

Texas EMS

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How to teach kids
about EMS.
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Texas EMS

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_____ (Updated) "Ready Teddy" coloring book. Sixteen pages of injury prevention and EMS awareness tips by the Texas EMS mascot. English-(4-61), Spanish-(4-61A)

_____ "When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure. A foldout first aid guide. Can be personalized by the EMS service. (EMS-014)

_____ "Don't Guess, Call EMS" brochure. A reprint of a Department of Transportation brochure updated with Texas photos and logo. Back panel listing of public health region offices and a "For more information, call" box. (EMS-013)

_____ "EMS Lifesavers—Career Information" brochure. Gives types of jobs, paid and volunteer, in various settings and salary ranges. (EMS-007)

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

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

_____ (Updated) "I'm an EMS Friend" sticker. Ready Teddy in a 2-½ inch, 3-color sticker.

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

_____ Send a sample of all public information and education materials—a PIE pack. (limit 1)

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1100 West 49th Street, Austin, TX 78756-3199
or fax to (512) 834-6736

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Conference '97
Austin, Texas

Texas EMS Conference '97: Registration information, conference schedule and hotels for 1997's biggest EMS conference. Page 12



Texas Department of Health Mission

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

Bureau of Emergency Management Mission

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

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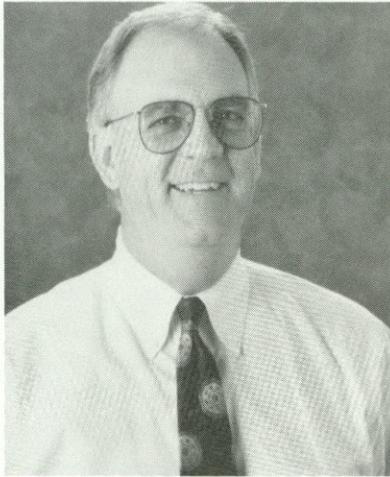
Texas EMS Magazine (ISSN 1063-8202) is published bimonthly by the Texas Department of Health, Bureau of Emergency Management, 1100 W. 49th Street, Austin, Texas 78756-3199. The magazine embodies the mission of the Bureau: to help organizations function professionally as EMS providers, to help individuals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

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

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GENE WEATHERALL, CHIEF OF
THE BUREAU OF EMERGENCY
MANAGEMENT

Look for EMS legislation updates on the Internet

The Texas Legislature is currently considering several legislative changes that will affect the Texas EMS Act. One issue that has generated a lot of interest around the state is the proposal to create a licensed paramedic in Texas. As of this writing, there are two bills that call for the creation of a licensed paramedic. We are currently tracking 29 different pieces of legislation that affect EMS in some way.

Since we are currently in a wonderful age of computer technology, you can get information as fast as anyone by logging onto Texas Legislature Online. You can reach this site at: <http://www.capitol.state.tx.us/>

This is an easy-to-use net site that has the most up-to-date legislative information available. For example, you can use this site to find out when bills of interest are coming up for public hearing. You can track the status of a bill and follow it through the legislative process. For those of you who have an interest in current legislation, I would highly recommend this site.

At the end of the legislative session, we will print a complete list of all legislation that affects emergency medical service.

A big thanks goes to everyone around the state who has participated in our critical incident stress management program. Texas EMS owes a great deal of gratitude to those individuals who have received training and given their time to help other EMS personnel. All EMS personnel are invited to our statewide CISM conference in August. Dr. Jeff Mitchell will be our guest for this conference and we invite you to join us in welcoming Dr. Mitchell to Texas. You can find more information on page 6.

As you will note from the last pages in the magazine, there are many individuals who have not turned in their two-year continuing education summaries. We have received a lot of correspondence regarding these emergency suspensions. Just a quick reminder to let you know that to remove an emergency suspension of this type, all an individual has to do is turn in his or her two-year continuing education summary. I have to tell you about the funniest correspondence we received. Not surprisingly, it was from a clown. Not just any clown, but everyone's favorite clown, Who Who the Safety Clown, aka Dean Baswell. He sent us a computer message titled "Bad, Bad Clown." He informed us that he had forgotten to turn in his continuing education paperwork. When the paperwork was turned in, he sent another computer message informing us that he was once again a "good clown." We appreciate the work of Dean and his special way of teaching thousands of Texas kids using his Who Who safety book. You can read more about how Who Who teaches kids on page 28. 🎪

FIRST TEXAS CISM CONFERENCE



AUGUST 2-3, 1997

DOUBLETREE HOTEL AUSTIN, TEXAS

\$35 Registration Fee

- Featuring Dr. Jeff Mitchell, president of the International Critical Incident Stress Foundation (ICISF) and other Texas and national speakers.
- Continuing education credits
- Saturday night awards banquet—each CISM team will present an award to the outstanding Mental Health Professional (MHP) and an outstanding Peer member.



For information contact Paul Tabor, State CISM Coordinator at (512) 834-6700 or ptabor@ems.tdh.state.tx.us For more information on the CISM conference go to <http://www.tdh.state.tx.us/hcqs/ems/emshome.htm> (click on Emergency Preparedness Program, then click on CISM section.)

Moore named TDH medical director



William L. Moore, MD, FACEP, of Tyler, has been named medical director for the TDH EMS

Development program. Dr. Moore will continue to serve as medical director for East Texas Medical Center EMS. He is a member of the TDH Emergency Health Care Advisory Committee, former president of the Texas College of Emergency Physicians and former Texas EMS Medical Director of the Year.

The EMS Development program provides technical assistance to providers and promotes Texas EMS through marketing and presentations. It assists providers with special events and mass gatherings through planning and ambulance operations.

For further information about the Bureau of Emergency Management and EMS in Texas, visit our internet web site at: <http://www.tdh.state.tx.us/hcqs/ems/emshome.htm> —Mark Huckaby

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

Don Hilliard, 60, of Slocum, died March 3, 1997, of a heart attack he suffered responding to a CPR call. He was the fire chief of Slocum FD and had been a firefighter for 30 years. He was instrumental in ini-

tially setting up the first responder program in Anderson County.

Roger Cypert, 41, of Lorenzo, died on March 11, 1997, of a heart attack. Cypert had been a volunteer EMT for Lorenzo EMS for three years

and was serving as Lorenzo's city manager at the time of his death. He had also served on the Lorenzo school board, the Crosby County Livestock Board and several boards at the First United Methodist Church.

By
Jeannie Bowman, EMT

Volunteers may have special rewards waiting

The wintry winds whipped the stark trees. It was after noon, but already the light of day had faded into the storm. And that's how it was when the rural volunteer EMT left this life. When he opened his eyes, he was on a thick, luscious carpet of green grass. It was far better than anything he had imagined when he had worked to stem the agony of suffering for dying people over the years.

The rural volunteer EMT sat on his lovely hill and looked toward the north. There he saw a great banquet table piled high with food. The EMT sat down and ate his fill day after day and was never interrupted during a meal. It was wonderful, but if this was heaven, something was missing.

So the rural volunteer EMT looked toward the east. And there he saw mattresses floating on gently swaying clouds. Night after night he slept on the beds, eight hours at a time. He was well-rested, but in his heart he felt that if this was really heaven, something was missing.

Then the rural volunteer EMT looked toward the west. Oh, boy! There he saw lined up, with golden bumpers shining and bug-less windshields gleaming, ambulances parked in temperature-controlled bays as far as his eyes could see. He noticed that the ambulances were not plugged in be-

cause their batteries never went down and were not exposed to the cold. Inside, the gurneys were made up with starched and ironed linen with fluffy, allergy-free pillows. The cabinets were fully stocked, and the oxygen tanks all had 2,000 psi. The run sheets were blank, and the license on the wall said, "Expiration Date: Never Again." But then he again felt that something was missing.

So the rural volunteer EMT looked toward the south. And there he saw a long, straight highway, paved in gold, smoother than an ice skating rink. "Where does that highway go?" he asked the nearest medic. "That's the Road of Rewards," replied the medic. "Go ahead, take this ambulance for a drive."

The EMT was so excited! The engine turned over immediately, and the ambulance rolled smoothly onto the golden highway. He flipped on the strobe lights, and a zillion twinkling stars adorned the heavens. He flipped the switch to the primary emergency light, and a huge silvery moon rose gently above the horizon. He turned on the scene lights and the light of dawn painted golden streaks on a clear, blue morning sky. He hit the siren and it spilled out beautiful music accompanying the voices of ten thousand angels. "This must be heaven," thought the EMT. But though everything

seemed so perfect, he still felt that nagging feeling of something lost, something missing.

Up ahead the EMT saw a young man jogging effortlessly beside the road. The young man turned toward him, waved and smiled. The EMT stopped and inquired if the young man would like a lift. "Oh, yes," he said. "I have waited many long years to talk to you."

The EMT took a closer look at the young man. There was something familiar about the face, but the EMT just could not place this young man. Finally he asked, "Why have you been waiting for me?"

"Many years ago," began the jogger, "when you had just started volunteering for the EMS, I was laying on a gurney in an ambulance. My body was worn and battered and my suffering was great. I felt the gentle ministrations of your skillful hands as they worked to ease my pain. I saw through my closing eyes your concern for my life. My ears were filled with your words of encouragement. I was not alone because you were with me. And when I came here, I was wrapped first with a blanket made of your caring. I have waited these many years to say thank you."

Suddenly the rural volunteer EMT was completely filled with happiness. It is in heaven as it was on earth. 

By Pam West, RN, MSN

Preparing EMS for the **21st Century**

Piecing together an EMS system which can function effectively within a giant state, have some degree of consistency and standardization and meet the needs of diverse economic and multi-cultural populations has been an awesome task, courageously begun during the 1960s. After the passage of the Texas EMS Act in 1983, the first set of EMS rules became effective in 1984. Prior to these rules,

While we can't fault the original intent of our present rules—it's time to look critically at the entire patchwork quilt of rules.

EMS in Texas had worked without formal rules. It is surprising how much progress was made under these conditions. This is due in part to the steady strength of those first pioneers who gave a solid base to the present system.

When rules were first discussed, EMS was an immature industry functioning in an experienced political environment. Perhaps as a result of this "on the job training," EMS rules are a conglomeration of ideas, fears, hopes and a few just-plain-gutsy attempts to regulate the quality of out-of-hospital emergency care. This patchwork quilt of rules has managed to survive and multiply because good, dedicated peo-

ple are committed to improving the quality of the system.

While we can't fault the original intent of our present rules, it's time to look critically at this entire patchwork quilt of rules. Time has frayed some of the seams; holes are worn through in places from constant friction. In many cases, attempts at mending have proved futile. The quilt, with all its tradition and memories, filled with dedicated hours of time, can no longer serve the original purpose. It is twin-size and the need is for a queen-size... better yet, a king-size so that growth can be accommodated. TDH, through coordination of volunteer effort, sewed the original pieces together and taught folks how to use it. It is time now to let go. There are others who must assume TDH's role in covering EMS. TDH can develop and hand out an instruction book; we can answer questions and point out resources; and we can monitor progress to let you know how far you've come. But quality cannot be regulated into a system. To suggest otherwise is to give false security.

Added to this has been the appeal from many disciplines to simplify the rules so that this dynamic document can be understood easily by all. Some have suggested that TDH squelched ingenuity by micro-managing, and confused issues by sending different messages. We have heard these concerns and agree. Many rules may be re-



EMS Week **Fact**

Question: *Some parents are reluctant to put their infants in the back seat because they fear the loss of direct visual contact. Doesn't a parent need to be able to keep an eye on the baby to make sure it is not choking or experiencing some other problem?*

Answer: The risk of a serious injury in a crash is much greater than the risk of a healthy baby having a life-threatening problem during a car ride. A healthy baby correctly restrained in a rear-facing safety seat is no less safe than a child placed in a crib for a nap.

pealed and combined with others that are similar. Work will begin now on revisions so that an infrastructure can be built prior to the need for new rules as the result of the legislative session.

Initially the lengthy timeline might seem too slow a pace, but consider the ambitious undertaking of re-

The goal is to have the rules approved by January 1, 1999. Every rule will be reviewed and new rules will be written as the result of mandates that come out of this legislative session.

viewing years of work. We must save what is needed to protect public safety without setting up barriers to progress. We must do the regulatory work of TDH while not straying onto the turf of local providers, medical directors and public officials. We must move slowly, allowing ample time for input from across the state. We must allow time for an attitude adjustment for those for whom change is an enemy.

So you may begin to hear rumors about changes in the rules. I implore each of you to become involved in the process. **Do not rely on rumors. Base your opinions on the facts.** Call your regional EMS office and get copies of current drafts of rules. Discuss changes and new issues among your colleagues and at EMS meetings. During such discussions, recall what I have said here and give it some thought before you decide. Be careful that your decisions are not based on such statements as, "But that's the way it's always been done."

Issues to consider:

- What should the role of TDH be in EMS?

- What part should the professional associations be playing?
- What should TDH do about the problem of data collection?
- Should paramedics be required to have a high school education or GED?
- Does TDH need to list an equipment list in the rules, or should this be left to provider management and medical directors?
- How does TDH give management back to the providers?
- How does TDH give education to the educators? What should be required of someone who wants to be an EMS educator?
- Should active EMS personnel have to have a skills proficiency verification or is it sufficient that their medical director attest to their competency?
- Is the criteria for recertification reasonable and logical?
- Is there another way to document competency other than an examination meant for entry-level personnel?

These are but a few of the issues that we will grapple with over the next two years. The goal is to have the rules approved by January 1, 1999. Every rule will be reviewed and new rules will be written as the result of mandates that come out of this legislative session. There will be change. The question is: Will you be part of the process or just watch from the sidelines? 🇺🇸



Pam West is assistant bureau chief for the TDH's Bureau of Emergency Management. She's looking forward to hearing from Texas EMS personnel about their the opinions on the proposed rule changes.

Time to apply for EMS grants is rapidly running out

This is a reminder that this year's deadline for submitting grant applications is June 2. With the Legislature still in session, we do not know how much will be appropriated for EMS grants. However, we do know that we can only consider organizations that have their applications in by the deadline. If you need additional information please contact Terri Vernon or Amos Hunter at (512) 834-6700.

EMS news *A compilation of news from around the state and nation*

Community Partnership Award goes to Rural/Metro

Rural/Metro Corporation was awarded the "Community Partnership Award" by the American Ambulance Association at their annual conference in November. Each year, AAA presents the award to an ambulance service provider who has demonstrated an overall commitment to developing strong community partnerships. Rural/Metro operations also won top honors in the award categories of public safety campaigns, public service announcements and Emergency Medical Services Week programs, with Rural/Metro's Abilene, Texas, operation receiving a Community Service Award for its multiple community service programs. Rural/Metro Abilene also won TDH's Public Information award at the Texas EMS Conference.

Violence strikes Washington D.C. Fire Department

In December, a gunman stormed a fire department ambulance and began firing, wounding a firefighter and killing a gunshot victim. Paramedics, who had been inserting an IV line into the critically injured patient, wrestled the gun from the gunman, who fled the scene with an accomplice. About six blocks away from the scene, the firefighter/driver pulled over to allow medics to start an IV. The gunman approached the ambulance, identifying himself as the patient's cousin and asking about the

patient's condition, and then opened fire again on the ambulance. The driver received a gunshot wound to her ankle. D.C. local news briefly discussed the issue of bulletproof vests for medics later that day.

Austin Safe Kids Coalition set goals, objectives for 1997

Austin Safe Kids Coalition defined the coalition's purpose, goals and objectives for 1997 in December. Among the goals are reducing unintentional injuries to children through action and advocacy and educating the public in child injury prevention. For more information about Austin Safe Kids Coalition, contact the coalition at (512) 480-1791.

National 1995 immunization goals met, work toward 2000 goals continues

A record percentage of U.S. toddlers received their recommended baby shots on schedule, according to the 1995 National Immunization Survey, released by the Centers for Disease Control and Prevention in February. In addition, the number of reported cases of many vaccine-preventable diseases, such as measles and Haemophilus influenzae type b, are at or near record-low levels and 28 states met either all of the 1995 immunization coverage goals or all except hepatitis B goals. According to the survey, 76 percent of two-year-olds received all doses of the most critical vaccines in 1995; the 2000 national goal is 90 percent.

Corrections: Lee Sweeten's byline was inadvertently dropped off the "On the Border" article in the March/April issue.

Carol Lawrence's byline was inadvertently dropped off the "Hepatitis: Concern for the emergency responder" article in the March/April issue.

Texas EMS Magazine apologizes for any confusion.

Susan Simmons of DMAT Houston, mentioned in the January/February story on DMAT, has moved. Her new pager is (281) 473-5111.

80% of calls to fire departments are EMS-related.

AIM Safety Company, Inc., gets safety approval for carbon monoxide detectors

AIM Safety Company, Inc., became the first technical manufacturer to be awarded an International Approval Services as certification under the new standards for consumer carbon monoxide detectors in January. All IAS-certified CO detectors will carry the blue star seal of approval. The new standards have been endorsed by and are administered through the IAS, the Gas Research Institute and the American Gas Association.

National Association of EMS Physicians announces mid-year meeting

National Association of EMS Physicians (NAEMSP) will be holding their mid-year meeting in Lake Tahoe, Nevada, from July 9 - 12. Topics to be highlighted include injury prevention in EMS, trauma issues in EMS, position development and managed care in EMS. For more information about the mid-year meeting, contact the NAEMSP national office at (412) 457-3222.

ACEP develops EMS training using modern technology and distance education

The American College of Emergency Physicians (ACEP) announced that they have developed a distance education course for training entry-level EMS professionals. Students will receive 30 hours of medical terminology and 50 hours of anatomy and physiology, and then participate in a

152-hour EMT course. Skills will be taught and evaluated by local instructors in a seminar/workshop setting. All components contain the elements of the 1994 DOT-NHTSA EMT-Basic National Standard curriculum. Participants receive three CD-ROMs, workbooks and some equipment commonly used by an EMT. The total cost of the program will be less than \$500 per participant. ACEP is presently seeking instructors to work with the students at the local level. These educators must have access to the necessary equipment to train EMTs. For more information about the program contact Dr. Richard Clinchy by e-mail at atceo@acpm.edu or call (800) 735-2276.—*Penny Workman*

Web pages of interest

Find out information about the **EMS Leadership Academy** at <http://members.aol.com/emsla/index.htm>

Looking for all sorts of EMS links? Check out the "Other Links" on the EMS Development page, which has almost 80 links with other web sites. <http://www.tdh.state.tx.us/hcqs/ems/emsdev.htm>

Department of Health and Human Services (HHS) **press releases** are available at <http://www.dhhs.gov>

Contact emtchief@aol.com for information about the **National Association of Emergency Medical Technicians**.

Looking for information and handouts for emergency preparedness? Visit the **Federal Emergency Management Agency** at <http://www.fema.gov>

The U.S. Department of Transportation is on the web at <http://www.dot.gov>

The Safety Advocate, a publication of advocates for highway and auto safety, has testimonies, press releases, special reports and information materials on the web at <http://www.saferoads.org>

The **National Flight Paramedics Association** can be found at <http://www.nfpa.rotor.com/> and **Flightweb** is at <http://www.flightweb.com>

The web site for the **Emergency Nurses Association** is <http://www.ena.org/>

Texas EMS Conference '97

The 12th Annual
Texas EMS Conference

November 23-26, 1997 Austin Convention Center
Austin, Texas

REGISTRATION FORM

Note: Make a copy of this form for each additional registration—only one registration per form. Fill in the name exactly like you want your nametag to be printed. (Please type or print the information)

First Name _____ Last Name _____

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State _____ Zip _____ Phone _____

Level of Certification ECA EMT EMT-I EMT-P Other/Title _____

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Do you subscribe to *Texas EMS Magazine*? yes no

If you are taking a preconference class, check the Preconference Class Title

Preconference classes

- | | |
|--|--|
| <input type="checkbox"/> \$190 Basic Trauma Life Support | <input type="checkbox"/> \$50 Basic Vehicle Extrication |
| <input type="checkbox"/> \$35 EMS Managing Hazardous Materials | <input type="checkbox"/> \$20 Moulage |
| <input type="checkbox"/> \$50 Basic Cave Rescue | <input type="checkbox"/> \$35 Cadaver Lab (number time preferences 1,2,3)
__8:30 __11:00 __2:30 |
| <input type="checkbox"/> \$50 Basic High Angle Rescue | |
| <input type="checkbox"/> \$50 Advanced High Angle Rescue | <input type="checkbox"/> \$20 Peer Educational Site Review |

Total Preconference Class Fee \$ _____

Check or money order must accompany registration to be registered at \$80. Registration by fax will be accepted only if you are using a credit card. No refund after 11/1/97—There is a 9% administration fee if a refund is necessary.

