

# Texas EMS

M a g a z i n e



**El Paso first responders  
EMS, fire, police, airport  
Page 22**

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Texas Department of Health  
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Austin, TX 78756

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Shipping Address \_\_\_\_\_

Shipping information: City/State/Zip \_\_\_\_\_

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Amount ordered

Description

\_\_\_\_\_ **"Ready Teddy" coloring book.** Twelve pages of injury prevention and EMS awareness tips by the Texas EMS mascot. (4-61)

\_\_\_\_\_ **"When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure.** A foldout first aid guide first distributed in 1988. Can be personalized by the EMS service. (EMS-014)

\_\_\_\_\_ **"Don't Guess, Call EMS" brochure.** A reprint of a Department of Transportation brochure updated with Texas photos and logo. Back panel listing of Public Health Region offices and a "for more information call" box, 1989. (EMS-013)

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

\_\_\_\_\_ **"EMS questions and Answers About Citizen participation" brochure.** Answers questions about how to call, what to do, how the community can help EMS. (EMS-008)

\_\_\_\_\_ **"EMS—A System to Save a Life" brochure.** A 1970's title, 1990's text, and it has public health region office info and "for more information call" box. Explains BLS and ALS 1989. (EMS-012)

\_\_\_\_\_ **"Ready Teddy" poster.** The Texas EMS mascot urges kids to prevent injuries. (4-60)

\_\_\_\_\_ **"Dedicated to Patient Care" poster.** EMT and elderly woman pictured; featured during 1988's EMS Week. (EMS-009)

\_\_\_\_\_ **"EMS—It's a Lifesaver" poster.** Features the scanned ambulance with an orange stripe and EMT. Our first EMS Week poster, 1985. (EMS-018)

\_\_\_\_\_ **"System to Save a Life" poster.** Companion poster to brochure, 1990. (EMS-011)

\_\_\_\_\_ **"When It's A Medical Emergency—You Need EMS" poster.** Pictures closeup of EMTs resuscitating a child, 1987. (EMS-010)

\_\_\_\_\_ **"I'm an EMS Friend" sticker.** Ready Teddy in a 2-½ inch 2-color sticker.

\_\_\_\_\_ **"Children and Guns: A Deadly Combination" flier.** Pictures tot with gun, Texas death stats, 1993.

\_\_\_\_\_ **"What If There Were No Lights At The End of the Tunnel?" poster.** Encourages communities to support local EMS, 1993. (EMS-021)

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

\_\_\_\_\_ Send a sample of all public information and education materials—a **PIE pack**.

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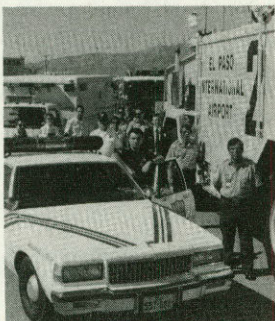
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**ABOUT THE COVER:** El Paso Fire Department—the centerpiece of medical first response in the far western reaches of Texas. *Photo by Alana S. Mallard.*

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# Texas EMS

M a g a z i n e

May/June 1994

Vol. 15 No. 3

Texas Department of Health

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We will accept telephone and mail queries about articles and news items. Manuscript and photograph guidelines available upon request. Materials will be returned if requested.

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# Let us hear from you

FROM  
THIS  
SIDE

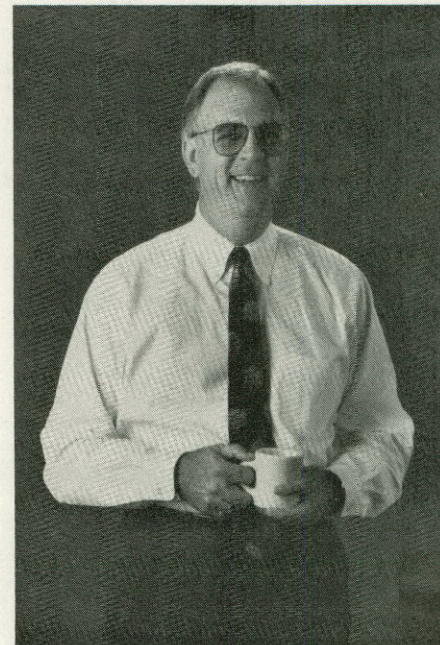
In the last issue of this magazine we told you about the new rules regarding certification, recertification, and continuing education. In this issue we are printing a complete version of all the rule changes. We've printed these new rules beginning on page 30, and Pam West presents an easy-to-understand version of these changes beginning on page 27. I recommend that you read the rules and Pam's article and make sure that you understand the significance of the changes. This is the first time in the history of EMS in Texas that we have eliminated testing as a requirement for recertification. Although this issue of recertification testing has caused the most controversy since EMS began in Texas, I hope everyone can now focus on the future as we begin to implement the new rules.

State Representative Dan Kubiak from Rockdale authored House Bill

241, which resulted in the rule changes published in this issue of *Texas EMS Magazine*. Representative Kubiak wants feedback from EMS people regarding future changes in EMS rules and regulations. In the space below please give us your suggestions for changing the current EMS rules or EMS legislation. We also want your ideas on general policy changes in Texas EMS.

Please complete the following sentence and mail to Gene Weatherall, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756. You can send your suggestions electronically two ways: to my private e-mail on Texas EMS BBS by modem dialing (512) 834-6638 or by Internet to [gweatherall@ems.tdh.texas.gov](mailto:gweatherall@ems.tdh.texas.gov).

We want to hear from you.



GENE WEATHERALL, CHIEF  
BUREAU OF EMERGENCY  
MANAGEMENT

*The things I would like to see changed in Texas EMS are:*

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*(Use additional paper if necessary)*

## TEXAS EMS CERTIFICATIONS AS OF APRIL 15, 1994

ECA	8,955
EMT	25,836
EMT-I	3,195
EMT-P	8,586
TOTAL	46,572
COORDINATOR	368
INSTRUCTOR	1,188
EXAMINER	1,491



# TEXAS EMS CONFERENCE '94

November 20, 21, 22, and 23, 1994

Wondering what to do about continuing education? Need a little fun in your life?

Texas EMS Conference '94 can help! In four days, you'll:

- get 16 hours of excellent continuing education from some of the nation's top educators
- network with hundreds of your friends in EMS
- see the latest technology, equipment, and services in the 60,000 square foot exhibit hall
- go boot-scootin' with old and new friends in Fort Worth—home of cowboys and culture, and Billy Bob's. Sound like a lot of fun with

some first-rate education? Texas EMS Conference '94, the ninth annual educational meeting sponsored by the Texas Department of Health, comes to Fort Worth Sunday through Wednesday, November 20-23, 1994.

The Fort Worth/Tarrant County Convention Center once again hosts the conference. We'll use the luxurious 3,055-seat theater for general sessions, then spread out to the meeting rooms for workshops. And we'll again fill the exhibit hall with products and services from across North America—everything you need to make your job easier and better.

Of course, the real star of the show is our outstanding faculty—medical experts from around Texas and the nation—who'll entertain, educate, and challenge you with the latest and best patient care information.

Many of your favorite educators return this year, including Mark Warren, Doug Key, Don Gordon, and Bryan Bledsoe. And Vic and Vern, aka the Dysrhythmics, plan to return to open and close our conference with a couple of hours of continuing education fun. You've never had such a good time learning about pediatrics and trauma care!

EXHIBITORS

## TEXAS EMS CONFERENCE '94

### EXHIBITOR REGISTRATION FORM

Call Jan Brizendine at (512) 834-6748 for exhibitor details.

