

Texas EMS

M a g a z i n e

**Sally Muir wins another
Texas EMS photo contest.
Page 29**

Trauma Developments

8 pages of trauma
systems news—RACs,
TSAs, designation, injury
prevention

Serving Texas Emergency Care Professionals

Texas Department of Health

January/February 1994

Neural tube defects—what can EMS do? Page 24

Mail order form to:

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

Order these free materials for your community education programs.

Organization _____

Shipping information: Shipping Address _____

City/State/Zip _____

Telephone _____

Contact _____

Amount ordered

Description

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

C o n t e n t s

Features

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By John Rinard
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Texas EMS Conference '93 Wrap Up

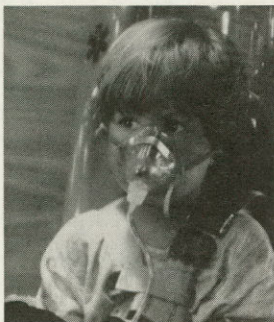
- 6 **Congratulations to 1993 EMS Award Winners** Educator Ralph Hendricks, administrator Frank Torres, Bovina Volunteer EMS among big winners in Fort Worth
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Prevention

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Trauma Developments Newsletter

Accidents Don't Just Happen injury prevention campaign, TTAC activities, Level IV designation pilot program, and injury admissions at Wichita General Hospital Quarterly trauma newsletter between *Texas EMS Magazine* pages 20 and 21



ABOUT THE COVER:
Austin EMS EMT Sally Muir won the children category of the photo contest held during Texas EMS Conference '93 with this shot.

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Texas EMS

M a g a z i n e

January/February 1994

Vol. 15 No. 1

Texas Department of Health

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Ambulances and hospitals a foreign world to most people

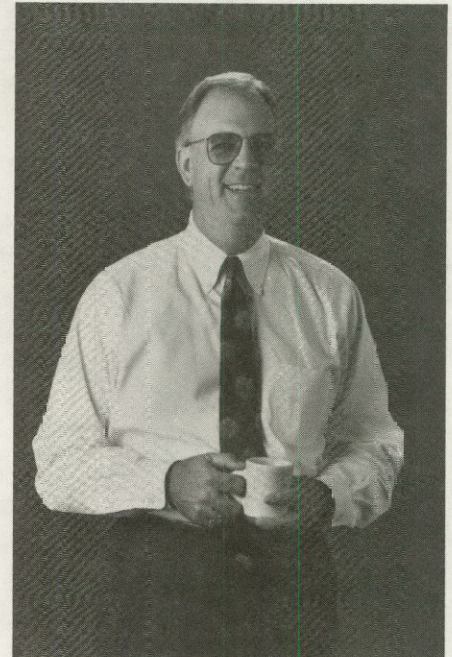
At the writing of this column the issue of recertification testing is still under consideration by the Texas Board of Health and the Texas Emergency Medical Services Advisory Council. TEMSAC will work to develop a compromise rule for recertification and then present that rule to the Texas Board of Health at the end of February. At this time it is difficult to project a final outcome for recertification testing but my guess would be that there would be some compromise between the groups that want to keep the exam and the groups that want to eliminate the recertification examination.

From the several letters we have received asking for extensions it is apparent that many had planned on the examination being eliminated. Some of this misinformation came from professional associations that notified their membership that the recertification examination had been eliminated. Please let me assure you once again that as soon as any official action is taken on this issue the health department will notify all certified EMS personnel.

I recently had a personal experience that would have certainly made me a better paramedic had it happened years ago: I went to an emergency room and wound up spending one night in the hospital. Believe me, it was quite an adventure to see things from the eyes of a

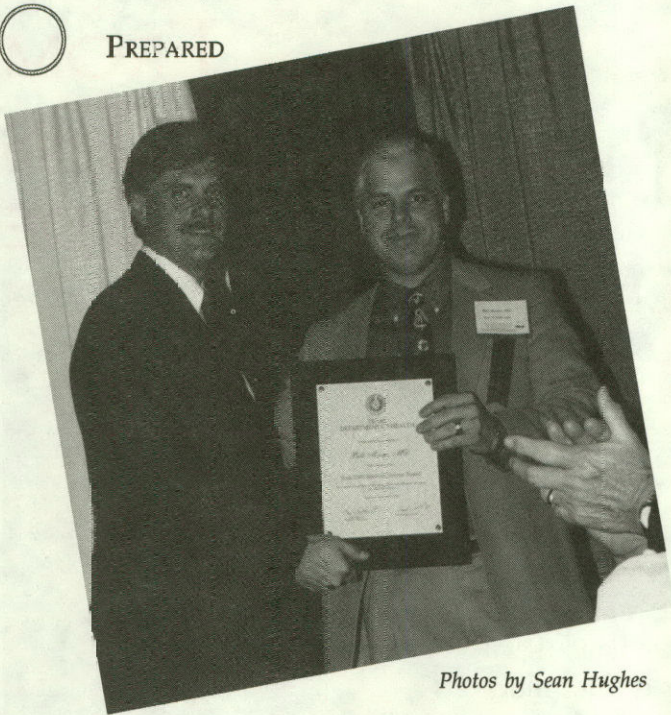
patient. What I mean when I say this experience would have made me a much better field paramedic is that I would have had a lot more compassion and understanding for the patients. In some of the early days of EMS training we let each student play the role of the patient by lying on the ambulance cot in the back of the moving ambulance. I think this experience helped a lot of EMS people become better and more understanding drivers after they felt what it was like for the patient in the back of the ambulance.

I hope that today's training programs let students play the role of the patient. This experience would certainly help EMS workers consider the fears and anxieties of our patients. I think sometimes we forget that ambulances and hospitals are a foreign world to individuals who do not work in emergency medical service. 🚑



GENE WEATHERALL, CHIEF
BUREAU OF EMERGENCY
MANAGEMENT

ECA	8,982
EMT	25,387
EMT-I	3,194
EMT-P	8,464
TOTAL	46,027
COORDINATOR	364
INSTRUCTOR	1,162
EXAMINER	1,491



Photos by Sean Hughes

Medical director of the year Dr. Bill Moore, right, works with East Texas Medical Center EMS personnel; his previous medical director stint was in Waco. Health Commissioner David Smith, MD, presented the 1993 EMS awards.

MONUMENTAL

1993 EMS

Congratulations to the winners of Texas Department of Health's 1993 EMS awards. David Smith, MD, commissioner of health and Gene Weatherall, chief of the Bureau of Emergency Management, recognized these monumental people and organizations at Texas EMS Conference '93 on November 23, 1993.

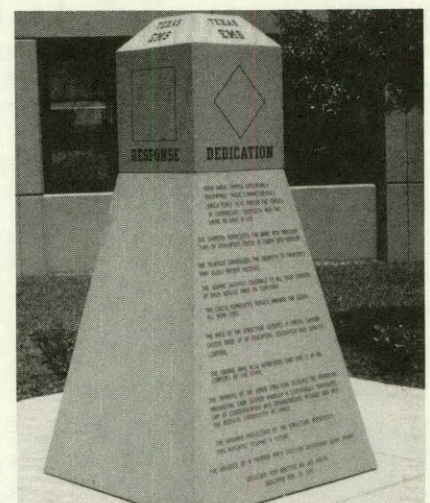
Ralph Hendricks, Sweetwater
Texas EMS Educator Award
For personal and professional dedication to advancing EMS education in Texas

Frank Torres, Raymondville
Texas EMS Administrator Award
For personal and professional dedication to advancing EMS in Texas

Mike Fitts, El Paso
Texas EMS Citizen Award
For helping EMS in Texas

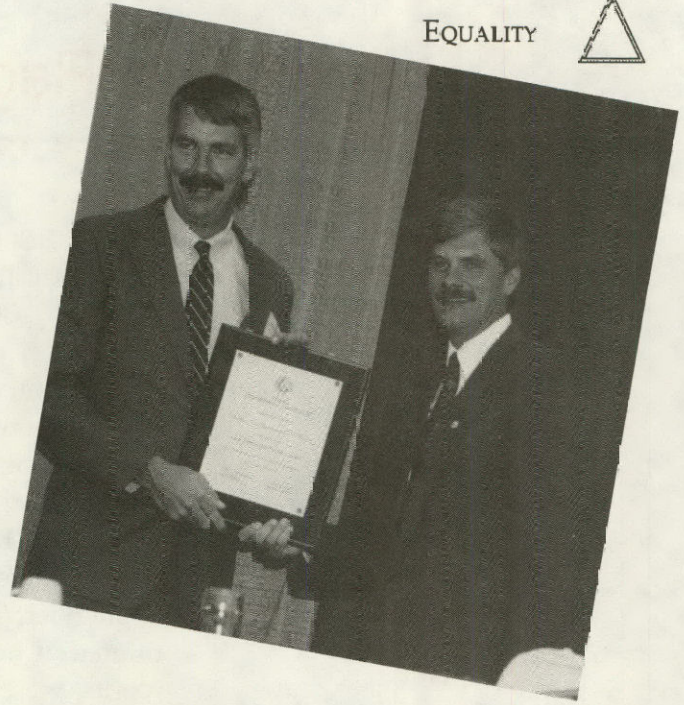
through personal and professional dedication to the concepts of critical incident stress Management

Quantum Chemical Corporation
Texas EMS Public Information and Education Award
For corporate dedication to





EMS PEOPLE



La Porte Fire Department/EMS took top honors as public provider of the year.

Award Winners

improving local EMS services by educating the public about EMS professionals

Four groups received honors for organizational dedication to providing quality emergency patient care:

THE TEXAS EMS MONUMENT WAS DEDICATED BY THE TEXAS DEPARTMENT OF HEALTH ON NOVEMBER 25, 1992, TO HONOR ALL EMS PERSONNEL IN THE STATE OF TEXAS. IT IS LOCATED AT 1100 WEST 49TH, AUSTIN, TEXAS.


La Porte Fire Department/EMS Division
Texas EMS Public Provider Award

Bovina Volunteer EMS
Texas EMS Volunteer Provider Award

American Medical Transport, Waco
Texas EMS Private Provider Award

Windcrest Volunteer Fire Department
Texas EMS First Responder Award

Pam West, EMS Division Director
Charles E. King Innovator Award
For advancing EMS education through the Mobile Training Unit

Chris Nollette, Public Health Region 6
Charles E. King Innovator Award
For developing the Council for the Advancement of Rural Education 



Local and Regional EMS News

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

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

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

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

J. Nile Barnes of Austin EMS holds decontamination spray while instructor Craig De Atley of George Washington University School of Medicine and Health Sciences talks about decontamination procedures to Julie Ann Davis of Pearland EMS. The Bureau's Disaster Response program recently sponsored the free, 40-hour medical hazmat course in College Station.

Bureau uses grant to sponsor medical hazmat courses

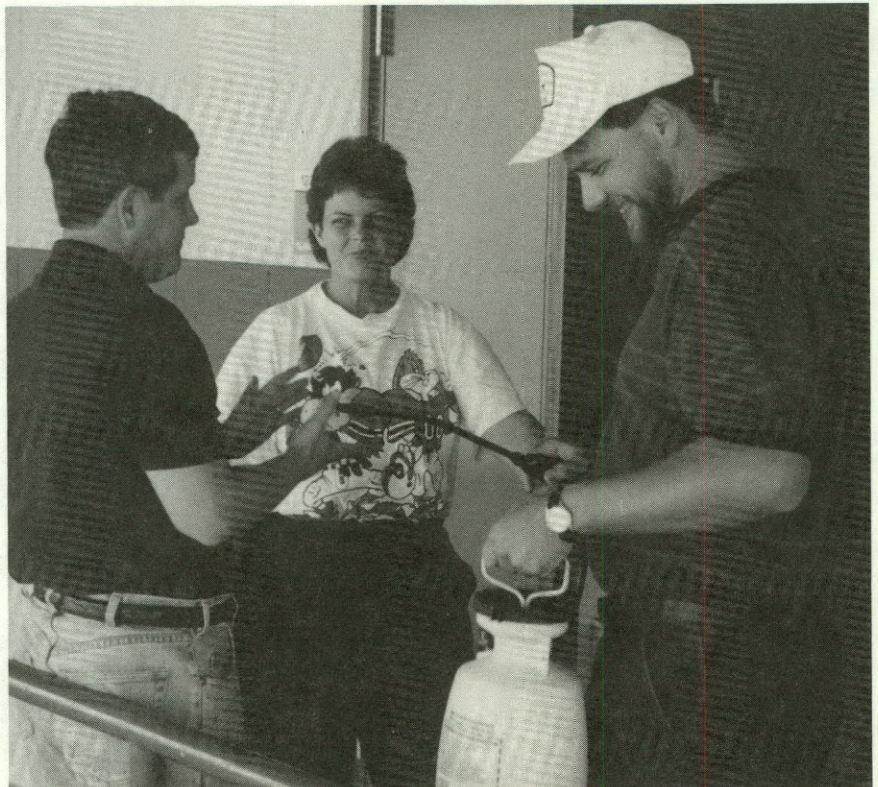
The Bureau of Emergency Management's Disaster Response program sponsored two 40-hour medical hazmat courses at Texas A&M Engineering Extension Service in September. The courses, offered at no charge to participants, were made possible with a federal grant through the Bureau's EMS Development program.

Titled "Medical Management of Hazardous Materials Incidents," the courses cover EMS procedure when a firefighter brings an injured

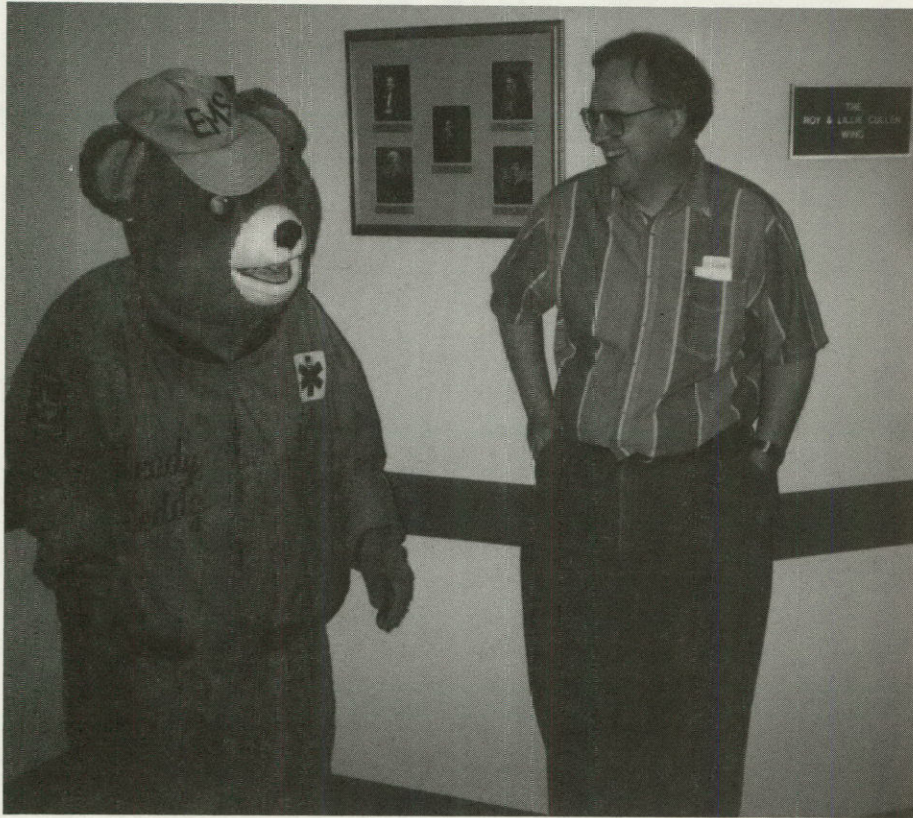
or exposed person to the triage area.

