerves and sacro-spinal nerves. Since a major nerve in this system is the tenth cranial or vagus nerve, drugs blocking the effects of this system are often called vagolytic.

Beta-2 Agonists

Albuterol is a representative example of the β_2 agonists on the market. Albuterol is a synthetic drug that stimulates β_1 and β_2 receptors and has little, if any, effect on alpha receptors. Alpha receptors are found in arterioles and stimulation results in vasoconstriction. Beta-1 receptors are in the heart and stimulation of these receptors increases the heart rate and strength of contractions. Beta-2 receptors are in the bronchioles, uterus and vascular smooth muscle. Stimulation

of the β_2 receptors causes smooth muscle relaxation in the bronchioles, uterus and vasculature, resulting in bronchodilation, relaxation of uterine muscles and vasodilation. (See Table 1.)

Looking at Table 1, you can see that the stimulation of adrenergic receptors is a desired effect when the body is being stressed. If a tiger is attacking me, increased cardiac output and perfusion will help me either run away or fight the tiger; dilating my pupils will let me see the tiger better to fight or run away. On the other hand, blocking those receptors would prevent me from having a strong “fight or flight” mechanism. There are several other adrenergic responses, but these illustrate the major points.

Some drugs, like albuterol, are selective in what adrenergic receptors they stimulate. Albuterol stimu-

lates the β_2 receptors more than it stimulates the β_1 receptors and has almost no effect on the alpha receptors. This is termed β_2 selective. Other drugs, isoproterenol for example, have absolutely no effect on alpha receptors, but do not have a preference for β_1 or β_2 receptors. Isoproterenol could be called a pure β agonist or a non-selective β agonist. Now that we know a little more about albuterol and isoproterenol, we can see that albuterol is usually preferred over isoproterenol for bronchospasm because it has fewer β_1 effects; it does not stimulate the heart as much as isoproterenol while providing equal or better bronchodilation.

Cholinergic Antagonists

The cholinergic antagonists, which are useful in the treatment of respiratory distress, block the effects of acetylcholine at the muscarinic receptors. The model drug for this class is atropine sulfate. EMS providers commonly use atropine sulfate in some cardiovascular emergencies and some providers use it in respiratory emergencies. Table 2 lists the cholinergic responses from medications commonly used in emergency settings.

From looking at Table 2, you can see that muscarinic blockers (anti-muscarinics) cause some bronchodilation and decrease the secretions in the bronchial tree; both things are beneficial in the respiratory emergency. Knowing a little more about the model drug (atropine sulfate) and the drug studied (ipratropium bromide) can help us decide which drug is better suited for respiratory emergencies. Atropine sulfate blocks the muscarinic receptors in the heart better than ipratropium bromide does. This means the patient will have few-

er heart rate side effects if we use ipratropium bromide instead of atropine sulfate in bronchospasm. It also tells us that atropine is a better drug to overcome parasympathetic tone to increase heart rates.

Clinical Uses

Both classes of drugs (β_2 agonists and anti-muscarinics) are used in respiratory emergencies. Now we must decide which emergencies. Both of the model drugs (albuterol and atropine sulfate) are useful for reversing bronchospasm. So the first criterion that must be met is the presence of bronchospasm. Our most common clinical indicator of bronchospasm is the presence of wheezing on chest auscultation. Couple the presence of wheezing with shortness of breath, labored respirations, cool pale moist skin and/or a history of an obstructive pulmonary disorder and the clinical indications for use of bronchodilators is met.

Most EMS services carry one or more β_2 agonists, such as albuterol, metaproterenol or terbutaline. One of these is usually the first medication given by EMS. In some services, if the patient will not tolerate a nebulizer or if the bronchospasm is severe, a subcutaneous injection of a β_2 agonist is given. The medications for subcutaneous injection are usually epinephrine (which has alpha and β_1 effects also) or terbutaline (β_2 selective). Many services are now carrying atropine sulfate for inhalation (1 mg/1 ml) or ipratropium bromide for inhalation. These drugs are useful in reversing bronchospasm induced (or contributed to) by cholinergic stimulation. They are usually added to the β_2 agonist in the nebulizer.

It is also important to remember that patients who have home nebu-

lizers use compressed air to drive the nebulizer, not oxygen. This apparently minor difference may make the EMS-given nebulizer appear to have a substantially better response than the home nebulizer. Also be aware that nebulizers differ from inhalers in terms of delivery of medications. Inhalers deliver the medication in a short burst, making them convenient; however, it requires an adequate tidal volume to get the medication to the bronchioles in one or two inhalations. This makes inhalers ideal for maintenance of chronic illnesses, but less effective in the patient who already has severe bronchoconstriction and decreased air flow. Nebulizers deliver the medication over a longer period of time. This allows the medication more time to get to the bronchioles, which

may work better for patients with restricted air flow through the bronchioles. Additionally, nebulizers combine the medication with a saline solution that has a thinning effect on the excess mucus secreted into the airways during an obstructive incident.


There is some understandable concern about the side effects of these drugs. Many drugs that cause bronchodilation also cause increases in heart rate. Hypoxemia also causes increased heart rates. So, what is going to happen to the patient with a heart rate of 140 beats per minute when given a drug that both bronchodilates and increases heart rate? It depends on the patient! In most patients the heart rate will slow as the heart's oxygen supply improves. In some patients the effects on the heart will

generic name	trade name(s)	class
albuterol	Proventil [®] , Ventolin [®]	β_2 selective agonist
ipratropium bromide	Atrovent [®]	muscarinic antagonist
epinephrine	Adrenalin [®]	non-selective α and β agonist
atropine sulfate	none	muscarinic antagonist
isoproterenol	Isuprel [®]	pure β agonist
metaproterenol	Alupent [®]	β_2 selective agonist

Table 3. Drugs mentioned in this article

dominate and the heart rate will increase. Care should be taken to avoid overstimulating the heart. Also remember that patients with home nebulizers often wait until they are in severe distress and have reached a maximum dose of a medication before EMS arrival. Giving a patient yet another dose of the same medication they have been taking for several hours may not be wise. Standing orders, protocols and medical control physicians may be able to solve some of these problems in advance.