Make check to: **Texas Health Foundation**  
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 Austin, Texas 78714-2694

Firm Name \_\_\_\_\_

Names of \_\_\_\_\_

Representatives \_\_\_\_\_

*(2 registrations included with booth fee, contact exhibits coordinator if you need to bring more reps)*

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Area Code

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of business/products \_\_\_\_\_

How many booths? Regular booths? \_\_\_\_\_ Ambulance/Vehicle spaces? \_\_\_\_\_

\$450 through 10/15/94  
 \$550 after 10/15/94  
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Date \_\_\_\_\_

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And what would our conference be without a Tuesday night trip to the Stockyards with a big party at Billy Bob's Texas?

Conference registrants have their choice of hotels, with a range of prices and parking charges. Call early to get the hotel of your choice—a limited number of rooms is available at each hotel. Ask for the Texas EMS Conference rate.

Right across the street from the Convention Center, the luxurious Radisson Plaza, our host hotel, offers a \$55 rate for one or two people, and a \$5 a day parking charge. The rate for three or four people in a room is \$65. Call (817) 870-2100.

The Worthington, a five-star hotel seven blocks from the Center, offers a \$55 rate for one or two people, and \$5.50 a day for parking. The rate for three or four people is \$65. Call (800) 433-5677.

Ramada Inn, two blocks

from the Center, offers a \$55 rate for up to four people, and no charge for parking. Call (817) 335-7000.

Across from the Convention Center, Days Inn offers rooms for \$40, up to four people. Parking is free. Call (817) 336-2011.

So join us for four days of excellent education, food, and fun in Fort Worth on November 20-23, 1994. Just \$65 will get you all the CE, lots of food, and access to the latest technology and products in our exhibit hall. See you there!

Use these coupons to register now at the special conference rate for 1994. Call (512) 834-6700 for information about the conference. Look for a detailed agenda in the July/August issue of *Texas EMS Magazine*.

# Texas EMS

Magazine

## \$15 for 2 Years

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

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### TEXAS EMS CONFERENCE '94 REGISTRATION FORM

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Do you subscribe to *Texas EMS Magazine*? \_\_\_\_\_

Would you like to receive one free issue? \_\_\_\_\_

REGISTRANT



# 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.

## West Harris County EMS welcomes three graduates

One person in West Harris County EMS recently certified as a new EMT and two more upgraded to paramedic. Lisa Cole, who joined the volunteer service early last year, certified as an EMT. Carol Cash and Gerry Sullivan upgraded from EMT-Is to paramedics. Dr. David Reininger is the medical director for the group.

## South Texas group forms for critical incident stress debriefing

A group of emergency services personnel and mental health professionals have joined forces to create the Southwest Texas Critical Stress Management, Inc., a nonprofit volunteer group providing critical incident stress debriefing to emergency workers. Established in September of last year, the team averages two de-

briefings a month, according to President Alan Mikolaj, EMT-P. Mikolaj is an instructor/examiner with the University of Texas Health Science Center-San Antonio.

Also serving in the organization are Dr. Jerry Connor, a psychotherapist; paramedic Linda Tillerson of Kendall County EMS; and paramedic Yolanda Saldana of Uvalde EMS. Cindy Hoagland, an EMT/firefighter with McQueeney Volunteer Fire Department, serves as debriefing coordinator.

## Northeast Hays County EMS makes plans for new station

Northeast Hays County Volunteer EMS purchased land in downtown Buda for a new station. Plans for the 5,200 square foot building include a four-vehicle bay, training room, office, kitchen, crew quarters, day room, and decontamination and laun-

*Kyle Veterans of Foreign Wars Commander Frank Molina, left, and Post Adjutant Frank Rodriguez recently presented Northeast Hays County Volunteer EMS with a certificate of commendation for "exemplary service to humanity." Receiving the award were, second from left, paramedic Linda Wolfe, president; paramedic Jimmi Craigmile, secretary; paramedic Jim Huggans; and EMT Tracy Bertch. At front are paramedic Mark White, secretary; and paramedic Jon Craigmile.*





# Local and Regional EMS News

dry room. The group hopes to begin construction later this year. EMS vehicles and supplies are currently stored in a rented garage, while members share the task of storing files, computers, a copier, and other supplies in their homes.

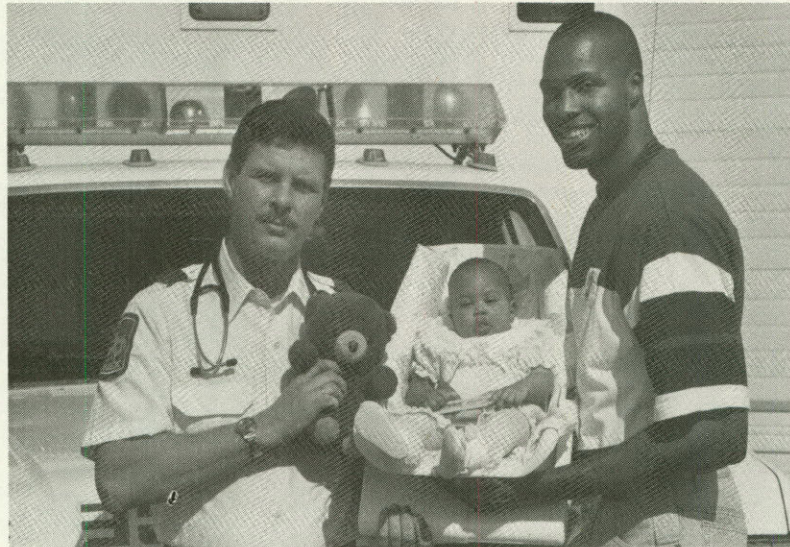
The service also recently bought a new Road Rescue Type III vehicle, replacing the 1978 Chevy ambulance. But the old unit didn't leave town—it found a home with Buda Volunteer Fire Department Fire Marshal A. D. Carroll. The unit will be renovated into an incident command vehicle for use throughout the county.

## Chambers County elects new board members

Cove Volunteer Ambulance Service elected new board members in February. Elected were V.L. Murdock, president; Jack White, vice president; and Sharon Parker, secretary-treasurer. And six of Cove's 11 volunteers recently recertified as EMTs: V.L. Murdock, Genie Clark, Mary Abel, Jean Peting, Karen Brown, and Sharon Parker. Donations from residents paid for all the continuing education for the Cove volunteers. EMTs Rufus Scott and Rusty Senac from nearby Beach City EMS also recertified with the Cove group.

## National EMT organization moves headquarters to Mississippi

The National Association of



*Life Line Inc. in Wichita Falls and a member of a local sports team recently filmed several public service announcements urging parents to use child safety seats. Paramedic Allen Downey, left, stands with Chuckie White of the Wichita Falls Texans and a child. (Right. She's not strapped in correctly. But the newspaper drew straps over her shoulders before the photo ran.)*

Emergency Medical Technicians has relocated its national headquarters from Kansas City, Missouri, to Clinton, Mississippi. The new address is NAEMT, 102 West Leake Street, Clinton, Mississippi 39056. The telephone number is (601) 924-7744; fax number is (601) 924-7325.

Founded in 1975 to be the national voice for EMT and paramedic professionals, NAEMT has about 4,000 members.

## Life Line EMS teams up with sports celebrities

Life Line EMS in Wichita Falls recently joined Chuckie White of the Wichita Falls Texans C.B.A. Basketball Team to make a public service announcement about the importance of child safety seats. The announcements, aired

locally, urged parents to buckle up their children in car seats. Life Line also created a newspaper ad with the same message.

"We've been making local public service announcements featuring our paramedics speaking on different safety subjects for some time now, but this is the first one we have made using a local sports celebrity in addition to one of our medics," says Dean Baswell, Life Line's public relations manager. "By being associated with well-known people in the community, ... it gets more of the community involved in issues that relate to EMS."

## Seven volunteers added to ranks of Claude EMS

Claude EMS got a big boost when seven newly-certified

## Local and Regional EMS News



Business leaders honored for their support at the Rockdale EMS awards banquet are, seated from left, Jack Drake, Ruby Holliman, Ike Korenek and Leroy Stephens. EMS personnel honored are, standing, from left, Sara Proctor, 10-year EMS pin; Jimmy Cox, Vada Coates, and Homer Moody, 15-year EMS plaques; Ernie Green, Ernie Glenn, and Greg Strelsky, EMS president's awards.