"Most hazmat courses are aimed at the fire department," says Susan Schubert, a trainer for Disaster Response. "This class begins on the cool side of the hot line and goes through the emergency room."

The course covers protective equipment, OSHA regulations, incident command, information that the emergency rooms need to know, and some toxicology. For more information about medical hazmat resources or training, call Disaster Response at (512) 834-6700. Disaster Response currently offers an 8-hour medical hazmat course at no charge.



Local and Regional EMS News



Ready Teddy participated in a health fair sponsored by Columbus General Hospital recently. In addition to helping Columbus EMS staff the EMS booth, Ready Teddy took the opportunity to talk to Dr. Kirk L. Anderson.

Life Line president appointed chair of association committee

Michael Harmon, president and CEO of Life Line, Inc., of Wichita Falls, was appointed chair of the American Ambulance Association's Professional Standards Committee for the second time during the association's annual conference in Orlando. The volunteer position carries a two-year term.

Angleton-Danbury invites EMS to annual health fair

More than 900 people—including a crew from Texas EMS Ambulance—attended Angleton-Danbury General

Hospital's first annual medical health fair in October. The fair featured more than 15 different types of health information and testing including blood pressure checks, and nutrition and drug information. Flu shots were given free of charge.

Two celebrities attended the festivities: local law enforcement organizations brought McGruff the Crime Dog, and Texas EMS Ambulance of Angleton brought Ready Teddy. Paramedic Clara Wilburn of Texas EMS Ambulance writes that Ready Teddy gave the children "bear hugs" and coloring books. Ready also demonstrated a new talent for basketball when some of the

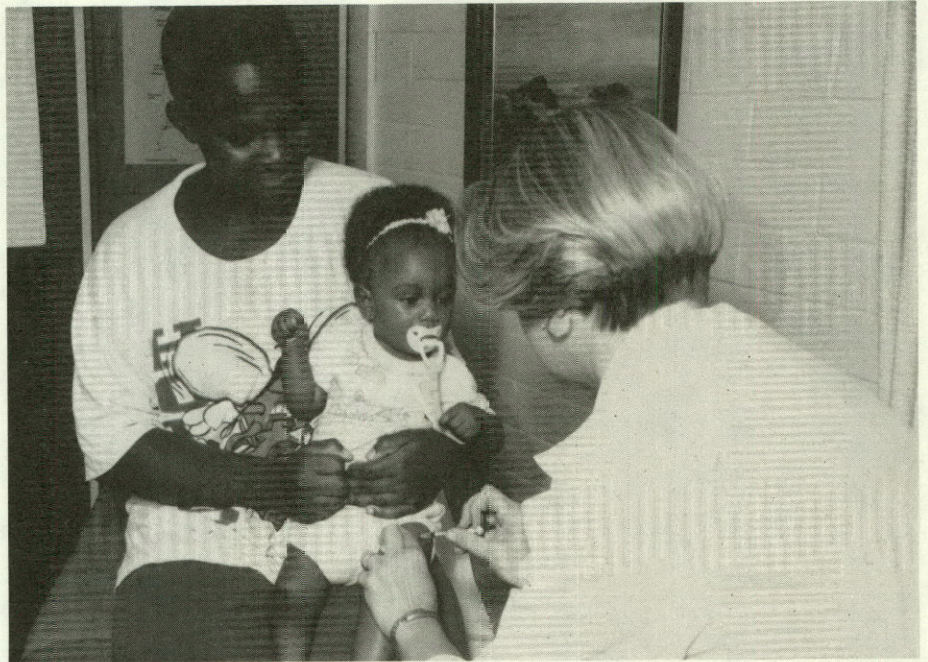
children asked him to join a game. Texas EMS Ambulance plans to participate in next year's health fair.

Columbus Volunteer Ambulance Corps participates in health fair

Columbus Community Hospital recently invited Columbus Volunteer Ambulance Corps Unit 801 to participate in its health fair. Ready Teddy attended to help corps members give ambulance tours, hand out brochures and coloring books, and take blood pressure readings. The service raised \$145 in donations toward the purchase of a new ambulance.

Local and Regional EMS News

Shots Across Texas, a new program sponsored by the Texas Department of Health, aims to fully-immunize all preschool-age children. The current immunization rate runs between 30-50 percent.



TDH creates new immunization program to cover Texas children

The Texas Department of Health kicked off the statewide Shots Across Texas Coalition last year to boost efforts to immunize Texas children against vaccine-preventable diseases such as whooping cough, measles, polio, mumps, and diphtheria. Business, non-profit and government organizations have joined the effort for full immunization of all preschool-age children. Specifically, the group hopes to achieve a 90 percent immunization rate for 2-year-olds by the year 2000.

Texas leads the nation in the number of reported cases of vaccine-preventable diseases. Estimates show that while 95 percent of Texas' school-age

children are properly immunized, only 30-50 percent of the state's 1.5 million preschool-age children have received the recommended vaccines.

Coalition members work in one of five program areas: fund raising, grass roots development, media/communications, education, and special projects. For information on local immunization coalitions or the childhood immunization initiative, call Lynn Denton, TDH immunization strategic coordinator, at (512) 458-7284.

National EMS leaders meet in Austin in October

Emergency medical services directors from 50 states and four territories met in Austin in October for the annual meeting of the National Association of State Emergency Medical

Services Directors. The meeting attracted about 100 EMS leaders, including representatives of national health and medical associations and government agencies.

Participants discussed ways to improve emergency patient care and to teach injury prevention to the public, and the effect of national health care reform on EMS. The meeting was sponsored in part by TDH's EMS Division.

Supreme Court refuses ruling on McGregor case

The U.S. Supreme Court has refused to rule on the appeal of four McGregor men who were fired from the McGregor Fire Department in 1988. The men sued the City of McGregor when they were dropped from membership

Local and Regional EMS News



Vernon Fire Department ambulance personnel remove victims during a hazmat drill. The scenario included a truck crash into a power plant, chlorine release, an explosion, and a fire.

after disclosing alleged racial discrimination and financial improprieties within the department. The ruling only affects the fire department, as McGregor Volunteer Fire Department and McGregor EMS are completely separate entities.

Vernon Fire Department stages gas leak scenario

A fully-loaded truck carrying chlorine crashes into a utility plant, releasing a chlorine cloud. The impact shears a natural gas meter and severs electrical switch poles, resulting in a release of natural gas, an explosion, and a fire. The seventeen people injured and one person dead include employees of the power plant and passing motorists. Sound like a disaster?

Luckily for Vernon Fire Department, the scenario was just a drill set up to test the city's emergency responders. Participating in the drill were firefighters and EMTs from Vernon Fire Department, law enforcement personnel, and employees of Wilbarger General Hospital and Rhone-Poulenc Inc., a utilities company. Employees of Lone Star Gas Company, West Texas Utilities, and City of Vernon water and street departments also participated. Evaluators critiqued all aspects of the exercise.

Quantum buyer Hanson Industries renews commitment to EMS

Hanson Industries, which bought Quantum Chemical earlier this year, has renewed its commitment to support

emergency medical services. David Clarke, CEO of Hanson Industries, has promised to continue and expand the program of financial support begun by Quantum in 1988.

Hanson's financial support will be used for two purposes: to provide training and equipment for EMS in the communities in which Hanson companies operate, and to underwrite public information material by producing and broadcasting television public service announcements to raise awareness of EMS activities.

In Texas, Hanson Industries owns Quantum Chemical and Gifford Hill. Both Texas Department of Health and Texas Association of EMTs honored Quantum Chemical in November for supporting EMS in Texas.

Local and Regional EMS News

Brownwood students complete 16 hours of CISD training

More than 20 people completed 16 hours of critical incident stress debriefing training in Brownwood recently. The classes were taught by instructors from The Center for Traumatic and Critical Incident Stress and the Brownwood Crisis Trauma Team. Ten of the students have been accepted as team members by the Brownwood Crisis Team, according to team coordinator Dave Fair, who is also a chaplain and an EMT.

In other CISD news, Dr. Matt Houseal has accepted a position as clinical director for

South Plains CISD in Lubbock. Dr. Houseal is the director of emergency medicine for South Park Hospital and also works as an emergency physician at University Medical Center. Houseal is board certified in emergency medicine.

Austin welcomes new fire chief and new EMS director

Robin Paulsgrove took over as fire chief in January when Bill Roberts retired after 10 years as Austin's fire chief. Paulsgrove began his career with the fire department in 1976 and became assistant chief in 1989. Sue Edwards begins her second stint

as Austin's EMS director on February 28. She managed the service in 1980 through 1983, immediately before Austin won the national ALS service award in 1984. Bill Wuertz, EMS director for five years, moves to training.

Also on the move in Austin are two EMS employees transferring to the fire department. Gordon Bergh Jr. joins the Office of Emergency Management as a planner and Bill Coll joins the medical operations staff. Coll will work with the recertification program, and help establish a partnership with Austin EMS to develop a coordinated system for patient care.

El Paso EMS hosts EMS managers from Saudi Arabia

El Paso EMS hosted two representative from the state-managed EMS system in Saudi Arabia earlier this year. Abul Aziz, transportation and communications manager, and Amet Bobtain, training manager, spent about four weeks studying EMS systems across the U.S., including El Paso. The men were particularly interested in training, vehicle maintenance, and equipment bid specifications. Their last stop in El Paso was the 9-1-1 Communication Center.

Tony Ayub, El Paso EMS training officer, reports that the managers wanted to see a progressive EMS system; that and El Paso's similar climate to Saudi Arabia prompted the men's visit.

Amcare brought Ready Teddy to Toro de Ono, a health fair sponsored for the Hispanic community and attended by approximately 10,000 people. Amcare did free blood pressure and glucose checks.



Local and Regional EMS News

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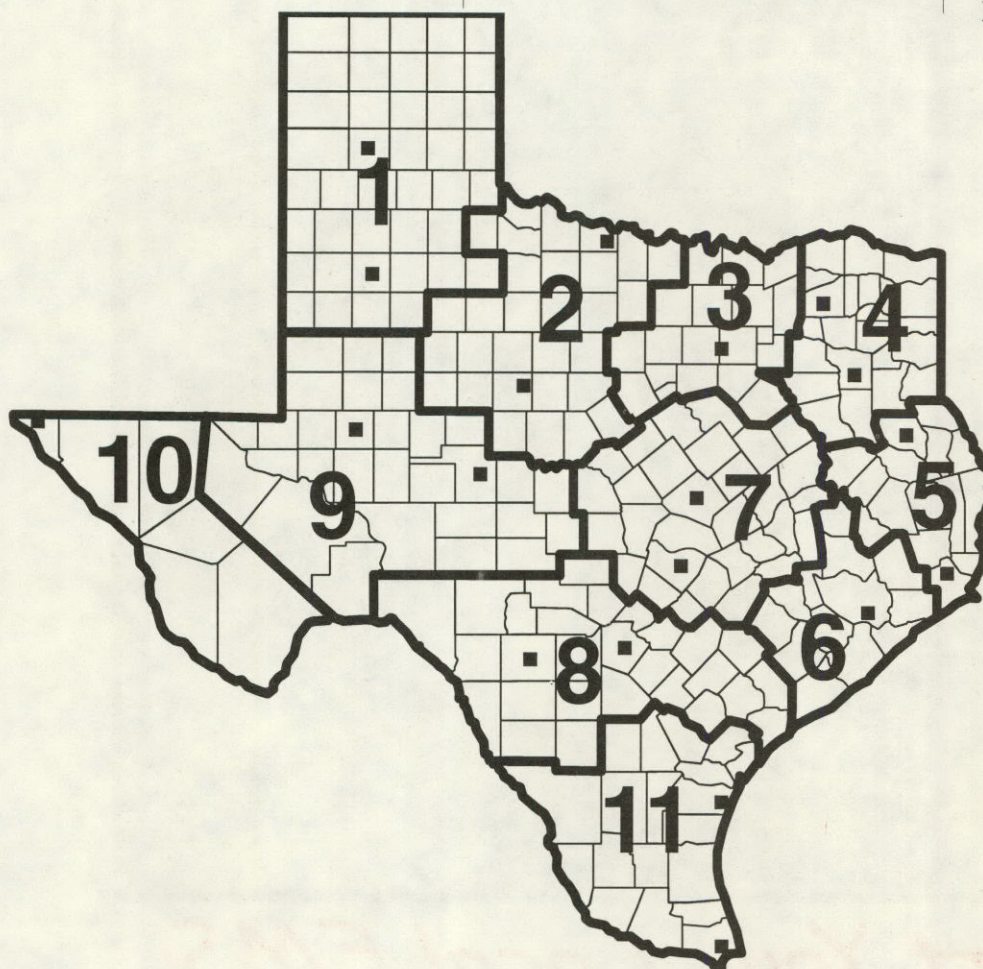
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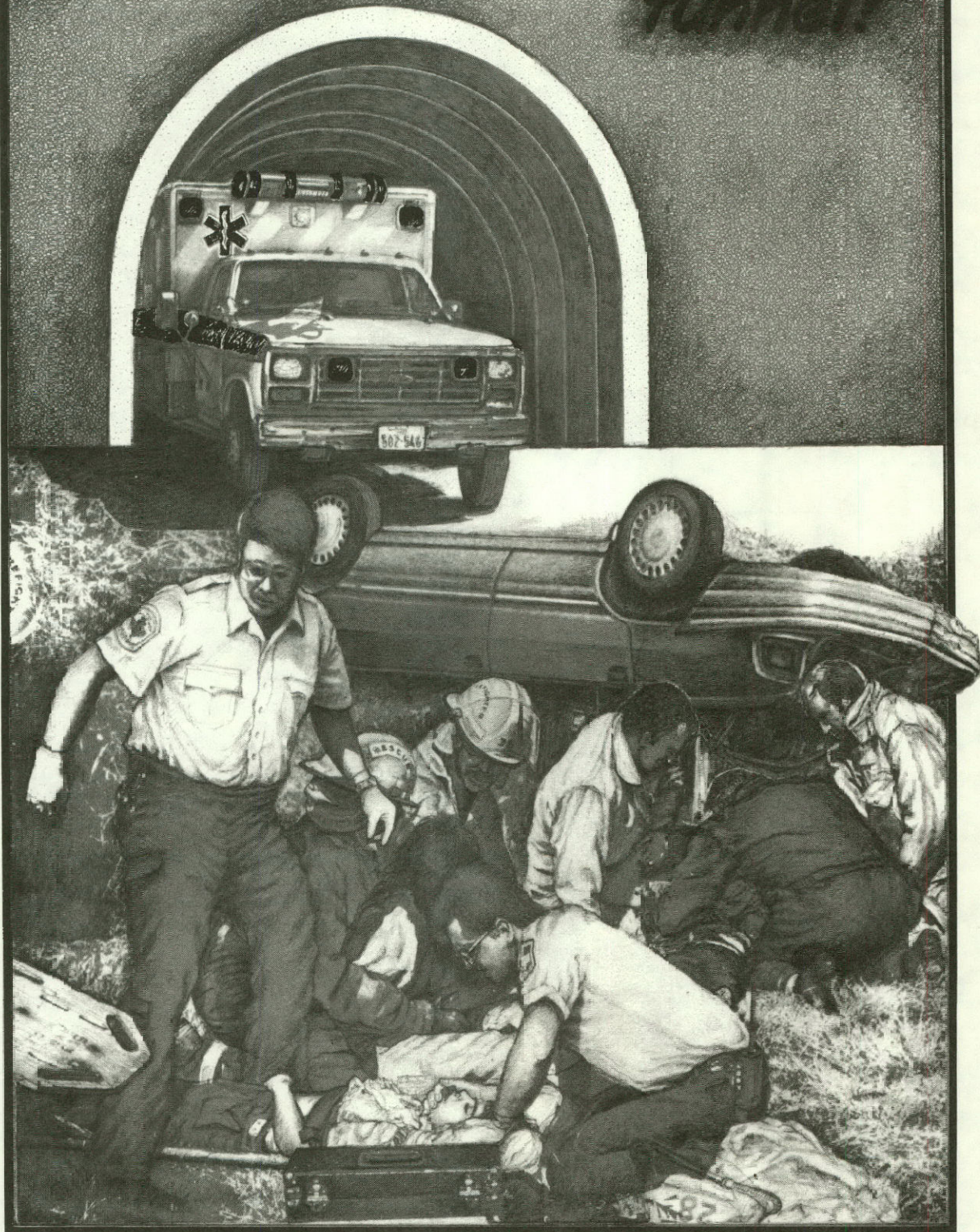
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(512) 888-7762



*"What if there were no
lights at the end of the
tunnel?"*



Support Your Local EMS!