Conference Registration Fee	Amount \$ 80
<input type="checkbox"/> PreConference class fee included	+
Total Amount enclosed	\$

Conference registration fee \$80

Mailed registrations will not be accepted after 11/1/97

MC Visa Credit Card No. _____
Card Holder _____ Card Exp. _____
Signature of Card Holder _____

Make check to: **Texas Health Foundation**
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Texas EMS
Conference '97
Austin, Texas

The 12th Annual
Texas EMS Conference

November 23-26, 1997
Austin Convention Center
Austin, Texas

Map of downtown
Austin and hotels
Page 43

- Choose from more than 100 excellent continuing education workshops over three days
- More than 80 EMS leaders in Texas teach you the latest advances in patient care, plus the basics
- A whole new series of preconference classes from vehicle rescue to a cadaver lab
- Our traditional EMS party moves to Austin's Sixth Street on Tuesday night
- 80,000 square feet of exhibit space with state-of-the-art information and products
- Your chance to network with 2,000 of your EMS friends

Hotels

Hyatt, (Host hotel) \$55/
\$80* (512) 477-1234
Radisson \$55/\$85
(512) 478-9611
Four Seasons \$95/\$105
(512) 478-4500
Omni Hotel \$55/\$75
(512) 476-3700
Sheraton \$55/\$85
(512) 480-8181
Embassy Suites \$95/\$99
(512) 469-9000
For the latest conferenc
info, visit our web site at
<http://www.tdh.state.tx.us/hcqs/ems/conf97.htm>

T E X A S E M S C O N F E R E N C E ' 9 7 — EXHIBITOR REGISTRATION FORM

Firm Name _____

Address _____ City _____

State _____ Zip _____ Phone _____ FAX _____

Type of business/products _____
(Please be specific—this determines what kind of company you are placed next to.)

(Note: Two representatives per exhibit space are included in registration fee. Additional representatives are welcome and will be charged \$50 for exhibit hall only. Please include this amount in your check total. If you have more names, staple a printed or typed list to the back of this form.)

Last Name	First Name	Title/Certification
1. _____	_____	_____
2. _____	_____	_____

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

- (1) 10X10 booth \$500 \$600 after 10/1/97
- (2) 10X10 booths \$950
- (1) 20X20 vehicle booth \$550 \$650 after 10/1/97
- (2) 20X20 vehicle booths . \$1,000

No refund after 11/1/97

MC Visa Credit Card No. _____
Card Holder _____ Card Exp. _____
Signature of Card Holder _____

	Number booths or extra registrations	Amount enclosed
Regular Booths 10X10		\$
Vehicle Booths 20X20		\$
Additional Registrations (\$50 each)		\$
Totals		\$

Official Use Only	Date Rec'd.	Check No.	Method of Pmt.	Amt. Rec'd.



Texas EMS
Conference '97
Austin, Texas

Texas EMS Conference '97

The 12th Annual
Texas EMS Conference

November 23-26, 1997 Austin Convention Center
Austin, Texas

**Mail-in
Registration**
(before 11/1/97)
..... \$80

Sunday, November 23, 1997

1:00 pm - 7:00 pm Registration in Convention Center
3:00 pm - 7:00 pm **Exhibit Hall Opens with Welcome Reception**

**On-site
Registration**
..... \$100

Monday, November 24, 1997

7:00 am - 6:00 pm Registration in the Convention Center
8:15 am - 9:30 am Opening Session - Dr. Red Duke
9:45 am - 10:45 am Workshop Breakouts
10:00 am - 6:00 pm **Exhibit Hall Open**
11:00 am - 12 noon Workshop Breakouts
12 noon - 2:00 pm Lunch in Exhibit Hall
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts

Tuesday, November 25, 1997

7:00 a.m - 5:00 pm Registration in the Convention Center
7:30 am - 8:30 am Early Bird Workshop Breakouts
8:45 am - 9:45 am General Session
10:00 am - 11:15 am **Exhibit Hall Open**
(closed during Awards Luncheon)
10:00 am - 11:00 am Workshop Breakouts
11:15 am - 1:00 pm Awards Luncheon
Exhibit Hall Open *(immediately after Awards Luncheon)*
1:00 pm - 5:00 pm **Exhibit Hall Open**
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts
5:00 pm **Exhibit Hall Closes**

Wednesday, November 26, 1997

8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - 12 noon Workshop Breakouts
Conference Adjourns

Note on workshops:

1) The workshops during the conference are filled on a first-come, first-served basis. If a class is filled when you arrive, you may be turned away. Have a second choice in mind.

2) No one will be admitted late. If you arrive 10 minutes after class has started, you will be turned away.

Preconference classes

November 22-23, 1997

Preconference classes are held at the Austin Convention Center or the Hyatt Hotel, or meet at the Hyatt Hotel.

Saturday/Sunday classes
8 am - 5 pm

Basic Trauma Life Support (BTLS)

16-hour class, \$190, Hyatt

CE category: Trauma

This popular class teaches the key components in managing a traumatic patient. The class, which is appropriate for both basic and advanced providers, awards 16 hours of CE and is limited to 30 students. Presented in conjunction with Scott and White EMS Education and Austin Community College. For information on class content, call Diane Simpson at (817) 770-0029 or e-mail Jeff Jarvis at jjarvis@bellnet.tamu.edu

EMS Managing Hazardous Materials

16-hour class, \$35, Hyatt

CE category: Medical

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

Saturday classes
8 am - 5 pm

Basic High Angle Rescue

8-hour class, \$50*

Austin Fire Tower (Meet at Hyatt)

CE category: Additional

Learn the basics in this popular ropes course at the training tower of the Austin Fire Department. This class fills up fast, so hurry if you're interested. This class awards eight hours of CE and includes all necessary equipment. Strictly limited to 25 students. Lunch and transportation included; meet at the Hyatt parking lot at 7:30 a.m. For more

information on class content, call Rod Dennison at (817) 778-6744 or e-mail him at rdennison@r07.tdh.state.tx.us or call AFD's John Green at (512) 448-8370 or e-mail him at tazcaver@aol.com

Basic Cave Rescue

8-hour class, \$50*,

Whirlpool Cave (Meet at Hyatt)

CE category: Additional

Learn basic cave rescue at Whirlpool Cave, a popular cave in South Austin. The class awards eight hours of CE and includes most necessary equipment. Students need to provide knee pads. Strictly limited to 25 students. Lunch and transportation included; meet at the Hyatt parking lot at 7:30 a.m. For more information on class content, call Rod Dennison at (817) 778-6744 or e-mail him at rdennison@r07.tdh.state.tx.us or call AFD's John Green at (512) 448-8370 or e-mail him at tazcaver@aol.com

Sunday classes
8 am - 5 pm

Advanced High Angle Rescue

8-hour class, \$50*

Austin Cliffs (Meet at Hyatt)

CE category: Additional

If you've had basic high angle, you can take your skills one step further in this advanced course taught by the instructors who teach the basic course. This class offers eight hours of CE and includes all the necessary equipment. Strictly limited to 25 students. Lunch and transportation included; meet at the Hyatt parking lot at 7:30 a.m. For more information on class content, call Rod Dennison at (817) 778-6744 or e-mail him at rdennison@r07.tdh.state.tx.us or call AFD's John Green at (512) 448-8370 or e-mail him at tazcaver@aol.com

Want to take a pre-conference class? Here are the details.

Preconference workshop details

1. Participants MUST preregister for preconference classes. The cut-off date for sending your application AND money is October 15, 1997. The registration form is on page 12 of this issue. Be sure to indicate which class you're registering for on the form.

2. Refunds subject to a 9 percent administrative fee unless class is cancelled due to underenrollment. No refunds will be given after November 1, 1997.

3. All classes will be at the Hyatt or meet at the Hyatt in downtown Austin. The Hyatt has special hotel rates beginning Friday night.

4. Any class that doesn't meet a minimum number will be canceled on October 20, 1997, and full refunds will be issued to those who signed up.

* Lunch and transportation included

For registration information, call (512) 834-6700 or visit our web site at <http://www.tdh.state.tx.us/hcqs/ems/conf97.htm>

*** Lunch and transportation included**

Preconference classes (continued)

For registration information, call (512) 834-6700 or visit our web site at <http://www.tdh.state.tx.us/hcqs/ems/conf97.htm>

Other groups' preconference activities

Valsalsa Competition
Call TAEMT at (409) 345-6352

Activities at no charge:

Ride out with Austin EMS Want a chance to ride out with an urban service that answers about 60,000 calls a year? Austin EMS is offering ride-outs at no charge during the conference. Different times available. Sign up at the conference registration booth beginning Sunday on a first-come, first-served basis. Bring dark pants and shoes and a white, collared shirt. Call James Shamard at (512) 448-8380 for information.

Tour Brackenridge's Level II Trauma Center See what a Level II Trauma Center has to offer in this tour of Brackenridge's facility. Different times available; no charge for the tour. Sign up at the conference registration booth beginning Sunday on a first-come, first-served basis. Call Mike Berg at (512) 473-9591 or e-mail him at mberg@onr.com for information.

Sunday classes

Basic Vehicle Extrication

8 am - 5 pm, 8-hour class, \$50*
Shaw Lane Training Facility
(Meet at Hyatt)

CE category: Additional

Learn the basics of vehicle extrication in this hands-on class worth eight hours of CE. You'll learn: how to assess the situation, tool technique and application, and patient packaging. Necessary equipment provided except for turn-outs (structural or non-structural), a helmet and leather gloves; all are required for class participation. Strictly limited to 25 students. Lunch and transportation included; meet at the Hyatt parking lot at 7:30 a.m. For more information on class content, call Rod Dennison at (817) 778-6744 or e-mail him at rdennison@r07.tdh.state.tx.us or call AFD's John Green at (512) 448-8370 or e-mail him at tazcaver@aol.com

Moulage

12 pm - 4 pm
4-hour class, \$20
Hyatt

CE category: Additional

Learn the basic concepts of disaster make-up using simple, easily-purchased materials. Techniques covered include bruising, lacerations, impaled objects, open fractures, burns and penetrating injuries. This class awards four hours of CE. For more information on class content, call Lee Sweeten at (210) 278-7173, or e-mail him at lsweeten@r08uv.tdh.state.tx.us

Cadaver Lab (On the registration form, number time preferences 1,2,3)

8:30 am - 10:30 am
11:00 am - 1:00 pm
2:30 pm - 4:30 pm
2-hour class, \$35

Austin Convention Center

CE category: Preparatory

This two-hour class, co-sponsored by Scott & White Hospital EMS Educa-

tion, will teach the basics of human anatomy using a cadaver. This class awards two hours of CE. On the registration form, number time preferences 1,2,3; assignments will be made on first-come, first-served basis. No class assignments will be made without payment received. You will receive a confirmation with your class time listed. For more information on class content, contact Diane Simpson at Scott & White at (817) 770-0029 or Jeff Jarvis by e-mail at jjarvis@bellnet.tamu.edu

Educational Site Review (No CE)

8-hour class, \$20
8 am - 5 pm
Hyatt

This class is designed to prepare you to be a peer program reviewer in the educational site visit process. The class is limited to 50 people and DOES NOT award CE. To be selected as a peer reviewer, you must be a medical director or a paramedic with certification as an EMS instructor, and you must be associated with a program that has undergone a site visit. However, anyone may come to the class. To be considered as a peer reviewer, you must supply a resume or CV at time of class; use of individuals as peer reviewers will be at the sole discretion of the state training coordinator. For information, call Neil Coker or John Rinard at (806) 743-3218, or e-mail Neil at alhnbc@ttuhsc.edu

Emergency Plans Development (No CE)

2 pm - 6 pm
4-hour class, \$10
Hyatt

One of the most difficult tasks assigned to an emergency management planner is to develop plans for health and medical response and recovery actions following a catastrophic disaster. This course will lay the groundwork for developing plans. It does NOT award CE. For information, call Sam Wilson at (512) 834-6700 or e-mail him at swilson@ems.tdh.state.tx.us



EHCAC Recap

The Emergency Health Care Advisory Committee met on February 21, 1997, at the Texas Department of Health.

EHCAC member Ron Redus reported that trauma system development has a chance of being funded through bills in the Texas House and Senate. Redus also told the crowd about going before the Senate Finance Committee and the House Appropriations Committee to ask for a share of the 9-1-1 emergency money collected on Texans' phone bills. The money would be used to fund trauma system development.

Bureau Chief's Report Gene Weatherall announced that EHCAC had a new committee member, Gilbert Perez, RN, EMT-P, of Corpus Christi. Perez replaces Clint Vardeman, who resigned when he was transferred to Florida.

Weatherall also reported that as of January 29, the Bureau had issued 557 emergency suspensions to certificants who had not turned in a Two-Year CE Summary Report, as required by EMS rules. Of those, 72 certificants were reinstated by the date of the meeting after sending in the summary form. The Bureau will now begin to audit CE forms randomly using three levels of audit: 1) counting hours; 2) asking for documentation; and 3) contacting the course coordinator.

Trauma Report Kathy Perkins reported that there are now 63 designated trauma facilities in Texas, and 40 percent of hospitals who receive dispropor funding are now compliant. Also, Medicaid managed care is now tied to the trauma system in that as contracts come up for renewal, there must be a Level I to III

trauma facility in the area.

Trauma subcommittee Chair Jorie Klein's committee focused efforts on trauma designation and ways to improve the process.

Pediatric subcommittee Chair Joan Shook discussed the possible funding of an EMSC position again in the Bureau, and how the committee may focus on developing specialized emergency department designations for pediatric emergencies.

EMS subcommittee Chair Donovan Butter reported that the committee had come up with a statement that supports the creation of a fifth level of paramedic. The committee's statement is:

The committee supports the formation of a fifth level of EMS certification called paramedic licensure, encompassing the current scope of practice and medical direction and distinguished from the other levels by advanced education requirements.

Rules Update Pam West reported that the Bureau is going to look at all the EMS rules (see page 8 of this issue) and will be asking several questions in the process:

- 1) What is the role of TDH in EMS?
- 2) What can we do about data collection?
- 3) Is it time to require paramedics to have at least a high school education?
- 4) Is it time for instructors to have some college hours?
- 5) How do we give management back to EMS directors?
- 6) Should active EMS personnel have to go through skills exams?
- 7) Is the criteria for recertification reasonable?
- 8) Should we require coordinators to have more education methodology?
- 9) How should competency be assessed?

Public Education and Injury Prevention Task Force Chair Leticia Goodrich brought a list of legislative bills pertaining to injury prevention along with a plan to mobilize people to write legislators about the bills. —*Kelly Harrell*

Public Education and Injury Prevention Task Force members at the February 21 EHCAC meeting were, from left, Gaylen Tipps, Kris Blackburn, Sally Snow, Gloria Saldivar, Lee Richardson, Susan Douglass, Chair Leticia Goodrich and Guy Benson.

LOCAL AND REGIONAL EMS NEWS

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

It needs to be! Are you planning a fundraiser? A training class? A public education program? Do you have new people on board? Elected new officers?

Send your news to:
Texas EMS Magazine
Kelly Harrell, Editor
Bureau of Emergency
Management

1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6700

We welcome letters to the editor on EMS issues, magazine articles, or other topics of interest. We print letters to the editor as we have space.

City of Paris receives Texas Municipal League award

The City of Paris has received the Municipal Excellence Award from the Texas Municipal League for the Think Child Safety program. The award recognizes Paris for a public safety program in a city with a population under 25,000. The Think Child Safety program, developed by Paris EMS, is aimed at reducing child injuries and deaths. Think Child Safety manuals are available by calling TDH's Jennifer Hurst at (512) 834-6700.

Trinity Peninsula Ambulance Association holds decorative fundraiser

Trinity Peninsula Ambulance Association (TPAA) in Trinity

held a fundraiser that allowed them to share the Christmas spirit with their community. The service sold red Christmas bows and white memorial bows and used the bows to decorate the shrubbery surrounding the post office. The decorations were on the route of the Christmas Parade of Lights. All raised funds went towards ambulance maintenance for TPAA.

Sutton County EMS names top EMT

Sutton County EMS in Sonora presented the Gene West Memorial Award for EMT of the Year to Jody Luttrell in December. Luttrell, an EMT-I/Examiner and basic firefighter, has been involved in EMS since 1985. He is presently serving as president of Sutton County EMS.

Red Christmas bows and white memorial bows decorate the shrubs around the post office in Trinity for the Christmas season. Trinity Peninsula Ambulance Association sold the bows as a fundraiser to support maintenance of the ambulances.



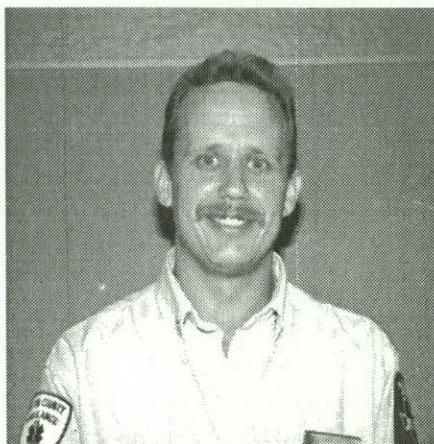
LOCAL AND REGIONAL EMS NEWS

Grant-funded training for Luling EMS saves a life one week later

San Antonio AirLife, through funding from TDH Local Projects grants last year, taught an advanced airway techniques program. Luling EMS attended this training in August 1996 and just one week later had to use the techniques to obtain a patent airway on a multi-traumatized patient. The patient survived.

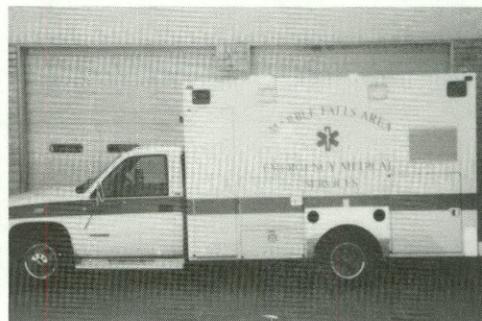
Austin FD recognizes firefighters, citizens in awards ceremony

Austin FD honored heroic actions and outstanding contributions of firefighters and citizens during an awards ceremony in February. More than 50 individuals received awards. The Medal of Valor, awarded for courageous acts of rescue performed while facing extreme danger, was presented to AFD's Robert Acker, who, while off-duty, attempted to



Jody Luttrell, EMT-I, was awarded the Gene West Memorial Award for EMT of the Year. Luttrell is a member of the Sutton County EMS.

Marble Falls Area EMS has taken delivery of a new Frazer ambulance. The new unit replaced an older unit, which was moved to Hoover Valley EMS.



rescue a victim trapped in a burning house. The Citizen Medal of Valor was presented to Sebastian Martinez, who risked his life to rescue a physically disabled woman trapped in a burning apartment.

Dawson County EMS recognized locally

Dawson County EMS in Lamesa has received recognition from a local nursing home. Northridge Retirement Center in Lamesa wrote a letter of acknowledgment to DCEMS for its Christmas contributions to the center and for the year-round prompt response and professional, caring attitude when working with the center's residents.

Marble Falls Area EMS takes delivery of new ambulance

Marble Falls Area EMS took delivery of a new Frazer ambulance in December. They moved one of their older units to Hoover Valley EMS to assist HVEMS.

Midland College presents top teaching award

Gary Roberts, Midland College EMS Program Coordinator, was presented the 1996 Occupational - Technical Teaching Excellence Award in January. Roberts joined MC in 1993 after serving as an EMT-P and assistant director for the City of Seminole EMS.

High school students enter EMS program

MacArthur High School in Houston's Aldine ISD established an Emergency Medical Services program in January. The class has become a regular course offering for MacArthur students and is provided at no cost to the students or the dis-

LOCAL AND REGIONAL EMS NEWS

trict, thanks to donations of classroom books and use of equipment from Harris County Emergency Services District #1. Piloted as an ECA course, the course will progress to EMT level in 1997. With community donations and donations from Harris County ESD #1, the classes will continue to be at no cost to the school or the students.

Childress EMS, TDH present at health fair

Childress EMS and TDH EMS Development-Ambulance Operations participated in Just for the Well of It, a health and wellness fair, for high school and junior high school students in Childress during October. Childress

Childress EMS members, from left, Jeanne Gunn, EMT-P; Jan Richter, PhD; Theresa Patterson, EMT; Kay House, EMT; and Bobby Davis, EMT-P; and TDH's Mark Huckaby, EMT-P, staffed a booth and ambulance tours at Just for the Well of It, a health and wellness fair for high school and junior high school students in Childress.



Pictured are students and teachers of MacArthur High School's EMS program in Houston. MacArthur High School is piloting an ECA program that, through donations, is provided at no cost to the students or the school.

EMS had a display that included posters and brochures about EMS, and TDH had the ambu-

lance open for touring. About 500 children attended the event.

Texas CISD members speak at international conference

In April, Paul Tabor, EMT-P, and Mike Fitts, PsyD, presented original research on CISD in Texas at the Fourth World Congress in Baltimore on Stress, Trauma and Coping in the Emergency Services Professions. Paramedic Vaughn Donaldson of Midland also presented a workshop about the rescue of Jessica McClure and the subsequent suicide of one of her rescuers. The international conference was sponsored by the International Critical Incident Stress Foundation, Inc. Tabor and Fitts were featured speakers.

LOCAL AND REGIONAL EMS NEWS



Chris Del Bello, right, of Manvel FD EMS receives a plaque from Jimmie Del Bello, EMS director, for being named 1996 MFDEMS Member of the Year. Besides holding several positions within MFDEMS, Chris Del Bello also coordinated the purchase of a new ambulance for MFDEMS.

Manvel receives new ambulance, honors member

Manvel FD EMS recently took delivery of a 1997 Frazer ambulance. The new ambulance

was purchased with a TDH Local Projects grant, funding from the City of Manvel and donations. The new ambulance will replace an older unit. MFD EMS also selected Chris Del Bello as 1996 MFDEMS



Manvel FD EMS took delivery of a 1997 Frazer ambulance. The ambulance was purchased with funds from TDH Local Projects Grants program, the City of Manvel and donations.

Member of the Year. Del Bello coordinated purchase of the new ambulance with the ambulance manufacturer. He was elected assistant director for MFDEMS, assistant fire chief for MFDEMS and training officer for MFD.