Conclusion

The adoption of the 1994 EMT-Basic National Curriculum by the State of Texas now makes it possible for EMTs to give medications by inhaler or nebulizer. This can dramatically increase level of care available for many patients. But with the change in the scope of care comes responsibility. The respiratory drugs described here can benefit your patient, but no drug or intervention is without risks. 

Paramedic J. Nile Barnes holds a B.S. in Zoology from the University of Texas at Austin, and has been certified in EMS since 1984 and as a paramedic since 1990. He currently teaches didactic and psychomotor skills instruction in the EMS Technology Department of Austin Community College and works half-time for Austin EMS.

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- Shlafer, M, *The Nurse, Pharmacology and Drug Therapy*. Redwood City, CA: Addison-Wesley, 1993.

Learning about Medications

Learning about pharmacology is not easy work. The first thought is usually just to memorize everything about each individual drug. While I know of a few savants that could probably do this, most of us cannot. Instead, try an approach that allows you to learn about drug classes and model drugs. These model, or prototype, drugs will give you a basic understanding about the class of drugs. Then associate the model drug with that class of drugs. Ask yourself questions (especially

why) about the dose, route, regimen, indications, contraindications. Answering these questions will give you a better understanding of the physiology and pathophysiology involved. Then you can predict how another drug in the same class *might* act, making it easier to learn the other drugs. I want to emphasize the word *might*. Not all drugs act the same way—that is what makes them useful. But drugs can be classified in ways that make it easier for you to learn.



ECA's, EMTs, and EMT-Is must answer 1-10 for credit; paramedics must answer all 15 for credit.

Choose the best answer. Choose only one answer.

1. Administration of medications by EMS personnel is limited to paramedics.
 - a. true
 - b. false
2. The sympathetic division is part of the the _____ nervous system.
 - a. autonomic
 - b. central
 - c. peripheral
 - d. feeding and breeding
3. The primary neurotransmitter involved in the sympathetic nervous system is _____.
 - a. acetylcholine
 - b. adrenaline
 - c. epinephrine
 - d. norepinephrine
4. The vagolytic drugs affect which portion of the nervous system?
 - a. autonomic
 - b. central
 - c. parasympathetic
 - d. sympathetic
5. Beta-2 agonists are drugs that primarily cause:
 - a. bronchoconstriction, vasoconstriction and uterine contractions.
 - b. bronchodilation, vasodilation and uterine relaxation.
 - c. increased heart rate and increased force of heart contractions.
 - d. decreased heart rate and decreased force of heart contractions.
6. An agonist is a drug that _____ a receptor.
 - a. blocks
 - b. ignores
 - c. irritates
 - d. stimulates
7. Albuterol is a good drug for treating bronchospasm because:
 - a. it has strong β_2 effects.
 - b. it has little alpha effects.
 - c. it has little β_1 effects.
 - d. a, b, and c are all correct.
8. An antagonist is a drug that _____ a receptor.
 - a. blocks
 - b. ignores
 - c. irritates
 - d. stimulates
9. Cholinergic antagonists affect respiratory effort by causing:
 - a. bronchodilation.
 - b. decreased bronchial secretions.
 - c. bradycardia.
 - d. both a and b are correct.
10. Ipratropium bromide, is a better choice than atropine sulphate for treating patients with bronchospasm because it:
 - a. slows the heart rate directly.
 - b. increases the heart rate directly.
 - c. has little direct effect on the heart rate.
 - d. is a better bronchodilator.

11. The most common indication for use of β_2 agonists in the field setting is:
 - a. bronchospasm.
 - b. pulmonary edema.
 - c. COPD.
 - d. hypertension.

12. β_2 agonists can only be given by nebulization or inhalation.
 - a. true
 - b. false

13. Cholinergic antagonists are usually given _____ β_2 agonists.
 - a. after
 - b. before
 - c. instead of
 - d. with

14. Nebulizers are more effective than inhalers for EMS use because:
 - a. inhalers give a higher dose of medication.
 - b. nebulizers give a higher dose of medication.
 - c. inhalers deliver the medication over too short a time period.
 - d. inhalers are less convenient.

15. EMTs may give inhaled bronchodilators only with medical direction. This medical direction may be by standing order or by verbal order (telephone or radio), depending on the system.
 - a. true
 - b. false

This answer sheet must be postmarked by February 21, 1997

CE Answer Sheet #7 — Respiratory Emergencies *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?

1996 Texas EMS Conference Exhibitors

AA Emergency Sales
AAOS
ACT Global Comm
Aircast
Alliance Medical Inc.
Allied Healthcare Product,
Inc
Ambu Inc.
American College of
Prehospital Medicine
American Mobile Satellite
Corp.
Ant Boxx Technologies
Armstrong Medical
Industries
Austin Convention
and Visitors Bureau
City of Austin EMS
Biomedix, Inc.
Bird Life Design
Boardman Emergency
Vehicles
Bound Tree ALS
Medical Products
Brady Co, Prentice Hall
CBI Healthcare Systems,
Inc.
CareFlight Helicopter
Code 3 Motorsports
ConMed Corp.
Dallas-Fort Worth Airport
DPS
Denton Fire Dept.
Dixie USA, Inc.
Dransfield Associates
EMS USA
EMSAR
East TX Medical Cntr EMS
Emergency Medical
Products
Emergency Medicine
Internetwork
Emergency Services
Insurance Program
Environmental Data
Services
Excellance, Inc.
Far West Texas and
Southern
New Mexico Trauma RAC
Fast Serv Medical
Fisher Sportswear
Fox International
Frazer Ambulance
Genentech, Inc.
Glymph Medical Industries
Halo-Flight, Inc.
Hartwell Medical
Heartstream
I-Tec/EMS
Instrument Tech Corp.
Irving Fire Department
Laerdal Medical Corp
Leo's Gold Lion Products
Life Preservers
LifeGift Organ Donation
Center
LifeGuard Air Ambulance

The 11th Annual Texas EMS

By Jan M. Brizendine



Conference attendees crowd into the 80,000 square feet of exhibits.

Texas EMS Conference '96 got started with the remains of an ice storm—and it was really cold. The sleet stopped falling just in time and we all thawed out enough for the conference to begin on schedule.