Texas Department of Health

Congratulations

to this Year's 85 Local Projects Grantees

EMS local projects grants for FY94 total \$655,697 to provide lights at the end of the tunnel for 7.5 million Texans in 68 counties. These are the funded EMS projects

AMBASSADOR COLLEGE EMS FIRST RESPONSE TEAM, Big Sandy, Upshur County, \$3,750 for an automated external defibrillator.

AMHERST VOLUNTEER FIRE DEPARTMENT, Lamb County, \$3,750 for an automated external defibrillator.

BAYLOR UNIVERSITY EMS, Waco, McLennan County, \$1,500 for training and supplies.

BETHEL-CAYUGA VOLUNTEER FIRE DEPARTMENT, Anderson County, \$2,507 for training and supplies.

BIG SANDY VOLUNTEER FIRE DEPARTMENT, Upshur County, \$4,350 for training and an automated external defibrillator.

BOOKER EMS, Lipscomb County, \$4,750 for a monitor.

BORDEN COUNTY EMS, Gail, \$25,000 for an ambulance.

BOVINA AMBULANCE SERVICE, Parmer County, \$6,000 for a defibrillator and CPR manikin.

BRAZOS COUNTY PRECINCT 1 VOLUNTEER FIRE DEPARTMENT, Wellborn, \$5,200 for radios and pagers.

BREWSTER COUNTY AMBULANCE SERVICE, Alpine, \$19,313 for an ambulance and equipment.

BROWNWOOD EMS, Brown County, \$1,698 for training.

C-5 VOLUNTEER FIRE DEPARTMENT, Hooks, Bowie County, \$1,680 for supplies.

CALDWELL COUNTY MEDICAL ASSIST TEAM, Lockhart, \$614 for supplies.

CHARLOTTE FIRST RESPONDERS, Atascosa County, \$5,035 for a first response vehicle and radio.

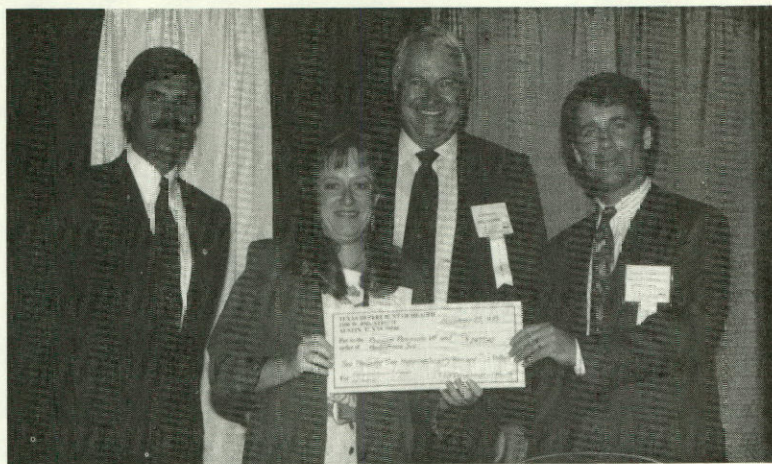
CITIZENS EMS, Clyde, Callahan County, \$8,000 for training and equipment.

CRANE VOLUNTEER FIRE DEPARTMENT, Crane County, \$25,000 for an ambulance.

DELEON HOSPITAL, Comanche County, \$1,000 for a defibrillator.



Louise Volunteer Fire Department has \$2,941 from local projects grants for training. From left, Carol Dincina, Health Commissioner David Smith, MD, Larry Lane, and Ben Dincina.



Ambulance equipment purchased with its \$2,475 grant will help Preston Peninsula Volunteer fire and Ambulance Service provide patient care.

ELECTRA EMS, Wichita County, \$6,918 for radios and pagers.

FLOYDADA EMS, Floyd County, \$2,555 for a computer and software.

FRIONA EMS, Parmer County, \$4,406 for radios and EMT-Intermediate/EMT-Paramedic training.

GALENA PARK FIRE DEPARTMENT, Harris County, \$1,414 for supplies.

GLASSCOCK COUNTY VOLUNTEER EMS, Garden City, \$25,000 for an ambulance.

GOLDSMITH VOLUNTEER FIRE DEPARTMENT, Odessa, Ector County, \$25,000 for an ambulance.

GRAND SALINE VOLUNTEER FIRE DEPARTMENT/EMS, Van Zandt County, \$3,323 for an automated external defibrillator.

GROVETON VOLUNTEER FIRE DEPARTMENT EMS, Trinity County, \$750 for a radio.

GUSTINE VOLUNTEER FIRE DEPARTMENT, Comanche County, \$6,394 for an ambulance.

HALE CENTER EMS, Hale County, \$21,150 for an ambulance and cot.

HICO EMS, Hamilton County, \$1,000 for continuing education.

HIGHLAND VILLAGE FIRE DEPARTMENT, Denton County, \$1,725 for a pulse oximeter.

HUNTINGTON FIRE DEPARTMENT/EMS, Angelina County, \$1,633 for supplies.

IMPERIAL VOLUNTEER EMS, PECOS CUNTY, \$3,700 for an automated external defibrillator.

ITALY EMS, Ellis County, \$2,665 for a thumper.

JOLLEYVILLE VOLUNTEER FIRE DEPARTMENT, Travis County, \$280 for supplies.

JOSHUA VOLUNTEER EMS, Johnson County, \$4,115 for training and equipment.

LABELLE-FANNET FIRE DEPARTMENT/EMS, Jefferson County, \$9,672 for radios and a pulse oximeter.

LEON SPRINGS VOLUNTEER FIRE DEPARTMENT, Bexar County, \$200, CPR project.

LIVE OAK COUNTY-SWINNEY SWITCH EMS, George West, \$10,000 for a building.

LOUISE VOLUNTEER FIRE DEPARTMENT, Wharton County, \$2,941 for training.

MANVEL AREA EMS, Brazoria County, \$3,225 for an automated external defibrillator.

MARFA EMS, Presidio County, \$2,085 for radios.

MARTIN COUNTY EMS, Stanton, \$25,700 for an ambulance and cot.

MEDINA VALLEY EMS, Castroville, Medina County, \$3,604 for training and supplies.

MENARD EMERGENCY SERVICES, INC., Menard County, \$5,092 for an automated external defibrillator and communications equipment.

MIDKIFF VOLUNTEER AMBULANCE SERVICE, Upton County, \$25,000 for an ambulance.

MITCHELL COUNTY EMS, Colorado City, \$2,008 for equipment and a radio.

O'DONNELL VOLUNTEER EMS, Lynn County, \$3,000 for radios and repeater.

ODEM EMS, San Patricio County, \$2,179 for training.

ORE CITY VOLUNTEER FIRE DEPARTMENT, Upshur County, \$6,773 for a rescue tool.

PILOT POINT VOLUNTEER FIRE DEPARTMENT, Denton County, \$3,750 for an automated external defibrillator.

POINT BLANK VOLUNTEER FIRE DEPARTMENT, San Jacinto County, \$3,100 for a rescue tool.

PRESTON PENINSULA VOLUNTEER FIRE AND AMBULANCE SERVICE, Pottsboro, Grayson County, \$2,475 for training and equipment.

RANKIN VOLUNTEER AMBULANCE SERVICE, Upton County, \$20,000 for an ambulance.

RHEA-HOLLENE VOLUNTEER FIRE DEPARTMENT, INC., Friona, Parmer County, \$683 for supplies.

RIO BRAVO, Webb County, \$8,500 for an ambulance, EMT training, and supplies.

ROBERTSON COUNTY EMS, INC., Franklin, \$23,650 for an ambulance.

SALADO VOLUNTEER FIRE DEPARTMENT, Bell County, \$3,248 for an automated external defibrillator and equipment.

SAN DIEGO EMS, Duval County, \$1,327 for EMT-Intermediate training.

SANTO VOLUNTEER FIRE DEPARTMENT EMS, Palo Pinto County, \$7,233 for a defibrillator and EMT-Paramedic training.

SARGENT AREA VOLUNTEER FIRE/RESCUE, Matagorda County, \$1,270 for two radios.

SCHLEICHER COUNTY EMS, Eldorado, \$23,500 for an ambulance.

SEMINOLE EMT-VOLUNTEER ASSOCIATION, Gaines County, \$1,100 for radios and pagers.

SHEFFIELD VOLUNTEER FIRE/EMS, Iraan, Pecos County, \$25,000 for an ambulance.

SHOCK TRAUMA ADVANCED TACTICAL, San Antonio, Bexar County, \$1,000 for a radio.

SIERRA BLANCA COMMUNITY DEVELOPMENT CORP., Hudspeth County, \$25,000 for an ambulance.

SOUTH BREWSTER RESPONDERS, Terlingua, Brewster County, \$7,912 for supplies.

STERLING COUNTY EMS, Sterling City, \$25,000 for an ambulance.

STOCKDALE VOLUNTEER EMS, Wilson County, \$30,076 for an ambulance and education.

SUNRAY VOLUNTEER FIRE DEPARTMENT/AMBULANCE SERVICE, Moore County, \$9,000 for Basic Trauma Life Support training.

SURFSIDE BEACH VOLUNTEER FIRE DEPARTMENT, Brazoria County, \$2,376 for

radios and pagers.

SWEENEY VOLUNTEER FIRE DEPARTMENT, Brazoria County, \$2,145 for an automated external defibrillator and a computer.

TAFT EMS, San Patricio County, \$1,695 for supplies.

TIMPSON VOLUNTEER AMBULANCE SERVICE, Shelby County, \$26,500 for an ambulance and cot.

TRES PALACIOS VOLUNTEER FIRE DEPARTMENT, Palacios, Matagorda County, \$3,994 for radios.

TRI-CITY EMS, Gordon, Palo Pinto County, \$901 for equipment.

UTOPIA VOLUNTEER EMS, INC., Uvalde County, \$6,323 for an automated external defibrillator and equipment.

VAL VERDE MEMORIAL HOSPITAL, Del Rio, Val Verde County, \$4,500 for a monitor.

VALLEY MILLS EMS, Bosque County, \$22,500 for an ambulance.

WARD MEMORIAL HOSPITAL, Monahans, Ward County, \$1,034 for EMT training and equipment.

WASKOM VOLUNTEER FIRE DEPARTMENT/EMS, Harrison County, \$1,625 for pagers.

WEST COKE COUNTY EMS, Robert Lee, \$3,600 for radios.

WILSON COUNTY VOLUNTEER AMBULANCE ASSOCIATION, Floresville, \$5,025 for communications equipment.

WOOD COUNTY CENTRAL HOSPITAL DISTRICT, Quitman, \$3,500 for a monitor.

YOAKUM EMS, Lavaca County, \$1,800 for a megacode manikin.

ZAVALA COUNTY EMS, Crystal City, \$1,675 for supplies.

Brownwood Fire Department will purchase training materials with its \$1,698 grant.



A Banner Year for Local EMS Projects

By
John Rinard

This fiscal year—FY94, the period from September 1, 1993, through August 31, 1994—marks the most successful funding cycle for the EMS Local Projects Grant Program since it came into existence in September, 1990.


Here's why:

Increased Funding The 73rd Legislative Session saw \$1.5 million appropriated to the Bureau of Emergency Management's Local Projects Program over the next biennium, making approximately \$750,000 available for each year. Since 1990, funding for local EMS grants has grown from \$213,000, to \$396,000, to \$522,000, and finally to \$656,000 this year.

More Awareness Awareness of the local EMS grant program has steadily increased from the first year of the program in FY90 when the Bureau received 24 applications requesting funding and funded 12

projects. This year we received more than 1,000 requests for application kits from EMS providers, first responders, hospitals, and educational groups thanks to widespread information about the program. The result of this mass distribution was that we had 223 project requests submitted for funding consideration, more than double the 108 project requests we received last year. Project requests totalling \$3.64 million were submitted by the August 31, 1993, deadline.

Simplified Process Two parallel efforts contributed to the simplified application process. The first dealt with the development and provision of a grant writing workshop, which taught approximately 200 providers across the state how to write funding proposals and avoid common mistakes in preparing and submitting a project proposal. Second, project reviewers adopted a streamlined narrative approach for the funding requests as the result of comments from applicants who said the process was too bulky, difficult to understand, and prevented people from applying due to its complexity.

Next Year For the next fiscal year, which begins August 31, the health department will again have \$750,000 to fund local EMS projects, and we anticipate sending out application kits in the late spring. If you want to receive information about Local EMS Projects funding or about the grant writing workshops in your area, call (512) 834-6700 or your Public Health Region EMS program administrator. 

Paramedic and firefighter John Rinard manages the Bureau's Local Projects Grants program. He also wrote the article on page 19 and pitched the idea for the poster on page 14.

Local EMS Projects Program				
FUNDING PERIOD	FY91	FY92	FY93	FY94
APPLICATION KITS DISTRIBUTED	—	500	750	1,000
REQUESTS FOR FUNDING RECEIVED	21	79	108	223
TOTAL AMOUNT REQUESTED	\$497,953	\$844,186	\$793,164	\$3.6 million
REQUESTS FUNDED	12	59	77	85
TOTAL FUNDING	\$213,000	\$396,000	\$522,000	\$656,000

Recently the EMS Division had the bittersweet experience of notifying the 223 EMS organizations that applied for Local Projects funding of the disposition of their requests.

When the smoke cleared after the notifications, we had two general categories of disappointed EMS groups: those projects that did not receive any funding, and those that received less than they requested.