EMTs joined the volunteer service. New EMTs are Mike Campbell, Deanna Campbell, Rod Hill, Kayla Wimberly, Robert Whitney, Jeff Cartwright, and Brent Johnson. Claude EMS Association also recently elected officers. Elected were Robert Whitney, president; Mike Campbell, vice president; Kayla Wimberly, secretary/treasurer; and Deanna Campbell, correspondent.

### Organization formed for Christian emergency personnel

An organization emphasizing Christianity in the emergency medical field formed last year in Houston. The Association of Christian Emergency Medical

Personnel is a statewide organization open to Christians EMTs, firefighters, nurses, doctors, and anyone else interested. The group provides EMS care for many events including Christian music concerts, youth outings, conventions, and mission activities.

For more information, call Ed Long at (713)350-3205 or write ACEMP, P.O. Box 1735, Spring, Texas 77383.

### Lexington EMS gets help from student council

Lexington High School student council sponsored a unique program during its football season that netted Lexington EMS a den of stuffed bears. Called the Emergency Medical Teddy Campaign,

the program became a standard feature of every home game. Lexington's student council presented a bear to a representative from the visiting school, who in turn presented it to Lexington EMS.

The service gives the bears to pediatric patients and victims of traumatic situations whether or not they transport. Joby Reynolds, president of Lexington Volunteer EMS, says that the bears have proved helpful when dealing with victims of house fires and car crashes. Medics have even given bears to a child when the child's family member had to be taken to the hospital.

"I'd like to see every EMS organization in Texas and around the country start an Emergency Medical Teddy campaign," says Reynolds. "If we can make one child in a bad situation just a little bit happier, it makes being in EMS worthwhile."

### Rockdale EMS celebrates 15th anniversary

Rockdale EMS celebrated its 15th anniversary with 200 supporters at a banquet in January. Rockdale EMS began in 1979 when the city gave the group two older ambulances. John Michael Weed III, MD, spearheaded the effort.

Later that year, when organizers determined that the service needed a building, the bank lent them \$40,000. In two years the building was paid off through donations from the community and fundraisers. Although the city pro-

# Local and Regional EMS News



*Lexington High School's Student Council sponsored an Emergency Medical Teddy Campaign that netted stuffed bears to give to children on the Lexington EMS ambulance. From left are Paige Tucker, council member; Jarea Rodgers, council vice president; Joby Reynolds, president of Lexington EMS; Elliott Franklin, council president; and Jodie Holland, council member.*

vides gas and maintenance for the vehicles, the service supports itself. The service has grown to use 33 volunteers with 176 years of combined service to Rockdale EMS. The ALS-capable service includes four paramedics and nine EMT-Is. Last year, Rockdale EMS made about 900 calls.

## Entire EMS staff certifies as paramedics

When a Graham General Hospital administrator set a goal of having all the members of the EMS crew upgrade to paramedic, he had no doubt: they could do it. Late last year, they proved him right. All eight members of the service—plus an employee of the hospital—certified as paramedics after attending classes two evenings a week at the hospital. Crew members started

the class as EMT-Is.

Newly certified paramedics are EMS Director Cord Coyle, Bobby Hadderton, John Mahan, Tom Wright, Kent Barnett, Kelly Hudson, Steve Brown, and Charlie Kellow. Cathie McDaniel, a hospital employee, also earned

*Bill Barcheers, right, president of Barcheers EMS in Sabine County, accepts a check from Chamber of Commerce President Richard Smith for winning the Christmas decorating contest. Barcheers says that he tries to give his service a high profile in the community.*



paramedic certification.

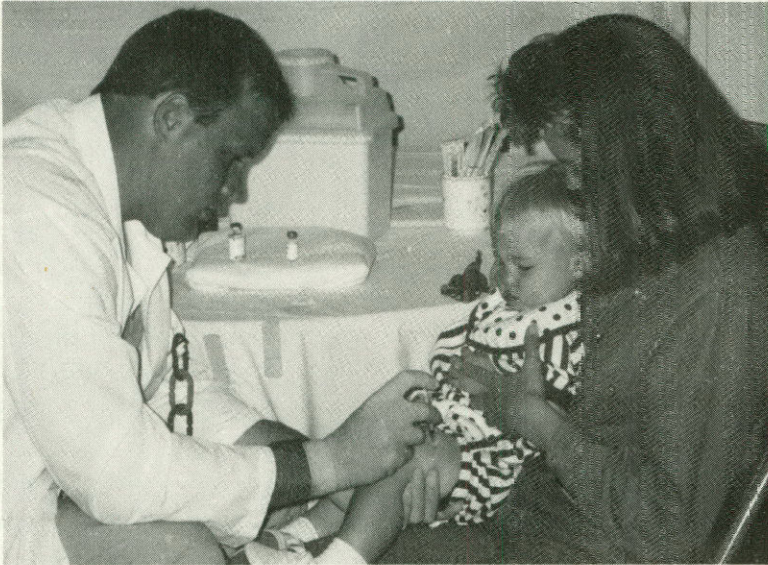
## Joshua upgrades EMS personnel and service

Five members of the Joshua Fire Department certified as EMTs recently, bringing to 12 the number of EMTs in the department in addition to five paramedics. New EMTs are Rodney Linch, Larry Lancaster, Jody Bellah, Richard Cox, and John Edwards. The service also upgraded the newest ambulance to ALS. Joshua Fire Department EMS covers about 125 square miles with two ambulances. Paramedic Paul Stetzel is operations manager for Joshua EMS.

## April proclaimed Sexual Assault Awareness Month by governor

The Bureau's sexual assault prevention program kicked off Sexual Assault Awareness Month in

## Local and Regional EMS News



*Belton Fire Department paramedic Bruce Pritchard gives one of the 122 shots kids received at an EMS-sponsored shot clinic. Contact your public health region EMS office for information about immunization training for paramedics.*

April with a rally at the Capitol attended by advocates and legislators. About 30 people attended the noon rally, which included awards presented to legislators and a demonstration on self-protection. All three major television stations and one radio station in Austin covered the event.

"We have this month-long observance for two reasons," says program administrator Cecelia McKenzie. "We want to honor survivors and also promote awareness of sexual assault issues."

Although Governor Ann Richards did not attend, she signed a proclamation earlier designating April as a month for highlighting sexual assault prevention. The 56 sexual assault programs in Texas received a packet of information including sample proclamations, press releases and public service announcements, articles for the me-

dia, and suggestions for events.

In March, the Texas Association Against Sexual Assault presented the Champion of Social Change Award to TDH program administrator McKenzie. The award, usually given to legislators, honored McKenzie for her work with Sexual Assault Nurse Examiners, development of medical evidence collection protocols, and sex offender treatment. Sexual assault educational presentations and materials are available to EMS personnel from local sexual assault programs.

### Belton Fire Department holds immunization clinic

The Belton Fire Department, along with TDH Public Health Region 7, held a free immunization clinic February 2 to help parents protect their children

from diseases such as polio, whooping cough, and measles. The clinic was free and open to anyone.

The fire department administered a total of 122 shots to 72 patients. Although only one paramedic from the fire department was trained to give the shots—the clinic also used a nurse and another clinician—two more paramedics have since taken the training. More free immunization clinics are planned for the future.

"We were the first fire department in Texas to do the shot clinic," says Roy Harmon, chief of the Belton Fire Department. "I think it was a success because it's going to help all the children in Texas."