Fort Worth saw the biggest EMS conference ever with the 11th Annual Texas EMS Conference. And according to our evaluations, everyone had a good time, learned a lot, ate a lot and visited many old EMS friends and made new EMS friends from around the state.

Just before we left for Fort Worth we got a call from Florida. There were six Florida paramedics who wanted to let us know they were coming to Fort Worth to our conference. We knew exhibitors came from all over the United States—now attendees are coming from all over the United States.

As usual we had many top-quality educational workshops with over 100 workshops to choose from. Each

attendee could get up to 15 hours of continuing education—all at a bargain price. That was exactly our goal.

The exhibits filled 80,000 square of exhibit space with exhibitors from all over the United States. We had exhibits from textbook companies, communications equipment, fire equipment, emergency lights, defibrillators, computers, two-way radios, monitors, t-shirts, patches, pens, organizations, EMS services, helicopter services, airport services, vital organ procurement, trainers and teachers, and lots of other life-saving equipment exhibits. We had 30 vehicles—all ambulances except for the 9-1-1 race car. We have exhibitors that have been to every one of our eleven conferences.

The exhibitors are already signing up for next year when we move Texas EMS Conference '97 to the Austin Convention Center. Look for details in future issues of the *Texas EMS Magazine*. And thanks everyone who helped make our conference a success. 🍀

Conference—the biggest ever!

Conference attendees between workshop sessions are looking for the latest in state-of-the-art EMS equipment.

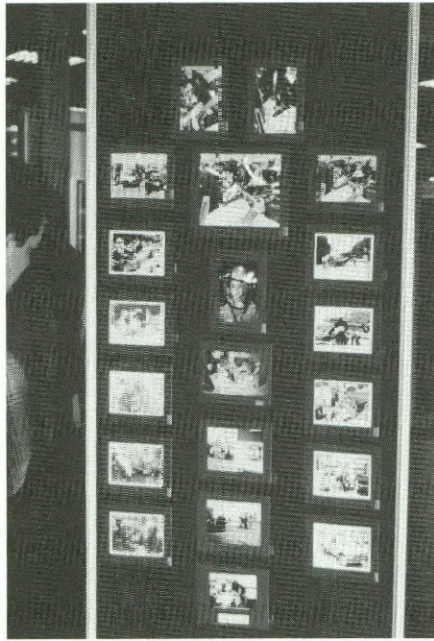


Stewart Dodson, from Paris, taught a class on the Think Child Safety program. Dodson says he received several calls after the conference asking about starting a Think Child Safety program.



TDH's Glenn Coarner, computer coordinator, talks to the exhibitor registration staff (from left) Jaime Wise, Terri Vernon, Brooke Burnside, Jennifer Williams, Debby Hilliard, Vanessa Ross, Jeanne McGinley, Betsy DuBard, and Jan Brizendine.

- McCoy Miller Ambulance Sales
- Medical Plastics Laboratory
- MedTrans Texas Region
- Metrocrest Medical Services, Inc.
- Moore Medical Corp.
- Mosby Lifeline
- Mosby Williams & Wilkins
- Municipal Services Bureau
- National Association of EMTs
- National Computer Systems
- National Flight Paramedic Association
- Office of Attorney General
- Sexual Assault Prevention and Crisis Services Division
- Panther Pacific
- Paradigm Traffic Systems
- Paramedic Design
- Physio Control
- Pro Med Inc.
- Pro Products Co., Inc.
- Professional Ambulance Sales
- Reliable Emergency Vehicles
- Rescue Concepts Inc.
- Rescue Safety Products, Inc.
- Retractable Technologies, Inc.
- Richards & Clarke
- Rural Metro Ambulance
- San Antonio Airline
- San Antonio Ambulance Sales
- W. B. Saunders
- Scott & White Hospital
- Southeastern Emergency Equipment
- I. Spiewak & Sons Inc.
- Stryker Medical
- Sunbelt Medical Corp.
- Superior Fleet Service
- SurVivaLink Corp.
- Sweetsoft Texas
- T-Shirts, T-Shirts, T-Shirts
- Taylor-Made Ambulances
- Texas Association of EMTs
- Texas Commission on Fire Protection
- Texas EMS Corp.
- Texas Engineering Extension Service Law Enforcement
- Tomar Electronics
- Ultrascope
- Uniform Ways
- VFIS of Texas
- Vertex Radio
- Communications
- Wheeled Coach
- Whelen Engineering Co.
- Wisol Supply, Inc.
- Zoll
- Texas Department of Health
- Bureau of Emergency Management Booth
- Ambulance and Antique Ambulance



The annual photo contest had almost 100 entries. The contest draws lots of interest from conference participants and the photos are used in Texas EMS Magazine, bureau posters, displays and brochures.



Dr. Richard Clinchy, PhD, who came as an exhibitor with the American College of Prehospital Medicine, stepped in to teach a class when another faculty member was delayed because of the icy weather.



The man in red shows Dr. Patti Patterson, Commissioner of Health, around the exhibit hall.

From the evaluations...

What was the best thing about the conference?

- Vendors, new information on EMS.
- Love that chicken fried steak!
- The conference bag.
- The nifty tote bag—a great bag!
- The quality of workshops and lectures continue to get better and are still very affordable.
- The awards luncheon.

The camaraderie. Getting to know people from other areas of Texas.

Favorite instructor:

- Gandy; Coppola
- Scott Bolleter
- Jeff Jarvis
- Mark Reger
- Doug Key
- Genzel—give him 2 hours.
- All were good.

Faculty for next Year:

Working great, don't change.

What was the worst thing about the conference?

- Everything ok.
- Too dark in classroom to take notes—wish all speakers had handouts.
- Cold weather.
- Lines at refreshment tables.