We received many requests this year to purchase equipment: ambulances, monitor/defibrillator units including some with pacing capability, AEDs, and radio equipment. Several proposed projects would take prehospital cardiac care a step forward in some local communities, would promote public education and awareness programs, and would provide training for individuals with disabilities to enter the prehospital communications field.

Each of these apparently worthy applications received a preliminary grade based on these items:

- Is the requesting agency located in a rural or frontier county?
- Is the agency a volunteer or a paid agency?
- Has the agency received Local EMS Projects funding in earlier years?
- Is the agency a licensed EMS provider or a registered first responder?
- Is a hospital located in the agency's county or within 30 miles of the agency?

Once the reviewers completed this preliminary rating, they applied additional discriminating factors to maximize the number of funded agencies and to bring the project amounts in line with the funds available:

- Higher priority went to organizations that had not received funding previously.
- Grants to purchase ambulances were capped at \$25,000.
- Requests for ECA and EMT training courses were routed to Texas EMS Al-

How Do You Spell Funding Success?

liance for Education.

OK, nice information to have, you say, but you still believe that your project was necessary and should have been funded. This list of weaknesses that appeared in many applications might help you strengthen your request next year and get the money your group deserves.

1. Failure to justify the need for equipment such as ambulances, monitors, and AEDs. Did you give us statistics on the number of cardiac cases you respond to? Did you propose to buy an ALS piece of equipment when your service is BLS? Did you document the amount of out-of-service time of your current ambulance due to repairs and transports? What about your vehicle's age, the number of transports you do, the lack of other available units?

2. Failure to specify that you had matching funds available for purchases. Funding requests that gave specifics about matching funds received higher priority than ones that did not commit additional funds. Your plan for matching funds needs to be solid at the time you apply for Local EMS Projects funding.

3. Asking for multiple items. Pitfalls in asking for several items include failing to prioritize the items, justifying only some of the items, and requesting multiple, interconnected items. In some requests, some technology exceeded the organization's capabilities, such as a BLS service asking for a monitor in a list of other pieces of equipment.

4. Adequate, stable funding through other sources. Many applications indicated that the agency had adequate and stable funding sources: city, county, or foundation. ➔



Drinking and Driving

Sober Up is an important EMS message, because Accidents Don't Just Happen

By
Rebecca Prichard

Rebecca Prichard, a 3-year employee of the Bureau of Emergency Management, represents EMS for Children on the Austin Safe Kids Coalition.

The first of the year is always an appropriate time to address two important issues facing teenagers and adults: drinking and driving. You can start the new year off right by incorporating the following safety tips into your community injury prevention activities.

- Start a DWI awareness program using a drunk driving, multi-victim scenario at your local high school. This requires advanced planning with participation from school officials, EMS, law enforcement, fire department, hospital, funeral home,

tow truck operator, and junk yard dealer.

- Visit local high schools to encourage the students to make a life-saving pledge to buckle up on every trip and to never drink and drive.


- Work with Mothers Against Driving Drunk—MADD—and youth traffic safety school groups to increase public awareness about drinking and driving.

- Give party planning information to prospective hosts. Include recipes for nonalcoholic beverages and tips on how to handle intoxicated partyers. Also provide information on host liability laws, as well as flyers that can be posted around the party to promote traffic safety.

- Get area clubs, restaurants, and bars to post flyers that encourage designated drivers and the use of safety belts.

- Provide bartenders with educational materials, such as "Techniques of Effective Alcohol Management," that discuss dealing with intoxicated customers and local dram shop liability laws.

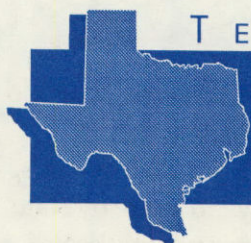
- Assist local taxi companies in coordinating a "Free Ride Home" program for those persons who need a sober driver to take them home.

- Work with law enforcement agencies to conduct sobriety checkpoints. Invite the media, local celebrities, politicians, and government officials to participate. 

Georgetown Police Department Rewards Bucklers With Teddy Bears

When the Georgetown Police Department received a donation of 120 small teddy bears from B's Hallmark Card Shop, the officers decided to use the bears during the holiday season as an appreciation token for properly buckling up children.

Officers who see a properly restrained child pull the motorist over and present teddy bear as a "Thank you for buckling up." Officers give the bears away during the day near day care centers and schools. According to Lt. Robert Hernandez, most people became very nervous when pulled over. "People are so surprised and overwhelmed" to receive a reward and a word of thanks instead of a ticket, Hernandez said. Lt. Robert Hernandez and Lt. Lloyd Pierceson oversee the bear give-away program. —Rebecca Prichard



TRAUMA DEVELOPMENTS

VOLUME 2 • ISSUE 1 • FEBRUARY 1994

QUARTERLY NEWS OF TRAUMA SYSTEMS IN TEXAS

TRAUMA QUOTES

"How do you create a system to deal with something that kills one Texan every hour?"—Dr. David Smith, Texas health commissioner, at the January 25 ceremony in Houston to recognize Hermann Hospital as a Level I trauma center, talking about the magnitude of intentional and unintentional injuries.

"This is not an Initiative of the Week. This may be the longest running campaign we have."—Dr. David Smith at the press conference with Dr. "Red" Duke to kick off the Accidents Don't Just Happen injury prevention campaign.

"Sixty percent of the calls we make involve alcohol, car crashes, violence, family disputes."—Austin EMS senior paramedic Bonnie Liles also at the November 23 press conference with Dr. "Red" Duke to kick off the Accidents Don't Just Happen injury prevention campaign.

"I cannot think of an initiative that the Texas Department of Health has undertaken that has a more lasting effect than this one."—Board of Health member Steve Tatum at the Accidents Don't Just Happen press conference on November 23, 1993.

"These are children who have potentially life-threatening injuries that appear to be associated with substance abuse."—Dr. John Loiselle, author of a study published in October in the *Annals of Emergency Medicine*, reporting that one-third of a group of adolescents treated for serious injuries had been drinking alcohol or abusing drugs. Loiselle suggests that ER workers should routinely screen such patients for alcohol and drugs.

"Each employer is going to have to come up with some creative solutions and evaluate their own setting."—National Institute for Occupational Safety and Health spokesperson Terry Hammond, reporting 15 people per week were murdered on the job nationwide. The report blames robbery as a primary motive in the murders, but also lists domestic violence and disgruntled workers.



Dr. David Smith joined (from left) Parkland's Jorie Klein, pediatrician Joan Shook, Board of Health member Steve Tatum, Dr. "Red" Duke, and Austin EMS paramedic Bonnie Liles to urge the public to Sober Up, Lock Up, Buckle Up, and Talk Up to prevent injuries.

Accidents Don't Just Happen

By David Smith, MD, Texas Commissioner of Health

Dictionaries define the word "accident" as "an event occurring by chance." But that definition leaves the impression that accidents are unavoidable. In most cases, however, that's simply not true.

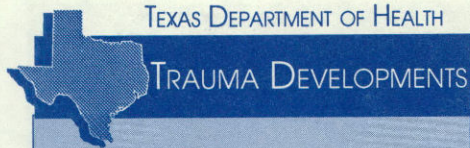
We've all heard the phrase, "an accident waiting to happen." It points out a dangerous situation—a drinking bar patron deciding to drive home, a weapon handled carelessly, a small child left unrestrained in a car, or even some loose livestock grazing beside the highway. In these situations, someone has created a

potential for disaster. So it seems

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February 1994

Vol. 2 No. 1

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logical that the same someone could do something—or stop doing something—to lessen that potential.

In other words, if people cause accidents, people can prevent accidents. They can do things as simple as securing their weapons, mending their fences, or not driving after drinking alcohol. And they can place their kids in safety seats—without fail.

The Texas Department of Health, The University of Texas-Houston Health Science Center and other organizations are promoting a campaign to remind Texans that accidents can be avoided. Using the theme "Accidents Don't Just Happen" and "Red Alert," the campaign urges people to take personal responsibility for preventing needless accidents—accidents that kill 11,000 Texas and seriously injure another 70,000 each year.

Dr. Red Duke—trauma surgeon, nationally-syndicated health news personality and outspoken advocate of injury prevention—has lent his support to the campaign. His trademark mustache, glasses, and cowboy hat are part of the campaign's design. Dr. Duke joined me and several others to kick off "Accidents Don't Just Happen" at a press conference held during Texas EMS Conference '93 in Fort Worth last November.

The campaign stresses four basic warnings to avert traumatic injuries:

- "Sober up, and designate a sober driver" to prevent alcohol-related traffic deaths and injuries, as well as some child and spouse abuse.
- "Lock up guns, poisons,

matches, medicines" to avoid deadly mistakes.

- "Buckle up yourself, friends, and family" to abide by state laws requiring safety seats for infants and toddlers up to 2 years, and seat belts for all others in vehicles.
- "Talk up safety and community involvement" to make safety an important part of community life and children's education.

We hope Texans will heed the campaign's warnings: taking personal responsibility will help save lives. Serious injury—trauma—is the leading cause of death for Texans between the ages of 1 and 44. In this state, unintentional trauma kills 17 each day, while intentional trauma—homicide and suicide—takes another 13 lives daily. For each death, there are about six serious injuries requiring emergency medical care.

And the speed with which we receive that emergency trauma care is literally a matter of life and death. That is why we must maintain an efficient system to care for trauma patients throughout the state.

The Texas Department of Health is committed to building a trauma system that gives every Texas quick access to emergency care—whether he or she is injured in a inner-city apartment fire or in a car wreck on a rural highway.

We, as a society, must stop preventable injuries, by assuming personal responsibility for our own safety and that of our friends and families. And those of us in the health and medical professions must be prepared to render the best available care as quickly as possible.

News News News News

- Templates for application to the Internal Revenue Service for 501(c)3 status and for filing Articles of Incorporation as a nonprofit organization have been developed. Contact Bill Millwee at 512/834-6740.

- The Central Texas Trauma Council (TSA-L) has developed comprehensive ALS protocols. Contact Linell Davis at 817/771-2580 for information.

- The Trauma Program is developing an audio-visual presentation to educate senior government officials, civic leaders, and other interested parties on trauma system development and the role of the Regional Advisory Council. Any slides or other information you might be willing to share would be greatly appreciated.

- The next meeting of the Texas Trauma Coordinators Forum will be March 9 in Dallas. Contact Jodie Crump at 214/820-4716 for details.

- On October 19, 1993, Dr. David Smith, TDH commissioner of health, recognized University Medical Center in Lubbock as the first designated trauma facility in Texas. Smith presented the Comprehensive, or Level I, designation during a press conference at the hospital. UMC spent about a year preparing for designation, which included an extensive application process and verification survey by the American College of Surgeons. The hospital also participated in establishment of South Plains EMS as the Regional Advisory Council for Trauma Service Area-B. That RAC was recognized in June.

- Here's your chance to share what your RAC is doing. Submit anything you would like to have published to Kathy Perkins, trauma program administrator, or Alana Mallard, editor of *Trauma Developments Newsletter*.

TTAC recommends basic trauma facility designation process to board

The Trauma Technical Advisory Committee recognized another RAC at its November 5 meeting: the Permian Basin RAC in TSA-J, Midland/Odessa. The committee also heard reports from staff, the thirteen recognized RACs, the EMS and Pediatric Advisory Committee liaisons, the two new TTAC subcommittees, and the Basic Trauma Facility Designation Ad Hoc Committee.

TTAC Chair Ray Mason had previously appointed two new subcommittees: Rules/Legislation Review, and Trauma Facility Designation Process Review.

During the meeting, TTAC approved the Ad Hoc Committee's major issues and recommendations related to Basic Trauma Facility designation for submission to the Board of Health. The following are those major issues and recommendations.

Major Issues Designation of basic trauma facilities is directed at truly rural hospitals.

The role of the Basic Trauma Facility is to stabilize and transfer severe and major trauma patients as quickly as possible.

The designation process for basic trauma facilities will be inclusive; however, hospitals must demonstrate commitment to the trauma patient by meeting all essential criteria.

Designation of basic trauma facilities is designed to be an educational, not regulatory, process.

Recommendations The Basic Trauma Facility designation process and documents developed by the ad hoc committee should be implemented.

A site survey is an essential element of the Basic Trauma Facility designation process and should be conducted by a registered nurse or physician who is experienced in the care of trauma patients and familiar with rural hospitals. The option of taking a second surveyor should be available.

All site survey reports will be reviewed by a Facility Designation Review Board which will be comprised of TTAC or a designated subcommittee, and be representative of all levels of care.

The Texas Department of Health (TDH) will cover all travel and per diem expenses relating to site surveys of Basic Trauma Facilities.

The applicant hospital will pay a maximum honorarium of \$200.00 to the surveyor (except TDH staff) unless an extra surveyor is requested by the hospital.

Deficiencies in one or two essential criteria may be corrected by submission of written documentation of criteria compliance or by a focused review of those areas.

For designation purposes, a Basic Trauma Facility is defined as a hospital located in a city with a population of 25,000 or less, or having less than 101 licensed beds. —Kathy Perkins

Texas Trauma Registry collects patient data from Wichita General Hospital

The North Texas Regional Advisory Council in Wichita Falls (TSA-C) recently became the first TSA-C to have a hospital electronically submit trauma patient records to the Texas Trauma Registry. But this pioneering spirit is not new to Wichita Falls: the area was also the first in Texas with an officially recognized RAC. And the RAC was one of five to receive the first trauma grants. Woody Kuykendall, RN, trauma coordinator at Wichita General Hospital, has been instrumental in much of the trauma-related progress in Wichita Falls.

The Texas Trauma Registry provides technical specification to hospitals to use in electronically transmitting trauma data. This allows hospitals to use any computer, modem, and software combination they wish as long as the transmitted data meet the state specifications. For example, Wichita

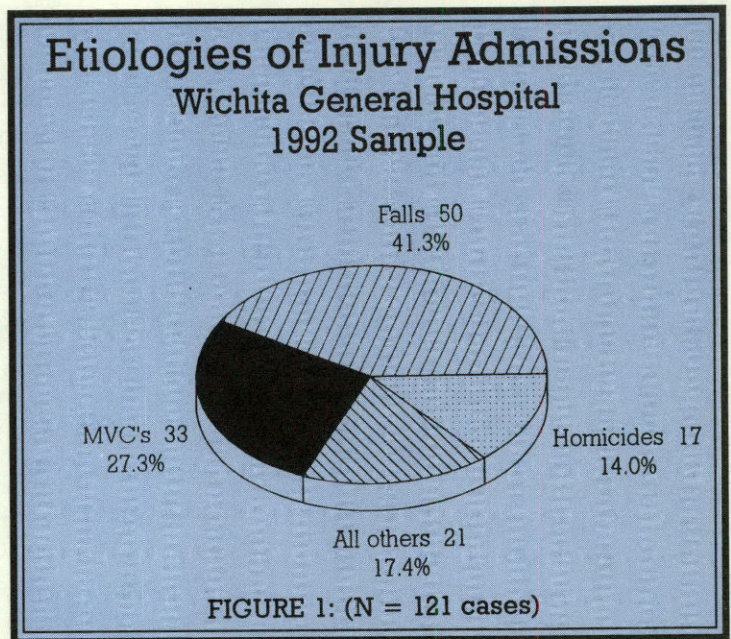
General Hospital contracted to have a commercial trauma registry package (TraumaBase) modified to collect and electronically transmit the Texas trauma data set.