*Ready Teddy gave out coloring books and stickers to 75 students from Thornton Elementary in Temple during a tour of the Scott & White Memorial Hospital ambulance. Ready visited the children through a joint effort between the Central Texas Trauma Council and Scott & White.*

# Local and Regional EMS News

## Texas Department of Health Public Health Region EMS Offices

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 Terry Bavousett  
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 WTSU Station  
 Canyon, Texas 79016-0968  
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Denny Martin  
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 Lubbock, Texas 79403  
 (806) 744-3577

**Public Health Regions 2 & 3**  
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 2561 Matlock Road  
 Arlington, Texas 76015  
 (817) 792-7211

Andrew Cargile  
 1290 S. Willis, Suite 100  
 Abilene, Texas 79605  
 (915) 695-7170

**Public Health Regions 4 & 5**  
 Jim Arnold  
 1517 W. Front Street  
 Tyler, Texas 75702-7854  
 (903) 595-3585

**Public Health Region 6**  
 C. Wayne Morris  
 10500 Forum Place Dr.,  
 Suite 200  
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 (713) 995-1112

**Public Health Region 7**  
 Rod Dennison  
 2408 S. 37th St.  
 Temple, Texas 76504-7168  
 (817) 778-6744

**Public Health Region 8**  
 Lee Sweeten  
 1021 Garner Field Road  
 Uvalde, Texas 78801  
 (210) 278-7173

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 1015 Jackson Keller Road,  
 Suite 222  
 San Antonio, Texas 78213-3748  
 (210) 342-3300

**Public Health Regions 9 & 10**  
 Tom Cantwell  
 6070 Gateway East,  
 Suite 401  
 El Paso, Texas 79905  
 (915) 774-6200

Doit Lee  
 2301 North Big Spring  
 Suite 300  
 Midland, Texas 79705  
 (915) 683-9492

**Public Health Region 11**  
 Jay Garner  
 601 W. Sesame Dr.  
 Harlingen, Texas 78550  
 (210) 423-0130

Rothy Moseley  
 1233 Agnes  
 Corpus Christi, Texas 78401  
 (512) 888-7762

### Local Projects Funding

To receive a grant application kit, complete this coupon and return to:

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

For TDH Use

Date Received \_\_\_\_\_

Date Entered \_\_\_\_\_

For more information call (512) 834-6700.

Organization \_\_\_\_\_

Type of Organization \_\_\_\_\_  
*(EMS, VFD, FD, Hospital)*

Name \_\_\_\_\_  
*(Person requesting application)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_  
*(Area code/number)*

### TEMSAFE funds available

Texas EMS Alliance for Education will begin distributing applications for FY95 basic certification and trauma life support courses in mid-May. Funds target rural EMS organizations without adequate resources to provide training for ambulance and first responder personnel. Application deadline is August 1; successful applicants will be notified by October 1. Call Stacey Tenney at (512) 471-6276 or write TEMSAFE Application 95, PO Box 7700, Austin, Texas 78713-7700 for an application.

# Mother's Day Remembered

*Mother's Day, 1993.*

*Little did we know how soon we would be needing the services of the grief counselor who had just given a program at our monthly meeting.*

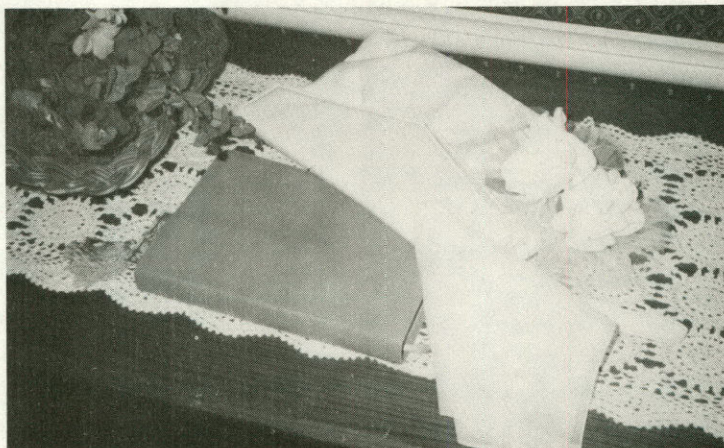
By  
Barbara Venable

Mother's Day fell on my weekend to work as an RN in the Emergency Department at Palo Pinto General Hospital. That distressed me a little, as I'd rather have been in church on that special day. After a long hard night in the Emergency Department, I arrived home an hour late. I had some difficulty getting to sleep, and had only slept about an hour when my pager went off. I hit the floor trying to jump into some clothes and call base at the same time. After three unsuccessful attempts to reach someone, I grabbed my shoes and ran to the car. (Drat! Why hadn't my new radio come in?) Meeting the ambulance coming for me, I left my car beside the road and jumped in the unit with driver Bill James and EMT Judy Cathey. EMT-I T.J. Hobbs followed in his pickup.

All we knew was that someone—we didn't know whom—was trapped in a major wreck at I-20 & Hwy. 108. When I heard the page, I remember thinking to myself a truck had probably hit another vehicle. We have a lot of collisions and many more close calls at that intersection. Attempting to enter and exit the truckstop, truckers seem confused about who has the right-of-way.

Arriving at the scene in less than two minutes, I struggled to get awake and alert as we jumped from the ambulance. My dreaded premonition was indeed true. I saw that a massive oil field equipment truck had turned left into the oncoming lane. Recognizing that little red 4-door Pontiac crammed underneath made me livid. But there was no time for anger as we quickly saw that folks near and dear to us needed help.

Two carloads of one of our local families were enroute to a nearby popular restaurant for Mother's



Day lunch after church when fate changed their plans and lives forever. As I saw frantic grandparents who had been following in the second car running between their children and grandchildren, I found it extremely difficult to get focused on who needed help first. The aunt and a passerby were doing CPR on the 10-year-old son. I hardly recognized him, he looked so distended in the midsection. A doctor had stopped and was kneeling at the boy's head. He looked up at me and calmly said that he'd intubate him if we got him a tube. T.J. and I handed him the tube kit, then T.J. started the I.V. The 10-year-old looked as if he had enough folks caring for him, so I ran to the car.

I'll never forget the look of terror and frustration on the dad's face. His legs were trapped in the wreckage and he could not get to his family.

The mother—a teacher, school nurse, and drill team and cheerleading sponsor in our school—could open and close her eyes but could not speak to me. Both parents had blood on their faces and arms from the broken windshield. Several people were helping the parents so I directed my attention to the 13-year-old daughter who was rolled into a ball in the back floorboard. A man I didn't know was attempting to apply her C-collar. I unwrapped her legs and, with the help of others, immobilized her and placed her on a spine board. She told me her seat belt had broken or come open. I suffered with each cut of my crash shears as I cut away her pretty new dress. She remembers that very well also, I'm afraid. She complained of abdominal and low back pain during her extrication and loading onto the squad seat of the ambulance.



EMT and RN Barbara Venable volunteers with Tri-City EMS in Gordon, Texas.

## *When a Child Dies*

By Dave Fair

*A*s caregivers we are trained to sustain life. But every medic knows we lose some patients; in the loss of a child the pain seems to go much deeper. What can we as caregivers do to lessen the pain for the parents and other family members of a dead or dying child? First we must understand that no parent can ever forget that time. It's a period of unbearable sorrow and anguish. But what we do and say as caregivers can have a tremendous effect on the length and severity of the grief process. The things said at the scene, enroute to the hospital, or at the emergency department are vitally important.

Parents must be allowed to be

parents. They probably want to be included in the care of their own child. Depending on the child's age, if policy permits, let them ride in the ambulance to the hospital. No matter the illness or injury, a parent can have a calming effect in the midst of the lights and sirens.

If the family arrives at the scene before you transport, prepare them for what they will see. Although time is precious, have someone explain the lines, wires, and tubes. This single act can go far to lessen some of their anxiety. Avoid street jargon and complex medical terms; make it plain and simple.