*Thanks to everyone who made
Texas EMS Conference '96 a big success*

Public Health Region EMS Offices

PHR 1	Terry Bavousett Denny Martin Mary Podzemny	Announcer Workshop Facilitator Workshop Facilitator
PHR2/3	Jimmy Dunn Jerry Bradshaw Andrew Cargile Patrick Elmes Mike Hudson Randal Martin	Workshop Facilitator Workshop Facilitator Workshop Facilitator Workshop Facilitator Workshop Facilitator Luncheon Seating
PHR 4/5	Jim Arnold Chris Carver Pat Dilday Valerie Tumlinson	Workshop Facilitator Workshop Facilitator Workshop Facilitator Workshop Facilitator
PHR 6	Wayne Morris Brett Hart Scott Reichel David Rives Kevin Veal	AV Support Workshop Facilitator AV Support/ Workshop Facilitator Certification/Instructor Workshop Facilitator
PHR 7	Rod Dennison Mike Foegelle Vincent Young	High Angle Preconference High Angle Preconference High Angle Preconference
PHR 8	Lee Sweeten Steve Hanneman Joyce Jaeggli Fernando Posada	Workshop Facilitator AV Support/ Workshop Facilitator Bureau Booth Staff Luncheon/AV Support
PHR 9/10	Leland Hart	AV Support/ Workshop Facilitator
PHR 11	Noemi Sanchez Rothy Moseley Carlos Tello	Workshop Facilitator Workshop Facilitator Workshop Facilitator

Conference Committee

<i>Dan Bailey</i>	MAB
<i>Jan Brizendine</i>	EXHIBITS COORDINATOR, DESIGN
<i>Louis Berry</i>	HAZMAT PRECONFERENCE
<i>Bobbie Broadbent</i>	BUREAU BOOTH DESIGN AND STAFFING
<i>Harold Broadbent</i>	LOGISTICS, EXHIBITS
<i>Sharon Browder</i>	CERTIFICATION
<i>Brooke Burnside</i>	INTERN
<i>Neil Coker</i>	COORDINATOR CLASS, EDUCATION
<i>Glenn Connor</i>	REGISTRATION, COMPUTER SUPPORT
<i>Norman Crabb</i>	HAZMAT PRECONFERENCE
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<i>Amos Hunter</i>	START PRECONFERENCE
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<i>Gene Weatherall</i>	BUREAU CHIEF
<i>Pam West</i>	ASSISTANT BUREAU CHIEF
<i>Jennifer Williams</i>	EXHIBITOR REGISTRATION
<i>Sam Wilson</i>	EMERGENCY PREPAREDNESS FACILITATOR
<i>Penny Workman</i>	FACILITIES & CATERING COORDINATOR
<i>Sean Hughes</i>	PHOTOGRAPHER
<i>MedStar</i>	GOLF TOURNAMENT
<i>Texas Association of EMTs</i>	VALSALVA BOWL/COMPETITION

General Statements and what else do you want us to know question:

This was my first conference and I really enjoyed it.
Make the conference a "no pager zone."
I wish there was some way to go to all the workshops.
Pagers and cell phones need to be in silent mode.

Very good and informed speakers. Meeting other EMS personnel. I'm real glad we're going back to Austin. I want to make my hotel reservation early!
The conference was put together very well.
Very good and informed speakers. Keep up the good work, looking forward to '97.
Really enjoyed the conference—hope

to attend next year.
Thanks for having bagels.
Want to spend more time in the exhibit hall.
I want to thank you for moving the conference to Austin.
Wouldn't miss the conference.
You did a great job, Thanks!

An exhibitor on the best thing about the conference: All of it!



By Brooke Burnside

TDH Honors Emergency Medical Services leaders with 1996 EMS Awards

Texas Department of Health announced its annual emergency medical services awards on November 26 at the 11th annual Texas EMS Conference in Fort Worth. The awards honor leaders in 11 categories.

EMS Educator Award - David R. Pearse, Longview, for ensuring quality education in rural communities.

In 1995, Pearse began teaching the first-ever paramedic program for Trinity Valley Community College in Palestine. In addition, he requested and received Texas Board of Education approval for an Associate of Applied Science degree in Paramedicine that is scheduled to begin in the Fall of 1996 at Trinity Valley Community College. Pearse provides training in Palestine and in outlying areas as far as 120 miles away from his home.

EMS Medical Director Award - John R. Flanagan, MD, for his work as medical director for the New Braunfels Fire Department and Can-

yon Lake EMS. Dr. Flanagan has been an emergency room doctor since 1982 and spent his entire career working at McKenna Memorial Hospital in New Braunfels. Over the past decade, Dr. Flanagan has been actively involved in training and the run review process, demonstrating his continued commitment to quality assurance and improvement.

EMS Administrator Award - Charles F. Sparrow, EMT-P, director of Burleson County EMS - St. Joseph Health Center, for his leadership in reestablishing quality prehospital patient care. Sparrow motivated, trained and assisted in reorganizing the First Responders organization to decrease response time in the rural areas of Burleson County.

In addition, Sparrow was instrumental in obtaining and instructing the first EMS classes in the County.

EMS Public Information Award - Rural/Metro Ambulance, Abilene, for serving as role models for underprivileged children. This program known as SNAP (Supporting Neighborhoods and Parents) allows children to have safe, supervised fun.

EMS Citizen Award - Mary E. Ceverha, MPA, for leadership in passing a bicycle helmet law in Dallas which served as a model for the rest of the state. Ms. Ceverha is also

Commissioner of Health Patti J. Patterson, MD, left, and Bureau Chief Gene Weatherall, right, congratulated Dr. James Atkins of Dallas for his induction into the EMS Hall of Fame during the 1996 EMS Awards luncheon. A pioneer in EMS, Dr. Atkins was instrumental in establishing the award-winning Dallas EMS system.

Amarillo Medical Services won the EMS Private Provider Award for their active involvement in EMS education and EMS volunteer services. Last year, AMS responded to 21,000 calls for service. On the back row, from right, Bureau Chief Gene Weatherall and Health Commissioner Patti J. Patterson, MD, stand with members of AMS.



actively involved in many other safety programs involving children.

EMS Private Provider Award - Amarillo Medical Services (AMS) for providing caring and professional pre-hospital care to the Amarillo community. Many of the AMS personnel are actively involved in EMS education through Amarillo College and volunteer with EMS services in the surrounding communities. Last year, AMS responded to more than 21,000 calls for service averaging approximately 60 calls per day.