A few of the data items received from the hospital are summarized here.

This preliminary sample is

not meant to be representative of TSA-C. To develop a more representative sample, others hospitals in TSA-C are exploring remote access to the computer and software located in Wichita General Hospital. This may allow nearby hospitals to enter their trauma data directly into the commercial soft-

Figure 1



Injury Admissions by Age & Sex Wichita General Hospital 1992 Sample

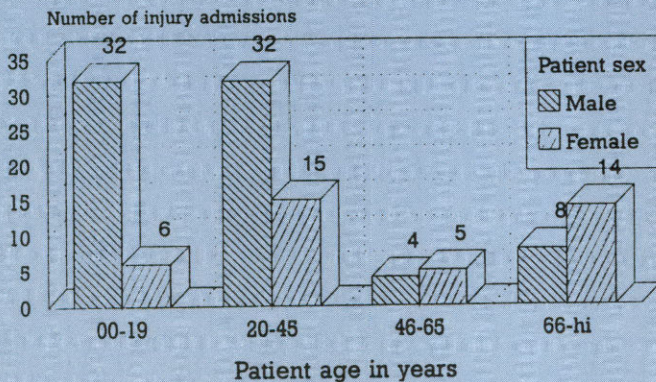


Figure 2

ware purchased by Wichita General. TSA-C will then have the beginnings of a regional registry from which data can be forwarded to the state registry.

These summaries of data from Wichita General and other hospital trauma-related reports are available on the Texas Trauma Registry computer. The reports are updated on a monthly basis as additional data are received. The reports can be downloaded to a local computer by using free software provided by the Texas Trauma Registry. To obtain this software or for information about downloading reports, please call 512/458-7266.

Providing timely, accessible, and accurate information is a major priority for the Texas Trauma Registry. We are delighted with the initiative demonstrated by the North Texas Regional Advisory Council, Wichita General Hospital, and Kuykendall. The process has begun and we look forward to making it even better. —*Gene Willard, Jennifer Huntzman and Saleem Zidani*

TTAC begins subcommittee work

Two subcommittees of TTAC held their first meetings on November 5th. The Rules/Legislation Review Subcommittee, chaired by Tim Philpot, includes members Cindy Crocker, Dr. Ron Hellstern, Doug Key, Dr. Raj Narayan, Dr. Vayden Stanley, and Dr. Adela Valdez. Bill Millwee is the trauma program staff member assigned to this subcommittee. This group will review legislation and rules related to trauma system development in Texas and make recommendations for any changes. To do this, they will also review national trauma system standards documents, discuss the overall process of Regional Advisory Council (RAC) and system development with program staff, and hold hearings with RACs and other interested parties. Some issues

to be addressed include provisional hospital membership on the RACs, prevention as a component of the trauma system plan, maintaining motivation in a voluntary system, authority of the RACs, measuring success of trauma system development, funding for the system, and trauma program resources.

Dr. Jack Peacock chairs the Trauma Facility Designation Process Review Subcommittee. Other members include David Dildy, Jorie Klein, Dr. Leah Mabry, Virginia Scott, and Dr. Erwin Thal. Terry McCormack is the trauma program staff member assigned to this subcommittee. This group will review the current status of trauma facility designation in Texas and make recommendations for the re-designation process. They will do this by reviewing the new American College of Surgeons trauma center verification criteria, discussing the overall process of designation in Texas with Trauma Program staff, and by soliciting feedback from designated/applicant facilities and other interested parties. Issues to be addressed include the current designation rules, Level V designation, increasing designation fees, the lead trauma facility concept, and trauma program resources.

Any questions or comments regarding these or related issues may be directed to the subcommittee members or the trauma program. —*Kathy Perkins*

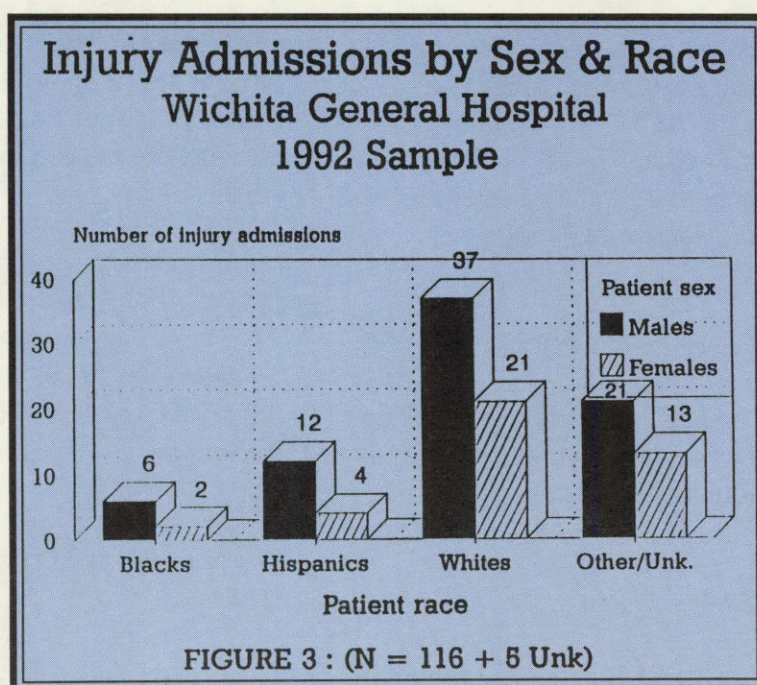
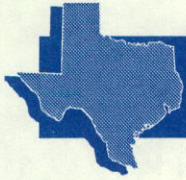


Figure 3



REGIONAL STATUS REPORT

TSA-A — Amarillo

Official recognition of the Panhandle Regional Advisory Council expected soon.

TSA-B — Lubbock

The first Comprehensive (Level I) Trauma Center to be designated under the trauma system development program comes from TSA-B. TDH Commissioner Dr. David Smith presented the state designation to University Medical Center in Lubbock. This area also boasts of having one of the first Basic (Level IV) Trauma Centers in the state, Brownfield Regional Medical Center.

TSA-C — Wichita Falls

Development of a regional trauma registry well underway, with Wichita General Hospital becoming the first hospital in Texas to transmit trauma registry data to the Bureau of Epidemiology.

TSA-D — Abilene

Interest in trauma system development increasing with more meetings planned with TDH staff. A RAC steering committee formed and TSA-D will host an April Development of Trauma Systems Course.

TSA-E — Dallas/Fort Worth

Three hospitals in this RAC will designate as Basic Trauma Facilities as a result of the pilot program. RAC gave final approval to bylaws in November. An application for RAC designation expected soon.

TSA-F — Texarkana

The Northeast Texas RAC concluded its grant contract with the Texas Department of Health with significant results. Most effort devoted to increasing the skill level of trauma providers through ATLS, PHTLS, and TNCC. The RAC sponsored a Development of Trauma Systems training in January.

TSA-G — Tyler

Home to one of the first Basic Trauma Centers designated by the TDH: Wood County Hospital District. The area held a Development of Trauma Systems course in Tyler during January.

TSA-H — Nacogdoches

The RAC elected officers in September; application for recognition expected soon.

TSA-I — El Paso

The area held a Development of

Trauma Systems course in January.

TSA-J — Midland

The September Development of Trauma Systems course held in Odessa got this RAC off to a roaring start. The Permian Basin Regional Advisory Council was recognized during the TTAC proceedings in November.

TSA-K — San Angelo

A Development of Trauma Systems course is scheduled for San Angelo in April.

TSA-L — Temple

TSA-L developed detailed model ALS protocols; for a tax-deductible fee of \$15, they will provide other RACs with copies. A Development of Trauma Systems course is scheduled for April.

TSA-M — Waco

The Heart of Texas RAC (HOTRAC) finalized bylaws in December.

TSA-N — Bryan/College Station

The Brazos Valley Regional

Piloting basic trauma facility designation

The Bureau's Trauma Program staff and members of the Trauma Technical Advisory Committee recently visited five rural communities to conduct site surveys for the Basic Trauma Facility Designation Pilot Program. Three hospitals achieved designation: Wood County Central Hospital District, Brownfield Regional Medical Center, and Eagle Lake Community Hospital.

In Texas, four levels of trauma facility designation have been identified in the Trauma Rules: Comprehensive (Level I), Major (Level II), General (Level III), and Basic (Level IV). Currently, the designation of Comprehensive, Major, and General follows a verification survey by the American College of Surgeons. Since American College of

Surgeons does not have criteria for Level IV trauma facilities, an in-state designation process had to be developed.

A TTAC subcommittee developed the proposed in-state process for designation of Basic Trauma Facilities and presented it to TTAC for approval in April 1993. Five hospitals were surveyed during September and October. Erwin Thal, MD, Professor of Surgery, Southwestern Medical School and Jorie Klein, RN, Trauma Nurse Coordinator, Parkland Memorial Hospital, accompanied Trauma Program staff members Kathy Perkins and Terry McCormack on two of the surveys.

All pilot facilities were surveyed using the draft Basic Trauma Facility Criteria proposed in April. Surveyors

interviewed key members of the hospital's trauma care team, including the administrator, the emergency department director, and the trauma coordinator. Site surveyors focused on the areas of trauma care provided, such as the emergency department and intensive care unit, as well as ancillary care areas such as the laboratory and radiology. The survey also included a review of trauma quality improvement activities and a medical record review.

The pilot hospitals that had assistance from the area's probable lead trauma facility took advantage of the expertise and resources of the larger hospital's Trauma Coordinator.

The Board of Health will consider the Level IV recommendations at a meeting later this year. —Terry McCormack



TRAUMA DEVELOPMENTS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MANAGEMENT
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

Preventing Hospital-EMS Conflicts in Patient Transfers

"Two days ago we had a patient who needed to be transferred to another facility, but when we called EMS they said they wouldn't take the patient because they had only one unit available. They refused to respond for the transfer even though we explained it was an emergency. Can they do that?"

Absolutely! But let's take a look at what's wrong with this picture. The time to discuss policies relating to patient transfers is not when a patient needs to be transferred. This is setting yourself up to trample all over someone's area of antagonism—maybe a nurse, a physician, an administrator, the patient, a family member, or all of the above.

For the benefit of good patient care, the EMS provider has an unspoken obligation to maintain good relationships with other health care providers and with the community at large. The maintenance of resources and support for your service depends on this ability. Good relationships can grow out of your anticipation of areas of antagonism and your practice of conflict control.

In the situation described above, it can be easily understood that refusing to accept the transfer has the potential of antagonizing several people—not because the decision of the EMS provider was wrong, but

because the provider failed to anticipate and be sensitive to the reaction of others regarding that decision. Such sensitivity and anticipation is needed far in advance of the actual decision.

It makes good managerial sense to have a policy for handling patient transfers. The major responsibility of any provider is unquestionably emergency response in the prehospital setting. Resources must be conserved so this responsibility is not compromised.

In the metropolitan areas, the patient transfer issue seldom becomes a problem, primarily because there are usually private providers available whose major source of business is the transfer and other varieties of medical transportation. Since numbers are necessary to keep such a business solvent, this resource will not be found in the rural and frontier areas of the state. Therefore, health care providers in rural areas have looked to the local EMS provider for transfer service.

In developing a transfer policy some providers have decided that they will accept a transfer patient when a unit is available. Does this mean any time there is one unit not in use at the time of the request? Or does it mean that at least one

By
Pam West

*Good relationships
can grow out of your
anticipation of areas
of antagonism and
your practice of
conflict control.*

unit must always be kept available to respond to emergencies in the county? Or will the availability of resources be a decision left to the supervisor? How a provider chooses to define "when available" must be clear and understood by staff on all shifts.

There may be providers, especially those with volunteers, who do not have the resources to handle transfers and who decide not to accept any. This, too, is an acceptable policy.

No matter what decision is made regarding the handling of patient

transfers, it is important that this management decision be made and communicated after a thorough review of facts. At no time should this decision be left to the responder of the day. The decision needs to be developed as an operational policy distributed to all the provider's personnel and implemented in a consistent manner.

At the point the policy is developed, managers should anticipate areas of antagonism, recognize leveling opportunities, and provide some conflict control.

Arrange for a meeting with the

New Dimensions to Prevention: Conflict Control

As I answered yet another "Can they do that?" phone call question the other day, it occurred to me that for every person I answer many others may wonder without asking.

The "they" in the questions might be anybody: EMS personnel, an administrator, a nurse, physicians, or state employees. The questions usually rise from a misunderstanding of the roles team members play in health care or a basic mistrust of motives.

As health care providers we know the benefits and necessity of prevention activities. Yet it seems we equate prevention only with trauma and ill-

ness—clinical concerns—and we understate the value of preventing personality collisions. In fact, the most effective

conflict resolution begins with anticipation and recognition—anticipation of areas of antagonism and recognition of leveling opportunities.

In the next few issues of *Texas EMS Magazine*, I will review some of the questions callers have asked and try to increase our understanding and communication. Perhaps by reading about others' areas of antagonism, you will recognize some opportunities for leveling in your world.

Call or write me with your "Can they do that?" question.


—Pam West

administrators of the local hospital and nursing home, the director of nursing service, the director of the emergency department, and the chief physician. The players may vary depending on local circumstances. In some large areas, there may be a need for several meetings. During the meeting, you and your service's medical director should explain the policy and provide background information that led to its development.

As a member of the health care team you may not have enough resources to do patient transfers, but you still have concern for all aspects of patient care. Although hospitals and nursing homes cannot commandeer your vehicles, there is still a need for transfer transportation. You can show that you recognize these needs by offer possible alternatives. Perhaps you can suggest a phase-in time so hospitals and nursing homes can make other provisions for patient transportation.

There are other leveling possibilities here. Publish the new policy in the local media. An educated and informed public will be much more supportive of your service and there will be less opportunity for misunderstanding. If this policy repre-

sents a significant change and you anticipate areas of unresolved antagonism or conflict, you may want to call a public meeting so that you can offer further education on the role of EMS in the community. Bear in mind that change is never easy. If the new policy will bring about an unpopular change, be proactive in educating the community.

Remember that although you have a right to develop policies and procedures for your service, you can stay aware of the effect will have on individuals and organizations outside your agency. If you anticipate that your management decisions will trample on someone else's area of antagonism, it's time to look for leveling opportunities and to practice conflict control. 

EMS Division Director Pam West's knowledge of EMS from different aspects during her health care career helps her see other points of view as she works now to improve prehospital patient care. She worked as a critical care nurse for several years before becoming a volunteer coordinator in Corpus Christi. Later, as an employee of Coastal Bend Council of Governments she managed EMS contracts with the health department.

Need Hazmat Training in a Hurry?

If you can finish your class by March 31, 1994, the feds may have some money for you.

The Department of Public Safety's Division of Emergency Management will contract with qualified hazmat instructors to

teach first responder awareness, operations, and incident command system training. Funds under these contracts must be spent by March 31, 1994.

For information call Gary Whitman at (512) 483-5985.

Neural Tube Defects

What's a neural tube defect and what's it got to do with EMS?