Based on your service's policy, tell the parents what you can about the child's condition. Be honest with

*The loss of a child is one of the most traumatic emotional events parents will ever suffer.*

References:

1. Compassionate Friends, various booklets.
2. Herman, J. *Trauma and Recovery*, Basic Books.
3. Kubler-Ross, E. *On Death and Dying*, Collier Books.
4. Wright, H. *Crisis Counseling*, Here's Life Publications.

We gave her oxygen, secured her to the seat and checked for other injuries. I remember how brave she was and how she complied with all our instructions. It's uncanny how she remembers every detail of the crash and none of the others remembers anything after leaving church.

After we loaded the youngest—CPR still in progress—into the ambulance, we proceeded to the Eastland Hospital. Firefighter Albert Dickson, T.J., and EMT-I Sharon Loftin cared for him. As they switched off, T.J. would assist me with my patient. When the young girl looked pretty stable, I slipped to the front of the ambulance to check on the

grandmother. The sadness of seeing her heartbreak, this friend exactly my age as she sat there with her Mother's Day corsage still in place, almost overwhelmed me. Later, I learned the other grandmother had witnessed the accident from the window of the truckstop restaurant she manages. We left that grandmother helping rescuers at the scene.

The ambulance from nearby Ranger transported the 15-year-old son with his painful fractured humerus to Eastland Hospital. The two Careflite choppers took the critically injured parents directly to Fort Worth instead of the local hospital.

### *When A Child Dies*

them. There are times when just telling them the vital signs will give them the satisfaction of knowing something about what is happening to their child. If the child is still alive assure the family that everything possible is being done.

If the parents are allowed to ride with you to the hospital or if you encounter them in the Emergency Department, encourage them to talk about their feelings. Sometimes people need to be told it's OK to cry. Let them vent their feelings and emotions. By the same token, don't hide your own feelings just to protect the parents. Because you are in a position of authority, you can help them validate their feelings. This is a part of the healing process of their emotional trauma.

Because of the tension of the moment, it may be necessary to repeat things to parents several times. They may hear only part of what is said and may ask the same questions over and over.

Do your best to use short phrases and make it as simple as possible. Continue to reassure them.


If your call is a DOS, it's good for you to know something about the grief process. If the parents request it, allow them to be alone with the body. This gives them a chance to say goodbye and brings finality to the incident. Always call the child by his or her first name.

Show parents that you care. A slight touch of your hand to their hand or shoulder is appropriate. If you are the one who has to break the news about a death, plan to stay with them a few minutes if possible. Don't rush away; just your being there helps, even if you have nothing to say. It is okay to say, "I'm sorry about your loss of Tommy."

At the time of death the parents may not be able to receive the news. Denial is a way of coping, and denial or shock is the first phase of the grief process. It normally soon dissipates and the parents might then become angry. It's possible they will vent their anger toward you. Do not take it personally.

Depending on the situation, the family may turn to you for help about what to do next. You may offer to call their minister or the funeral home. They can be confused and not know what steps to take. Usually survivors can follow simple instructions, but don't be shocked if they can't. Above all, be patient with them. Remember when a child dies, parents become your patients. Be sensitive and tactful.

As you climb back into your ambulance, you must remember what you can do to take care of yourself. Care for the caregivers is very important. Be aware of your thoughts and emotions. You should find someone you trust such as a chaplain, peer counselor, or close friend, to talk to about the incident. Usually when a child dies it's best to hold a critical incident stress debriefing.

Many EMTs have a feeling of failure after a death, even when they know they did all they could. Talk it out or you could also become a victim. 



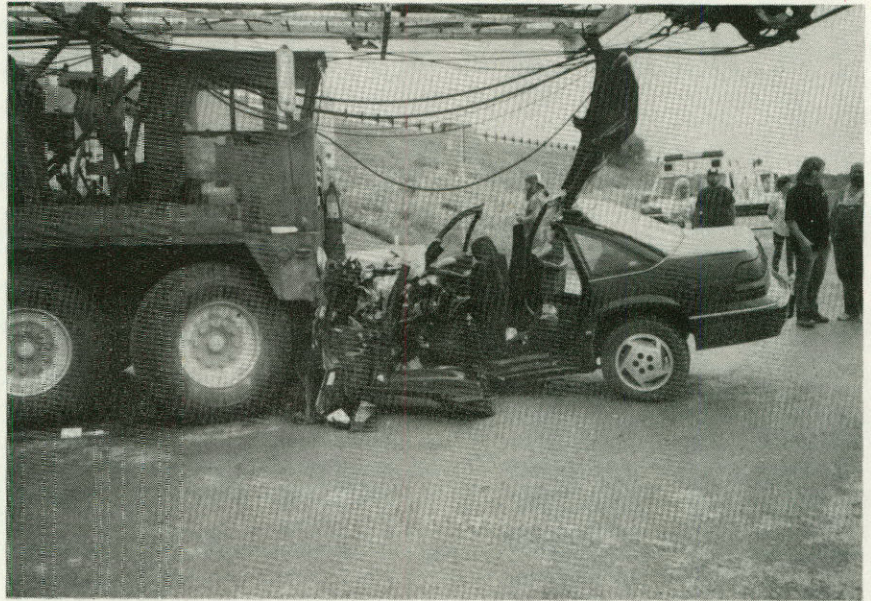
As the magnitude of the tragedy settled in on me, I know I thought and said aloud, "How could children be hurt this bad when they were all belted in properly?"

Miraculously, the youngest had a pulse and blood pressure reading when we arrived at the hospital. It gave us hope. The staff at the hospital responded heroically to try to make that little boy live. We did not know at the time that his neck and spinal cord had been snapped by the lap belt meant to protect him. A nasty-looking X-ray showed the little girl's back was broken at L3 and L4.

We packaged all three children for Careflite transport to Fort Worth. As we loaded the last one on the helicopter, we sent our love and prayers tucked inside. Only when I returned home, exhausted, to tell my husband of the horrible injuries, did I allow myself to release the pent-up tears. Then to learn that the youngest had died after arriving at the children's hospital was just too much.

It has been devastating as we've visited the hospitals to see how really broken were the family's bodies from the wreck, and their hearts from the loss of their son and brother. New sights brought new tears as I saw the mother's master of education degree come in the mail instead of watching her walk across the stage at Tarleton State University. I shed thankful tears when I found another dress exactly like the one I cut off that precious cheerleader. To see her eyes light up when she opened the package was indeed a joy.

The funeral for the little boy had to be delayed for nineteen days until the parents were able get out of the hospital long enough to say their goodbyes. Finally, after more surgeries, they were released to weeks of braces, wheelchairs, and other equipment. Then it began to look as if the family was truly under siege as the



little grandmother who had ridden in the ambulance succumbed, in her weakened state, to a sudden bout of pneumonia. Just as we prepared for her funeral, the dad's two nephews were burned in a home fire and had to be flown by Careflite to Parkland. Fortunately, their injuries were not serious, but the incident gave us a scare.

In the weeks following the wreck, we watched the family cope and try to get on with their lives, and we realized how much we all need and help each other. Volunteering in a small community exposes us to many situations like this because we know everyone. Certainly, we need stress management to avoid burnout and disillusionment. How grateful we are that critical incident stress debriefing is at last being addressed as a real need for EMS. A letter I wrote to our stress counselor was most helpful to me as I attempted to deal with it all. And we rescue workers have had to talk, talk, talk to get it out of our systems.