Tri-Med Ambulance provides medical support for bicycle ride

Tri-Med Ambulance Service in Electra volunteered medical support for the Hotter-N-Hell bicycle ride last August. More than 10,000 bicyclists participated in this annual event. Ready Teddy was on hand to give away stickers to all the children and bicyclists.

Ready Teddy and Who Who teach safety in Gatesville

Who Who and Ready Teddy promoted safety to Gatesville children last October. The safety education duo visited a terminally ill 5-year-old child in Gatesville and then taught safety to elementary children at a Halloween carnival in Gatesville.

Weslaco FD tries clowning approach to Fire Prevention Week

Weslaco FD and Kiko the Fire Chiefie taught Weslaco's children about fire safety during Fire Prevention Week in Octo-

LOCAL AND REGIONAL EMS NEWS



Five-year-old Teri Wells of Gatesville was visited by Ready Teddy and Who Who while they were teaching Gatesville children about safety. Ready Teddy (Jeff Wilhelm) and Who Who (Susan Curtis) regularly teach children in Gatesville and the surrounding areas about safety.

ber. Kiko uses funny jokes and puppets, worked by teachers and parents, to teach kids how to "stop, drop and roll," call 9-1-1, check smoke detectors and set evacuation plans. The children got to practice their new skills along with the puppets. Kiko is also known as Manuel Varela, a Weslaco firefighter since 1981.

Kiko the Fire Chiefie assisted Weslaco FD in teaching children about fire safety during Fire Prevention Week in October.

Ready Teddy poses with two bicyclists at the Hotter-N-Hell bicycle ride. Tri-Med Ambulance Service in Electra volunteered medical support for the more than 10,000 bicyclists in the ride.



DNR Orders

The following change regarding the Out-of-Hospital DNR orders is effective immediately:

Provider reporting as outlined in chapter 157.25(d)(4) will be phased in and NOT implemented immediately. NO provider will need to start collecting data until January, 1999. The first report to TDH's Bureau of Emergency Management will be due in January, 2000, for data collected during 1999. Thereafter, the report is due each January.

By
Neil Coker, BS,
EMT-P

Frequently asked questions about EMS Education

Q. My question has to do with the hour requirements for training. If someone comes into class with competencies in a particular area, and can demonstrate those competencies, do they have to sit through that part of the course no matter what?

A. Although hour requirements are specified for *course* approval, the final decision about whether or not a *student* takes the certification exam should be based course completion requirements established by the coordinator and medical director. Whenever possible, these requirements should focus on competency rather than on classroom or laboratory "seat time."

Students who can demonstrate they have acquired competency, through experience or other education, can be excused from attending those portions of a course. Of course, you should have policies in place for doing this which are reasonable and are applied as consistently and fairly as possible.

Q. I was planning to take an EMT-Intermediate course this year, but I've heard that Intermediate is being done away with. Is this true? If so, I don't want to take the class.

A. EMT-Intermediate most assuredly is *not* being done away with! Intermediate certification has been a valuable tool for making advanced life support available in smaller communities and has been a stepping stone for many services toward eventually providing paramedic-level care.

The new National Standard Curriculum may expand the traditional role of the EMT-Intermediate, but there are no plans to eliminate this level or combine it with any other certification.

Q. I've heard that legislation has been

proposed to create a new level of EMS personnel. What will be the requirements to move to that level?

A. Legislation is pending to create a fifth level of EMS practitioner in Texas. So far, we have been asked whether recognition at this level will depend on:

- a. having a certain number of college credit hours
- b. having an associate's degree in EMS
- c. having an associate's degree in anything
- d. having a bachelor's degree in EMS
- e. having a bachelor's degree in anything
- f. being a graduate of a CAAHEP accredited program
- g. being a graduate of a college or university-based program
- h. being nationally registered
- i. having a certain number of years of patient care experience
- j. etc., etc., etc., etc., etc.

At this point, the correct answer is, **none of the above**. The proposed legislation would only amend the EMS Act to allow a fifth level to exist. If the law passes, details about certification/licensure will have to be spelled out in rules adopted by the Texas Board of Health. This is, by the way, how requirements for all of the existing levels of EMS certification were defined.

The fifth level is being proposed to encourage further professional development for EMS personnel and to provide flexibility for the prehospital care industry in the rapidly changing health care environment. How this level is used to further these goals will require input from all of us. 

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

By
Linda Reyes

Frequently asked questions about EMS Standards

Q: *A friend changed his status to Inactive and did not have to pay a fee. Why was I required to pay a fee when I changed to Inactive?*

A: There are two different classifications for the inactive applicant. There is no difference as far as the activities which are prohibited while in inactive status; the difference lies in the period which you are requesting a change to inactive.

- Change existing certificate to Inactive: Submit prior to or in place of two-year continuing education reporting period. **No fee is required.** Inactive status will be in effect for remainder of certification period.

- Change to Inactive upon recertification: Submitted after the two-year mark and prior to certificate expiration date. **Fee is required.** Inactive certification begins the day after current certification expiration and extends for no more than 4 years.

Both classifications require a completed Inactive Certification Statement form and recertification application.

Q: *I am an administrator of an EMS firm and have received a copy of an emergency suspension order for an EMT who no longer works for my firm. How do I notify you of this?*

A: You are required to report names of any employees who leave or any person who is hired within six months of personnel action. Report these changes to your local regional office.

Q: *I sent my two-year continuing education report form to you three weeks*

ago. Did you receive it?

A: A letter will be sent to all personnel who have completed two-year CE reporting requirements. The letters are generated on a monthly basis. If you have not received your letter after one month, call the certification verification phone line (number listed at right).

Q: *I have my two-year Continuing Education Report form ready to send you. Do I need to attach the actual course certificates as proof that I completed the CE hours? Can I send it by fax?*

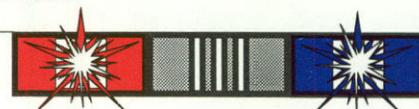
A: Yes, you can send it by fax. It is NOT necessary for you to attach documentation to the two-year continuing education report form. If you are selected for CE audit we will ask you to send copies of documentation.

Q: *Can I take the two-year continuing education evaluation in lieu of completing CE hours?*

A: No, the two-year continuing education evaluation can not be counted towards CE credit. You may receive CE credit for passing the National Registry written and practical exam for your current level of EMS personnel certification. CE credit for passing the National Registry exam is as follows: EMT- 20 hours; EMT-I- 30 hours; EMT-P- 40 hours. 

Call EMS Standards certification verification phone line at 512/834-6769. Fax number is 512/834-6736.

Our web site is:
<http://www.tdh.state.tx.us/hcqs/ems/stdndhome.htm>



May/June '99 CE Summary Report Due

If your certification expires in May or June 1999 your CE summary report is due now.



By Starr L. Eaddy, EMT

The EMS survey results

Starr Eaddy usually writes articles on AIDS. Next month's topic, AIDS: Is the crisis over? New meds, new hope.

Thanks to everyone who participated in the EMS survey at the 1996 Texas EMS Conference. This project was a success because of your participation!

The study asked three basic questions. 1) Are EMTs sensation-seekers? 2) How much burn-out do medics experience? 3) Is there a connection between sensation-seeking and burn-out, i.e., as sensation-seeking goes up, does burn-out go down?

Sensation-seeking was measured by the Arnett Inventory of Sensation-seeking (AISS), Arnett, 1994. Burn-out was measured by the work-related strain inventory (WRSI), Revicki, 1991.

Question 1: Are EMTs sensation seekers? Medics appear to be pretty big sensation-seekers. The test looked at two parts of sensation-seeking: novelty (AISSN) and intensity (AISSI). Male and female medics scored high on both, although men scored higher than women. Full-time paid EMTs had much higher AISS scores than volunteer EMTs. Scores on the AISS differed based on the age of the respondent. Folks under 19 scored higher than all age groups. Thereafter, in each age group, e.g. 20-29 or 30-39, the scores were lower than preceding age group. Full-time paid EMTs scored higher on the AISSI than did volunteers.

Question 2: How much burn-out do medics experience? Male and female medics both had high burn-out scores but neither men nor women were more likely to experience burn-out. Age did make difference in burn-out score, with ages 40-49 scoring lower than folks 19-20. And 50-59 scored lower than folks 19-39. It didn't matter how many people

or children in the household, or who in the household provided emotional support. People who told me they had received some type of "counseling" about a work-related event had higher scores than those who hadn't received counseling. Interestingly, the question about counseling may have been interpreted in a way I didn't anticipate; a few people answered in ways that made me realize "counseling" could be considered a legal term as well as a psychological one.

Question 3: Is there a connection between sensation-seeking and burn-out, e.g., as sensation-seeking goes up, does burn-out go down? As sensation-seeking went up a bit, so did burn-out. Burn-out was not really connected to either of the subscales (novelty or intensity) of sensation-seeking test.

This study confirmed some of the results of other studies on sensation-seeking and burn-out. The results of this study confirmed that EMTs tend to have higher burn-out scores than any other group of emergency medical providers, e.g. ER, doctors. The most unusual result was the comparison between paid and volunteer EMTs. Volunteers seem to have lower sensation-seeking scores and they also had lower burn-out scores.

These were just the highlights of the results. I will be happy to forward a copy of the document via e-mail, as soon as the final draft is approved by the University of North Texas. If you need a copy of the entire document, I can be reached at SLEMSHP@aol.com 

EMT Starr Eaddy conducted a research survey at Texas EMS Conference '96.

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Revicki, D.A., May, H.J., Whitley, T.W. (1991). Reliability and validity of the Work-Related Strain Inventory among health professionals. *Behavioral Medicine* 17, 111-120.

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EMS Week

May 18-24, 1997

Have you started planning for National/Texas EMS Week is May 18-24, 1997? The week that honors those in EMS is a perfect way to tell people in your community about what you do. It's also a perfect opportunity to bring the message of safety to your community. If you have questions or comments about EMS Week, or simply want some help in planning some activities, call us at (512) 834-6700.

Here are a few things that might help you plan: If you are a licensed provider or registered first responder, you should have received an EMS Week planning packet containing information from the American College of Emergency Physicians and TDH. The theme of National EMS Week is "EMS: Making a Difference for Life." We added Texas EMS Week information to those packets. In Texas, we'll also focus on the new recommendations for child safety in automobiles with air bags: "Nothing is soft at 200 miles per hour!" The Texas addition to the packets includes press releases, radio spots, a sample resolution and an excellent question-and-answer sheet about passenger-side air bags and kids.

For a free copy of the combined National/Texas EMS Week information, call Stephania Coleman at (512) 834-6700. To order only the ACEP information, call (800) 798-1822, then press six for publications when

prompted by automated voice mail.

For a copy of ideas for EMS Week activities from other areas in Texas, call Stephania Coleman at (512) 834-6700.

Look for EMS Week facts and questions and answers about kids and air bags throughout this issue.



NATIONAL EMERGENCY MEDICAL SERVICES WEEK
May 18-24, 1997

TEXAS EMS CERTIFICATIONS AS OF
MARCH 31, 1997

ECA	8,277
EMT	26,546
EMT-I	3,890
EMT-P	10,806
TOTAL	49,519
COORDINATOR	408
INSTRUCTOR	1,857
EXAMINER	2,129

Question: *Why are vehicle air bags dangerous to children ages 12 and under?*

Answer: Air bags inflate at speeds of up to 200 miles-per-hour—faster than the blink of an eye—to protect adults in a front-end collision. That blast of energy can severely hurt or even kill smaller passengers who sit too close to the dashboard.

how to teach kids about EMS

By Dean Baswell, EMT-I

DEAN BASWELL, AKA WHO
WHO THE SAFETY CLOWN,
WORKS FOR LIFELINE EMS
IN WICHITA FALLS.

HAVE YOU EVER GONE INTO A CLASS, EXCITED AND EAGER TO LEARN something new, only to find yourself fighting to stay awake because the instructor was dry and boring? Well, imagine if you were 7 or 8 years old. Kids let you know right away when you're not keeping their attention—and they're not usually quiet about it. And what good does it do to present something if no one is going to listen?

Adults are often at a loss when it comes to teaching kids. It's not good enough to do the same things that you do to teach adults. With kids, you must use the KIDS method (Keep It Downright Simple). The more entertaining and fun you make a presentation, the more children are going to learn and comprehend. (I don't think it would hurt to use that frame of mind when teaching adult classes!) So how do you go about teaching kids and making it fun?

Create an entertaining program

Remember that entertaining to you doesn't mean entertaining to a kid. So throw away your adult attitudes and get down to basics. Watch a few cartoons and pretend that you are 8 years old. Now you're getting in the right frame of mind. When I present a program I do it in clown character, Who Who the Safety Clown. The children have fun and remember the safety rules because they're presented in a way that encourages kids to listen. And I get a chance to act sillier than I normally do.

But you don't have to present a program as a clown. Just make it fun. When you do a show-and-tell of your ambulance or equipment, be sure to let the kids touch the equipment. If you were a kid, wouldn't you be curious about all that weird-looking stuff? For instance, bring one of the students to the

*Who Who is always a hit
with one of his biggest
fans, daughter Bethany.*



More than 9,000
lives are saved each
year by seatbelts.

front and demonstrate an O₂ mask. Place the mask on the child and ask his class mates, "Now doesn't Billy look fashionable?" It's a funny line and the kids will enjoy it.

Or put a student on a backboard. The kids get a kick out of it and at the same time it will lower the fear of a real immobilization situation. Like many of us, kids love lights and sirens. If permitted, let kids volunteer to flip the switches on the sound and lights. I promise you'll have as many volunteers as kids. And they'll never forget it.

So if you do a presentation for children, make it short and entertaining. Remember, the younger the child, the shorter the attention span.

Put it in writing

You don't have to give programs to teach a child something. Just like an adult, a child can learn from written material; however, the material will need to be simple, short, to the point and humorous so it will hold a child's attention.

Sometimes I add a "test" to the materials I give out. For instance, in a brochure about seat belts I included this:

When kids ride in the car they should always ride in....

- A. The front seat
- B. The trunk
- C. The glove compartment
- D. The back seat

Of course, the correct answer is obvious. But the kids get a kick out of reading the wrong choices because they are so ridiculous.

Don't forget that there are sources for children's written material that are already published. For instance, there's the Ready Teddy Coloring Book and stickers, which have been newly revised.

Think about a bigger audience

Looking to reach a lot of kids?

Think Public Service Announcements (PSAs). PSAs are a great way to present a short message to children. Television stations do a certain number of PSAs free of charge. Most kids seem to be hypnotized by the tube, so while you have their attention, teach them something.

A few years ago in my service area, a network had a kid's show called "Wally the Wonder Dog." We found it a perfect opportunity to promote safety. Wally did several PSAs for us. In some of them, Wally's friends such as Vince and Larry, the Crash Dummies, and Who Who the Safety Clown appeared.

Whatever you do, keep it simple, short, and entertaining. You might even try it out on a few kids first to test what works and what doesn't. And remember, the kids will have fun as long as they see you're having fun. 🐕

Dean Baswell (Who Who the Safety Clown) has had several requests to teach individuals how to teach the program in his workbook. If there is enough interest, Who Who will teach a one-day Klowne Kollege in Wichita Falls covering such topics as developing a clown character, applying make-up, selecting a wardrobe, clown props, and effective teaching as a clown. If you would be interested in attending, please contact Dean Baswell at (817) 322-1506 or (817) 696-5756.

Proof in the calling

Does teaching kids about safety have an impact? One story from Australia proves it does. A 2 1/2 year-old girl, Nicola Parsons, was alone with her mother. When her mother suddenly collapsed on the kitchen floor. Earlier, Sharon Parsons had taken prescription medication to ease the pain of a fractured shoulder. With her brother and sister napping and her mother unconscious on the floor, Nicola put into action the plan her mother had taught her. Ready, set, go....000. (000 is Australia's emergency telephone number.)

However, the phone on the kitchen wall was out of Nicola's reach. So she dragged a chair about 23 feet from the dining room to a spot where she could climb up and dial the number. Telecommunicators kept Nicola on the phone until help arrived. Her mother made a full recovery. It was later determined that Sharon had suffered an allergic reaction to the medicine. —Erik Edholm, *APCO Bulletin*, March 1997

Checks
help
protect
children



By Emily Palmer

Swings and slides. Tunnels and climbers. These playground structures provide the ingredients for a fun day at the park or a healthy break from classes. They also can be the reason that each year more than 200,000 children across the country make trips to hospital emergency rooms. Many more thousands visit physicians. About 20 children die from playground-related injuries.

Fatal playground-related injuries tracked through hospital emergency rooms nationwide involved falls, entanglement of clothing on equipment such as slides, entanglement in ropes tied to equipment, head entrapment in openings, impact from collapsing equipment and impact with moving swings.

Charles Hallmark, with the Product Safety Program at TDH, finds these figures from the U.S. Consumer Product Safety Commission (CPSC) disheartening. Routine safety checks of school and community play areas and their equipment could lessen or prevent many of these injuries.

"We did a statewide survey a couple of years ago and found that 99 percent of the playgrounds we inspected did not have adequate protective surfacing," says Hallmark. This surfacing, he noted,

is vitally important since more than two-thirds of playground injuries result from falls from equipment.

Double-shredded bark mulch, wood chips, fine sand or fine gravel offer protection around play equipment. But one of the problems, says Hallmark, is that a surface needs to be six to 12 inches deep to prevent serious head injuries to children falling from heights up to 12 feet. Asphalt, concrete, grass and dirt are not adequate as protective surface materials.

Other child safety issues arise from poorly designed or maintained equipment, haphazardly laid-out play areas and equipment that is not scaled to the age or size of the child. Many of the injuries happen when children run into swings or stationary equipment, their fingers are pinched or crushed in exposed moving parts or they come in contact with protrusions, sharp edges, hot surfaces and playground debris.

According to Hallmark, a certified playground safety inspector, when parents, neighborhood residents, school and day care staff, or others view a play area, they should look for problems such as:

- Equipment placed too close to each other, fences or walkways

Emily Palmer is an information specialist in TDH's Division of Communications and Special Health Initiatives. As a parent and a grandparent, she has become acutely aware of playgrounds since beginning research on this safety issue. She finds it almost impossible to drive by a playground without checking the equipment for safety.

- Broken or unstable equipment
- Open S-hooks on swings or gaps at the top of slides that could catch a child's clothing or hands
- Openings big enough for a child's body to go through but too small to let the head follow through
- Improper or inadequate protective surfacing
- Trash such as broken bottles, tree limbs or sharp objects on the ground

"People may not remember the exact dimensions required for safety," said Hallmark, "but they can tell if something on the playground looks wrong. It just takes altering the way they look at things."

Lead paint on playground equipment poses another problem. Playground equipment with lead paint that is intact and in good condition is not considered a hazard. In these situations, scratching the paint surface for a test could create problems.

But playground equipment where paint is chipping, peeling, cracking or chalking should be tested for hazardous levels of lead, especially when equipment is used by children under age 7. A professional experienced in dealing with lead paint problems should make the repairs.

Hallmark said people can check school and community playgrounds with the help of the CPSC "Handbook for Public Playground Safety" and the video "Inspecting Playgrounds for Hazards." When people spot problem areas, he said, they should contact the owner of the playground.

TDH Product Safety personnel are glad to provide training for community groups to spot playground hazards.

To borrow the 35-minute video "Inspecting Playgrounds for Hazards," contact Charles Hallmark, Product Safety Program, Texas Department of Health, Austin, at (512) 834-6773, ext. 2344, or TDH regional Product Safety personnel in Arlington, (817) 264-4000; Houston, (713) 767-3255; Midland, (915) 683-9492; or San Antonio, (210) 949-2148.