By
Kelly D. Harrell

DRAWINGS BY GREG PATTERSON

NEURAL TUBE DEFECTS INCLUDE SEVERAL SEVERE AND FATAL birth defects involving the formation of the neural tube, a strip of cells that develops into the spinal cord and brain. Birth defects most commonly associated with neural tube malformation include anencephaly and spina bifida. The uniformly fatal anencephaly occurs when the neural tube is left open on the anterior end near the cranium and the brain does not develop; spina bifida occurs when the neural tube remains open at the back or neck. With interventions, babies born with spina bifida may survive for years.

What can you do about babies born in the field whom you suspect may have a neural tube defect?

First of all, know what to look for. Joan Shook, MD, medical director of Texas Children's Hospital ED, says that babies born with anencephaly or spina bifida have unique characteristics. In anencephaly, the baby's head looks like it stops above the eyebrows; the top of the head is neural tissue that may be open or covered by meninges. In spina bifida, a sac of nonfunctioning nerves sits somewhere along the spinal column, and may be completely covered with skin.

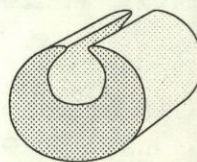
Treatment involves covering the affected areas with gauze moistened with sterile saline solution. Both types of patients need prompt medical attention: babies with neural tube defects may be more likely to have breathing problems at the scene and require aggressive resuscitation. Anencephalic babies generally die within hours or days after birth although some of their organs may be available for transplant. Babies born with spina bifida need hospitalization and may require surgery.

Finally, Shook says, staff at Texas Children's Hospi-

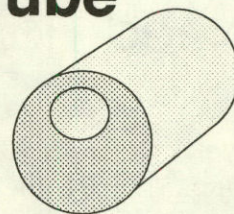
The Neural Tube



Begins as a groove



Gradually curls



Closes and later develops into the spinal cord and brain

tal wrap the babies in blankets, covering their heads or affected areas so that the parents can see their babies.

"Even anencephalic babies still have those sweet little faces," she says.

In 1990 and 1991, an abnormally high number of babies born with neural tube defects alarmed Cameron County health officials. Texas Department of Health investigators found that the rate of NTD births from 1986 to 1990 at 14.6 per 10,000 live births; the number jumped to 26.8 per 10,000 during 1990 and 1991. The national average during the late 1980s was eight per 10,000 live births.

Although TDH officials determined no direct link to any one risk factor in Cameron County, including environmental contamination, they did find several indicators of increased risk for NTDs:

- low socio-economic status
- low level of education
- ethnicity, with Hispanics at highest risk
- history of previous NTD pregnancy
- exposure to chemicals
- maternal illnesses, such as diabetes
- drugs such as valproic acid, an anti-epileptic drug

However, several studies have demonstrated a reduced risk of delivering an NTD child for women who consume at least 0.4 milligrams of folic acid before conception and during pregnancy. Researchers have not pinpointed the reason that folic acid seems to give this protection, and women studied who delivered NTD babies did not seem to have a simple folic acid deficiency.


In October of 1992, several vitamin companies and TDH began offering free multivitamin and folic acid supplements to low income women of childbearing age in Cameron and Hidalgo counties. And recently the U.S. Food and Drug Administration issued a proposal that would require flour, breads, and other grains to be fortified with folic acid. TDH has also developed informational pamphlets in English and Spanish for the public, and a slide show titled "Reducing the Risk of Neural Tube Defects" for health care providers.

Materials available include: "Folic Acid is Important for all Women" (#1-202), English/Spanish. This brochure explains what folic acid is and how it can help.

"Women ... Folic Acid is Important" (#1-203), English/Spanish. Specifically designed for Cameron and Hidalgo counties. Same as above pamphlet, but includes information on free vitamins.

"Women Get Folic Acid From Your Food" (#1-204), English/Spanish. This pamphlet defines folic acid and lists food sources.

Brightly colored posters with the message "Before you start making a baby, start taking multivitamins with folic acid" (#4-191), English/Spanish.

To order any of these materials, write to Warehouse: TDH Literature and Forms, 1100 W. 49th, Austin, Texas, 78756-3199. For more information or if requesting more than 10 copies of a pamphlet, call (512) 458-7761. TDH also has a toll-free information and referral line, 1-800-4-BABY LOVE (1-800-422-2956). This service connects Texans to the closest available resource for any women's or children's health service. 

REFERENCES: Clark S, Stone P: "Texas Takes Lead on Addressing Folic Acid Deficiency Problems." *TDA (Texas Dietetic Association) Today*. 4i(4): 1,6, 1993.

Laurence K: "The genetics and prevention of neural tube defects and 'uncomplicated' hydrocephalus." *Principles and Practice of Medical Genetics*. Edinburg/London/ New York: Churchill Livingstone, 1990.

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Schwartz G, et al: *Principles and Practice of Emergency Medicine*. Philadelphia/London: Lea and Febiger, 1992.

Simpson S: "Neural Tube Defects: Surveillance, Epidemiologic and Folic Acid Activities in Texas." *Texas Preventable Disease News*. (53)1: 1-5, 1993.

Stone P: "Update on NTD Activities in Texas." *Texas WIC News*. 2(9): 26-28, 1993.

"Wow! Very, Very Impressive!": Texas EMT on 1993 Conference



If you've never seen a baby delivered using a lasso or a paramedic with a credit card embosser on his belt, then you really missed some fun. Vic and Vern even had EMS patches on their underwear during the opening session.

By
J a n B r i z e n d i n e

PHOTOS BY MIKE POLK
AND ALANA MALLARD

Jan Brizendine, a 7-year veteran of the Bureau of Emergency Management and art director of *Texas EMS Magazine*, works with exhibitors year-round to improve each Texas EMS Conference.

One thing about Texas EMS Conference is that wherever it is held, the conference is never the same old thing. This year proved no exception as we increased our crowd to 1,600 registrants, faculty, and exhibitors, got our general session audience to its feet rapping with Vic and Vern, and presented the first-ever cadaver lab demonstration in a public auditorium.

We'll see you again in Fort Worth November 20-23 for Texas EMS Conference '94.



With 74 workshops and 79 presenters, EMTs and paramedics had sessions on just about every EMS-related topic. Tracks included rural, medical, trauma, administration, rescue, injury prevention, CISD, legal, and pediatric, which Dr. Bryan Bledsoe teaches here.



Exhibitors could spread out in our 60,000 square feet of the big and beautiful Fort Worth-Tarrant County Convention Center. Our 110 booths and 25 emergency vehicles represented vendors from 23 states.

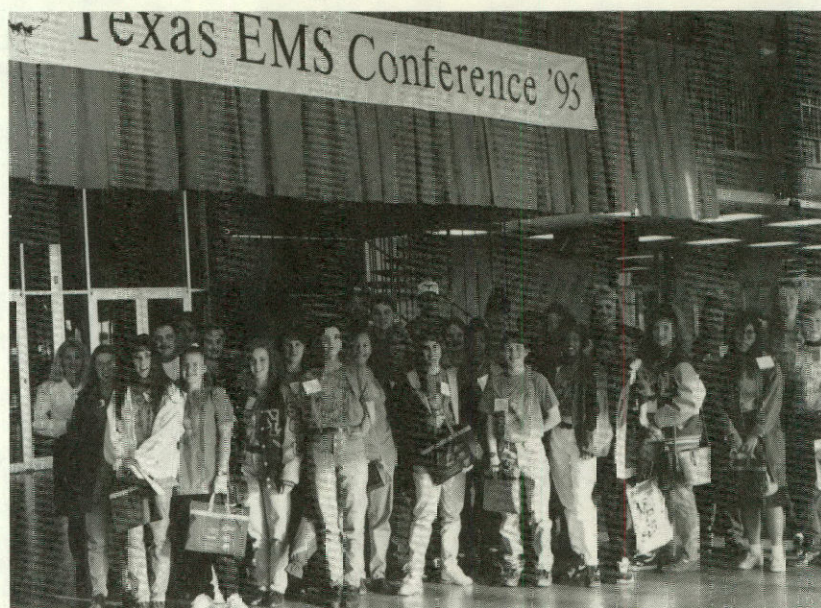
Conference regular Babe Aycock, a paramedic from Mart, met Dr. "Red" Duke during his press conference to emphasize Accidents Don't Just Happen, a Bureau Trauma Program injury prevention campaign.



1993
TEXAS EMS
CONFERENCE EXHIBITORS

- A. A. Emergency Sales & Service, Inc.
- American Academy of Orthopaedic Surgeons
- AARK Medical Inc.
- Advanced Life Support Medical Products, Inc.
- Advisory Commission on State Emergency Communications
- Alliance Medical, Inc.
- Ambu Inc.
- Ambulance Insurance Services of TX/Regnier & Assoc.
- The American College of Prehospital Medicine
- Applied Biomedical
- Armstrong Medical Industries, Inc.
- Austin Emergency Medical Services
- Baker Street Group Inc.
- Baptist Airlife
- B.A.S.I.C.
- Basic Trauma Life Support Association of Texas
- Biomedix Inc.
- Brady Company
- Braun Industries, Inc.
- Camco Sales
- CAREFlite
- Cullen Davis Enterprises
- Dallas Fort Worth Airport
- Department of Public Safety
- Dandy Sales
- F. A. Davis Company
- Demeco/SMS
- Denton Fire Department
- Dixie USA Inc.
- Dransfield Associates
- EMS USA
- EMS Southwest Inc.

El Paso Department of
EMS
Emergency
Consultants Inc.
Emergency Medical
Products Inc.
Emergency One
Emergen-tees
FASCO Inc.
FASTSERV of Texas
Federal Signal
Corporation
Ferno Washington
Fisher Sportswear
Fort Worth Fire
Department
Frazer Inc.
Fujisawa USA Inc.
General Devices/
Cowman &
Associates
Instrument Tech
Corporation
Kelderman
Manufacturing Inc.
Laerdal Medical Corp.
LifeGift Organ
Donation Center of
North Texas
Lifeguard Air
Ambulance
Marquette Electronics
Inc.
Matrx Medical Inc.
McCoy Miller
Ambulance Sales/
Service
MedStar
Medical Plastics
Laboratory Inc.
Metrocrest Medical
Services Inc.
Nellcor Medical
NorMed
Oak Ridge Associates
Panther Pacific Inc.
Physio-Control
Corporation
Prestolite Electric Inc.
Pro-Med Emergency
Vehicles
Pro Med Inc.
ProtectAide Inc.
Public Safety
Equipment
Quala-Tel/Sigtronics

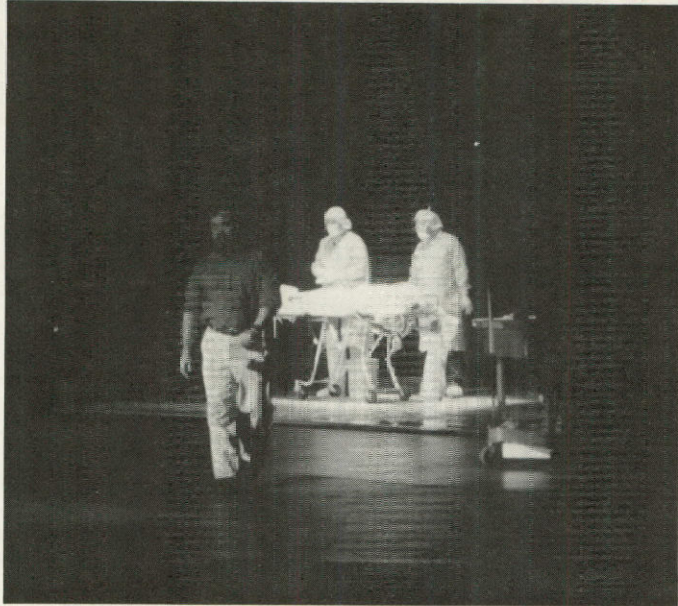


High school students from Paris attended Monday's session to learn more about DWI awareness programs, child injury prevention, and teaching the public how to react in an emergency. These 43 students teach the Think Child Safety program developed by paramedic Stewart Dodson.

Texas Department of Health and the Council for the Advancement of Rural Education (C.A.R.E.) thank these sponsors of the third day of Texas EMS Conference '93:

Baylor College of Medicine
Brazosport College
City of Wharton—Mayor Garland
Novasad
Clear Lake Emergency Corps
College of the Mainland
E.M.R.G.—Royce Brough, MD, PhD
FBI—Dallas Office
Greater Houston EMS Council
Gulf Coast Medical Center
Houston Community College
John Deere Company
Kingwood EMS
Laerdal—George Walls, Ron Zaring
Matrx Medical—Don Bentley
Medical Plastics Lab
MedStar—Doug Key
North Harris County College

Paramedic Plus
Physio Control
San Jacinto College Central and
North
Secret Service—Irving Office
Southwest Airlines
Stat Care—Steve Bourassa
TAEMT
Texaco—Joe Mason
Texas Ambulance Association
Texas Poison Control Center—Mike
Ellis
Transtar EMS
Tri-Star Medical—Blake Berry, MD
UTMB Galveston—Fenny Psencik
University of Texas Houston and
Dallas
Winner's Bracket



Many memorable things have probably happened on the convention center's stage, but the stage hands probably still talk about the cadaver lab moderated by Houston's Dr. Paul Pepe. Dr. Ron Philo and Dr. Matthew Wall gloved, gowned, masked, and goggled for the demonstration.

- R & R Uniforms Inc.
- RAM Software Systems Inc.
- Radio Communications Marketing
- Reliable Emergency Vehicles Inc.
- "Rescue 911"
- Resusi Mask Inc.
- Road Rescue San Antonio
- Ambulance Sales, Inc.
- W. B. Saunders Company
- Six Stars Enterprises Ltd.
- Southern Ambulance Builders Inc.
- SpaceLabs Medical Inc.
- Stat Care EMS
- Sweet Computer Services
- Taylor Made Ambulance Technol, Inc.
- Texas Association of Emergency Medical Technicians
- Texas Engineering Extension Service
- TOMAR Electronics Inc.
- Texas Trauma Coordinators Forum
- Texas Society of EMTs
- Trauma Gear
- 3M Traffic Control Systems
- 20/20 Enterprises Inc.
- U & H Star Fleet Inc & C.R.S. Emergency Vehicles
- UCS Inc.
- Unique Security
- Carl Holmes
- Warantek
- Weatherford College
- WESTECH Information Systems, Inc.
- Wheeled Coach Industries
- Whelen Engineering Company
- Zoll Medical Corporation

Texas EMS Photo Contest

This year six photos won \$100 each for the photographers. Cheryl Watson of Lockhart EMS submitted this photo by Gerald Clough, which won the most votes in the general category. Clough's photo will be featured in a reprint of the brochure "EMS—A System to Save a Life." This month's cover photo,

by Sally Muir of City of Austin EMS Department, won the most votes in the children category. Sally Muir won two other \$100 photo awards also. Other \$100 winners include Dalhart's Bruce Scott in the general category, and Ralph Reed, with a photo submitted by Joe Hamilton, in the children category.



Did you read... By Paul Tabor, EMT-P

In 1991, if every front seat occupant had buckled up, an estimated 14,413 deaths and 122,000 moderate-to-critical injuries could have been prevented.

The FDA issued a ruling on what they consider to be repackaging of medical oxygen by EMS providers. Any provider that refills portable oxygen cylinders by way of a larger tank or through a multiple tank cascade system would be subject to these regulations. This would not only require the oxygen being tested for purity, but would require registration with the FDA as a repacker and a license from the Texas Department of Health which requires a yearly fee of not less than \$250. Additional information concerning this issue can be obtained from TDH by contacting Angela Benschel, supervisor of the Investigative Division of Food and Drugs at 512/458-7248.