Even with all the steps taken to release our personal grief, I know memories of that Mother's Day in 1993 will forever be with us. 🐾

# Critical Incident Stress Debriefing

## The *why* and the *when*

By  
Paul Tabor



Critical incidents which should automatically be debriefed include:

- line of duty death or serious line of duty injury
- suicide of a peer
- disaster or major multi-casualty incident

Other events possibly requiring a debriefing include but are not limited to the following:

- police shootings or person with a gun
- significant events involving children
- incidents involving relatives or known victims
- someone involved who reminds you of someone you love
- prolonged incidents (especially with a loss of life)
- events which draw excessive media
- known infectious disease patient with profuse bleeding
- victim crying out in pain
- dealing with survivors

The “why” of CISD. Many people talk about the stress and strain of normal, every day living in the 1990’s. But the challenge is even greater when the individuals routinely face risks and working conditions beyond what is considered usual or normal for most people. Emergency service personnel—EMS, fire, police, disaster workers, etc.—work in a uniquely stressful, high risk, and potentially traumatizing environment as part of their paid or volunteer careers. There are few stressors in life that can have the destructive power associated with the stress of caring for the sick and injured.

Emergency service workers empathize with their patients as evidenced in the preceding article, “Mother’s Day Remembered.” The work they choose to perform can be emotionally difficult, physically draining, and a threat to their personal safety. It affects their health, well-being, and career as well as their relationships with their family.

Case studies conducted by Dr. Jeff Mitchell, noted disaster psychologist, and other mental health groups, reveal that significant numbers of stress-related symptoms in emergency workers may follow a particular incident. Many of these symptoms are temporary, and most personnel experience no long-term detrimental effects. However, some emergency workers do experience severe effects. Some of these effects are delayed, surfacing later, after a period of no apparent symptoms. Without professional mental health intervention, these personnel have experienced declining work performance and deterioration of family relationships, as well as increased health problems.

Factors and events that may cause one emergency worker to suffer the im-

pacts of stress may have little or no immediate effects on another. However, research has demonstrated that very few emergency service personnel are not affected by the stressors of their jobs. Research has also shown that the majority of those who show stress related symptoms do not resolve these issues on their own and so continue to be affected.

Emergency service’s most valuable resource is its people and these people need specialized programs designed for their specific personality profiles that address issues specific to their jobs. Emergency personnel respond favorably to support provided by peers where the emphasis is placed on learning and education. The cross-training of mental health providers and the use of peer support personnel in the educational and intervention process is necessary and has proven to be the most beneficial and accepted method of initial intervention. Thus, the trained CISM team provides a form of crisis intervention specifically designed to help emergency service workers cope with the stresses inherent in their profession.

**The “when” of CISD.** The potential need for CISD exists in any situation faced by emergency service workers that generates in them unusually strong feelings.

Always remember that crisis is real to the person who is experiencing it and what is stressful to one individual may not be stressful to another. Also, stress can build up over a period of time, it is cumulative, and one day the emergency worker may be overwhelmed by a “routine” call to which they have successfully responded one hundred times before. —Paul Tabor



# Tips for Building a Successful Injury Prevention Coalition

By

Rebecca Prichard

*This article draws on remarks by Jeffrey Diver, field director for the National SAFE KIDS Campaign in Washington, DC.*

In the field of emergency medical services we see reminders daily of the disabilities and deaths of children caused by injuries that are predictable and preventable. This first-hand experience with reality causes a variety of emotions: anger, frustration, and the urge to do "something." More and more we see local grassroots coalitions springing up in communities and health care professionals leading the efforts to reduce injuries. The Think Child Safety and Mobile Safety Vehicle programs in Lamar County, Texas, for instance, began because six Paris paramedics knew their town was losing too many children in car crashes.

These points can help build a successful coalition:

- Identify key community leaders drawing upon a diverse base to accurately represent the community the coalition wishes to serve.
- The best combination is a mixture of "queen bees" and "worker bees." Community leaders, high-level program managers, and executives can open doors of opportunity. Keep in mind that additional members will provide hands-on assistance.
- Recognize the fragile nature of new coalitions. While it is difficult to determine how effective a potential

member may be, guard against any member or organization that wants to put its own agenda before that of the coalition.

- Consider the strengths and weaknesses of groups or individuals when inviting potential members.
- Try to solidify the initial core group of five to ten members before opening membership to the general health and safety community. Choose a name for this core group that describes its active leadership role, such as Board of Directors or Steering Committee. But avoid using the term Advisory Committee, which implies that the members sit back and give advice rather than roll up their sleeves and pitch in.

Starting with the coalition's first meeting, set a positive tone. All comments should spirit of cooperation, collaboration, communication, and coordination. This can be communicated in everything from how the room is arranged (round table rather than lecture or theater style) to verbal clues.

Clarify the coalition's role early to avoid turf battles and to ensure the success of the first meeting.

- Detail local childhood injury data, and compare it to state and national data.
- Invite an EMS medic, nurse, or physician to discuss injury cases that they have seen.
- Explain the importance of taking a multi-faceted approach to injury prevention.

Rebecca Prichard, injury prevention specialist for the Bureau's EMS for Children Program, heads the Texas State SAFE KIDS Campaign. For more information on starting a local SAFE KIDS coalition or for copies of the reference articles, call Prichard at (512) 834-6700.

References:

1. "Coalitions in Mid-Life Crisis," *Childhood Injury Prevention Quarterly*, Summer 1991, Vol.3, No.1.

2. "Keys to Coalition Building: Twelve Tips For Success," *Childhood Injury Prevention Quarterly*, Spring 1991, Vol. 2, No.4.

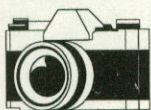
- Encourage everyone present to speak about his or her vision for the coalition. This will help members feel they have a vested interest in guiding the coalition's future course.
- Discuss how the coalition should be structured.
- Give membership applications or pledge forms to those present.
- Discuss the roles of members and officers.
- Follow the agenda, end on time, set the next meeting date, compile a telephone contact sheet and mailing list, and ask attendees to sign up for assignments.

During the first few months after the initial meeting, it's a good idea to meet as frequently as possible in order to capitalize on the initial enthusiasm. Meetings should last one to two hours. During follow-up meetings:

- Ask dynamic members to serve in leadership roles.

- Set achievable short-term goals. Success breeds success.
- Develop a clear and specific mission statement and action plan.
- Give members the opportunity to report on their projects.
- Plan sufficient time for group discussion and decision-making.
- Always acknowledge each person's contributions.
- Constantly monitor the coalition's progress.

"An ounce of prevention is worth a pound of cure." This old adage has double meaning for all injury prevention activists. A carefully selected core membership, a positive launch, and frequent, engaging follow-up meetings will help your coalition succeed. Spend extra time in the beginning to organize the coalition's initial meetings. You will be glad you did. Remember "Accidents Don't Just Happen!" Good luck and good coalition-building. 🗑️



## 1994 Texas EMS Photography Contest

### Entry Form

Photographer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

*Sponsor for prize money and trophies*  
**Road Rescue Emergency Vehicles**

**Deadline for entering: October 15, 1994**

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



#### The Rules

- Anyone is eligible, no entry fee is required.
- Entries must be received **no later than October 15, 1994**. Winners will be announced at the Texas EMS Conference, November 20-23, 1994.
- Unmatted prints **8x10 inches** or **5x7 inches** may be submitted, in color or black and white. Fill out the entry form on this page, tape it to the back of your photograph, and mail your entry to: EMS Photos, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756-3199.
- Entries become the property of Texas Department of Health and will not be returned.
- Two grand prize winners will each receive \$100 and a trophy. One special award will receive \$75 and a trophy. Two second place winners will each receive \$50 and a ribbon, two third place winners will each receive \$25 and a ribbon. Two honorable mention winners will receive ribbons. Judges will select winning photographs based on artistic composition, originality, visual appeal, and good patient care.



# Medics Responsible for Birth Certificates on Stork Calls

How many of you EMS responders have delivered a baby? I know some of you have had that wonderful, exhilarating, and somewhat terrifying experience.

Did you know that you, the attendant, are responsible for filing the certificate of birth for that newborn?

Texas Vital Statistics statutes state that the physician, midwife, or attendant at the birth is responsible for filing the certificate of birth for the newborn infant within five days of the occurrence of the event.