EMS Public Provider Award - Kerrville Fire Department for making continuous educational and technological improvements in order to deliver quality pre-hospital care. The Kerrville Fire Department works with the Kerr County Sheriff's Department and the Ingram City Marshal to provide traffic cones to mark rural roadways for the first responders. This program has helped to decrease the response time of EMS units

in Kerr County on numerous occasions. In addition, the department demonstrates its community commitment with programs of public education, injury prevention and resident wellness.

EMS Volunteer Provider Award - Groom Ambulance Service for providing excellent service to its residents since 1966. Groom EMS raised over \$56,000 toward the purchase of a much-needed new ambulance through community fund raisers and grants.

In addition, Groom EMS was awarded a grant from Prudential Helping Hearts Program to use for the purchase of a new AED which was purchased in June of 1996.

EMS First Responder Award - Eastland Fire Department for leadership in EMS training. The Eastland Fire Department and the Eastland Hospital EMS co-organized the "Third Out Rider" program, which enables First Responders to voluntar-

ily ride out on the ambulance so they can improve their patient assessment and treatment skills. This past year, the Eastland Fire Department hosted a Simple Triage and Rapid Treatment training course for all area EMS personnel in an effort to increase the knowledge needed to build a better emergency preparedness plan.

Outstanding Regional Advisory Council Award - Trauma Service Area - G Regional Advisory Council (RAC), Tyler, for submitting the second complete regional EMS/Trauma System plan, which was approved by the Texas Department of Health Bureau of Emergency Management earlier this month. This RAC, comprising 17 counties in East Texas, was organized in April 1993. Ten of the state's 57 designated trauma facilities are in Trauma Service

Area - G RAC.

The Far West Texas and Southern New Mexico Trauma RAC, El Paso, for incorporating seven New Mexico counties into its trauma service area this past year, and for achieving recognition in New Mexico for becoming the first multi-state trauma planning region in the country. Trauma Service Area - I RAC was recognized in January 1993 and is currently working on their regional EMS/Trauma System plan.

EMS Hall of Fame Award - James Atkins, MD, for establishing one of the first ALS systems in the state. In the early 1970's, Dr. Atkins was instrumental in establishing the Dallas EMS system, which has been awarded national honors and used as an example for many systems throughout the country. 🗙

Paramedic David Pearse of Longview, center, took top honors for EMS Educator for his willingness to go the extra mile in teaching classes. Flanking Pearse is Health Commissioner Patti J. Patterson, MD, left, and Gene Weatherall, chief of the Bureau of Emergency Management.



Did you read...

By Kelly Harrell

In 1992 and 1993, the U.S. Product Safety Commission received 66,465 reports of injuries associated with in-line skates, with 40,730 occurring in children under the age of 20. During the same reporting period, there were 147,928 roller skating injuries in children younger than 20.

Deaths caused by drunken driving rose last year for the first time in over a decade, according to the National Safety Council. About 41 percent of all traffic deaths nationwide are alcohol-related.

Children wearing seatbelts during a wreck may suffer potentially serious injuries that can go undetected because the signs of the injuries can be subtle. This does not suggest that children should not wear seat belts. Rather, emergency medical personnel should be on the lookout for bruises and abrasions across the lower chest or abdomen that may indicate "seat belt syndrome," according to researchers in Geisinger Medical Center in Pennsylvania. The syndrome comprises internal injuries that may involve the small bowel, intestine and lower spine. Delayed diagnosis can lead to potentially serious complications. Children are at an increased risk in a wreck because they have less abdominal muscle and fat to protect internal organs. Researchers identified ten cases in which children had injuries attributed to seat belt syndrome: seven had worn lap restraints, while the other two had a three-point restraint system. Six of the seven children with lap belt markings had intestinal injuries that required surgery.

From TDH's News Clips, *The Dallas Morning News*, "Seat belt injuries can be hard to detect in children," by Charles Bankhead, October 22, 1996.

And even kids who are properly belted in with a three-point restraint are at risk if an air bag inflates during a crash. A five-year-old Tennessee girl was in the front passenger seat wearing her lap and shoulder belt correctly when she was killed in September in a low-speed crash. Although the head of the National Highway Traffic Safety Administration has repeatedly said that children up to 12 should ride in the back seats, appar-

ently the public is not getting the message. At least 28 children and 19 adults drivers have been killed by air bags. But in previous accidents, the agency said the children appeared to be unbelted or improperly belted, or the evidence was inconclusive. Last summer the safety administration proposed warning labels saying that unbelted children and infants in rear-facing car seats may be killed by an air bag.

A parents' coalition group is pushing for air bag labels that include a warning that children should never ride in the front seat.

From TDH's News Clips, *San Antonio Express News*, "Parents told to bar kids from front seat," Associated Press, October 24, 1996.

How do in-line skating injuries compare to roller skating injuries? In 1992 and 1993, the U.S. Product Safety Commission received 66,465 reports of injuries associated with in-line skates, with 40,730 occurring in children under the age of 20. The incidence of injury was highest in children 11 and 12 years old; 68 percent were boys. Fractures made up 45 percent of the injuries; two-thirds of those were fractures that involved the distal forearm. Five percent had head injuries and two and a half percent were admitted to the hospital. During the same reporting period, there were 147,928 roller skating injuries in children younger than 20; the mean age was 10 years. Thirty-two percent were boys. Fractures were the most common injuries, and 72 percent involved the distal forearm. Five percent had head injuries. One and a half percent of the injured were admitted to the hospital.

From *Pediatric Emergency Care*, 12(4): 259-262, 1996. "In-line skate and rollerskate injuries in childhood," by Elizabeth C. Powell, MD, and Robert R. Tanz, MD.

He was a 39-year-old convicted murderer, killed by lethal injection in Texas. She was a 59-year-old Maryland woman who died of a heart attack. They never met in life, but both donated their bodies to science. And now, they're both being made immortal in cyberspace after being chosen to be the subjects of the Visible Human Project, the world's first computerized library of human anatomy. Images of their bodies—1,800 thin cross sections of the man and 5,000 of the woman along with CT and MRI scans—were created and stored in a computer at the National Library of Medicine in Bethesda, Maryland. CDs of the three-dimensional renderings sell for \$20 to \$50, and are meant to supplement traditional anatomy classes, not replace them, according to a spokesman for the company that produced them, Engineering Animation, Inc., of Ames, Iowa. The images are also being used to help surgeons plan for difficult operations and other invasive procedures.