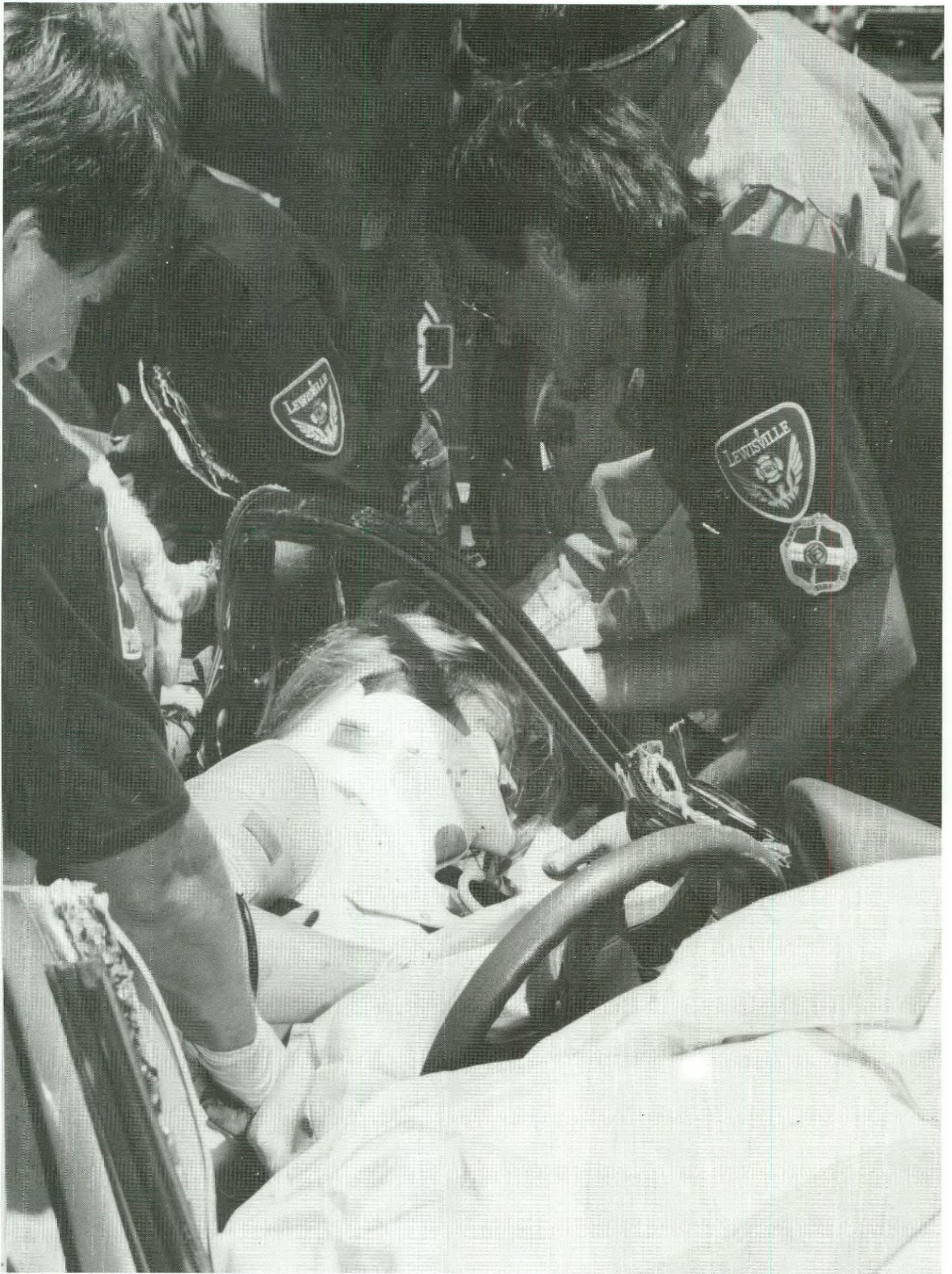
For a free copy of CPSC's "Handbook

for Public Playground Safety," send a post-card with your name, address and name of the publication to U.S.

Consumer Product Safety Commission, Washington, D.C. 20207 or call (800) 638-2772. For detailed information on playground site and surface testing standards, contact American Society for Testing & Materials (ASTM), 100 Barr Harbor Dr., West Conshohocken, PA 19428-2959, or call (610) 832-9555. 

Checklist for Playground Safety

- **Protective Surfacing.** Look for double-shredded bark mulch, wood chips, fine sand, fine gravel or soft synthetic material at least 12 inches deep under and around play equipment. Asphalt, concrete, grass and dirt do not absorb shocks from falls.
- **Fall Zones.** Check that the area around play equipment is clear of other equipment and obstacles a child might fall on. Protective surfacing should extend a minimum of six feet around a stationary piece of equipment. Moving equipment requires more room. For a swing, for example, double its height.
- **Location and Spacing.** Play equipment should be at least 12 feet apart. Moving pieces should be located in a separate area from other play structures. No more than two swing seats should hang from the same support, and they should be a minimum of 24 inches apart. Heavy animal swings with rigid metal framework should be removed.
- **Unsafe Hardware.** Eliminate protruding bolt ends and other things that cut or pierce skin or catch children's clothing and cause strangulation. Close S hooks tightly.
- **Dangerous Openings.** Openings in guardrails and between platforms or ladder rungs should be less than 3½ inches or more than nine inches. Children can get trapped and strangle if openings allow their bodies to fit but not their heads.
- **Pinch and Crush Hazards.** Eliminate exposed moving parts on equipment such as merry-go-rounds or seesaws that might injure a child's hand or foot.
- **Tripping Hazards.** Look for exposed concrete at the base of equipment, sudden changes in the level of the ground, tree roots and stumps, large rocks and debris.
- **Elevated Play Areas.** Surfaces such as platforms, ramps and bridgeways more than 20 inches above the ground for pre-school children and 30 inches above ground for school-age children should have guardrails to prevent falls.
- **Playground Maintenance.** A designated inspector should check playgrounds regularly. Maintenance includes replacing missing, broken or worn-out parts; tightening hardware; looking for rust and chipped paint on metal pieces; checking for deteriorating materials; keeping the proper depth of surface material; and removing trash and debris.
- **Supervision.** The playground should be designed so that adults can easily watch the children.





By Mark Reger, EMT-P, MS

PHOTO BY LINDA GHEEN

Shock by any other name...

Seventeen miles out there; it's a long time if they're hurt. Looks like one vehicle hit a chain link fence. Front passenger is DOA, skewered by the top pipe. Driver panicked and ran; backseat passenger is lying on the ground near the vehicle. He's awake—good. Let's take a look. Breathing about 22-24; radial pulse about 90. The wound we see is a 1.5 cm laceration in the lower right quadrant. He's alert and oriented; says he just feels "yucky." Remembers everything that happened but seems awful quiet for a 16-year-old.

All of us have had some exposure to "first aid" long before we became addicted to EMS. That information was fundamental. Ensure the patient is breathing, stop the bleeding, splint fractures and treat shock. No problem. I know what breathing looks like, blood is red, and I've got a pretty good idea what a fracture will look like. And, obviously, I know what shock is. Well, err..I say that anyway. During a lot of EMT or paramedic training, we spend more time learning about

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

shock, but do we know shock? Do we really understand it?

In most of the textbooks, shock is just another one of the injuries or illnesses that we must be alert for when treating our patient. This isn't quite true with shock. We need to focus on it from several perspectives to comprehend and recognize it.

A group of signs and symptoms

This thing we call shock is a group of signs and symptoms that indicates inadequate tissue perfusion. How many kinds of shock are there? Depends on which book you use—four, eight, 12, something like that.

Let's think about the definition a

Objectives

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

1. Define shock.
2. List body requirements for normal perfusion.
3. Describe the signs and symptoms of shock.
4. Explain the differences in signs and symptoms of neurogenic, anaphylactic and septic shock.
5. Describe the treatment of shock.

bit. First, this syndrome is a group of signs and symptoms. If it is a group, then they have some things in common. They are predictable. They are essentially the same every time. That's because there are not different "types" or "kinds" of shock at all.

Let's use the analogy of dogs. It has four legs, a tail that wags, is about 34 inches high at the shoulder and usually has a keg under his neck. What is it? A dog, specifically a St. Bernard. You're on a roll; try this one. Same four legs, wagging tail although the dog is really short; about 14 inches at the shoulder, mashed in face—so ugly it's cute. You got it, a bulldog.

Dogs are dogs. There are some differences, but a dog is a dog. So it is with shock. Shock is shock, period. There are different causes of this syndrome we call shock, but the bottom line is that shock is the failure of the body to perfuse tissue. If this failure to perfuse is not corrected either naturally (by the body) or artificially (that's our job), the body will die—*no exceptions*. Not the kind of guarantee we really need, is it?

So when you see this group of signs and symptoms, what do they tell you about the patient? They indicate that something is interfering with the body's ability to adequately perfuse tissue. They don't necessarily tell you what caused it, but they do tell you that you have shock. First, recognize shock and begin treating; then we can try to find out what is causing it.

Perfusion

So what does perfuse mean anyway? It means to thoroughly saturate or permeate. Drip water on a sponge and it will soak it up. After a while,

the sponge will allow water to pass through—the sponge is perfused. In the case of the body and its cells, this saturation must be continuous. Cells must be continuously supplied with nutrients and oxygen to sustain life. Any interruption of this perfusion will result in less than optimal performance.

First, let's look at what is required to sustain normal perfusion. Four things are required:

1. a working pump
2. adequate volume
3. an intact vasculature
4. *adequate* air exchange

If we have these four things, we sustain normal perfusion; vital signs will be within normal ranges; we accomplish the goal. This is a "**non-shock**" condition, so to speak. All cells are being perfused; they are getting all the food, water and air they require and then some.

So what causes people to die? What is the cause of death in cardiac arrest? Think about that for a minute. If the heart stops, we can do compressions and run the pump by hand. The patient dies from inadequate tissue perfusion. Isn't that the definition of shock? Everybody dies of shock unless they are vaporized. There are many causes or things that precipitate shock, but shock is shock. Then why do we breathe? Why does our heart beat? Each breath, each beat of our heart prevents shock; each prevents inadequate tissue perfusion.

So, we must be alert for shock in every single patient we come in contact with. You mean even the no transports and the "routine" transfers? Yes, because **shock is what**

kills people. Now, let's see what happens if we have a problem with the above systems.

Causes or reasons for shock

What happens if the pump, or heart, is damaged and does not pump efficiently? Cells do not receive enough blood to be perfused. When tissues do not receive sufficient blood, we know that a predictable group of signs and symptoms will develop. Shock brought on by cardiac problems is referred to as cardiogenic shock. Examples of the problem are cardiac dysrhythmias, pericardial tamponade, and myocardial infarction.

What if the system lacks sufficient volume? If a minimum volume is not available, the pump cannot perfuse the body. This is actual hypovolemia. If the fluid is not there, the pump can't pump enough out and you fail to perfuse. This can be from the loss of blood (referred to as hemorrhagic shock) or fluid loss as in burns, vomiting or diarrhea. Again, the signs and symptoms are predictable. They are predictable because they are the result of the body's attempt to compensate for inadequate tissue perfusion. They do not reflect the *cause* of that lack of perfusion.

Lack of intact vasculature means a leak, right? True, this is actual low volume as occurs in hemorrhage. Vessels in the body, however, can dilate, creating a larger container in which to house the original volume. This produces a relative low volume situation. Either way, the results are the same: not enough blood in the system to pump and sustain normal perfusion. Guess what happens then? Inadequate perfusion and the

same signs and symptoms—it's a dog!

But what causes this increased space or relative low volume? Things like spinal injury, anaphylaxis, psychogenic episodes and severe sepsis. We'll spend additional time on these later.

If the body does not have adequate air exchange, it cannot perfuse tissue. Several things can cause inadequate air exchange—things like flail chest, airway obstruction, pneumothorax, toxic atmospheres and the lack of respiratory drive.

Keep in mind that things change. Shock is no different. **Shock is dynamic; it is not static.** It may begin very slowly and rapidly increase. It may begin very rapidly and progress to death before compensatory mechanisms have a chance to kick in. The ability of the body to compensate for shock is clearly dependent on several factors, including: rate of onset of shock, the age and general health of the individual, the ability to activate compensatory mechanisms and the organ systems affected.

Let's look at severe hemorrhage; it is the easiest to visualize. Blood loss leads to decreased cardiac output, which leads to decreased blood flow which leads to decreased perfusion. The heart attempts to compensate by increasing its rate; this uses additional oxygen which is already lacking. With less oxygen, the heart cannot pump to meet demand; this results in decreased cardiac output.

Shock is self-perpetuating. If tissue perfusion is inadequate for any reason, the heart will be affected, causing it to be less efficient. If the heart is less efficient, perfusion is further impaired. Shock is a vicious cycle—shock begets shock.

This inadequate perfusion leads to decreased nutrition of the brain, which leads to decreased vasomotor activity, which leads to vascular dilation. Didn't we say lack of intact vasculature causes shock? So here we go again. This is why shock is so deadly. Shock builds on itself; it feeds on itself.

Time is more important in treating shock than magnitude of injury. After approximately 60 minutes from the time of injury, shock cannot be reversed—even though aggressive therapy is introduced. Resuscitation may even bring vital signs to near normal ranges, but death is inevitable. Thus, it is imperative to recognize shock **early** and aggressively treat the patient.

EMS can effectively perform certain interventions that are critical to patient survival. Many of these can and should be accomplished en route to the hospital because other treatments can only be accomplished in the hospital.

The ability of the body to compensate for shock is clearly dependent on several factors, including: rate of onset of shock, the age and general health of the individual, the ability to activate compensatory mechanisms and the organ systems affected.

Signs and symptoms

Okay, let's delve into the signs and symptoms of shock. Now, set aside the laundry lists you've memorized up to this point on the signs and symptoms of shock. They are there because that is what shock looks like.

Why does the body manifest these signs and symptoms? The body wants to maintain all systems

at certain norms. If a system is not within these parameters, the body will take predictable actions to correct the problem.

Think about a time something really scared you, like maybe that time you thought you would drown. How did you feel? One of the first things that happened was a change in your mental status—**altered level of consciousness**. You may have become speechless or very aggressive. When badly scared, you often feel rather **weak**, and experience a feeling of doom. Notice that I did not say decreased level of consciousness. Inadequate tissue perfusion causes a person to become anxious, confused, or have a decreased level of consciousness.

Think about it; what does the brain need in the setting of inadequate tissue perfusion? Oxygen, right? What about that time in the pool where everyone was dunking you? Hypoxic, right? What did you do? You came up clawing and fighting for air, your mind racing—not exactly decreased level of consciousness, but altered, other than normal.

Now if those folks had held you under a bit longer, the lights would have dimmed and gone out. So the manifestation of these signs and symptoms depends on the severity, duration, rate of onset and the person's compensatory ability.

If you had taken your pulse, you would have found it was probably upwards of 120. Why? If the current rate was inadequately perfusing (not meeting current demands), the heart will pump faster to try to get more blood to the tissues. This is part of the compensatory mechanism. The body is trying to help itself compensate for the inadequate

tissue perfusion. Often the body can overcome the problem, depending on the cause.

Did you happen to note your respirations? They probably increased to 24 or more per minute; depth increased, too. Why? Inadequate tissue perfusion results in an excess of carbon dioxide and a lack of oxygen. Increased rate and depth of respirations will help compensate for this.

If you were perceptive when you were badly scared, you would have noticed your skin became pale, cool and clammy. This is frequently the first noticeable indication of shock that is slow in onset. As you know, certain cells of the body are much more sensitive to oxygen depletion than others; additionally, some cells are more important to sustaining life than others. In this situation, what if the body could selectively send blood to critical tissue by restricting it from less vital tissue?

That is just what happens; it is called shunting. For example, the skin can survive inadequate tissue perfusion much longer than the brain. When the body shunts blood from the skin, it leaves the skin pale in color; it also leaves it cooler because there is less blood there.

But why is the skin clammy? We all know that moist skin conducts heat better than dry. In this situation, we need to conserve body heat, not get rid of it.

The reason is because the sympathetic response or the "fight or flight" reflex kicks in. This rapidly increases heart rate and respiration, and mobilizes energy with which to fight or flee. Under normal conditions, the body expects this work to generate heat and will require cooling. Shock is not normal and, unfortunately, the

sympathetic reflex is not selective; the moisture is now counter-productive.

You may have noticed that you were a little thirsty. Anxiety can cause a dry mouth sensation that is technically not "thirst." Decreased cardiac output and shifts in intra- and extracellular fluid can cause you to be thirsty.

During the scare episode, you may have also noticed a queasy stomach. Nausea and vomiting may also occur. If you were really scared, you may have noticed some incontinence. Remember, the sympathetic reflex is engaged; this increases muscle tone and slows gut motility. Very soon, in an attempt to regain balance, the parasympathetic system engages and will increase gut motility and relax certain sphincter muscles. This can produce nausea, vomiting and incontinence. Additionally, certain stimulation, like certain sights and smells, can trigger the same. You now have a decision to make—are you going to fight that nine foot-tall grizzly, or are you going to outrun him?

Remember the old pirate ships? What did the captain say during a storm when the ship was taking on water? Everything that is not essential goes over the side. This is a valiant effort to save the ship. So, too, with the body—everything not essential goes over the side, so to speak. You do not need blood to digest those three hamburgers, two orders of fries and six pizzas right now. You need the blood for other things and don't have time to digest that greasy food.

As shock progresses, if compensation is not effective, blood pressure begins to drop. This is a late and ominous sign. Blood pressure actually increases slightly when shock first be-

gins. Do not wait until blood pressure begins to drop to decide that it's shock.

What is the body attempting to do by increasing the heart rate and respiratory rate? Maintain perfusion, but to accomplish this, it must maintain blood pressure. Gas exchange will only take place at certain pressures. So what is going to happen if the body is failing to compensate? Blood pressure will fall—the last sign of shock.

Blood pressure is relative in shock anyway. You really need to know what the patient's normal blood pressure is. My wife has a resting blood pressure of 90 systolic. A blood pressure of 86 systolic for her may not be serious. Another person that usually runs 180 systolic could be in profound shock with a systolic of 100.

By the way, you don't need a blood pressure cuff initially; a palpable radial pulse indicates systolic pressure of approximately 80 mmHg. A palpable carotid pulse indicated systolic of approximately 60 mmHg. And if there is no carotid, you're going to do compressions anyway.

Speaking of no carotid pulse, what are the indications of a heart attack? Chest pain! Yes, usually but don't we notice anxiety or other alterations in the level of consciousness and weakness? Don't we find elevated pulse and respiration; cool, pale, clammy skin; thirst, nausea and vomiting; and maybe even incontinence?

Sounds disturbingly like the signs and symptoms we just described for shock, doesn't it? Well, if the heart malfunctions and cannot pump effectively, we have a condition of inadequate tissue perfusion. The chest pain is directly related to the heart

muscle itself. Everything else has to do with system shutdown—inadequate tissue perfusion.

Now, the heart must speed up to try to compensate for inadequate tissue perfusion. In this case, the heart is the reason for the decreased tissue perfusion. How will the patient's condition change as the body tells a failing heart to work much harder? See how shock feeds on itself? Is it becoming clearer why we must suspect, recognize and aggressively treat shock and get the patient to the hospital expeditiously?

The signs and symptoms we covered are the result of, or compensation for, something that is causing inadequate tissue perfusion. They are the same for all causes of shock. But in a couple of situations, the signs and symptoms are slightly different. Let's see why.

Shock of neurogenic origin

Impairment of the spinal cord can lead to inadequate tissue perfusion. Though spinal trauma is the easiest to understand, there are other causes that manifest like this. Let's say we have a patient that is bleeding as the result of a gunshot wound. The bullet severely injured the spinal cord. It's the same shock so the same signs and symptoms will manifest, right?

Yes, but the altered level of consciousness may be less than expected, especially early on; weakness will be present, respiration will be increased. Strange as it may seem, the pulse will be normal or slow and skin condition will be normal below the injury site.

Don't jump to conclusions. The body is reacting just like you would

expect it to. Since the spinal cord is damaged, nerve impulses cannot get through. Blood inferior to the injury site is not shunted away from the skin. In the absence of instruction, muscles around the blood vessels relax causing dilation; hence no pale, cool, clammy condition. Signals to increase heart rate are not received so the heart rate does not increase. In the setting of trauma, look for paralysis or other indications of spinal injury.

Nothing has changed; shock is shock. The problem is that the nerve impulses cannot physically get through. Therefore, there are some minor differences in what we see.

Shock resulting from sepsis

A nursing home resident has had an infection for several weeks. This may or may not be the reason you are called. The patient is less responsive than usual. You find the patient responsive to voice, hot to the touch with pink skin. Can't be shock, right? Think again.

This patient has an altered mental status and is tachycardic and tachypneic. She may not be cool to the touch because of fever. Toxins produced by the bacteria that are causing the infection cause cells to release histamine and toxins. This causes the vessels to dilate. Dilation results in a relative volume loss and, consequently, inadequate perfusion. The vasodilatation, instead of vasoconstriction, is also the reason for normal skin color. If this patient who is suffering from infection is cool to the touch, you know she has been in shock for some time and is declining very rapidly. This situation usually has a slow onset; the patient will

likely have had the infection for a period of time. See, nothing has fundamentally changed. There are some slight differences that are easily explained.

Shock from anaphylaxis

Let's go from slow onset to sudden onset and look at anaphylaxis. An anaphylactic reaction causes the body to release histamine, the most potent vasodilator known. As the vessels suddenly dilate, cardiac output drops. Vasodilation causes flushing and urticaria of the skin. Histamine also makes capillaries more permeable. As they leak into surrounding tissue, we observe edema.

Again, vasodilation is the cause of the inadequate tissue perfusion. The fundamentals are the same. A few signs and symptoms are slightly different due to the uniqueness of the particular situation.

Treatment

Now that we know what shock is and what it looks like, let's discuss treatment. Shock is inadequate tissue perfusion. Treatment must be directed then at maximizing tissue perfusion and preventing hypoperfusion.

Remember, the body wants to keep all systems within given norms for the particular individual. In the setting of inadequate tissue perfusion, the body will predictably do certain things to compensate. All we do is help the body help itself. Treatment is directed toward critical interventions that will prevent or correct hypoperfusion. There is no magic in medicine.

1. SUSPECT AND RECOGNIZE SHOCK EARLY—Remember, shock can kill.

2. **Airway control**—make sure the airway is open; intubate if qualified to do so. Is C-spine control indicated? Don't forget spinal shock. Be prepared to deal with vomiting.

3. **Insure adequate ventilation**—assist as needed; provide supplemental oxygen. You have to be removing air *before* supplemental oxygen does any good! The key is *air exchange*. By the way, which is more important—*inhalation* or *exhalation*? **

4. **Insure circulation**—can you spell CPR?

5. **Control major bleeding**—don't forget about internal bleeding.

6. **PASG (pneumatic antishock garment)**—if qualified, as indicated per protocol.

7. **IV fluids**—if qualified, per protocol. IV fluids do not carry oxygen, so currently they are being seriously questioned when used prior to bleeding control.

8. **Notify medical control**—in anaphylaxis, consider Benadryl or epinephrine if qualified. The new DOT curriculum allows basic EMTs to assist with epi-pens.

9. **Maintain body temperature**—don't overheat them; the body wants to maintain 98.6°F, so look at the situation and help the body help itself. Don't make a baked potato out of the patient.