What's more important, or worse, whichever way you want to look at it, is that there are civil penalties for not complying with that statute. Thus, if you don't file, you can be guilty of a misdemeanor, with penalties of up to \$500 in fines, which could jeopardize your EMS certification.

According to the law, you are responsible for signing the certificate as the certifier, which means you certify that


the infant was born on that day, at that time, and in that place.

Generally, the hospital will assist in getting the parental information for you, or you will have some of it available from your run report. You'll have to struggle with the medical information as best you can. Even if the certificate is incomplete, it is extremely important that you file the birth certificate within five days of the child's birth.

This record will be the permanent record for that child for the rest of his or her life, so try to complete it in as neat a manner as possible.

The Bureau of Vital Statistics will not accept erasures, strikeovers, white-outs, etc., on a record. Those kinds of corrections make the record appear altered on certified copies and no one will accept an altered birth certificate copy.

The record must be either typewritten or completed in permanent black or blue-black ink. Remember, this will be the one and only permanent record of birth for that individual.

If you need help to complete a birth certificate, I will be happy to assist. There are a number of important details required on the record for the individual and for statistical information. 

By

John P. Murphy

John Murphy, an EMT and public information officer for Travis County Fire Control, serves the State of Texas as deputy registrar for the Bureau of Vital Statistics at the Texas Department of Health. Contact him at (512) 458-7692.

This article was originally published in the March, 1994, *TCFC Scanner* and is reprinted here with permission and our thanks to *Scanner* coeditors Barry Sharp and Bob Hosking.

Reference:

Health and Safety Code, Chapter 192, Vital Statistics. Birth Records, Section 192.003. Birth Certificate Filed or Birth Reported, effective September 1, 1989.

## South Plains EMS Update 94 September 17th & 18th "High Tech - High Touch"



Featuring . . .

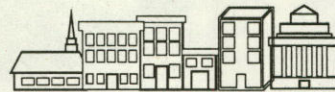
- **Vick & Vern**  
The Dsyrhythmics  
World Tour
- **Virginia Lynch**  
R.N., M.S.N.  
Forensic Nursing
- **Mark Warren**  
Lt., Texas Department  
of Public Safety  
Verbal Judo
- **Doug Key, EMT-P, BS**  
Maintaining Your  
Work Force

For More Information . . . Contact:

Charla Mitchell, Regional Coordinator  
South Plains EMS  
P.O. Box 53597  
Lubbock, Texas 79453  
(806) 791-2582  
Fax (806) 791-5260

**Update 94 . . . 2 days of unforgettable education and celebration for emergency care.**

## EMS TOWN MEETINGS



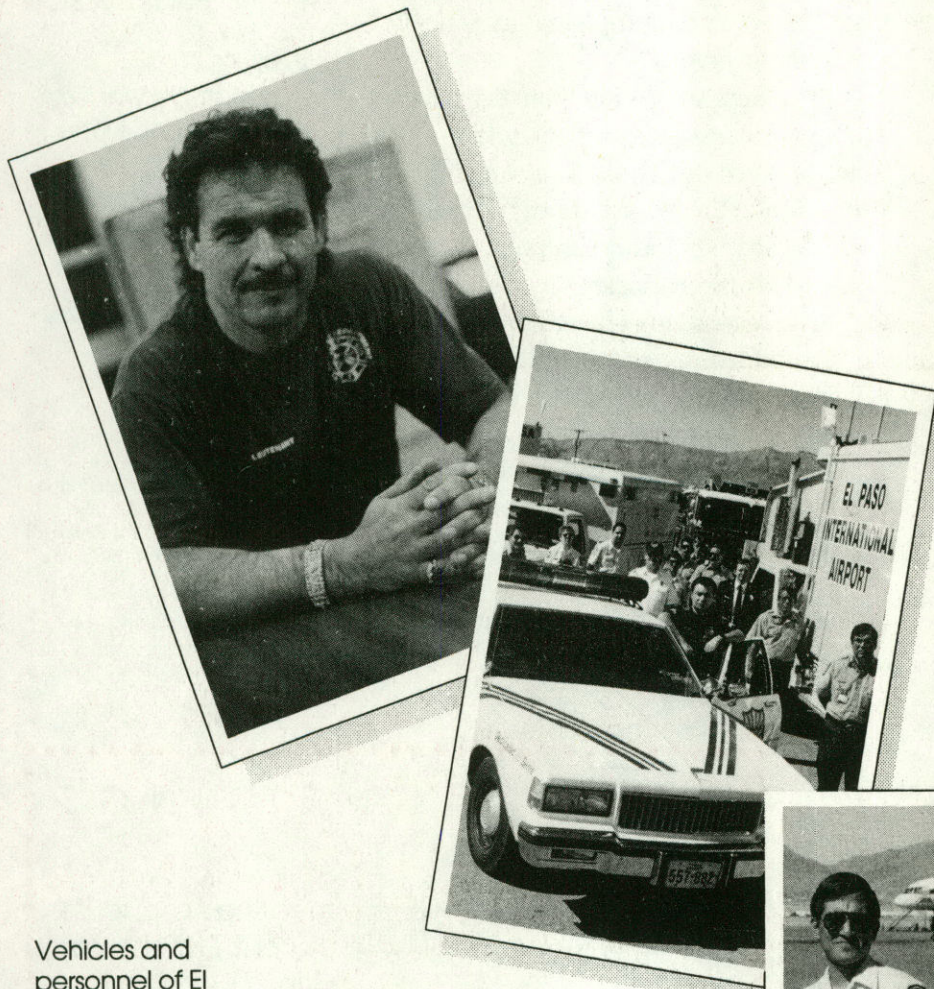
Attend a town meeting to discuss current EMS issues with TDH officials.

Call (512) 834-6700 or your public health region EMS office for information.

- |         |          |         |                       |
|---------|----------|---------|-----------------------|
| MAY 25  | CANYON   | JULY 5  | ABILENE               |
| JUNE 7  | LONGVIEW | JULY 6  | ARLINGTON             |
| JUNE 21 | WHARTON  | JULY 26 | BRYAN-COLLEGE STATION |

# El Paso

## Fire Department: Medical First Response



Vehicles and personnel of El Paso Fire Department, Airport Crash Rescue, El Paso Police Department, and El Paso EMS represent a unified system of prehospital care.

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TEXAS TECH UNIVERSITY

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FIRST RESPONDER

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COORDINATOR RON

---

BURCHETT, EL PASO FIRE

---

DEPARTMENT MEDICAL

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COORDINATOR LT. JOE

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BACA, AND EL PASO

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EMS DIRECTOR BILL

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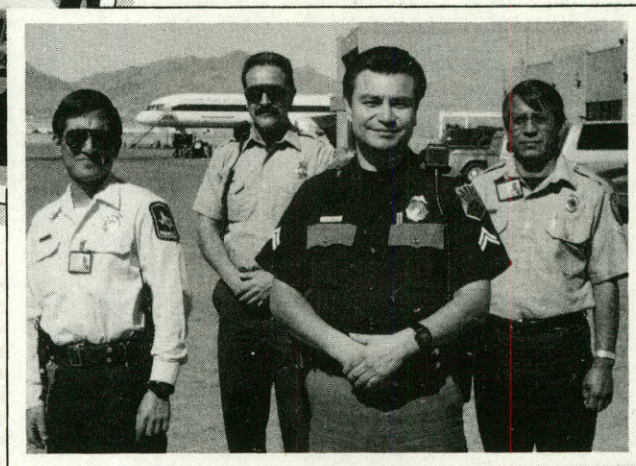
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PATIENTS.