From TDH's News Clips, *The Dallas Morning News*, "Research, educational uses grow for virtual cadavers," by Denise O'Grady, October 14, 1996.

Deaths caused by drunken driving rose last year for the first time in over a decade, according to the National Safety Council. Overall, accidental deaths including car crashes, poisonings, falls, drownings and fires increased to 93,000 in 1995, up two percent from 1994. Alcohol-related traffic deaths rose four percent in 1995. About 41 percent of all traffic deaths nationwide are alcohol-related. Other causes of accidental death also

climbed, including unintentional poisonings, which increased 11 percent. And for the first time, poisonings caused more deaths in the home than did accidental falls. The report said that a surge in drug overdoses, primarily cocaine, was the main reason for the increase.

From TDH's News Clips, *Houston Chronicle*, "Drunken driving fatalities lead increase in accidental deaths," Associated Press, October 10, 1996.

Elderly stroke victims are more likely to survive if treated by neurologists instead of family physicians—but at a price, a study found. Death rates during the 90 days after a stroke were 36 percent lower for patients treated by neurologists, but expenses were 34 percent higher. About 500,000 Americans suffer strokes each year. Patients treated by neurologists were more likely to be given warfarin, a blood thinner that has been shown to reduce the risk of further strokes. Neurologists also ordered more tests, including MRIs, and kept their patients hospitalized longer.

From TDH's News Clips, *The Dallas Morning News*, "Study: Stroke victims safer with specialists," Associated Press, November 5, 1996.

Half a day after a car slammed into a deep ditch and flipped in South Carolina, the victim was found unconscious under a bush by his father. A patrolman first on the scene was hit by a truck. The patrolman was taken to the hospital, but more than two dozen authorities who scoured the area for the victim of the car wreck failed to find him, although he was only 20 feet away from the wreckage. He was taken to the hospital and listed in critical condition.

From TDH's News Clips, *Houston Chronicle*, "I don't know how we missed him ..." Associated Press, October 23, 1996.

An elderly stroke victim is more likely to survive if treated by neurologists instead of family physicians.

Half a day after a car slammed into a deep ditch and flipped, the victim was found unconscious under a bush by his father.

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.

Beatty, Brian Reid, Lumberton, 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.

* **Big Thicket Lake Estates VFD**, Rye, Texas. Administrative penalty of \$100. EMS Law Section 773.050, failure to have two certified personnel on emergency medical services vehicle when in service.

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.

Boyd, David A., Granbury, Texas. Three years probation of EMT certification through August 9, 1999. EMS Rule 157.51(a)(1), imminent danger to the public health or safety.

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 EMT 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 Rules 157.51 (a)(1)(A), reasonable cause to believe certificant creates an imminent danger to the public health or safety: felony charges.

* **Ewald, Douglas Scott**, Dallas, Texas. Suspension of EMT certification through August 1, 1997. EMS Rule 157.51(b)(26), falsification of an application for certification or recertification.

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.

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.*)

Keener, Regina, Bivins, Texas. Suspension of EMT certification through July 31, 1997. EMS Rules 157.44 and 157.51(b)(16), misdemeanor conviction while holding current EMS certification.

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.

* 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, Robert A., Alvin, Texas. One year probation of EMT-Paramedic certification through August 6, 1997. EMS Rule 157.51(2)(A)(B), failure to follow EMS standards of care in the management of a patient.

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 certificant.

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. Twenty-four 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.

Medevac EMS Inc., Brownwood, Texas. Administrative penalty of \$1,500.00. EMS Rule 157.11 (m)(1), failure to notify department of vehicle added to service.

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.

* **Nelson, Michael Wade**, Wylie, Texas. Twelve months probation of EMT certification through November 7, 1997. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

* **Perez, Hector Xavier**, McAllen, Texas. Denial of EMT-I certification and decertification of EMT certification. EMS Rule 157.51(b)(16) and (26), misdemeanor convictions while currently certified and falsification of an application for certification or recertification.

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.

Poosum 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.

Robinson, Stephen Myrl, Midland, Texas. One year probation of EMT-Paramedic certification through September 17, 1997. EMS Rules 157.44(b)(1) and (c) and 157.53, misdemeanor conviction.

Rouse, Molly C., Groveton, Texas. Twelve months probation of EMT 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 (20), intentional falsification of patient records.

* **Sexton, Derek Jason**, Maxwell, Texas. Twenty-four months probation of EMT certification through December 2, 1998. EMS Rules 157.44(c), 157.51(b) and (c) and 157.53, felony conviction.

Smith, Christopher A., Arlington, Texas. Eighteen months probation of EMT-Paramedic certification through February 6, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Stiles, Jeffrey Scott, Dallas, Texas. Twelve month probation of EMT certification through September 17, 1997. EMS Rules 157.44(c), 157.51(b) and (c) and 157.53, felony conviction and misdemeanor convictions.

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.

Calendar

Meetings

January 25-26, 1997. **Basic CISD and Family Factor courses.** 16 hours each. Bluebonnet CISD team. Houston. Call Elaine Johnson, 713/444-9669.

January 25, 1997. **Anatomy of a Disaster.** Radisson Hotel, Dallas, TX. First hand incident involvement: Oklahoma City, Atlanta Incident, Waco, Killeen, Delta 191 and 1141, and Wise Co. military accident. Dr. Bob Simonson will present Disaster Injuries Intervention and Treatment. For more information contact 214/956-0707.

January 25, 1997. **Coaching the Emergency Vehicle Operator.** Lumberton Fire Station, Lumberton, Texas. \$30. Call 409/755-7857 and leave a message, or E-mail PHD@tieb.com.

January 24, 1997. **Medical Considerations for Hazardous Materials Incidents.** Austin Diagnostic Medical Center-located on MoPac near Parmer Lane, Austin, TX. Contact Jeff Rubin for information at 512/469-2051.