10. **Elevate lower extremities**—unless contraindicated.

11. **Monitor vital signs**—shock is dynamic. Patients don't "just die."

12. **Expeditious transport**

Shock is like our dog example in another way, too. Just like the bulldog, shock just will not let go. You are going to have to work hard to help the body fight it off. Be suspicious, alert and aggressive. The key to a good defense is a good offense.

Conclusion

So what about our patient in the opening scenario? Something doesn't feel right. Let's C-collar and board him and transport now. In the unit, we place him on oxygen via non-re-breather at 15 lpm. Look out, he's going to vomit. As he does, his abdomen explodes, gushing blood nearly to the ceiling from the tiny laceration in the right lower quadrant.

What is the problem? Shock, from internal blood loss. But the level of consciousness, respirations and pulse were all good. How can you tell? This sixteen-year-old was compensating very well—for a while. But remember, he seemed a little too quiet for the situation—altered level of consciousness. Take note of the subtle indicators. This was handled by basic EMTs; the patient is alive and well today.

Remember this pearl of wisdom:

SHOCK
IS ALWAYS
SECONDARY TO SOME
OTHER CAUSE

** Please re-read the article. For those that believe inhalation is most important, you may inhale while reading, but do not exhale. Don't be so smug; if you said exhale, you may exhale while reading but not inhale. Did you notice that you do both approximately equally? Guess what the patient needs—*air exchange*. 🐕



Choose the best answer. Choose only one answer.

1. Shock is a group of signs and symptoms that indicate:
 - a. systolic blood pressure of less than 90 mmHg
 - b. inadequate tissue perfusion
 - c. altered level of consciousness
 - d. pulse greater than 100 bpm
2. Which of the following are required for normal perfusion?
 - a. bradycardia
 - b. an intact vasculature
 - c. peripheral pooling
 - d. tachycardia
3. An early indication of shock is:
 - a. thirst
 - b. falling blood pressure
 - c. elevated blood pressure
 - d. altered level of consciousness
4. Altered level of consciousness is the result of compensating for shock.
 - a. True
 - b. False
5. Severe spinal cord injury:
 - a. will not result in shock
 - b. presents with slow pulse
 - c. presents with cool skin
 - d. interrupts cardiac impulses resulting in heart failure
6. Why is the skin warm and dry in patients who are in shock from spinal, septic, or anaphylactic causes?
 - a. vasoconstriction causes peripheral pooling
 - b. vasodilation causes peripheral pooling
 - c. vasodilation shunts blood away from the skin
 - d. vasoconstriction shunts blood to the skin
7. A patient has been vomiting for several days. She is very weak and slow to respond. Her skin is pale, and hot to the touch. Her respiration and pulse are very rapid. In this case shock is caused by:
 - a. hypothermia or sepsis
 - b. anaphylaxis or hypovolemia
 - c. hypovolemia or sepsis
 - d. hypothermia or spinal impairment
8. The best indicator of brain perfusion is:
 - a. skin color and condition
 - b. blood pressure
 - c. urine output
 - d. level of consciousness
9. Shock is serious because:
 - a. shock feeds on itself
 - b. it is so difficult to treat
 - c. there are so many kinds of shock
 - d. compensatory mechanisms are relatively ineffective
10. The best way to prevent or slow down shock is to aggressively:
 - a. replace fluid loss
 - b. stimulate the patient
 - c. ventilate and oxygenate the patient
 - d. apply PASG and transport
11. All the following factors affect the body's compensatory response to shock EXCEPT:
 - a. age
 - b. health
 - c. blood type
 - d. medications



1.5 hours of CE/Medical Emergencies

This answer sheet must be postmarked by June 27, 1997.

CE Answer Sheet #8 — Shock 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

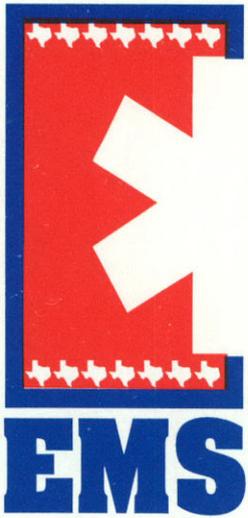
You will receive your certificate for 1.5 hours of CE about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

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"/> | 7. 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"/> | 8. 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"/> | 9. 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"/> | 10. 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"/> | 11. 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"/> | | | | |

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



Texas EMS Conference '97 Austin, Texas

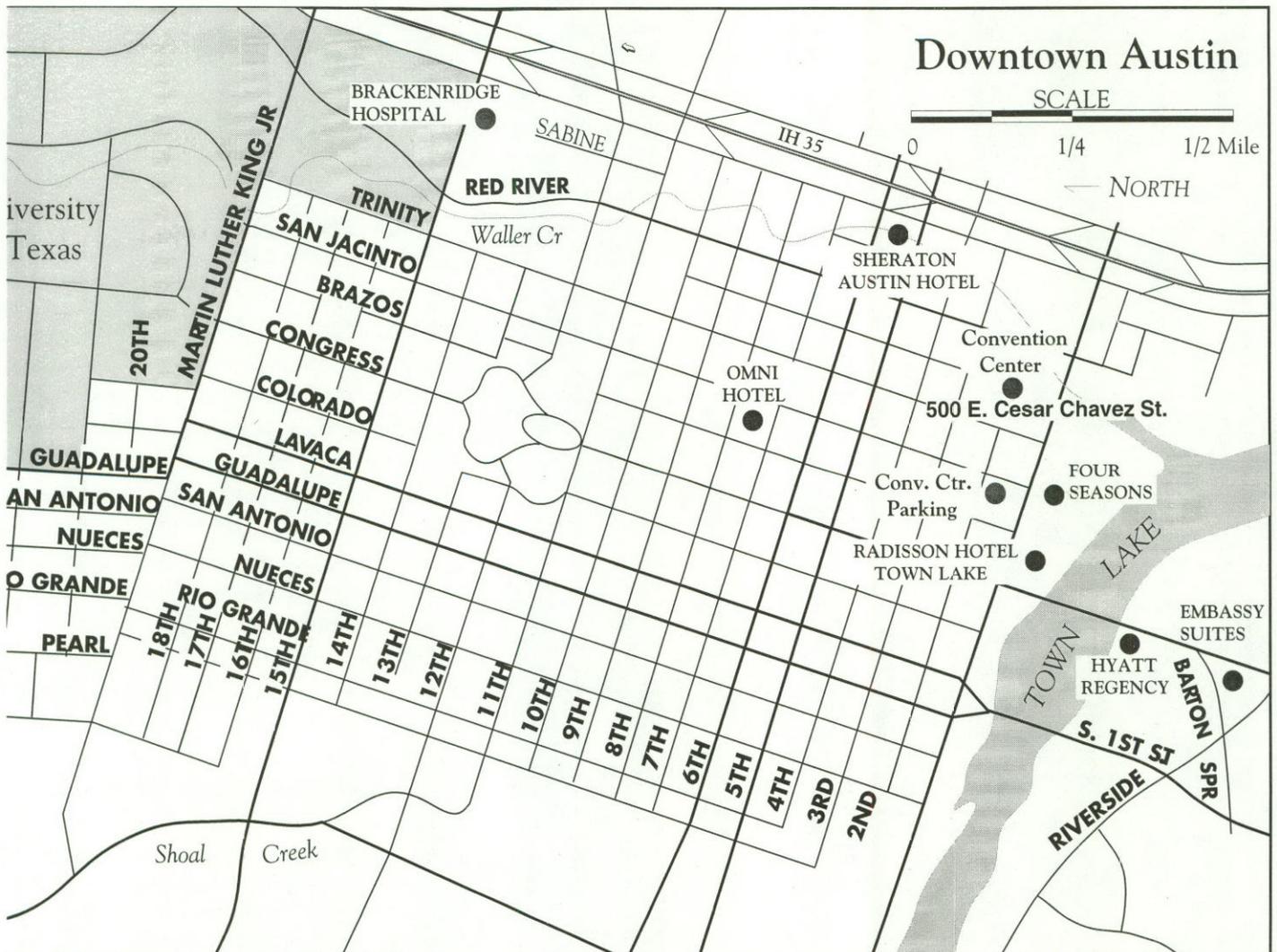
Golf Tournament

Texas EMS Conference '97
golf tournament



For information about Texas
EMS Conference '97 golf tour-
nament, call Brian Dunkle at
(512) 280-2692 or e-mail him at
b911d@flash.net

Texas EMS Conference '97 Map of Austin, Texas



By Jack Ward, EMT

Farm Aid:

Preventing agricultural fatalities

If you live in a rural area, you know the danger of agricultural injuries. Yet, planning for emergencies within the agricultural industry often goes undone. In the last three years, more than 60 agricultural-related fatalities occurred in Texas. Of these, more than 20 percent of the victims were not found for a long time—up to 48 hours. How many of these victims could have been saved if there had been a plan for responding to an emergency? Here are a few scenarios that might get you or someone in your community thinking about agricultural safety.



SCENARIO #1: Rancher Joe has a wife and two children, owns 200 acres of farmland and leases 600 acres. He also cuts and bales 50 acres of Coastal Bermuda grass used as hay to supplement his income and feed his cattle during the winter months.

On this particular day, Joe decides to move bales from the hay field into the winter storage area. It has been raining during the past week, but is now clear and hot. About 8 a.m. Joe sends his ranch foreman and a ranch hand to the hay field to start moving bales.

Shortly after they leave for the field, Joe's neighbor comes over to tell him that cattle are out because of two washed-out fence posts. Joe and his neighbor's ranch hands get the cows back into the pasture and temporarily straighten the fence posts. However, when Joe arrives back to the house, he decides to go back and fix the posts. So at 10:30 a.m. he returns with the tractor and posthole digger to install back-up fence posts to strengthen the weakened posts. While he works, black clay begins to stick to the posthole auger. The wet soil does not clear off the auger flights. Joe tries to let the auger spin slowly while he pokes the clay loose with a stick. After several attempts, Joe loses his temper and kicks the rotating auger. The bottom

EMT Jack Ward works for the Texas Workers' Compensation Fund.

Only 75% of the U.S. population is covered by the 9-1-1 emergency number. Texas has 99% coverage.

edge of the auger hooks Joe's blue jeans and wraps his leg into the rotating shaft, breaking it in several places between the ankle and knee. Joe's leg wraps around the auger 2½ times, stopping the engine on the tractor.

When Joe's wife comes in from work at 6:30 p.m., she notices Joe has not returned. When the ranch hands report they have not seen him since 8:00 a.m., she immediately calls for help. Neighbors find Joe's body about 8:45 pm. He had died of hypovolemia and shock.

SCENARIO #2: Joe has always had a nagging worry about what would happen if anyone on his crew is working in a remote section of the ranch and gets hurt. How would they get help? How long would it be before they were found? What could be done for them until medical help arrived?

Joe decides to develop a plan and meets with his family and employees to discuss it. First, he posts emergency phone numbers on all ranch phones. In addition, Joe discusses his plan with the local EMS and fire department. He furnishes them with a map of his ranch clearly marking the location of the house, barn, fuel, pesticide and chemical storage areas, and other areas that could pose a potential problem. Additionally, everyone also takes a first aid and CPR course.

Joe makes it a ranch policy that no one works alone in a remote location if possible. However, in case it's not possible, Joe invests in cellular telephones that can be carried on workers' belts. All personnel on the ranch are taught how to use a cellular phone and instructed that it is to be carried and not left in the pickup or tractor. He also puts a map of the ranch under a sheet of hard plastic and posts it in the ranch office. When someone is

working in an area of the ranch, the location of the worker is marked before he leaves for the area. As part of the procedure, Joe or his foreman check every two hours on jobs being done on the ranch.

With that plan in place in Scenario #1, Joe picks up a cellular phone and marks his work location on the ranch map before taking the tractor out to the pasture to put in the new fence posts. After Joe kicks the post hole auger and his leg becomes entangled in the auger, he loses consciousness. When he awakes, he is aware of pain in his leg and back and knows there is no way he can free himself. Using the cellular phone on his belt, he places an emergency call to EMS reporting his problem and location. In the meantime, Joe's foreman realizes it is after 10:00 a.m. and Joe has not checked in. After attempting cellular phone contact, he checks the ranch map for Joe's location and goes to the pasture where Joe is working. When he arrives, he gives Joe first aid treatment, stabilizes the injured leg and sends someone to meet the EMS unit at the ranch entrance. Joe loses his leg in this accident, but recovers and continues ranching. The new ranch motto is: Safety is the first priority.

The actions taken by Joe in his emergency plan should be part of any farm or ranch safety plan. If you were working alone in a remote area and were injured, how long would it take for someone to find you?

For additional information or preparing an emergency response plan for a farm/ranch or information on agricultural safety and health programs, please call (512) 440-3831, or write to the Texas Workers' Compensation Commission, Agricultural Safety Program, MS24, 4000 S. I-35, Austin, TX 78702. 



Winners

One of the most popular attractions at the Texas EMS Conference is the display of all the EMS photo contest entries

Each year one of the most popular attractions at the Texas EMS Conference is the display of all the EMS photo contest entries. EMS people gather around to see what other EMS people are doing in their jobs—and to look for friends and coworkers in the photos. Entries come from all over Texas and sometimes other states, too. We have even had photo entries from Australia.

Firefighters fight in the freezing cold to save a church. Honorable mention, by Henry Bargas of Amarillo.



Photographers enter images of emergency scenes, rescue scenes, educational settings and community events. EMS, firefighters and law enforcement are shown in action. Photos of the elderly, children and even pets being rescued come in—we get them all.

Photographers not only have the chance to win money, plaques and ribbons, but they get the chance to see their photo used in many different ways. These photos may be

used in *Texas EMS Magazine*, brochures, posters, displays and presentations. Photographers really get excited to see their photo on the cover of *Texas EMS Magazine*. The cover photo of this issue was entered in the 1996 photo contest by Misty Worrell, EMT-P, from Kingwood, Texas, and was chosen as the grand prize winner in the color category.

All photos are appreciated and make the EMS materials produced by the Bureau of Emergency Management more interesting and educational. Articles about run reports, computer entry of EMS data or nonemergency situations are made more interesting with photos of EMS personnel doing their jobs.

Judges select winning photographs based on artistic composition, originality, visual appeal and good patient care. Photo entries can be in black and white or in color. We keep the standard sizes of 8x10 or 5x7 so they will be easier to display.

So remember to keep your camera with you and start taking photos to enter in the 1997 photo contest. The deadline for the contest is November 1. All photos will be displayed at this year's conference and winners will be announced during the conference. The photo contest rules are on the next page.—Jan Brizendine 



(Left) Volunteer firefighters search the scene of a train derailment. Third place, by Jimmy Rainey of Decatur. (Right) EMS working a head on collision. Second place, by Roma Haley of Houston.



(Above) Firefighters were able to get to this small drowning victim in time. Grand prize, by Curtis Wilcott of Odessa. (Below) A paramedic working a multiple gunshot scene. First place, by Jeff Smith of Friendswood.



1997 Texas EMS Photography Contest entry form

Photographer's Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

Mail to: EMS Photos, Texas Department of Health
1100 W. 49th Street, Austin, TX 78756-3199.

Deadline for entering: November 1, 1997

Tape this form to the back of the photo.

For more information call Sharon Browder or Jaime Wise at (512) 834-6700.

Photo Contest Rules

- Anyone is eligible; no entry fee is required.
- Entries must be received **no later than November 1, 1997**. Winners will be announced at the Texas EMS Conference, November 23-26, 1997.
- Unmatted prints **8x10 inches** or **5x7 inches** may be submitted in color or black and white. Fill out the entry form on this page, tape it to the back of your photograph, and mail your entry to: Texas EMS Photo Contest, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756-3199.
- The Texas Department of Health will keep all photo entries and will have the right to publish entries in TDE publications. Photographer's name will be printed along with the photo. Ownership of the negative will remain with the photographer.
- One grand prize winner will be chosen and will receive \$100 and a plaque. Two first place winners will be chosen—a color photo category and also a black and white photo category. Each will receive \$75 and a plaque. One second place winner will receive \$50 and a ribbon; one third place will receive \$25 and a ribbon. One honorable mention winner will receive \$15 and a ribbon. Judges will select winning photographs based on artistic composition, originality, visual appeal, and good patient care.

**EMS Awards
Categories**

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

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

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

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

Citizen Award honors a private citizen for heroic life-saving act or unique advocacy of EMS.

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

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

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

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

1997 Texas EMS Award Nomination Application

This nomination is for:

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

Name of nominee _____

Street address of nominee _____

City _____ State _____ Zip _____

Telephone number of nominee _____
Area code

Your name _____

Your street address _____

City _____ State _____ Zip _____

Your level of certification _____

Your daytime telephone number _____
Area code

Your service or other affiliation _____

Your signature _____ Date _____

Send awards to:

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

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

Nominations must be postmarked by October 1, 1997.

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

We will announce award winners at Texas EMS Conference '97 during the Awards Luncheon on November 25, 1997.

America's elderly are in better health than just a decade ago, according to a researcher at Duke University who found that long-term disability rates dropped by almost 15 percent from 1982 to 1994 among the 35,000 people studied. In this decade, the most significant improvements were among those 85 and older and among the severely disabled. Researchers have calculated that if disability rates had not gone down between 1982 and 1994, 400,000 more people would have been in nursing homes, at a cost of \$17 billion in 1994. Other studies by the same researchers have found a drop in arthritis, hardening of the arteries and high blood pressure.

From TDH's News Clips, *The Dallas Morning News*, "Health of elderly in U.S. improving, report finds," Knight-Ridder Newspapers, March 18, 1997.

It has long been a medical finding at odds with common sense: Even though Mexican Americans appeared to be at a higher risk of heart attacks because of a host of risk factors, several studies suggested they actually suffered fewer such attacks than non-Hispanic whites. But a new study of Corpus Christi hospital patients published in the American Heart Association journal *Circulation* found Mexican-Americans may in fact suffer more heart attacks. Researchers who looked at 2,872 people hospitalized for heart attacks between 1988 and 1992 found the highest rates of heart attack were among Mexican-American men, followed by non-Hispanic men, Mexican-American women and non-Hispanic white women. Previous studies were based on information from death certificates, which might have been less accurate. Researchers say this information may lead to earlier detection and treatment of diabe-

tes, high blood pressure and high blood cholesterol.

From TDH's News Clips, *San Antonio Express-News*, "Heart research says Hispanics face more risks," by Don Finley, March 15, 1997.

Certain hair dyes, including that old standby Grecian Formula, contain so much lead that consumers' bathrooms, hair dyers, even their hands and newly tinted hair are contaminated, says a new study. The study, published in the *Journal of the American Pharmaceutical Association*, raises the possibility of danger to children. It urges pharmacists to advise customers to buy lead-free hair colorings, and to stop selling dyes that contain lead. The Grecian Formula manufacturer contends that its products are safe. The FDA says the findings are premature, but plans to examine the data.

From TDH's News Clips, *The Dallas Morning News*, "Study warns of danger in lead-containing hair dyes," Associated Press, February 4, 1997.

Automakers can now install less-forceful air bags in new vehicles, according to an official at the National Highway Traffic Safety Administration. The announcement allows automakers to install air bags that deploy with 20 percent to 35 percent less force. The less-powerful bags are intended to reduce the deaths of children and small adults from the rapidly deploying safety devices. Air bags inflating at speeds up to 200 miles per hour have been blamed for deaths of 38 children and 24 adults in low-speed crashes they otherwise should have survived.

From TDH's News Clips, *Austin American-Statesman*, "Cars soon to get less-forceful air bags," Associated Press, March 14, 1997.

America's elderly are in better health than just a decade ago, according to a researcher at Duke University—his studies found a drop in arthritis, hardening of the arteries and high blood pressure.

Automakers are installing air bags that deploy with less force—the less-powerful bags are intended to reduce the deaths of children and small adults from the rapidly deploying safety devices.

Newborns whose mothers smoke during pregnancy have the same nicotine level as grown-up smokers and almost certainly spend their first days of life going through withdrawal, according to a Belgian study.

A second brain concussion shortly after the first can prove fatal, and athletes should not rush back into action after a head injury, according to the Centers for Disease Control and Prevention. About 300,000 sports-related head injuries are reported each year.

Newborns whose mothers smoke during pregnancy have the same nicotine level as grown-up smokers and almost certainly spend their first days of life going through withdrawal, according to a Belgian study. In the U.S., smoking during pregnancy is on the decline, but the latest data show that 15 percent of women still use cigarettes while pregnant. Exposure to tobacco in the womb stunts fetal growth so that babies are born small. The babies are more likely to suffer sudden infant death or have lung trouble, among other health problems. When researchers checked the urine of newborns of smoking mothers, they found the same level of cotinine in the newborns as in that of women who smoke. Cotinine is a substance that remains when nicotine breaks down in the body.

From TDH's News Clips, *The Dallas Morning News*, "Study: Smokers' babies go through withdrawal," Associated Press, March 20, 1997.

A second brain concussion shortly after the first can prove fatal, and athletes should not rush back into action after a head injury, according to the Centers for Disease Control and Prevention. About 300,000 sports-related head injuries are reported each year. Football, soccer, field hockey and wrestling are sports in which head injuries are common. An athlete who loses consciousness momentarily should not compete for at least a week, and one who remains unconscious for several minutes should stay on the sidelines for at least two weeks. If an athlete is knocked unconscious a second time, regardless of how long after the first time, he or she should stay out at least a month. But not all concussions cause loss of consciousness and any athlete who seems confused, dizzy or unsteady for 15 minutes should not be allowed back

in the game.