Texas Ambulance News, October, 1993, p. 8.

Prior to air bags, drivers involved in crashes often had visible injuries. The driver protected by an air bag may look fine and feel fine, but not be fine.

Early results from research conducted for the National Highway Traffic Safety Administration suggest changing injury patterns in motor vehicle crashes in which an air bag has deployed. Prior to air bags, drivers involved in crashes often had visible injuries. Now, they often do not. EMS personnel conducting initial injury assessments should not be deceived by the lack of external injury signs and symptoms customarily associated with crash injuries. The driver protected by an air bag may look fine and feel fine, but not be fine. This may be important even for drivers who are fully ambulatory and apparently uninjured at the crash scene.

Research Note, U.S. Department of Transportation, National Highway Traffic Safety Administration, August, 1993.

Did you know that 75 percent of all crashes occur within 25 miles of home and 40 percent of fatal crashes occur on roads with posted speed limits of 45 miles per hour? In 1991, if every front seat occupant had buckled up, an estimated 14,413 deaths and 122,000 moderate-to-critical injuries could have been prevented. In 1991, 100 percent use of child safety seats could have prevented nearly 455 deaths and about 49,000 injuries to children under age five.

Operation Buckle Down Dispatch, July 1993.

A Pedestrian Safety Resource kit has been developed by the National Highway Traffic Safety Administration and the Federal Highway Administration. Resources in the kit include sections on Problem ID/Program Assessment, a Pedestrian Accident Reduction Guide, Planning Community Pedestrian Safety Programs, Walk Alert, Safe Street Crossing Programs, Alcohol, and Elderly Population.

If you would like more information or copies of a specific section or sections of the kit, contact Tonna Polk, Traffic Safety program manager, at 512/416-3174.

Driveline, Texas Department of Transportation, Vol. 9, No. 1, September/October, 1993.

There is no apparent benefit in providing transcutaneous pacing to patients in asystole, even when it is performed rapidly by EMTs in the prehospital setting. For more on this study, see Cummins, R.O., et al, "Out-of-hospital transcutaneous pacing by emergency medical techni-

cians in patients with asystolic cardiac arrest," *New England Journal of Medicine*, 1993, 328:1377-1382.

Currents in Emergency Cardiac Care, "Current Science," Volume 4, Number 3, Fall 1993, p. 10.

Tuberculosis continues to be a public health problem in Texas. From 1987 through 1992, the number of new cases increased 42 percent. Substantial increases in TB morbidity have occurred in urban areas, in areas adjacent to the border with Mexico, and in those with a high prevalence of HIV infection. During 1988-1992, over 11,000 TB cases were reported in Texas. Of the 254 counties in Texas, 219 reported at least one tuberculosis case each. During 1986-1992, 10 percent of the 11,579 culture confirmed TB cases in Texas were resistant to at least one of the six first-line antibiotics used for treatment.

Disease Prevention News, Texas Department of Health, "Tuberculosis in Texas", November 1, 1993.

As a result of the 1990 federal census, nine counties in Texas that were considered rural are now reclassified as urban due to their proximity to Metropolitan Statistical Areas. The counties that were reclassified are Archer, Bastrop, Caldwell, Henderson, Hunt, Hood, Chambers, Upshur and Wilson. This leaves 196 rural counties and 58 urban counties.

Rural Health Reporter, Texas Center for Rural Health Initiatives, "Rural Health Factline," Winter 1993, p. 8, as reprinted from *Office of Management and Budget*, December 31, 1992.

Maurice Wilkinson, MD, a family practice physician from Shiner, was recently named the Rural

Health Practitioner of the Year by the National Rural Health Association. She operates the Fayette-Lavaca County Rural Health Clinic.

Rural Health Reporter, "Rural Health Factline," Winter 1993, p. 8, as reprinted from *Victoria Advocate*, July 3, 1993.

Each day, Cindy Johns drives her two sons, Brandin, 11, and Bryan, 7, to Poulsbo Elementary School in Poulsbo, Washington. Each day, they pack their bookbags, their lunches—and an automated external defibrillator. Brandin, a sixth grader, has congenital heart disease and is subject to periodic episodes of pulseless ventricular tachycardia. Not only have 15 to 20 teachers and two school staff members been trained to use the AED, but also Brandin's younger brother is skilled in its use. Bryan was first trained in CPR and AED use when he was four. The school's safety plan involves placement of the AED in the school office and distribution of specific instructions throughout the school to assure that trained personnel are on hand at all times. Cindy says, "It would be wonderful if kids could learn CPR in fourth or fifth grade health classes. At a minimum, all teachers should be required to learn CPR."

Currents in Emergency Cardiac Care, "A bookbag, a lunch, and an AED," Volume 4, Number 3, Fall 1993, p. 1.

The presence of 9-1-1 was significantly associated with survival from out-of-hospital cardiac arrest in this study of 1,753 prehospital cardiac arrest patients in Iowa (9.18 percent survival in 9-1-1 areas vs. 5.35 percent in non 9-1-1 areas). For more on this study, see Joselyn, S.

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Each day, Cindy Johns drives her two sons to Poulsbo Elementary School in Poulsbo, Washington. Each day, they pack their bookbags, their lunches—and an automated external defibrillator.

A survey distributed in June, 1992, to registrants at the National Association of EMS Physicians in Pittsburgh indicates that 50 percent of prehospital care providers have no protocols for managing violent patients and lack restraint protocols.

Nationwide EMS agencies are invited to participate in monthly EMS education programs that are beamed over satellite television by the Virginia state EMS office. The Emergency Medical Satellite Training program broadcasts for one hour beginning at 7:30 pm Eastern time.

A., et al, "Survival from out-of-hospital cardiac arrest: effects of patient age and presence of 9-1-1 EMS phone access," *American Journal of Emergency Medicine*, 1993, 11:200-206.

Currents in Emergency Cardiac Care, "Current Science," Volume 4, Number 3, Fall 1993, p. 10.

The federal Public Safety Officers Benefits Act provides for a lump sum payment of \$104,954 for full disability and \$119,894 for death, to be paid to the eligible survivors of an officially designated member of a police, fire, or ambulance department whose death or full disability is a direct result of traumatic injury or emergency suffered while in the line of duty. For a complete outline of what is covered under the Act, what procedures you must follow, and who you must contact to obtain the benefits, request a complete packet from Richard Condon, PSOB Program, Bureau of Justice Assistance, Washington, D.C. 20531. The phone number is (202)307-0636.

NAEMT News, "What Would You Do if the Unthinkable Happened?," April/May, 1993, p. 10.

A survey distributed in June, 1992, to registrants at the National Association of EMS Physicians in Pittsburgh indicates that 50 percent of prehospital care providers have no protocols for managing violent patients and lack restraint protocols. Thirty percent carry protective gear, such as bullet-proof vests, and 53 percent have access to such gear. Methods of preventing potentially violent encounters include educating prehospital care providers in self-defense, maintaining close working relationships with police, and developing protocols for managing dis-

ruptive patients. For more on this study, see Tintinalli, J.E., "Violent patients and the prehospital provider," *Annals of Emergency Medicine*, 1993, 22:1276-1279.

Reprinted with permission from Emergency Services Newsletter, Sept/Oct, 1993, a publication of the Committee on Emergency Medical Services of the American Academy of Orthopaedic Surgeons.

Nationwide EMS agencies are invited to participate in monthly EMS education programs that are beamed over satellite television by the Virginia state EMS office. The Emergency Medical Satellite Training program broadcasts for one hour beginning at 7:30 pm Eastern time on Telestar 301, transponder 10v, channel 19. For more information, contact the Office of Emergency Medical Services, Virginia Dept. of Health, 1538 E. Parham Rd, Richmond, VA 23228, 804/371-3500.

Reprinted with permission from Emergency Services Newsletter, Sept/Oct, 1993, a publication of the Committee on Emergency Medical Services of the American Academy of Orthopaedic Surgeons.

A robot to teach traffic and other safety topics, Trooper "Bud" comes equipped with a mini-camcorder and a laser light in his oversized head. Traffic lights and "Walk/Don't Walk" signs are displayed on his sides and he wears an official Texas DPS badge and hat.

One robot is assigned to each of the Department of Public Safety's twelve districts. Trooper "Bud" is available to speak at schools (primary audience is K-5th grade) and other groups by contacting your DPS District office and asking for the Safety Education Service section.

Driveline, Texas Department of Transportation, Vol. 9, No. 2, November/December 1993, p. 5.

Almost 9 percent of the motorcycle operators involved in fatal crashes in 1992 had at least one previous conviction for driving while intoxicated on their driver records, compared with 4 percent of passenger car drivers. Of all fatally injured motorcycle operators, 36.9 percent were intoxicated (BAC 0.10 g/dl or greater). The intoxication rate was highest for fatally injured operators between 30 and 34 years old (52.9 percent) and somewhat lower for ages 35 to 39 (46.6 percent) and 25 to 29 (44.1 percent).

More than half (52.4 percent) of the 1,016 motorcycle operators who died in single-vehicle crashes in 1992 were intoxicated. More than two-thirds (67.7 percent) of those killed on weekend nights were intoxicated. Motorcycle operators killed in traffic crashes at night were nearly 3.5 times as likely to be intoxicated as those killed during the day (51.4 percent and 15.4 percent, respectively).

The reported helmet use rate for intoxicated motorcycle operators killed in traffic crashes were 50 percent, compared with 64 percent for those who were sober. NHTSA estimates that helmets saved the lives of 559 motorcyclists in 1992. If all motorcyclists had worn helmets, an additional 297 lives could have been saved. Helmets are estimated to be 29 percent effective in preventing motorcyclist fatalities. In NHTSA's latest survey (November 1991), helmet use was reported to be essentially 100 percent at sites with helmet use laws governing all motorcycle riders, as compared to 34-554 percent at sites with no helmet use laws or laws limited to minors.

Traffic Safety Facts 1992 - Motorcycles, US Department of Transportation, National Highway Traffic Safety Administration, National Center for Statistics & Analysis, Research & Development, 400 7th St., SW, Washington, DC 20590.

Each year an estimated 10,000 to 20,000 Americans sustain traumatic spinal cord injuries. For the years 1991 and 1992, there were 511 cases reported to the TDH Injury Control Program. Of these, 78 percent of the patients were male and 77 percent of the total were under 40 years of age. Half of the traumatic spinal injuries were motor vehicle related. Available information indicated that 54 percent of those injured in automobiles and pickup trucks were not wearing seat belts. Of those injured on motorcycles, 25 percent were not helmeted.

Of the 511 reported traumatic spinal cord injuries, 51 percent resulted in quadriplegia/paresis, and 49 percent resulted in paraplegia/paresis. Information on alcohol involvement was available for 87 percent of the 511 cases; 24 percent of these were characterized as alcohol related. Alcohol was reported as a contributing factor in 30 percent of the motor vehicle injuries.

The discharge status following acute care was known for 60 percent of the patients: 36 percent were transferred to inpatient rehabilitation facilities; 41 percent returned home to self-care, nonskilled assistance, or skilled home-health care; and 18 percent went to skilled-nursing homes or other facilities. Six percent of patients died as a result of their injuries.

Disease Prevention News, Texas Department of Health, "Traumatic Spinal Cord Injuries Texas 1991-1992", October 18, 1993.

More than half (52.4 percent) of the 1,016 motorcycle operators who died in single-vehicle crashes in 1992 were intoxicated.

Each year an estimated 10,000 to 20,000 Americans sustain traumatic spinal cord injuries. There were 511 cases reported to the TDH Injury Control Program in 1991-1992. 54 percent of those injured in automobiles and pickup trucks were not wearing seat belts. Of those injured on motorcycles, 25 percent were not helmeted.

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) 834-6740.

Arris, Randolph Clayton, Temple, Texas. Denial of EMT certification. EMS rule 157.44 (b)(1), misdemeanor conviction.

Bishop, Jason, Yoakum, Texas. Twelve months probation of EMT certification through August 10, 1994. EMS rule 157.44, misdemeanor conviction.

Bolden, Larry D. Odessa, Texas. Twelve months probation of EMT-Paramedic certification through August 10, 1994. EMS rule 157.44, misdemeanor conviction.

Canada, Michael E., Dumas, Texas. Twelve months probation of EMT certification through September 3, 1994. EMS rule 157.44 (b)(1), misdemeanor conviction.

Carter, Lee, Elgin, Texas. Nine months suspension of EMT certification through August 10, 1994. EMS rule 157.51 (a)(2)(A), failing to follow the EMS standards of care in the management of a patient.

Dupnik, Shelby J., Kenedy, Texas. Twelve months probation of EMT certification through June 14, 1994. EMS rule 157.44, misdemeanor conviction.

Gobel, Donald Kevin, Nacogdoches, Texas. Twelve months probation of EMT-Paramedic certification through September 3, 1994. EMS rule 157.44 (b)(1), misdemeanor conviction. (*Incorrectly reported as felony conviction in December issue—we regret the error.*)

Graham, Jerry L., Abilene, Texas. Twelve months probation of EMT certification through September 3, 1994. EMS rule 157.44 (b)(1), misdemeanor conviction.

* **Hamilton, Robert Mark**, Cisco, Texas. Twelve months probation of EMT certification through October 28, 1994. EMS rule 157.44 (b)(1), misdemeanor conviction.

Heffley, Clete S., Clarendon, Texas. Six months probation of EMT certification through March 3, 1994. EMS rule 157.44 (b)(1), misdemeanor conviction. (*Incorrectly reported as felony conviction in December issue—we regret the error.*)

Hester, Anthony, Houston, Texas. Emergency suspension of EMT-Paramedic certification. EMS rule 157.51 (a)(1), failure to pass skill test and retest.

Holmes, Martin J., Lumberton, Texas. Twelve months probation of EMT certification through August 25, 1994. EMS rule 157.51 (a)(4)(I), obtaining certification by fraud, forgery, deception, misrepresentation, or subterfuge.

Hopkins, Russell W., Van, Texas. Six months suspension of EMT-Paramedic certification through March 29, 1994. EMS rule 157.51 (2)(A), failure to follow EMS standards of care in management of a patient.

Hubbard, Mitchell Z., Houston, Texas. Six months suspension of EMT certification through August 26, 1994. EMS rule 157.51 (a)(4)(K), perform medical acts beyond those permitted by medical director.

* **Jackson, Alan L.**, Canyon, Texas. Twelve months probation of EMT certification through September 28, 1994. EMS Rule 157.44 (b)(1), misdemeanor conviction.

Jones, David Bryan, May, Texas. Revocation of EMT certification. EMS rule 157.51 (2)(I), misrepresenting EMS certification level.

* **King, Myrth Kody**, Nacogdoches, Texas. Denial of certification. EMS rule 157.44 (b)(1), denial.

Kolar, Steven L., Victoria, Texas. Twelve months probation of EMT-Para-

* 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.

medic certification through March 31, 1994. EMS rule 157.44, misdemeanor conviction while certified.

* **Laycock, Lisa L.**, Texas City, Texas. Twelve months probation of EMT certification through September 28, 1994. EMS Rule 157.44 (b)(1), misdemeanor conviction.