January 31 - February 1, 1997. **EMS Physicians Seminar.** J.W. Marriott Hotel, Houston, TX. Sponsored by Texas College of Emergency Physicians and designed for EMS physicians, administrators, and providers to meet and exchange new ideas and information of the Texas EMS System. For more information call Nancy Davis at 1-800-TEXACEP (839-2237).

January 31 - February 1, 1997. **CISD Course.** Tyler. Carolyn Ewbank. 903/581-0933.

January 31 - February 1, 1997. **Basic CISD Course.** Odessa Medical Center, Odessa, TX. \$35. 16 hours. Call Anne Sawyer (915) 640-1131.

January 18 - February 15, 1997. (4 Saturdays) **EMS Instructor Course.** Contact Jim Becka 713/361-2708.

January, 1997. **National Media Month for Indoor Environments,** National Safety Council (NSC). Nyki Palermo Brandon (202) 293-2270 ext. 725.

February 9 - 15, 1997. **National Child Passenger Safety Awareness Week.** National Highway Traffic Safety Association. Cathy Cummings (202) 493-2062 (fax) NSC, Carole Guzzetta (202) 296-6263.

February 15, 1997. **CPR-C.** New and renewal certification will be held at the Ramada Inn in College Station. Contact

Metroplex Medical Training at 972/270-0857.

February 21-22, 1997. **CISD Course.** Bay City. Call Kathy Carnicle at 409/245-6383, ext. 7154.

March 3-7, 1997. **Rescue I.** Beaumont, TX. Roco's Rescue Course Schedule. Call 1-800-647-7672.

March 8-9, 1997. **BTLS Course.** \$150. Harker Heights Fire Department, 401 Indian Trail, Harker Heights, TX 76548 or call 817/699-2688.

March 9-14, 1997. **Basic Leadership and Supervision.** EMS Leadership Academy, Junction, TX, Texas Tech Center. Continuing education certificate upon completion. For information and registration 806/743-3218, or E-mail to emscr@ttuhsc.edu.

March 10-14, 1997. **Rescue II.** Beaumont, TX. Roco's Rescue Course Schedule. Call 1-800-647-7672.

March 14-16, 1997. **The 14th Annual Georgia Extrication School.** Athens, Georgia. Contact Sam Cunningham or Kathy Stocum, 468 North Milledge Ave., Athens, GA 30601-3808 or call 706/542-9500. E-mail to negaems@aol.com.

March 16 - 22, 1997. **National Poison Prevention Week.** Poison Prevention Week Council, (301) 504-0580.

March 22, 1997. **CPR-C.** New and renewal certification will be held at the Ramada Inn in San Antonio. Contact Metroplex Medical Training at 972/270-0857.

April 27 - May 2, 1997. **Operations Leadership.** EMS Leadership Academy, Junction, TX, Texas Tech Center. Continuing education certificate upon completion. For information and registration 806/743-3218, or E-mail to emscr@ttuhsc.edu.

May, 1997. **National Clean Air Month.** NSC, Nyki Palermo Brandon, (202) 293-2270 ext. 725.

May, 1997. **Trauma Awareness Month.** American Trauma Society, 1-800-556-7890, Texas Trauma Coordinators Forum, Beverly Allen - Injury Prevention (409) 776-4907, St. Joseph's Regional Health Center, 2801 Franciscan Drive Bryan, Texas 77802.

May 3-10, 1997. **Safe Kids Week.** National Safe Kids Campaign. (202) 662-0600.

Jobs

Firefighter/Paramedic: College Station. Certified firefighter/paramedic. 18 or more college hours. \$1,903/month. Excellent benefits. Contact: College Station FD, 1207 Texas Ave, College Station, TX 77840 or

call 409/764-3705.+

Instructor/Coordinator: Full-time to develop curriculum and teach EMT-Basic through EMT-Paramedic. Must have paramedic certificate and minimum of associate's degree. Competitive salary and benefits. Northeast Texas Community College, Mount Pleasant, TX. Call 903/572-1911.+

EMS Operations Director: New county system. Must be currently certified EMT-P with significant administrative experience. Salary commensurate with qualifications and experience. Send Resume to: Judge Martin McLean, Burnet County Courthouse, 200 S. Pierce, Burnet, TX 78611. No phone calls please.

Instructors: Part-time position instructing EMT/EMT-P EMSCE for seven fire-based emergency medical services. TDH advanced instructor certification, ACLS provider/instructor, and CPR provider/instructor required. Send resume and copies of certifications to: Baylor Medical Center at Grapevine, EMS Education, 1650 West College St., Grapevine, TX 76051.

Paramedic: Wharton EMS is accepting applications for paramedic with an advanced MICU 9-1-1 service. Join the team that started the CARE program. Must be a certified Texas paramedic and have a valid Texas driver's license. CPR instructor also required. ACLS-BTLS-PPPC pay will be according to experience and number of certifications. Teaching and examining certificate a plus. Must be willing to work overtime. Contact Wharton EMS, 2010 N. Fulton Street, Wharton, TX 77488 or call 409/532-2491 ext. 700.*

EMT-B, EMT-I and Paramedics: Be a part of America's largest provider of Emergency Medical Service. American Medical Response is seeking qualified applicants for our Houston location. Excellent benefits. Send resume to American Medical Response, Human Resources, 7509 South Freeway, Houston, TX 77021 or Fax to 713/747-2051 or call 713/741-7474.*

Paramedic: Flight/Ground paramedic position at CareFlight-Dallas available. Will work 50% air and 50% ground. Competitive applicants will have at least 5 years busy 9-1-1 experience as an EMT-P, ACLS, BTLS, PALS or PPC. Instructor status and NREMT-P preferred. Fax resume to 214/947-8475, attn: Monty Hunsaker.*

Paramedics: Needed for full-time positions. Requires TDH certified paramedics with ACLS, BTLS, and a good driving record. For more information and/or application call 512/547-3995.*

Education Assistant Medical Director:

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.