From TDH's News Clips, *San Antonio Express-News*, "Hasty return from head injury can prove fatal," Associated Press, March 14, 1997.

Toasting the day with a glass of grape juice may be an especially good start for the heart. A study found that eight or ten ounces a day of purple grape juice has a potent effect on the blood cells called platelets, making them less likely to form clots that can lead to heart attacks. Purple grape juice might even be more potent than aspirin. In this study, researchers found that aspirin and red wine slow the activity of blood platelet by about 45 percent, while purple grape juice dampens them by 75 percent.

From TDH's News Clips, *The Dallas Morning News*, "Grape juice wards off heart attacks, study says," Association Press, March 19, 1997.

Inhaled steroids are far more effective than other drugs in keeping asthma patients out of the hospital, a study has found. Even though steroid inhalants have been recommended for several years, doctors have been slow to prescribe them, perhaps because of the side effects associated with steroid pills. Asthma affects 14 million to 15 million Americans and causes 5,000 deaths a year. The three-year study found that people with moderate to severe asthma who used inhaled steroids were only half as likely to be hospitalized as those who use other drugs—like the muscle relaxants called beta-agonists—or no medication at all. The study involved 16,941 people enrolled in a health maintenance organization from 1991 to 1994.

From TDH's News Clips, *The New York Times*, "Inhaled steroids are effective against asthma, study says," Associated Press, March 19, 1997.

Two-year continuing education Emergency Suspensions

The following is a list of EMS personnel with certification expiration dates of 10/98 and 11/98, who have been emergency suspended for failure to comply with the two-year continuing education (CE) reporting requirement mandated in EMS Rule §157.38, Section k.

EMS personnel who are emergency suspended will be promptly reinstated when they complete the required CE hours and submit the completed CE Summary Report form to TDH. The CE Summary Report form will be accepted by mail or by fax at (512) 834-6736, or you can hand carry it to your local public health region office. An official notice of reinstatement will be mailed to EMS personnel who comply with the CE requirement prior to their expiration date.

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

A list of Two-Year Continuing Education Emergency Suspensions is available on internet at: <http://www.tdh.state.tx.us/hcqs/ems/certqry1.htm>. This list is comprehensive and routinely updated.

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

Texas Department of Health

Bureau of Emergency Management
Emergency Medical Services Rule

§157.38, Section k

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

32545	MICHAEL	ABEL	CHINA SPRING	ECA
30309	TIMOTHY	ABLES	WYLIE	EMT-I
13398	DAVID	ABNEY	GROVES	EMT
6140	TROY	ADAMS	BRECKENRIDGE	EMT
26263	RON	ADAMS	SHALLOWATER	EMT
979	LINDA	AIKEN	BULVERDE	EMT-P
36023	JOHNNY	ALANIZ	CONROE	ECA
39938	ALBERTO	ALEJANDRO	MCALLEN	ECA
17066	BRUCE	ALEXANDER	GALVESTON	EMT
41302	STEPHEN	ALVARADO	BRYAN	EMT
9943	BALTASAR	ALVAREZ	GARLAND	EMT
5511	KENNETH	ANDERSON	LOS FRESNOS	EMT-P
20710	ROBERT	ANDERSON	FRISCO	EMT
28062	RONALD	ANDERSON	CANTON	EMT-P
34273	RAFAEL	APARICIO	CORPUS CHRISTI	EMT
24066	SALLY	APLIN	AMARILLO	EMT
18457	CESAR	ARAGUZ	MISSION	ECA
12848	NICHOLAS	ARDEN	AUSTIN	ECA
8996	WAYMON	ARMSTRONG	CORPUS CHRISTI	EMT-I
53496	KEITH	ARMSTRONG	KEENE	EMT-P
27248	STACEY	ARNOLD	COLL. STATION	EMT
9692	JOHN	ARREDONDO	DEER PARK	ECA
31167	KIMBERLY	ARRINGTON	GATESVILLE	EMT-I
8900	RENE	ARRIOLA	SAN ANTONIO	EMT-P
13616	JOHN	AVEN	BOYD	EMT
6172	SANDRA	BAGLEY	AMARILLO	EMT-P
12116	RANDY	BAKER	TULIA	EMT
16554	BOBBY	BAKER	WEATHERFORD	ECA
26368	MARK	BAKER	WEATHERFORD	ECA
35026	ELIZABETH	BAKER	DICKINSON	EMT
32479	MICHAEL	BARDWELL	ALLEN	EMT-P
37138	JOHN	BARNARD JR	RICHWOOD	EMT
45735	RONALD	BARNES	GEORGE WEST	EMT
4993	LINDA	BARNETT	VALLEY MILLS	EMT
11644	RICHARD	BARTON	FRIENDSWOOD	EMT
25089	TERRY	BATES	RIO HONDO	EMT-I
21570	GLORIA	BAUTISTA	AUSTIN	ECA
36084	BRUCE	BEALL	SNYDER	EMT
40214	CHARLES	BEARD	WEATHERFORD	EMT
30881	KELLI	BEATY	ABILENE	EMT
36835	ROBERT	BEATY	ABILENE	EMT
52067	LISA	BECK	SANDIA	ECA
3980	BENJAMIN	BEHRENT	FORT DAVIS	EMT-I
49113	KENNETH	BELAIRE	PORT ARTHUR	ECA
39651	JERRY	BELISLE	ROWLETT	EMT
52107	MATTHEW	BERRY	LUBBOCK	EMT
32956	BRIAN	BESSENT	EARLY	ECA
57491	SAMUEL	BETANCOURT	AUSTIN	ECA
57590	ANNETTA	BILLINGS	BUFFALO GAP	EMT
32390	THOMAS	BITTLE JR	AMARILLO	EMT
44082	MARK	BLACK	SAN ANTONIO	EMT-P
46919	WILLIAM	BLACKWELL	SEGUIN	EMT
45946	RANDLE	BLESING	CEDAR PARK	EMT
53933	TONY	BLISS	HOUSTON	EMT-I
10598	RALPH	BOLLINGER	SEALY	EMT
7288	AVALON	BOREL	FRIERSON	EMT
47493	PATRICIA	BOSCHE	WEST	EMT
255	JEANNETTE	BOURETT	SPRING	ECA
11477	ROBERT	BOX	MINERAL WELLS	ECA
18047	MICHAEL	BOYD	CORPUS CHRISTI	EMT
18956	KRISTY	BOYD	MORGAN	EMT
53969	DAVID	BOYD	CEDAR PARK	ECA
20760	VALETRA	BRADLEY	HOUSTON	EMT
552	BERNARD	BRANNUM	KILLEEN	EMT
57270	ANGEL	BRIDWELL	ORANGE	EMT
46052	TERRY	BROOME	MORGAN	EMT

Emergency Suspensions

35922	ERIN	BROWN	WACO	EMT	27968	TAMRA	DEBERRY	OLTON	EMT
50161	LEWIS	BROWN	ANGLETON	EMT	20026	ALAN	DELANEY	SANTA FE	EMT
50742	EDWARD	BROWN JR	AUSTIN	EMT	34156	DIANA	DELEON	FALFURRIAS	EMT
55392	ANITA	BRUCE	ALLEN	EMT	39013	JOSE	DELEON	ODEM	EMT
43818	ALFRED	BRYAN IV	HUMBLE	ECA	34999	ROBERT	DENGERING	TOMBALL	EMT
262	PAUL	BUCKLEY	ELKO	EMT-P	8741	TEDDY	DENMON	BUNA	EMT
34868	WILLIAM	BURBA JR	OLNEY	EMT	14371	NATALIE	DENNIS	BOYD	EMT
58183	DAVID	BURKS II	THREE RIVERS	EMT	19791	DAVID	DESCHNER	HOUSTON	EMT
28130	PATRICK	BURNETT	EULESS	EMT	6915	DIRK	DESHOTELS	WHARTON	EMT
13879	RUBEN	CABELLO	SAN ANTONIO	EMT-P	33172	ERIC	DILG	GARLAND	EMT-P
10123	LUIS	CADENA	LAREDO	EMT	46717	TODD	DOBIE	HOUSTON	ECA
46594	CESAR	CADENA	PHARR	EMT	33703	WILLIAM	DODSON	ELGIN	EMT-P
46097	KENNETH	CAMPBELL	LUMBERTON	EMT	31879	CHARLES	DOOLEY JR	HOUSTON	EMT
18827	CHARLES	CANADA JR	BROWNWOOD	EMT	54744	RANDLE	DRY	BEAUMONT	EMT
18218	MARK	CANALES	ALICE	EMT-I	40478	JASON	DUFF	SOMERSET	EMT-I
49260	ORLANDO	CANALES	ALICE	ECA	28780	BLAINE	DUGAS	PORT ARTHUR	EMT
55584	MICHAEL	CANNON	MONT BELVIEU	ECA	43502	ROY	DUHON	CLUTE	EMT
29497	RICHARD	CANTU	GEORGE WEST	EMT	31718	BRYAN	DUKE	MONT BELVIEU	ECA
32006	EMMA	CANTWELL	FORT DAVIS	EMT-I	20373	KENNETH	DUNAGAN	CORSICANA	EMT-I
12212	SANDRA	CARLSON	BRAZORIA	ECA	47039	WILLIAM	DUNN	MAURICEVILLE	EMT-I
51282	MARY	CARLTON	WEST COLUMBIA	EMT	39003	WELCOME	EDWARDS	SACHSE	EMT-P
19080	WILLIAM	CARROLL	MINERAL WELLS	ECA	56760	CHARLES	EDWARDS JR	HOUSTON	ECA
39706	SUSAN	CARSWELL	AUSTIN	EMT	6325	JEANETTE	EILAND	HAY CITY	EMT
46637	SEAN	CARUTHERS	HOUSTON	EMT	10381	BARBARA	ELLINGTON	ALPINE	ECA
51317	ALBERT	CASANOVA	TAFF	ECA	24299	WILLIAM	ELLIOTT	MARSHALL	EMT
57565	LARRY	CASH	LITTLEFIELD	EMT	51816	JOHN	ELLIOTT	CEDAR PARK	EMT
17808	DEBORAH	CASON	OMAHA	EMT-P	13626	CHARLES	ELLIOTT JR	DINERO	EMT
37399	MARIO	CASTILLO	MCALLEN	ECA	8142	BRADLEY	ELLIS	SAN MARCOS	ECA
28143	CHRISTOPHER	CATO	HOUSTON	EMT-P	40712	JENNIFER	ELLIS	HOUSTON	EMT
4542	REBECCA	CAVASHER	MONTGOMERY	EMT	8703	JAMES	ELLISON JR	CORPUS CHRISTI	EMT
31391	PEDRO	CAVAZOS	CORPUS CHRISTI	ECA	4593	MICHAEL	EPSTEIN	TERLINGUA	ECA
20856	KENT	CAWLEY	BELTON	EMT	5719	JEFFREY	ERDNER	BEDFORD	EMT
15634	DARRELL	CHAISSON	HOUSTON	EMT-P	11849	DENISE	EREKSON	ROCKSPRINGS	EMT
439	LINDA	CHAISSON	BASTROP	EMT-I	55228	JAVIER	ESTRADA	LAREDO	EMT-P
31258	IRA	CHAMBERS	EARLY	ECA	6554	JUNE	EWING	PAGOSA SPRINGS	EMT-P
45141	FLOYD	CHAMBERS	EARLY	ECA	23040	SARALEE	FAIRBURN	GEORGETOWN	EMT-I
7662	STEVEN	CHAPMAN	CORPUS CHRISTI	EMT	57820	JEFFERY	FAIRCHILD	ADRIAN	EMT
52856	CHARLES	CHARLESTON	ARLINGTON	ECA	30527	RICHARD	FALKOWSKI	DEER PARK	EMT
49279	KEVIN	CHUPIK	WEST	EMT	48941	DAN	FARRIS	DEER PARK	ECA
15853	GLENDA	CLARE	LEAGUE CITY	EMT-P	13517	SANDRA	FIEDLER	ALPINE	ECA
2044	RAYMOND	CLARK	TERLINGUA	ECA	27208	PATRICK	FIEDLER	ALDINE	ECA
11450	KEVIN	CLARK	MELISSA	EMT-P	3233	VINCENT	FLANNORY	HOUSTON	EMT
18277	KENNETH	CLARK	BAYTOWN	ECA	53673	STEVEN	FLICKINGER	SAN ANTONIO	EMT-P
886	BERNIE	CLIFFORD	COMANCHE	EMT-I	32053	JAMES	FLINN	SINTON	ECA
29046	BEVERLY	CLIFTON	CHINA SPRING	ECA	17063	FRANK	FLORES	HOUSTON	EMT
23439	ALICIA	CLUCK	MANCHACA	EMT	33726	DAVID	FLOWERS	VIDOR	EMT
14710	KELLY	COBLER	ARLINGTON	ECA	30689	LESSLIE	FOLEY II	HOUSTON	EMT
58340	CHARLENE	CONNER	MESQUITE	EMT	5415	HARRY	FOLLBAUM	MESQUITE	ECA
23529	ADRIAN	COOK	ALVIN	EMT-I	4134	AARON	FOLSOM	BUDA	EMT
11309	CHERYL	COOLBAUGH	HOUSTON	EMT	40513	CLYDE	FORD	AUSTIN	EMT
3142	JOHN	COOPER	HURST	EMT	48010	JERALD	FORD	FT WORTH	EMT
50803	ROBERT	COOPER	DEER PARK	ECA	57173	ARNOLD	FOWLER	EL PASO	EMT
30502	ARMANDO	CORREA	HOUSTON	ECA	55954	MARY	FOXWORTH	KATY	EMT
1847	TINA	COSGROVE	HOUSTON	EMT	46033	ROBBIN	FRANCIS	CRESSON	ECA
44316	DAVID	COTELLESE	LUBBOCK	EMT	32546	ROBERT	FRANKOVICH	KATY	EMT
24737	ERNIE	COTTEN	CLUTE	ECA	46765	ROBERT	FRANTZ	HUMBLE	ECA
17226	ROXY	COTTON	LITTLEFIELD	EMT	31123	TRAVIS	FRASER	BROWNWOOD	EMT
57288	KARI	COWAN	FAYETTEVILLE	EMT-I	25257	JOHNNY	FRY	TEXAS CITY	EMT-P
16726	MITZIE	CRIBBS	SNYDER	EMT	49437	CORKY	FULLINGIM	PETERSBURG	EMT
36607	JACKSON	CRISSEY JR	VIDOR	EMT	17602	CODY	FURLOW	ODONNELL	EMT-I
31436	JAMES	CUDE	CONROE	ECA	23485	MELISSA	FURLOW	ODONNELL	EMT-I
19775	VIRGIL	CULP	MANOR	EMT	11042	SHIRLEY	GALBRAITH	AMARILLO	EMT
49009	MICHAEL	CURRY	HOUSTON	EMT	51860	JOHN	GALLEGOS	DALHART	ECA
52769	ALEX	DAKOTA	BRIDGE CITY	EMT-I	51637	AMY	GANNON	BOYD	EMT
41593	TRACY	DALBOSCO	AUSTIN	EMT-P	17592	MANUEL	GARCIA JR	MCALLEN	ECA
32373	JOHN	DALEY	HOUSTON	EMT	44771	JOSE	GARCIA JR	EDINBURG	EMT-P
55061	JAMES	DAVIDSON	TYLER	EMT-P	20859	BARBARA	GARDNER	MORGAN	EMT
23912	JACK	DAVIS	MARSHALL	EMT	32210	ROGER	GARDNER	MORGAN	EMT
45537	JEROME	DAVIS	HORSESHOE BAY	EMT-P	17699	RICHARD	GARNER	ANGLETON	EMT
50237	WENDY	DAY	LEANDER	EMT	49217	GREGORY	GARRISON	SEABROOK	ECA
25514	CARLOS	DE LA FUENTE	SAN BENITO	EMT-P	49064	STEVE	GARTIN	FRIONA	EMT
1927	ROBERT	DEATON	TERLINGUA	ECA	17051	FELIX	GARZA	SAN ANTONIO	EMT

Emergency Suspensions

24516	AMANDA	GARZA	SNYDER	EMT	18698	RICHARD	HOUSE	TEXARKANA	EMT-P
32795	DORA	GARZA	HIDALGO	ECA	56023	DANIEL	HOWARD	FRIENDSWOOD	EMT
47081	GERARDO	GARZA	STRATFORD	EMT	24359	DERYL	HOYT	SAN SABA	EMT
4248	VENTURA	GARZA JR	MCALLEN	ECA	55490	REBECCA	HUDSON	CLIFTON	EMT
10852	EVETTE	GATES	PEARLAND	EMT	10454	STEVEN	HUFFMAN	SAN ANTONIO	EMT-I
41219	DEBORA	GENN	STRATFORD	EMT	55229	FREDA	HUMPHREY	PLAINS	EMT-I
45322	SHIRLEY	GENTRY	SANDIA	ECA	57536	BOBBY	HUMPHREY	PLAINS	EMT-I
55300	ROBERT	GIBSON	FORT WORTH	EMT	17752	ROBERT	HUNT	HOUSTON	EMT-P
30858	GEORGE	GILLET JR	BEEVILLE	EMT	40016	TED	HUNT	HOUSTON	EMT-I
20829	CESAR	GOMEZ	MCALLEN	ECA	18336	JOANNE	HURLEY	JACKSONVILLE	EMT-I
12313	DONACIANO	GONZALEZ	EAGLE PASS	EMT	32140	JAMES	HYLES	ELGIN	EMT
31541	GERARDO	GONZALEZ	MCALLEN	ECA	25677	JAMES	INGRAM	MILLSAP	ECA
35245	GEORGE	GONZALEZ	CHANNELVIEW	ECA	34020	ARCHIE	INMAN	DEL VALLE	EMT
43705	ROSAURA	GONZALEZ	ELSA	EMT	30797	ANTONIO	IZARRARAS	CROSBY	ECA
45933	ABEL	GONZALEZ	MCALLEN	ECA	26309	JAMES	JEFFREY	HOUSTON	EMT
31785	DANIEL	GONZALEZ JR	SAN ANTONIO	EMT-P	39379	SAMMY	JENKINS	CRAWFORD	EMT
34862	DEREK	GOODLEY	GRAND PRAIRIE	EMT-P	18049	NONETTE	JOACHIM	SPRING	ECA
44172	TERRY	GORDY	NEDERLAND	EMT-I	1951	SHERRI	JOHNSON	BELLAIRE	EMT
26766	SHARON	GOSSETT	GORDON	ECA	35869	ANDY	JOHNSON	AUSTIN	EMT
24826	JOE	GOVEA	GLEN FLORA	EMT	44929	DEXTER	JOHNSON	LEVELLAND	EMT
5025	JENNIFER	GRAF	TERLINGUA	ECA	46179	TERRY	JOHNSON	HOUSTON	EMT
19966	JAMES	GRASON	FREER	ECA	46739	MICHAEL	JOHNSON	AUSTIN	ECA
36665	DAVID	GRAY	LIBERTY	ECA	51614	RICHARD	JOHNSON	SPRING	ECA
29321	DANIELLE	GREEN	KINGSVILLE	ECA	2853	VINSON	JONES	AUSTIN	EMT
51325	VINCENT	GREEN	HOUSTON	EMT	52449	EDWARD	JONES	GATESVILLE	EMT-P
37148	ROBERT	GRIFFIN	NEDERLAND	EMT	52851	JOHN	JONES	HOUSTON	ECA
15506	CRUZ	GUERRA JR	PHARR	ECA	1445	VIVIAN	JORDAN	COLUMBUS	EMT
35950	JUAN	GUERRERO	HOUSTON	EMT	17411	RICHARD	JOUETT	CORPUS CHRISTI	ECA
49808	MICHAEL	GUERRERO	HOUSTON	EMT	15015	JOE	JOYNER	KILLEEN	EMT
45109	SHERRILL	GUIDRY	MONT BELVIEU	ECA	57171	ALEJANDRO	JUAREZ	EARLY	ECA
37115	FRANK	GUTHRIE	HOUSTON	EMT	40573	EDWIN	KAINER	SAN JUAN	EMT-I
31620	BRENT	GUTHRY	HOUSTON	EMT	4978	MICHAEL	KALENDER	NEEDVILLE	ECA
29772	PABLO	GUTIERREZ	PHARR	ECA	19315	RAYMOND	KASSLER JR	AUSTIN	ECA
47270	TOMMY	GUYNES	SNYDER	EMT	19315	RAYMOND	KASSLER JR	PREMONT	EMT
13511	TROY	HALL	SNYDER	EMT	49737	KAYLYNNE	KEENER	STRATFORD	EMT
23626	JACK	HALL	GRANBURY	ECA	52925	MARK	KEESLER	FRIENDSWOOD	ECA
47469	DICKY	HALL	LEWISVILLE	EMT	29638	PATRICK	KELLEY	LULING	EMT-P
52078	CLAUDE	HALL	EDNA	EMT	42644	VANESSA	KELLY	HOUSTON	EMT
56923	JAMES	HALL	GALVESTON	EMT-I	57802	STEVEN	KENNEDY	LONGVIEW	EMT-P
5423	JAMES	HANSON	HOUSTON	EMT-I	4243	KELLIE	KESSLER	ARLINGTON	EMT-P
28865	JIMMY	HANSON	UVALDE	EMT-I	55290	ROBERT	KLETT	SAN MARCOS	EMT
31651	WILLIAM	HARGROVE JR	LAPORTE	EMT	27879	EUGENE	KOCHAK	CONROE	ECA
1907	FREDERICK	HARKINS III	PASADENA	EMT-P	56616	RANDOLPH	KOHRT	MCALLEN	ECA
37276	VICKIE	HARRIS	ROUND ROCK	EMT-P	49627	BRIAN	KOLOGEY	SACHSE	EMT-P
56222	RICKY	HARRIS	EULESS	ECA	795	WILLIAM	KOONS	MANOR	EMT
24840	ROBIN	HART	HOUSTON	ECA	5684	PATRICIA	KRUKIEL	HOUSTON	ECA
17317	KIMBERLY	HARTGRAVES	HOUSTON	ECA	18887	PATSY	KUYKENDALL	HOUSTON	ECA
66	LINDA	HARTT	EL PASO	EMT	13915	MATTHEW	LAMBERT	ELECTRA	EMT
23266	MICHAEL	HATLEY	S. HOUSTON	EMT	13915	MATTHEW	LAMBERT	AUSTIN	EMT
53097	DOUGLAS	HAVENS	ROUND ROCK	ECA	35632	DOYLE	LANDERS	KELLER	EMT
31654	GORDON	HAZLETT	HOUSTON	ECA	29105	KEVIN	LANDRY	ORANGE	EMT
39368	KATHY	HECTOR	AUSTIN	EMT	48960	WILLIAM	LANGFORD	WEATHERFORD	ECA
52142	CHRISTOPHER	HEFLIN	MINERAL WELLS	EMT	54357	OTTO	LANGSTON	VALLEY MILLS	ECA
24799	ROBERT	HEMPERLEY	HOUSTON	ECA	14610	JOHN	LARSON JR	TROY	EMT
47389	CHARLES	HENDRIX	KOPPERL	EMT	29906	BARRY	LE BLANC	SUGARLAND	EMT
4117	JUAN	HERNANDEZ	HOUSTON	ECA	34562	DAVID	LEAL	PASADENA	ECA
19329	MELISSA	HERNANDEZ	ARANSAS PASS	EMT	24068	JESUS	LEAL III	EDINBURG	ECA
39575	VICTOR	HERRERA II	SEGUIN	EMT	38275	GLIN	LEBARON	NEDERLAND	EMT
43264	KATIE	HESSELTINE	AUSTIN	EMT	16376	MARK	LEBLANC	PORT ARTHUR	ECA
21591	MICHAEL	HEUSSNER	WACO	EMT-P	27757	JOHN	LEGGETT	HUMBLE	EMT
43785	MARCUS	HICKS	HOUSTON	EMT	34258	LYNN	LENOIR	HOUSTON	EMT
51178	RANDAL	HITT	BELTON	EMT	15222	CAROL	LEONARD	HOUSTON	EMT
51181	JOE	HITT	BELTON	EMT	10613	STEVEN	LEVELL	HOUSTON	EMT
39699	KERRY	HODGES	HOUSTON	ECA	38362	RANIE	LEWIS	AUSTIN	EMT
15188	JOHN	HOFFMAN III	MANOR	EMT	47924	JOHN	LEWIS	GROVES	ECA
55024	JAMES	HOLDEN	PASADENA	EMT	54896	DAVID	LEWIS	TERRELL	EMT
50423	JOHN	HOLLEMAN	COLLEGE STA.	EMT	4165	BONNIE	LILES	CEDAR PARK	EMT-P
46896	DUNCAN	HOLMAN	TEMPLE	EMT	24135	SCOTT	LINDBERG	PLANO	EMT
5818	JESSE	HOLMES	SUDAN	EMT	3214	PHILLIP	LINDESMITH	HOUSTON	EMT-P
45026	GABRIEL	HONESTO	MORTON	EMT	43588	THOMAS	LOCKETT	BELLVILLE	EMT
6539	JERRY	HONEYCUTT	HOPE	EMT-P	30282	JOHNNY	LONGORIA	FALFURRIAS	EMT
5010	JUDY	HORVAT	GEORGE WEST	EMT	17952	BEN	LOOSMORE	WOODLANDS	EMT-I
					8812	BENITO	LOPEZ	EL PASO	EMT
					10465	RONALD	LOVETT	COPPERAS COVE	EMT