LeBlanc, Dennis, Beaumont, Texas. Twelve months probation of EMS-Paramedic certification through August 10, 1994. EMS rule 157.44, misdemeanor conviction.

* **Leslie, Thomas Leach**, Pampa, Texas. Emergency suspension of EMT-Paramedic certification effective January 3, 1994. EMS rule 157.51 (a)(1), failing to pass skills test and retest.

Luckenbill, Jack E., Bryan, Texas. Suspension of EMT-Paramedic certification. EMS rule 157.51 (a)(4)(S), performing medical acts beyond those permitted by medical director.

McCoy, Dennis M., Saint Jo, Texas. Eighteen months probation of EMT-Paramedic certification through May 12, 1995. EMS rule 157.51 (a)(2)(A), failing to follow the EMS standards of care in the management of a patient.

Medi-Van Ambulance Inc., Corpus Christi, Texas. Administrative penalty of \$300. EMS rule 157.13 (c), failure to carry required equipment.

Mission Critical Care, Mission, Texas. Cancellation of provider license. EMS rule 157(c)(1)(R), failure to pay administrative penalty in full within the 30-day time limit.

Nixon, Michael E., Monahans, Texas. Twelve months probation of EMT certification through August 10, 1994. EMS rule 157.44, misdemeanor conviction.

Owen, David E., Brownsville, Texas. Suspension of EMT certification for one year through June 5, 1994. EMS rule 157.51(a)(4)(s), violating a rule or standard that would jeopardize the health or safety of a patient.

* **Pritchett, Douglas C.**, Pampa, Texas. Twelve months suspension of EMT certification through October 20, 1994. EMS rule 157.51 (1)(4)(I), attempting to obtain or obtaining certification by fraud, forgery, deception, misrepresentation, or subterfuge.

Robles, Leon Fraiser, Beaumont, Texas. Denial of EMT certification. EMS rule 157.44 (b)(1), misdemeanor conviction.

Rudisaile, Joseph A., Godley, Texas. Twelve months probation of EMT certification through September 28, 1994. EMS rule 157.51, misdemeanor conviction.

Ryals, Cynthia L., Kenedy, Texas. Twelve months probation of EMT certification through June 14, 1994. EMS rule 157.44, misdemeanor conviction.

Sanders, James Ricky, Corrigan, Texas. Suspension of EMT certification for one year through June 10, 1994. EMS rule 157.51(a)(2)(A), failing to follow the EMS standards of care in management of patient and/or (D), performing advanced level of treatment without medical direction or supervision.

Sanders, Kerry M., Pampa, Texas. Twelve months probation of EMT certification through June 14, 1994. EMS rule 157.44, misdemeanor conviction.

Schleiper, Mark Alan, Alamo, Texas. Suspension of EMT-Paramedic certification for one year through June 5, 1994. EMS rule 157.51(a)(4)(s),

violating a rule or standard that would jeopardize the health or safety of a patient.

Sorrells, Jerry, Breckenridge, Texas. Twenty-four months probation of provider license through January 12, 1995. Health and Safety Code, Chapter 773.050, failure to staff emergency vehicle with at least two certified personnel.

Stewart, Andrew A., San Antonio, Texas. Eighteen months probation of EMT-Intermediate certification through May 21, 1994. EMS rule 157.51, misdemeanor convictions while certified.

Tippie, Candance, Jacksboro, Texas. Twelve months probation of EMS course coordinator certification through April 5, 1994. EMS rule 157.64(a)(1)(D), falsification of course completion document and/or (H), failure to maintain the integrity of the course.

Tuckness, Andrew, Throckmorton, Texas. Twelve months probation of EMT certification through July 16, 1994. EMS rule 157.44, misdemeanor conviction.

Turney, Monty S., Abilene, Texas. Twelve months probation of EMT certification through September 3, 1994. EMS rule 157.44 (b)(1), misdemeanor conviction.

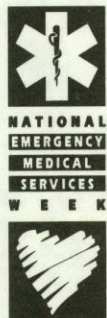
* **Tyson, Samuel Paul**, Atlanta, Texas. Downgraded from EMT-Intermediate to Emergency Care Attendant for twelve months through December 6, 1994. EMS rule 157.51 (Q), practicing beyond the scope of certification without medical direction.

Weigel, Toby B., Midland, Texas. Eighteen months probation of EMT certification through September 16, 1994. EMS rule 157.44, misdemeanor conviction.

Woods, Charles, Texarkana, Texas. Emergency suspension of EMT certification. EMS rule 157.51 (a)(1), failure to pass skill test and retest.

Wright, Gilbert, Olney, Texas. Twenty-four months probation of EMT certification through October 1, 1994. EMS rule 157.51(s), violating any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative affect on the health or safety of a patient.

Saluting the Stars of Life May 15-21, 1994



**EMS:
The
Stars of
Life**

MAY 15-21, 1994

EMS Week campaign planning kits are on their way to every licensed provider and registered first responder group in Texas. If you don't receive yours by March 15, call the Bureau of Emergency Management at (512) 834-6700 or your Public Health Region EMS office.

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EMS is a fast-paced field, with technological and medical innovations happening all the time. How can you keep up?

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Meetings

March 25-27, 1994. **11th Annual Georgia Extrication School.** Athens, Georgia. Contact Sam Cunningham or Kathy Hardigree. 706/542-9500.

March 31-April 1, 1994. **CareFlite Emergency Care Update.** Prehospital, hospital, and aviation tracks. DFW Hilton Executive Conference Center. Grapevine, TX. 214/946-7008 or 214/944-8143.

April 8-10, 1994. **Fundamentals of Search & Rescue, Part II.** NASAR members. \$200, non-members \$250. Devils River State Natural Area, Del Rio. Contact Jesse Tarin, Texas Parks and Wildlife, 4220 Smith School Road, Austin, TX 78744 or 512/389-4477.

April 9, 1994. **Management of Assaultive Behavior.** 1 day. \$35. Designed to benefit anyone who provides direct patient care and who must assure safety of self and others. Texarkana College. Call Kathy Jordan at 903/838-4541.

April 13-15, 1994. **Emergency and Trauma Nursing.** Anaheim, CA. Write to Contemporary Forums, 11900 Silvergate Drive, #A. Dublin, CA 94568-2257 or call 510/828-7100, ext. 3.

April 16, 1994. **CPR Instructor Course.** Contact Steve Cutler, EMT-P, at 214/488-8414.

April 22, 1994. **Instructor Training Continuing Education.** 1 day. Designed for student motivation and teaching in the medical environment. Texarkana College. Contact Kathy Jordan at 903/838-4541.

April 23, 1994. **Emergency Medicine: Industrial Setting.** 1 day. Designed for the industrial EMT but will benefit any emergency medical personnel. Texarkana College. Contact Kathy Jordan at 903/838-4541.

May 6, 1994. **A Time to Laugh.** 1 day. \$30. Designed to help the nurse and other health care professionals use laughter as a therapeutic tool not

only for their patients but also for themselves. Texarkana College. Contact Kathy Jordan at 903/838-4541.

May 12-14, 1994. **Emergency Carcic Care Update.** The Richmond Marriott Hotel. Richmond, Virginia. Call Veronica Baisley at 1-800-266-JEMS for information.

May 20-22, 1994. **Basic Trauma Life Support Classes.** Victoria, TX. Mark Reger 512/572-6447. For basic and advanced levels of certification.

May 26, 1994. **Street Gangs and Street Violence.** 1 day. \$35. One day seminar is designed to help the ER and ICU nurse, EMTs, probation officers, social workers, and others who care for patients involved with street gangs and related violence. An illegal drug lab with various booby traps will be set up along with information concerning gang weapons and attacks, and how to better maintain safety for ourselves and our patients. Texarkana College. Contact Kathy Jordan at 903/838-4541.

June 10, 1994. **Basic Trauma Life Support Classes.** Instructor course. Corpus Christi, TX. Mark Reger 512/572-6447. For basic and advanced levels of certification.

November 20-23, 1994. **Texas EMS Conference '94.** Fort Worth, Texas. Sponsored by The Texas Department of Health. Call the Bureau of Emergency Management at 512/834-6700 for information.

Jobs

Paramedic or EMT-I: Texas certified. MICU level service for city/county 9-1-1 service for a local hospital. Send resume: Mike Scudder, WTAS-Alpine EMS, PO Box 338, Alpine, TX 79831 or call 915/837-3028.+

Director of Education: Angelo Community Hospital. EMT-Paramedic, BLS, ACLS certification required. Program coordinator/

instructor. Must be willing to travel to rural areas to provide training programs during evening hours. Send resume and salary requirements to: Angelo Community Hospital, 3501 Knickerbocker Rd., San Angelo, TX 76904.+

EMT-Paramedics: Brooks County EMS is now accepting applications for FT or PT EMT Basic, Intermediate, or Paramedic. Field experience preferred. Entry level salary determined by skill level and experience. Brooks Co. is an ALS service with three MICUs. 24 hours on/48 hours off. Mail resume or come by Brooks Co. Hospital, 1400 S. St. Marys St., Falfurrias, TX 78355 or contact Wayne Teasdale, EMS director at 512/325-2511 ext. 250 or 271.+

EMT-Paramedics: Positions available for 9-1-1 service. Insurance and uniforms provided. Paramedic Plus Ambulance, P.O. Box 3310, Texas City, TX 77592-3310 or call 409/945-5665.+

Paramedics: Busy EMS with stations in Houston, Galveston and Bryan. Call Robert Propes, Texas EMS Corp. 1-800-366-6165.+

Public Health Technician I, II, and III: Must have completed 60 semester hours of college credit. Applicants with a four-year degree and certified at an EMT Basic, Intermediate, or Paramedic are preferred. Salary \$20,652-\$26,832/year. Apply to Texas Department of Health, Public Health Region 6 (Houston). Call Wayne Morris at 713/414-6495 or write to PHR 6, EMS Program Administrator, 10500 Forum Place Dr., Ste. 410, Houston, TX 77036.*

Education Coordinator: Must be certified instructor examiner with coordinator certification. For further information contact Daine A. Abbott at Memorial Hospital EMS, 900 S. Sycamore, Palestine, TX 75801. 903/723-4384.*

Paramedic/Firefighter: Harker Heights FDEMS. 9-1-1 MICU. Advanced protocols. Texas certified EMT-P/Firefighter by May 1994. Sal-

Calendar

ary \$16,937 annually plus incentives. Applications are being accepted at Texas Employment Commission. For further information call 817/699-2688.*

CPR Instructor: PRN position, must have current CPR Instructor certification. EMT, EMT-P, ACLS preferred. Must live in Dallas area. Please send resume to: Steve Cutler, EMT-P, 1603 Camero, Carrollton, TX 75006.*

Instructor/Coordinator: The Department of EMT/UTHSCSA is recruiting for FT faculty position to coordinate CE programs for EMS providers within Bexar County. Preferred minimum requirements include, Bachelor's Degree, TDH EMT-P certification, TDH Coordinator certification. Salary negotiable based upon education and experience. Send resume to: Department of EMT/UTHSCSA, 4201 Medical Drive, Suite 250, San Antonio, TX 78229-5631. The University of Texas Health Science Center at San Antonio is an equal opportunity/affirmative action employer.*

EMT-Paramedic/Firefighter: Full-time employment with city of Edna fire and EMS service. A 24-hour advanced life support service. Contact Buster Chase, EMS Director, City of Edna EMS/Fire Dept., 105 N. Allen, Edna, TX 77957 or call for an application at 512/782-3159.*

EMT-Paramedic: Two full-time paramedic job positions. Prefer ACLS certified. Contact Marcia Edwards 903/729-6981 ext. 632.*

For Sale

For Sale: Life Pak-5, Matrix port. suction, LP-5 batt powered. Laerdal port suct w/charger. Clark III MAST pants. C-cell, D-cell handles w/Mac & Miller Asst. 5 full E-cyl (O₂), all good dates. Stokes basket. Asst. ET tubes. 806/259-3229.+

For Sale: 1980 Ford Superlance Type II. Very good condition. 35,00 miles. Contact Chief Garland Hensley at 915/558-2839.+

For Sale: 1989 Chevy Type I, \$12,500; 1989 Chevy Type II, \$10,000; 1988 Chevy low-top for export \$7,500. Will purchase model 29 and 35 stretchers. Call Louis Bernhardt, Texas EMS Corp. at 1-800-366-6165.+

For Sale: LifePak 5, batteries and charger. Azle Fire Department. 817/444-3221.*

For Sale: 1982 Type II ambulance for sale. Good condition. Call 806/794-4169.*

For Sale: 1985 Ford Type II Wheel Coach, for transfer service, clean, \$5,200. 1986 Ford Type I walk-thru Collins, venthood, strobes, extended front bumper, good condition. \$9,500. 512/851-8422.*

For Sale: Physio-Control LifePak 5 monitor defibrillator with battery charger. Two batteries included. \$3000. PO Box 2951. Palestine, TX. 75801.*

+ This listing is new to this issue.

* Last issue to run.



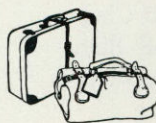
Texas EMS Conference Tote Bag

14 X 11 nylon bag. Send \$5 to Texas Health Foundation/EMS, P.O. Box 142694, Austin, TX, 78714-2694.

Announcements

RESCUE 911 is entering its 5th season and we need your stories and 9-1-1 calls. We are interested in all types of rescues. Please fax your story to **RESCUE 911** at 213/466-5345 or mail it to: **RESCUE 911**, c/o Kelly McPherson, 1438 North Gower Ave, Bldg. 48, Hollywood, CA 90028.

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

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

On the money: Billy Sladek keeps Bureau on track

If you think your job is demanding, consider Billy Sladek's: he and his staff handle a \$6 million budget, personnel and payroll for more than 110 central and regional employees, management of Bureau offices, and supplies and equipment for everyone in the central office. Billy also oversees coordination of the computer network and tracks legislation pertaining to EMS through the legislature. Last session, legislators introduced 127 bills concerning EMS.



Billy says working in health planning where he conducted hearings on the state's medical needs and worked with other state and local agencies prepared him for his present position.

"Out of town meetings at night with upset people prepared me for anything," Billy says. "This job is calm compared to that."

Billy graduated from The University of Texas in 1972 with a degree in business administration. He took a position as accountant in the Governor's Office of Comprehensive Health Planning, a federally funded program that studied how to deliver health care statewide. One day, the person who reviewed hospital price increases didn't show up for work.

"They gave me that job: reviewing, analyzing, and making recommendations for exceptions to the price freeze in effect at the time," Billy says. "I was a statewide, one-person program and I quickly learned a lot about health care delivery."

Billy came to the health department when the Health Facilities Commission took over their office.

"They came into our office on Friday and told us they were taking over our offices and to report to the health department on Monday," Billy says. "Monday morning we sat in the commissioner's office and asked him what he wanted us to do."

Billy joined the Bureau of Emergency Management in 1987 and took over as director of staff services in 1991.

At home, Billy stays busy as Cubmaster of a 32-boy pack, coaches his two sons' baseball teams, and raises cattle. When things slow down with scouts and baseball, Billy, his wife Linda, and their sons go fishing and hunting. And Billy completes his second year as a member of the Hutto ISD Board of Trustees in May. Billy and his family have lived in Hutto just outside Austin for 17 years.

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