Calendar

Metrocrest Medical Services is seeking an assistant director of education to coordinate EMT-B and clinical programs. A.S. required, B.S. preferred. 2 years active 9-1-1 experience, 2 yrs EMS instruction. Send resume to: Mark Hinson, Metrocrest Medical Services, 14940 Venture Dr., Dallas, TX 75234 or fax: 972/484-1214. E-mail: markemtp@aol.com or call 972/484-1158.*

Paramedics: Fort Bend County EMS is accepting applications for immediate and future EMT-paramedic entry level positions. Exclusive emergency and 9-1-1 provider for one of the fastest growing counties in the U.S. Minimum qualifications: 18 years of age, TDH EMT-paramedic, Texas Drivers License. Qualified applicants will be notified of entrance examination dates. For an application write to: Fort Bend County EMS, 4336 Highway 36, Rosenberg, TX 77471-9502 or call 713/342-7233.*

Paramedics: Medical Care Development, a not-for-profit health systems development organization, is seeking experienced paramedics/trainers who would be interested in an assignment of one or more years in Saudi Arabia. Salary and benefits are excellent. Must be licensed paramedic, 3 years experience. Experienced trainer. Must be able to receive a visa for travel to Saudi Arabia. Contact John LaCasse, Medical Care Development, 11 Parkwood Drive, Augusta, Maine 04330 or call 207/622-7566.*

Paramedics: Hermann Hospital EMS communications is accepting resumes from TDH paramedics with a minimum of 3 years EMS experience, ACLS, BTLs, PALS preferred. Full-time positions available for the communications center. LifeFlight Dispatch, MEDCON, Transfer Center. Fax resumes to C. Land at 713/704-3537.*

Administrator: To manage progressive MICU EMS system in beautiful Canyon Lake. Applicant should possess extensive experience in ACLS, BTLs, EMS instructor/coordinator. College degree preferred but experience may be substituted. Mail resume and salary requirements to President, Canyon Lake EMS, PO Box 2090, Canyon Lake, TX 78130.*

Paramedics & Nurses: Worldwide travel. Aero-Medical escorts needed. Bilingual a plus, any language. Houston area. Send resume to: Care and Comfort P.A., 1011 Whitestone Ln., Houston, TX 77073 or fax to 713/443-2045.*

Volunteers: The oldest EMS in the state needs volunteers. ECAs, EMTs and para-

medics. 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.*

Work Wanted: Help! Got to get out of California. Would like to move to small to medium size rural community (10,000 - 25,000 pop.) with fairly busy EMS system. Have 11 years EMS experience. Presently employed as EMT-I and have California EMT-P certification. Have ACLS, BTLs, and PALS certifications. Contact Tim Wiese, 2378 Funston Ave., San Francisco, CA. 94116-1947 or 415/566-4971.+

For Sale

For Sale: 1992 Matrx life defense plus with pacing, synchronized cardiovert, hands off defibrillator, paddle defib, pedi paddle covers, single bay charging system, 3 batteries, extra defib and pacing pads. Contact Larry or Stephen at Fisher County EMS, Rotan, TX. 915/735-2256.

For Sale: Six Ferno 35-A stretchers. Excellent condition, \$500 each. Call Ken Wheeler at 1-800-894-5313.*

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

For Sale: Ready Teddy bear suits available from Vera Roznovak at Costume Rental and Sales. To inquire about purchasing or replacement pieces call 512/365-6481 or

write 109 Sloan, Taylor, TX 76574.*

For Sale: Reconditioned EMS equipment bought and sold. 29M, 35A, 28 and Stryker ambulance cots and lockdowns. We also service and repair all the above. FastServ Medical, San Antonio 210/496-8033.*

Announcements

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.+

Scholastic Scholarship Searches: Write Advanced Business Innovations, 40 FM 1960 West #433, Houston, TX 77090.*

CPR manikin: For rental use, please contact 512/446-6701 or 1-800-583-0097.+

Correction

The article on the Bureau's new education team in the November/December '96 issue of *Texas EMS Magazine* stated that John Rinard went to paramedic school at Blinn College and it should have read Del Mar College. We apologize for this error.

+ This listing is new to this issue.

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

Placing an ad? Moving? Renewing your subscription?

Placing an ad? To place an ad 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

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.

Profile: Fort Worth Fire Department



The Fort Worth Fire Department runs BLS and ALS first response with almost 700 EMS-certified personnel.

Name of service: Fort Worth Fire Department

Personnel statistics: The Fort Worth Fire Department is a state civil service department with 668 full-time EMTs, 23 full-time paramedics, two EMT-Intermediates and one RN who currently serves as health and safety officer.

Number of Units: All of the Fort Worth Fire Department units are staffed with a minimum of three EMTs and equipped with BLS kits and AEDs. Currently, there are 29 engine companies, nine quints, four truck companies and two crash/fire rescue companies.

Capabilities: The FWFD provides both BLS and ALS first response. Since 1981 the FWFD has run BLS first response. Beginning in 1988, all companies began carrying automatic external defibrillators. Paramedics have been randomly assigned, with limited ALS capabilities, since 1986. In addition to first responder duties, the fire department also has several speciality

rescue and mitigation teams: one hazardous material team with four satellite stations to support operations; an emergency marine rescue team; four companies that specialize in high angle and confined space rescue; and two airport crash/fire rescue teams at two stations.

Current Projects: A consolidated effort to train all freshman high school students in CPR began in 1995. This effort, spearheaded by our medical director, is a joint effort between the fire department, MedTrans, the American Heart Association, the Fort Worth Independent School District and the Fort Worth Area Metropolitan Ambulance Authority. It is projected that all 5,000 freshman students will receive CPR training. CPR is also taught in citizen fire academies, in community groups and to city employees. Also within the school district, all school nurses were trained by the fire department to be CPR instructors to facilitate further training of CPR within the schools.

The fire department is also active in the trauma RAC. Involvement includes both providing facilities for the region's general meetings and participating in the education and prevention committee.

Other projects include upgrading to new AEDs and increasing ALS capabilities.

EMS Education Programs: The fire department provides both in-house initial and continuing education programs for EMT-Basic programs. Paramedic continuing education is also provided through the EMS office. Currently, initial paramedic education is provided by a local community college. 🐾

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

Periodical
Rate Paid
At Austin, Texas