Emergency Suspensions

13339	BRYAN	LOWDER	DALLAS	EMT-P	4466	PEDRO	OLIVA	HOUSTON	EMT-P
26273	KEITH	LOWELL	HOUSTON	EMT	24267	TINA	OLIVAREZ	AUSTIN	EMT
3451	DANIEL	LUGO	DONNA	ECA	34537	PAUL	ONEY	CLAYTON	EMT-P
46503	GREGORIO	LUGO	MISSION	ECA	955	DAVID	ORKIN	STAFFORD	EMT-I
8288	C	LUTHER JR	PERRYTON	EMT	56598	ANTONIO	ORTIZ	EDINBURG	ECA
49964	LARRY	LYDE	PETERSBURG	EMT-I	55322	LAURA	OWEN	BEAUMONT	EMT-I
37353	TONY	MAHAN	TEMPLE	EMT	3173	RONNIE	OWENS	HUBER HEIGHTS	EMT-P
29634	LOURDES	MAIER	FREDERICKSBURG	EMT-P	56104	BALDMOMERO	OZUNA	EDINBURG	ECA
45399	JAMES	MALLON	TOMBALL	EMT	11857	THOMAS	PARKER	WHITEHOUSE	EMT
43569	SHARON	MANUEL	ORANGE	EMT	34787	MONTY	PARKER	MINERAL WELLS	ECA
19959	LORI	MARBUT	GRAFORD	ECA	43404	JESSE	PARRA	SAN ANTONIO	EMT
24391	JOSEPH	MARCONTELL	THICKET	EMT	14210	J	PATTERSON	MINERAL WELLS	ECA
57633	WILLIAM	MARKUS	SPRING	EMT-P	37794	JERRY	PAYNE	LIVE OAK	EMT
43667	ROBERT	MARROU	NEW BRAUNFELS	EMT	5706	PATTY	PEACH	AUSTIN	ECA
44457	ALEJANDRO	MARRUFFO	EL PASO	EMT-I	13227	TRACY	PEACHEY	FREEPORT	ECA
7220	TINA	MARTIN	BAYTOWN	EMT-P	11602	MELINDA	PEKAR	WHARTON	EMT
32029	RICARDO	MARTINEZ	MC ALLEN	ECA	602	ANDREW	PENSKI	LAGO VISTA	EMT
58377	SILVIA	MARTYN	TEMPLE	EMT	18659	IRMA	PEREZ	THREE RIVERS	EMT
14665	DARREN	MASON	KOUNTZE	EMT	29125	MICHAEL	PEREZ	NEDERLAND	ECA
657	SHAJI	MATHEW	LEWISVILLE	EMT	17533	MARIO	PERIZ	WESLACO	ECA
52357	ROBB	MATTHEWS	SPRING	ECA	37032	GEORGE	PERKINS	MISSION	ECA
52630	JERRY	MAYHALL	WIMBERLEY	EMT-P	33675	MARCI	PERRY	PASADENA	EMT-P
44011	JOHNNY	MAYHAW	NAPLES	EMT-I	19883	PEDRO	PESINA	ODEM	EMT
45966	DONALD	MC ADAMS	ALPINE	ECA	22648	MARK	PHILLIPS	BEAUMONT	ECA
39312	DEBBIE	MCCURLEY	AUSTIN	ECA	33474	JULIA	PHILLIPS	CANROE	EMT
27528	DAVID	MCDONALD	N. BRAUNSFELS	EMT	35009	PAUL	PIAT	BRIDGE CITY	EMT
47729	JERRY	MCDUGAL	CLIFTON	EMT-I	1882	CHARLES	PIATT	SEYMOUR	EMT
38372	SHELLY	MCENTIRE	BOYD	EMT	373	ANDREW	PIECHOWSKI	AUSTIN	ECA
24532	MARTHA	MCFARLAND	KOPPERL	EMT	35924	JULIE	PINKERTON	HOBBS	EMT
50201	JANICE	MCFARLAND	SEALY	EMT	15355	RAYMOND	PITRE	PORT ARTHUR	ECA
48617	WILLIAM	MCGEE	BROWNSVILLE	EMT-P	41324	KIMBERLY	PITTS	COLLEGE STA.	EMT-P
40067	SHAUN	MCGREGOR	EULESS	EMT-P	47799	JOE	PLUMLEE	DESOTO	EMT-P
14945	JULIE	MCPHERSON	WEBSTER	EMT	56665	LEONCIO	POPOY	SAN ANTONIO	EMT-P
52818	JAMIE	MEDELLIN	HOUSTON	EMT	19100	JENNIFER	POWELL	COLLEGE STA.	EMT
55604	WARNER	MEECE	DENVER CITY	EMT-I	43167	JAMES	POWELL	PORT ARTHUR	ECA
56400	CANARD	MEIER JR	BELTON	EMT	3662	HILAN	PRIDDY	AUSTIN	EMT
41507	PAUL	MELTON	FREEPORT	EMT	29998	MICHAEL	PRIMROSE	AUSTIN	ECA
337	JENNIFER	MERCIER	TERLINGUA	ECA	49166	KEVIN	QUEPPET	FORT WORTH	EMT-P
25206	JEROME	MERENDA	CHINA SPRINGS	ECA	55978	CHARLES	QUIJAS	EDINBURG	ECA
54046	MONTE	MERTES	RAPID CITY	EMT-P	46275	CHARLES	QUISENBERRY	PORT ARTHUR	ECA
13881	JAMES	MILLER	FLOWER MOUND	EMT-P	31777	TIMOTHY	RAMBACK	CORPUS CHRISTI	EMT
17054	DENNIE	MILLER	WAXAHACHIE	EMT-P	52804	VICTOR	RAMIREZ	KNIPPA	EMT-I
27778	TIMOTHY	MILLER	AZLE	EMT-P	43448	CARMEN	RAMON	CHARLOTTE	EMT
28188	DAVID	MILLER	HOUSTON	EMT	21889	CARL	RANKIN	MATHIS	EMT
51642	RACHEAL	MILLER	WHARTON	EMT	32806	HERBERT	RANKIN	MATHIS	EMT
56119	NICOLE	MILLER	GEORGETOWN	EMT	48926	JUDITH	RASH	NEDERLAND	EMT
56822	EARLINE	MILLER	KEENE	EMT-P	4600	SHERRY	RASK	TROY	EMT
29768	DONNA	MINOR	BUDA	EMT	19536	PAUL	RAYMOND	HOUSTON	EMT
12043	CHRIS	MIRE	AUSTIN	EMT	36786	WILLIAM	REASONER	MINERAL WELLS	ECA
44801	JACK	MOBLEY	HOUSTON	EMT	34470	CHARLES	REED	DRIPPING SPGS.	EMT
40108	ROBERT	MODISETTE	LIBERTY	ECA	44751	KENNETH	REEDY	DENTON	EMT-P
25617	RANDY	MOLINA	FORT WORTH	EMT	41655	LARRY	REEVES	LEANDER	ECA
20300	JOSEPH	MONDRIK JR	CAMERON	EMT-P	51805	TRACY	REICHEK	HOUSTON	EMT
40162	JOEL	MORALES JR	PREMONT	EMT	19119	JAMES	REMBERT	HOUSTON	EMT
25713	VICTOR	MORRIS	HOUSTON	EMT	2508	JEFFREY	RENFROW	TERLINGUA	ECA
28638	JONATHAN	MORRIS	CEDAR PARK	EMT	35644	MICHAEL	REPPOND	AVERY	EMT-I
54088	JAMES	MORRIS	LEXINGTON	EMT-P	25787	GERARDO	REQUENA	POTH	ECA
28544	JAMES	MORTON	HOUSTON	EMT	38459	RHONDA	RETZLOFF	WHITSETT	EMT
39620	BRENDA	MOSES	HUMBLE	EMT-P	17487	ROBERT	RICHARDSON	AUSTIN	ECA
50189	SHIRLEY	MOSHER	KATY	EMT	646	WILLIAM	RILEY JR	COPPERAS COVE	EMT
56342	ANGIE	MURDOCH	GATESVILLE	EMT	15700	RONALD	RITTER	HEARNE	ECA
33015	MELTON	MURFF	HICO	ECA	23715	RANDY	RITTER	CARTHAGE	EMT
19410	JIMMY	MURRAY	MINERAL WELLS	ECA	16937	RITA	ROBBINS	KOPPERL	EMT
39481	CHRISTOPHER	NAVARRE	BAYTOWN	EMT-I	42429	ROGER	ROBBINS	KOPPERL	EMT
36921	CHRISTOPHER	NELSON	CORPUS CHRISTI	EMT-I	10412	JASON	ROBERTS	SAN ANTONIO	EMT-I
10582	TRACY	NEWMAN	MORGAN	EMT	16333	CHRISTOPHER	ROBERTS	PORT ARTHUR	ECA
49207	JOHNNY	NEWSOM	TAYLOR	EMT	27816	JAMES	ROBERTSON	GRAND PRAIRIE	EMT-P
5515	JEFF	NIEMANN	CEDAR PARK	EMT	19304	VIRGINIA	ROBINS	HOUSTON	EMT
17582	GARY	NORVELL	HOUSTON	EMT	35239	KERRY	ROBINSON	LANEVILLE	EMT
17584	TRACI	NORVELL	SPRING	EMT	39131	WILLIAM	ROBINSON	NEEDVILLE	ECA
8758	KENNETH	NUGENT	ANGLETON	EMT	16387	JAMES	ROBLES	LEMING	EMT-I
49504	TESSA	ODOM	WINNIE	EMT	2231	JENNIFER	ROBSON	DALLAS	EMT

Emergency Suspensions

26170	JULIA	RODGERS	BRYAN	EMT	22343	GARY	SWINK	PILOT POINT	EMT
14771	ANDREA	RODRIGUEZ	BAY CITY	EMT	28725	RICHARD	TAGLE	FREER	ECA
32448	ALFRED	RODRIGUEZ	CHAPARRAL	EMT	44796	JANET	TAGLE	LULING	EMT
40923	NICHOLAS	RODRIGUEZ	FREEPOR	EMT	56006	JUAN	TAMEZ	MCALLEN	ECA
52654	VINCENT	RODRIGUEZ	HOUSTON	EMT	51785	SCOTT	TANNER	COLLEYVILLE	EMT-P
29845	GARY	ROGERS	SAN ANTONIO	EMT-I	11550	BILLY	TAYLOR	FT WORTH	EMT
15276	ROBERTO	ROJAS JR	HIDALGO	ECA	12771	DERRIL	TEAGUE JR	MINERAL WELLS	ECA
47595	STEPHANIE	ROLLINS	LUMBERTON	EMT	4850	PETER	TELIHA	AUSTIN	EMT
27520	SUSAN	ROSALES	BEAUMONT	EMT	10908	PATRICK	THOMAS	SAN ANTONIO	EMT-I
39825	RYAN	ROSEN	FORT WORTH	EMT	37663	EVERETT	THOMAS	AUSTIN	EMT
35587	JASON	ROSENQUIST	AUSTIN	EMT	22370	MICHAEL	THOMPSON	RICHWOOD	ECA
1960	MICHAEL	ROSS	CORPUS CHRISTI	ECA	29600	CINDY	THOMPSON	FRIENDSWOOD	ECA
11729	DAVID	ROTHERMEL	COLLEGE STATION	EMT	23189	LOUIS	THRASHER	ROUND ROCK	EMT-I
38209	JASON	ROZACKY	BRENHAM	ECA	53766	HEATH	THUIRER	PARIS	EMT-I
26856	RAYMUNDO	RUBIO JR	PREMONT	EMT	21338	BRYAN	TINER	ARANSAS PASS	EMT
41386	CONRADO	RUIZ	EL PASO	EMT-P	5386	JACQUELINE	TORZEWSKI	KOPPERL	EMT
2243	LISA	RUNNINGDEER	SEGUIN	ECA	4457	PORFIRIO	TREVINO	MCALLEN	ECA
38956	CARLA	RUSSELL	GONZALES	EMT-P	9417	KENNETH	TUCKER	WHITE SETTLEMEN	EMT
31484	STACIE	RUTHERFORD	ABILENE	ECA	21478	TERRY	TUCKER	WACO	EMT
29771	MELVIN	RUTLEDGE	PHARR	ECA	10929	MICHAEL	TUPA	DEER PARK	ECA
20232	MARGARET	RYAN	CEDAR CREEK	EMT	29984	LLOYD	TURNBULL	LEWISVILLE	EMT-P
39069	DIANA	RYDER	ODEM	EMT	30736	JUDITH	UNGER	WACO	EMT-P
33182	DAVID	SAENZ	CORPUS CHRISTI	EMT-P	55445	HUGH	VALLELY	BAY CITY	EMT
29895	JOSE	SALINAS	ALAMO	ECA	46218	PAULINE	VANMETER	SANTA FE	ECA
36412	RICARDO	SALINAS	MCALLEN	ECA	33517	HECTOR	VARGAS	MCALLEN	ECA
13634	CLEMENTE	SANCHEZ	SINTON	ECA	19707	ELIAS	VERVER JR	BUDA	EMT
53014	TERRY	SANDERS	ORANGE GROVE	ECA	45258	CHRISTOPHER	VOLWAY	SPRING	ECA
34455	RODGER	SASSMAN	AUSTIN	EMT	34293	EDDIE	WALKER	FLYNN	ECA
50590	JENNIFER	SATTLER	LEAGUE CITY	EMT	39903	DANIEL	WALKER	GRAND PRAIRIE	EMT-P
3823	STANLEY	SCHAEFFER	HOUSTON	EMT	40193	RHEA	WALKER	KOPPERL	EMT
4497	LEONARD	SCHALLAWITZ	KOPPERL	EMT	40859	HAROLD	WALKER	AZLE	ECA
29909	JEFFREY	RCHMIDT	HOUSTON	EMT	50695	DAVID	WALKER	SABINAL	EMT-I
14900	MATTHEW	SCHMULEN	BEDFORD	EMT	13827	VIRGINIA	WALLACE	DICKENS	EMT
14730	CLAYTON	SCHNEIDER	HUTTO	EMT	32104	LINDA	WARD	CONROE	EMT
20494	REBECCA	SCHUETT	HOUSTON	EMT-I	41088	MICHELE	WARREN	HUMBLE	EMT
42480	GREGORY	SCHULTE	ROSENBERG	ECA	28021	DONALD	WEBB	HICO	ECA
53121	STANLEY	SCHUMACHER	GEORGETOWN	EMT-P	45805	RITA	WEBB	ALICE	EMT-I
34131	KYLE	SCOTT	COLORADO CITY	EMT	53456	LEWIS	WEBER	HAWLEY	EMT
10280	SHARLEY	SEIDER	PRIDDY	ECA	28475	JOYCE	WEEMS	WINTERS	EMT-P
4136	WILLIAM	SELBY	KINGSVILLE	ECA	55533	BRETT	WEINBERGER	ANGLETON	EMT
23717	MICHELE	SETTER	CORPUS CHRISTI	ECA	1814	CARYL	WEISS	AUSTIN	EMT
36249	JACK	SIDES	ALLEN	EMT-P	12295	JOHNNY	WELLS	EASTLAND	EMT
2909	KATHRYN	SIEPAK	TERLINGUA	ECA	20178	MICHAEL	WERBISKI	CORPUS CHRISTI	EMT
27907	DAVID	SILLER	CORPUS CHRISTI	EMT-I	16670	SHERYL	WESTMORELAND	AMARILLO	EMT
18304	JULIE	SIMON	AUSTIN	EMT	26310	SUZANNE	WETHEROLD	AUSTIN	EMT
1171	JAMIE	SIMS	HOUSTON	EMT	7793	JOSEPH	WHITE	AUSTIN	EMT
16950	GRADY	SKAGGS	ADRIAN	EMT	32873	JERRY	WHITE	HOUSTON	EMT
33284	NANCY	SKAGGS	ADRIAN	EMT	49784	LESLIE	WHITE	CLIFTON	EMT-I
22433	LINDA	SLENCZAK	HIGHLAND VILL.	ECA	48025	CHARLES	WHITLOCK	BENBROOK	EMT
53709	RAYMOND	SMILEY	MISSOURI CITY	ECA	53769	MARK	WICKER	CLUTE	EMT
33311	PATRICK	SMITH	ALICE	EMT-I	9582	JENNY	WILBURN	CANADIAN	EMT-I
46046	CYNTHIA	SMITH	FORT WORTH	ECA	33874	KYLEEN	WILBURN	CORPUS CHRISTI	EMT
48142	JACK	SMITH	ALPINE	ECA	35199	EDWARD	WILLIAMS	HOUSTON	EMT
52467	JOHN	SNEED	FORT WORTH	EMT	41290	JAMES	WILLIAMS	BEAUMONT	ECA
43293	MARK	SOLIZ	WHITSETT	EMT	57879	TANIA	WILLIAMS	KEENE	EMT
14704	BRIAN	SPENCE	SNYDER	EMT	12485	DOUGLAS	WILLIAMSON	EDNA	EMT-I
53131	MARGO	SPRINGER	AUSTIN	EMT	10525	DOYLE	WILLIAMSON JR	HUMBLE	EMT
23238	CARY	STACY	MIDLAND	EMT-I	23385	RICKY	WILSON	SACHSE	EMT
55337	BARBARA	STANDHARDT	TERLINGUA	ECA	17540	JACK	WILTON	NEEDVILLE	EMT
34704	MICHAEL	STANFIELD	HOUSTON	EMT	31461	RICKEY	WITTNER	LONGBRANCH	EMT
24568	LEE	STANPHILL	SPRING BRANCH	EMT	3326	WILLIAM	WOOD	SPIRNG	ECA
7161	TIMOTHY	STANSBURY	CORPUS CHRISTI	EMT	16370	STEVEN	WOODWARD	GEORGETOWN	ECA
12068	KENNETH	STANSBURY	FRISCO	EMT	38131	JAMES	WRIGHT	AUSTIN	EMT
32244	TOYA	STEVENS	CLEVELAND	EMT	15433	NICHOLAS	WYLIE	BAYTOWN	ECA
35128	SANNS	STEVENS	HOUSTON	EMT	30656	RHNEA	WYMAN	HOUSTON	EMT
6281	ROGER	STEWART	GRAPEVINE	EMT	6001	ANGELA	YAROTSKY	MOUSTGOMERY	EMT-I
31764	GREGORY	STONE	GRANBURY	EMT	2790	TRACIE	YOUNG	KILLEEN	EMT
20473	KIM	STRANATHAN	ROUND ROCK	EMT-P	15328	N	YOUNG	ORANGE GROVE	ECA
56827	RUSSELL	STRONG	FALFURRIAS	EMT	25984	CLYDE	YOUNGBLOOD	BENBROOK	EMT-P
57903	MARK	SUMBILLO	TAYLOR	ECA	3053	RICHARD	ZOSHAK	HOUSTON	ECA
3969	LARRY	SUMNER	DRIPPING SPGS	EMT-P					
56925	EDWARD	SUSTRICK	NASSAU BAY	EMT					

Disciplinary Actions

THE INFORMATION IN THIS SECTION IS INTENDED TO PROVIDE PUBLIC NOTICE OF DISCIPLINARY ACTION BY THE TEXAS DEPARTMENT OF HEALTH AND THE BUREAU OF EMERGENCY MANAGEMENT AND IS NOT INTENDED TO REFLECT THE SPECIFIC FINDINGS OF EITHER ENTITY.

THIS INFORMATION MAY NOT REFLECT ANY NUMBER OF FACTORS INCLUDING, BUT NOT LIMITED TO, THE SEVERITY OF HARM TO A PATIENT, ANY MITIGATING FACTORS, OR A CERTIFICANT'S DISCIPLINARY HISTORY. THIS LISTING IS NOT INTENDED AS A GUIDE TO THE LEVEL OF SANCTIONS APPROPRIATE FOR A PARTICULAR ACT OF MISCONDUCT.

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

Ashmore, Lee Fran, Lufkin, Texas. Two years probation of EMT-Paramedic certification through August 31, 1998. EMS Rule 157.51 (2)(A), failure to follow EMS standards of care in the management of a patient.

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.

* **Boone, Christopher K.**, Houston, Texas. Decertification of EMT certification. EMS Rule 157.51 (b)(9), misrepresentation of current level of certification, and (12), materially alters any department EMS certificate, or uses and/or possesses any such certificate.

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.

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.

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.

Curry, Elizabeth Anne, Athens, Texas. Twelve months probation of EMT-Paramedic certification by reciprocity through January 29, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

* **Dement, Scott Wayne**, Bellville, Texas. Suspension of EMT certification through January 31, 1998. EMS Rule 157.44 and 157.51 (b)(16), misdemeanor conviction while certified.

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.

* **Garcia, Julian Javier**, Weslaco, Texas. Twenty-four months probation of EMT certification through March 24, 1999. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.

Garlington, John Mac, Port Aransas, Texas. Eighteen months probation of EMT-Intermediate certification through July 29, 1998. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction.

* **Gatewood, Tae H.**, Houston, Texas. Emergency Suspension of EMT-Intermediate certification. EMS Rule 157.51 (a)(1)(A), imminent danger to public health or safety.

Goins, David, Lufkin, Texas. Three years probation of EMT-Intermediate certification until July 31, 1999. EMS Rule 157.51 (2)(A), failure to follow EMS standards of care in the management of patient.

Harris, Kevin Lynn, Alamo, Texas. Decertification of EMT-Intermediate certification. EMS Rules 157.44 and 157.51 (b)(16), felony conviction while certified.

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.

* **Hinton, Tony Ray**, Odessa, Texas. Six months probation of EMT-Paramedic certification through September 27, 1997. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

* **Hull Daisetta Volunteer Ambulance Service**, Hull, Texas. Twelve months probation with conditions of provider license through January 11, 1998. EMS Rule 157.19 (c)(1)(U), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

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.

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.

Kelly, John P., Houston, Texas. Eight months probation of EMT-Paramedic certification through August 5, 1997. EMS Rule 157.51 (2)(A) and (B), failure to follow EMS standards of care in the management of a patient.

King, Julie Ann, Sour Lake, Texas. Twenty-four month probation of EMT-Intermediate certification through April 18, 1998. EMS Rule 157.51(2)(A), failure to follow EMS standards in patient management.

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 through July 5, 1997. 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.

Mason, Ronald Alan, Tyler, Texas. Twenty-four months probation of EMT-Paramedic recertifi-

* 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.



One in three
Americans visits
an emergency de-
partment each
year.

cation 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.

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.

Patterson, Carrie Ann, Caldwell, Texas. Sixteen months probation of EMT certification through May 23, 1998. EMS Rules 157.44, 157.51 (b) and (c) and 157.53, misdemeanor convictions.

Perez, Hector Xavier, McAllen, Texas. Denial of EMT-Intermediate 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.

Pylant, Curtis Dwain, Amarillo, Texas. Six months probation of EMT certification through July 29, 1997. EMS Rules 157.44, 157.51(b) and (c) and 157.53, convicted by military justice.

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.

* **Rifanburg, Frances H.**, Groveton, Texas. Decertification of EMT-Intermediate certification. EMS Rule 157.51 (b)(22), obtains...any benefit to which not otherwise entitled by...fraud or misrepresentation while in the course of duties as an EMS certificant.

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.

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.

Santa Fe Fire/Rescue, Santa Fe, Texas. Administrative penalty of \$250.00 toward provider license. EMS Chapter 773 of Health & Safety Code, failure to have two certified personnel on emergency vehicle when in service.

* **Sartor, Brian Lee**, Denison, Texas. Decertification of EMT-Paramedic certification. EMS Rule 157.44, 157.51 (b)(16) and 157.51 (b)(26), misdemeanor conviction while certified and falsification of application.

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.

Skelton, Richard Lee, McGregor, Texas. Three years probation of ECA certification through January 24, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony convictions.

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.

* **State Care/Metro One Ambulance**, Houston, Texas. Administrative penalty of \$1,750. EMS Rule 157.11 (1)(A), failure to staff BLS vehicle, when in service, with at least two emergency care attendants who have active status certification.

Stiles, Jeffrey Scott, Dallas, Texas. Twelve months 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.

* **Terry, Samuel R.**, Gainesville, Texas. Twelve months probation of EMT-Intermediate certification until March 14, 1998. EMS Rule 157.51 (b)(1), failure to follow the EMS standards of care in the management of a patient.

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.

* **Wells, John Michael**, Sweetwater, Texas. Twelve months probation of EMT certification through March 24, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

* **Wind, Caron**, Nederland, Texas. Administrative penalty of \$250. EMS Rule 157.61 (d)(14), failure to arrange for and supervise verification of skills proficiency of each student by a state certified skills examiner.

* **Wind, Jon Todd**, Nederland, Texas. Twelve months suspension of EMS Examiner certification through March 5, 1998. EMS Rule 157.63 (e)(1), failure to conduct skills proficiency verification in an objective manner according to the criteria and standards established by the department for each skill examined.

Wolfskill, Andrew Lloyd, Lolita, Texas. Previously EMT-Intermediate emergency-suspended February 29, 1996; revocation of EMT-Intermediate certification effective January 11, 1997. EMS Rules 157.44 and 157.51(b)(16), felony convictions.

MEETINGS AND ADVERTISEMENTS

Calendar

May 17, 1997. **ACLS Review Course.** Brookhaven College, Dallas, TX. For information call 972/860-4715.

May 17 - 23, 1997. **National Safe Boating Campaign.** NSC, Public Relations Department, 630/775-2307.

May 18-24, 1997. **National EMS Week/Texas EMS Week.** American College Emergency Physicians, 202/728-0610, Texas Department of Health, 512/834-6700.

May 19-23, 1997. **Aero Medical Training Program.** \$120. Contact Hope Bennett, Houston Community College at 713/718-5746.

May 22, 1997. **Violence in the Workplace.** \$45. Contact Kathy Jordan at Texarkana College 903/838-4541.

May 24, 1997. **ACLS Review Course.** Austin, TX. For more information contact Metroplex Medical Training at 800/583-0097 or 972/270-0857.

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

May, 1997. **Trauma Awareness Month.** American Trauma Society, 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.

Meetings and advertisements deadlines and information

Deadline: Six weeks in advance. After the pages of this magazine have completely gone through editorial, layout and design, then it goes to the printshop to get printed, then to our mailing service to get mailed out. Add a few days to get through the U.S. mail system. Please send in your calendar items six weeks in advance to make the next issue.

Cost: Calendar items are run at no charge. Calendar items run in the meeting section until just prior to the meeting or class. Classified ads run for two issues unless we are notified to cancel the ad.

Fax or mail: Calendar items can be faxed to 512/834-6736 or mailed to Texas EMS Magazine, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199. Call 512/834-6700 if you have a question about the calendar section.

May, 1997. **Motorcycle Safety Awareness Month.** For information call the Texas Department of Public Safety, Motorcycle Safety Bureau at 512/465-2021 or 800/292-5787.

May 19 - 26, 1997. **National Buckle Up America Week,** National Seat Belt Coalition, Carole Guzzetta/NSC, 202/296-6263.

June, 1997. **National Safety Month,** NSC, Public Relations Department, 630/775-2307.

June-August, 1997. **San Antonio College Courses.** EMT-Basic, EMT-Intermediate and EMT-Paramedic basic and refresher courses. ACLS, BTLs, PPPC, CPR Healthcare Provider, and Wilderness-EMT courses. Contact Wynn Gordy at 210/733-2643.

June 4, 1997. **Paramedic Course.** Class offered every "C" shift. \$1,300 plus supplies. Contact Methodist Medical Center, Dallas, TX. 214/947-8419.

June 1-7, 1997. **National Safety Week,** American Society of Safety Engineers, 847/699-2929 ext. 218.

June 8 - 14, 1997. **Animal Bite Prevention Week,** Texas Department of Health, Zoonosis Control Division, 512/458-7111.

July 25-26, 1997. **BTLs Course.** Baylor Medical Center at Grapevine. \$150. 817/329-2815.

July 26, 1997. **National Registry Review Course.** Garland, TX. Best Western Hotel. Contact Metroplex Medical Training at 972/270-0857 or 800/583-0097.

June 26-28, 1997. **National Rescue Tour '97.** Presented by Personal Watercraft Rescue Specialist Int'l. Hosted by the UT Health Science Center-EMS Dept. Contact Vicky Smith at 210/567-7882 or fax 210/567-7887 or e-mail smithv@uthscsa.edu

August 23-27, 1997. **Fire Rescue International '97.** Dallas, Texas. 703/273-0911.

September 7 - 12, 1997. **Executive 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 emscrib@ttuhsc.edu

September 21 - 27, 1997. **National Farm Safety Week,** NSC, Pat Pulte, 630/775-2022.

October, 1997. **National Car-Care Month,** NSC, Nyki Palermo Brandon 202/293-2270 ext. 725.

October 1-4, 1997. **NAEMT Outlook '97.** Sponsored by National Association of Emergency Medical Technicians. Reno, Nevada. Call for brochure and registration 800/34NAEMT.

October 5-11, 1997. **National Fire Pre-**

vention Week, National Fire Protection Association, 800/344-3555, Texas Commission on Fire Protection, Lydia Fluitt, 512/918-7100.

October 20-26, 1997. **National Radon Action Week,** NSC, Nyki Palermo Brandon, 202/293-2270 ext. 725

October 19-25, 1997. **National School Bus Safety Week.** 703/644-0700, National School Bus Transportation Association.

December 3, 1997. **National Drunk and Drugged Driving Prevention Month,** 3D Month, NSC, Laura Wilkinson, 202/293-2270 ext. 945.

May-December, 1997. **Roco Rescue Courses.** Rescue techniques. Instructor courses. Refresher programs. Confined space and structural rescue courses. For registration contact Roco at 800/647-7672.

Jobs

Public Health Technician: Job opening at the Texas Department of Health, El Paso. Salary \$1,961 to \$2,236 per month—depending on qualifications. College degree required, EMS experience may be used to substitute for this requirement. Please contact Tom Cantwell at 915/774-6220 for details.+

Paramedic: Llano County EMS. County coverage of 9-1-1 calls. MICU service. Hospital-based service. Excellent benefits. Send resume to Kelly Oestreich, Llano County EMS, 200 W. Ollie St., Llano, TX 78643 or call 915/247-3088.+

Paramedics: Life Line Universal Transport, Inc., a progressive private ambulance service, is looking for qualified TDH-certified paramedics for a Houston location. Full and part-time positions. ACLS, BTLs required. Excellent pay plus bonus plans. Send resume to Life Line Universal Transport, Inc., Human Resources, 11115 Mills Rd., Bldg. A, Ste. 111, Cypress, TX 77429. Phone 281/970-2273 or fax 281/970-1726.+

Paramedic and EMT: MedStar, Fort Worth. Full-time and part-time. Must have 6 months experience and be 21 years old. 9-1-1 and non-emergency. Send resume to Annette Hawkins, 3010 S. Grove, Fort Worth, TX 76104, for information call 817/927-4455 or fax 817/927-4493.+

Administrator: To manage MICU EMS system. Applicant should possess experience in ACLS, BTLs, EMS instructor/coordinator. College degree preferred but experience may be substituted. Mail resume and salary requirements to: Chariman, AAEMC, PO Box 1420, Angleton,

MEETINGS AND ADVERTISEMENTS

TX 77516-1420.+

Instructor: Full-time temporary positions for '97-98 associate degree program. Requires associate degree and TDH certification as EMT-P/Instructor. Prefer TDH coordinator. Call North Harris College, Houston 281/591-3534 or 443-5438 for more information.+

BLS Instructor/Company Representative: To market and instruct BLS courses in the San Antonio area. Send resume to 2429 E. Hwy 80 #101, Mesquite, TX 75150 or call 800/583-0097.+

Paramedic/EMT-I/EMT-Basic: Full-time and part-time positions. Applicants must be currently certified by the Texas Department of Health, and have a clean driving record. Applicants must be over 21 years old. Salary and benefits packages are competitive. Contact Falls County EMS, General Manager, PO Box 111, Marlin, TX 76661 or call 817/803-3745.+

Firefighter/Paramedic: Kerrville, \$1,911/month. Certified firefighter/paramedic. City pays 80% of family health insurance. Apply to City of Kerrville, Personnel Dept., 800 Junction Hwy, Kerrville, TX 78028 or fax 210/792-3850. Call 210/257-8000 for more information.+

EMT or EMT-P: A major contract security company in Houston is currently accepting applications for the position of EMT. The openings are located in the Southwest area of Houston. Applicants must have a current certification to be considered. You may apply in person at 480 N. Sam Houston Parkway E, Ste. 217, Houston, TX, fax resume to 281/999-9949 or call 281/999-9945.+

EMT Instructor/Program Director: Bachelor's degree, with emphasis in education preferred. Experience as an EMT-Paramedic instructor required. Texas certified coordinator. 512/886-1134.+

EMT-P/Certified Peace Officer: The city of Andrews, located in west Texas. Serves a population of 14,500. 1,500 square miles. About 650-700 runs annually. Seeking trained public safety officer. Excellent salary and benefits. Salary range \$25,000 to \$29,000, depending on qualifications. Contact Police Chief Bud Jones or police secretary, Kathy Garlin at 915/523-5675. Open until filled.+

Paramedic: West Texas Ambulance-Alpine EMS has a full time opening. City/County 9-1-1 service and hospital transfers. Send resume to WTAS, PO Box 338, Alpine, TX 79831 or call (915) 837-3028—leave message on voice mail.*

Paramedic: TDH-certified paramedic. ACLS, BTLs, PALS, a plus. Salary range \$19,200-\$24,000 depending on years of experience. Send resume to Shannon Mo-

man, PO Box 1071, Dalhart, TX 79022 or call 806/249-2524 for more information.*

BLS Instructor: Company representative to market and instruct CPR and first aid courses in the Houston and Galveston area. Send resume to Metroplex Medical Training, 2429 E Hwy 80, #101, Mesquite, TX 75150 or call 800/583-0097.*

Volunteers: Needed for Clear Lake Emergency Medical Corps, a 9-1-1 EMS, serving the Clear Lake/Bay Area in southeast Harris Co. for 23 years. Training, CE, uniforms provided. For information call Michael Cooper, 281/488-3078.*

EMT-P, EMT, or RN: Needed to instruct medical Spanish at local community college. Begin with the summer semester. Must be fluent in Spanish. Send resume to Metroplex Medical Training, 2429 E Hwy 80, #101, Mesquite, TX 75150.*

Work Wanted: Help! Got to get out of California. Would like to move to small to medium size rural community (25,000-50,000 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

Wanted: Type II ambulance for training only—to be donated to community college for educational purposes. College will offer tax credit and publicity to your organization. Please call David Pearse at 903/753-2642.+

For Sale: 1983 Ford F350 Type III by First Response, 460 V8, lights, siren, O2 cyl., 37k miles, good condition. Call Pat Peavler with Sweeney Fire and Rescue for bid information. 409/548-2072.+

For Sale: Firefighter entrance exam

or paramedic exam study guide. Pass your exam the first time. Written for Texas firefighters and paramedics only. Order your copy, \$19.99, call toll free 888/296-4420.+

Ambulance Remounts: Q.V.M. certified remount shop, chassis in stock. Professional Ambulance Sales & Service, Kennedale, TX 800/561-6070.+

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

Manikin Repair Center: CPR supplies, rentals, manikin maintenance, sales. Ron Zaring 281/484-8382.+

National Registry Exam Review: ACLS review or PPPC courses for EMS and fire personnel. Call for group information: Metroplex Medical Training Services 800/583-0097 or 972/270-0857.+



1997 Texas EMS Photography Contest

It is time to start taking photos for the 1997 Texas EMS Photo Contest. Educational settings, emergency scenes, safety training, rescue situations—take EMS photos and enter them! The grand prize winner will receive \$100 and a plaque. Two first place winners will receive \$75 and a plaque. One second place winner will receive \$50 and a ribbon, one third place will receive \$25 and a ribbon. One honorable mention winner will receive a ribbon and \$15. All photos will be displayed at Texas EMS Conference '97.

+ This listing is new to this issue.

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

Placing an ad? Moving? Renewing your subscription?

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

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

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

Profile: Kerrville Fire Department



Kerrville Fire Department received the 1996 TDH Public Provider of the Year Award. From left, are Lari Bievins, Zane Zenner, Capt. Dane Gourley, EMS Coordinator Ron Derrick, Jeremy Hughes, Asst. Chief Raymond Jennison, Luiz Valdez, Chief Raymond Holloway, Greg Cicotte, David Hernandez, Capt. Steve Langlinais, Dean Mau, Rick Barrier, Kerry Miller and Lori O'Brien.

Name of Service: Kerrville Fire Department

Personnel Statistics: Kerrville Fire Department has nine administrative personnel and 51 personnel on shift: 17 Paramedics, 10 Intermediates and 29 EMT-Basics. All personnel are paid. KFD has been in operation for more than 60 years and took over EMS operations January 1, 1994.

Number of Units: KFD has four MICU units staffed with one paramedic and an EMT-I or EMT, depending on staffing that day. KFD also has three fire engine companies that serve as first responders. The fire trucks are equipped with AEDs, pulse oximeters, basic airway kits and trauma kits. KFD carries ALS equipment on the fire trucks for advanced per-

sonnel. KFD also has a first responder system in Kerr County. These 18 first responders are equipped with radios and pagers for notification and carry BLS first responder bags and traffic cones. The traffic cones (which are also given to the Sheriff's Department) are used to help guide the EMS unit to the scene, which reduces the EMS unit's response time. All dispatchers are EMD-trained.

Number of calls: KFD responded to 3,974 EMS calls in Kerrville and Kerr County in 1996, including ALS mutual aid calls with the surrounding volunteer EMS systems and emergency transfers to San Antonio and Austin. The KFD also first-responded 488 times in 1996.

Favorite injury prevention activities:

KFD's most successful activities are holding DWI awareness drills and teaching CPR at Kerrville High School. CPR classes are given in conjunction with the high school health classes, so that every high school student gets a CPR class. KFD takes part in numerous health fairs.

Current Projects: KFD still considers itself a relatively new service, and is continually upgrading equipment and training. KFD is acquiring three new ventilator units for transporting patients who require constant ventilation. Through the Local Grants program, hand-held pulse oximeters are being placed on all first responder units. Four EMT-Is are attending paramedic school, which will increase the number of paramedics to 21.

What is unusual about your service? The most unusual thing about our service is that we are not tax-supported. The EMS and the fire budgets are kept separate and the EMS survives on user fees only. We have a very aggressive collection process and our collection rate has been in the 70 percent range since the beginning. KFD also has a knowledgeable billing clerk who stays current with all the latest information on billing Medicare, Medicaid and private insurance, to maximize our returns. 🌻

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

Periodical
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At Austin, Texas