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*By Todd Daugherty*

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"RIGHT OFF THE BAT WE SAW THINGS WE COULD IMPROVE. WE DON'T TRAIN JUST TO TRAIN, WE TRAIN WHEN WE SEE A NEED." —

LT. JOE BACA ON THE QUALITY ASSURANCE PROGRAM THAT IMPROVES EL PASO FIRE DEPARTMENT'S PATIENT CARE

**A**t the end of 1989, the medical training program of the El Paso Fire Department was probably like most other large city fire departments: not much of a program at all, and what did exist was managed largely by crisis.

El Paso firefighters had served as first responders for El Paso EMS, a third city service, for years. And important innovations had taken place prior to 1989, such as upgrading the medical training program from emergency care attendant to emergency medical technician. But sweeping changes were on the horizon in 1989, thanks to Chief A.F. Mehl's desire to improve the fire department's role in prehospital medical care.

In 1990 two important changes happened to El Paso Fire Department. First, the City of El Paso included the El Paso Fire Department along with El Paso EMS in the city's contract with Texas Tech University for medical direction. Second, the fire department staffed a medical coordinator position to develop medical training programs, implement the programs, and monitor their effectiveness.

The fire department tackled

recertification of veteran firefighters first, developing a continuing education program that recognized the importance of then volunteer instructors. Instructors began teaching the CE sessions on their off-days on overtime status.

To improve the learning environment, the medical coordinator designed a program that gave each medic 36 hours per year of CE credits: six 4-hour sessions each year taught at the central training facility by the instructors, four hours of in-station CPR recertification, and eight hours of in-station video training.

Eventually, the part-time shift coordinators merged into two full-time staff CE instructors under the medical coordinator.

At the same time that El Paso Fire Department upgraded the veterans' emergency medical training, the organization also improved the amount and level of training provided to entry-level personnel. Up to this time, volunteer instructors had also taught EMT class to the trainees, who complained bitterly of "hearing seven different stories from seven different mouths and not having enough time."

To give the initial certification program continuity and direction, the fire department's medical coordinator became lead instructor for the trainees and increased the medical training from 180 hours to 212 hours. Two instructors dedicated to training entry-level employees joined the medical coordinator's staff.

As a result of improvements in the education program for entry-level personnel, the El Paso Fire Department boasts of having the top scores in the state for its EMT classes.

Next, representatives from the medical director's office at Texas Tech

Page 22 photos: Far left, Lt. Joe Baca has served El Paso Fire Department as medical coordinator for two years. Far right, special training and equipment for crews based at El Paso's international airport mean faster response times and better firefighting. From left, Alex Sanchez, senior paramedic, El Paso EMS; El Paso Fire Department's Lt. Edward Lowe, an ECA; ECA Tony Resendez, Jr., with El Paso Police Department; and paramedic Richard Chavarria, Airport Crash Rescue.

Page 23 photo: Crew members (from left) firefighter/EMT James Robertson, Jr.; Lt. Edward Lowe, ECA; and EMT Brad St. Myers, a fire suppression technician, represent the nearly 600 medically-trained firefighters of El Paso Fire Department.





University, the fire department, and the EMS department met and diligently worked out a set of true system protocols. For the first time, El Paso Fire Department medics began working with a set of locally developed guidelines for action in the field.

Representatives of the fire department and the medical director's office also developed risk management and quality assurance programs to ensure that fire department personnel render high quality patient care in the field.

The risk management program aims to identify training needs rather than impose disciplinary action. As part of risk management and quality assurance, the medical director's office monitors patient report forms at random for problems in field performance, and employees have guidelines to report situations where they feel medical protocols were not followed or where patient care may have been compromised.

The patient report form used by El Paso Fire Department matches the format used by advance life support

El Paso Fire Department paramedic Christopher Celaya teaches a class of fire cadets. The fire department's class averages often rank at the top of statewide listings.

crews of El Paso EMS, and the medical director periodically compares fire department patient reports to those completed by El Paso EMS crews. Fire department crews can now complete the forms on computer terminal at each fire station. The medical director's field observer program reviews training topics, protocols, and field performance of the fire crews on a regular basis by riding out with the fire crews four times a month.

The fire department first responder program has also made many improvements in medical equipment. After an aggressive campaign, the department placed automated external defibrillators on all fire apparatus in October, 1992. Since that time the percentage of survivors of sudden cardiac death has doubled.

"HE GOT US LIDOCAINE GEL, MORE PADS, BASIC SUPPLIES WE JUST COULDN'T GET." —LT. EDWARD LOWE ON THE ADVANTAGES OF HAVING TEXAS TECH UNIVERSITY'S RON BURCHETT RIDE ON THE FIRETRUCK.

"GET AN AIRWAY. DON'T LET ANYBODY GET ANY WORSE. AND BREATHE FOR THEM. THAT'S WHAT A FIRST RESPONDER SYSTEM DOES." —TEXAS TECH UNIVERSITY'S BRIAN KEITH NELSON, MD

Other developments in first responder equipment include new airway bags, V-Vac hand-powered suction units, and Combi-tube PTL airways.

In the area of public relations, the fire department actively promotes public education for medical emergencies, developing a program called "Don't Push the Panic Button." In the program, which is for all ages, the public learns how the local EMS system works, how to access the local 9-1-1 system, and what to say and do until the arrival of trained medical personnel. El Paso Fire Department personnel also help train the public during the

annual "CPR 1000" event and participate in local EMS Week activities.

Many prehospital providers may consider these programs basic, but in a first responder agency such as El Paso Fire Department the programs are uniquely innovative—so uniquely innovative that it would not have been possible without the cooperation of fire department medics, the hard work of the Medical Training Division, and the help and guidance of the fire department administration and local city government. 🌻

El Paso Fire Department Lt. Todd Daugherty served as medical coordinator from 1989 to 1992.

## Rule requires first responder organizations to register with TDH

TDH has registered first responder organizations since March 1, 1993, in response to an EMS rule adopted October 21, 1992. Although the Bureau's Certification Program has records on nearly 725 first responder groups, only about half of those have gone through the official registration process, according to Certification Supervisor Phil Lockwood.

According to Lockwood, many first responder groups may think they are registered because they sent some paperwork in to their regional EMS office several years ago. But if your first responder group hasn't sent the state an application form and a letter of agreement with the transporting EMS agency since February, 1993, then your group is not a regis-

tered first responder organization.

Lockwood says that besides obvious improvement in patient care by coordinating first responder care through the transporting EMS agency, there are other good reasons to register your first responder organization. "If the organization uses volunteers for emergency care, those people are exempted from certification fees," says Lockwood, unless they also do paid work for another EMS group. Those volunteers who qualify for fee exemption can't get that exemption unless their names appear on the roster of an officially registered first responder agency.

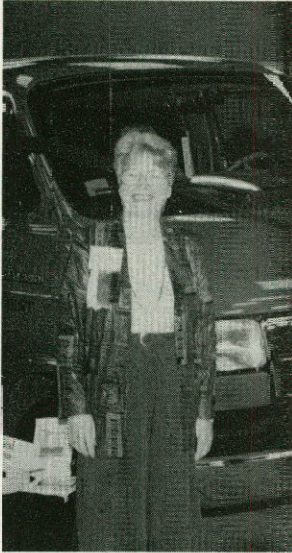
What about paid first responder groups whose members must pay certification fees? Lockwood says an important advantage to both volunteer and

paid groups is that the directors of registered first responder organizations receive the recertification evaluation results of their members. "Results will be forwarded to providers and medical directors who can use them as one of the tools in the overall evaluation of an individual's performance," Lockwood said.

Another good reason to apply for official registration is to qualify for the Local EMS Projects grant program. Funds cannot go to a first responder organization unless the group is officially registered with TDH.

Contact your Public Health Region EMS office or call Lockwood at (512) 834-6700 for an application form. —Alana S. Mallard

# New Rules — New Opportunities



By Pam West

*It is not too late for each of us to take a personal role in conflict prevention as we work together on implementing these new rules.*

In a recent series of articles, I have explored issues where conflict prevention can promote positive approaches to problem solving. I have discussed the need to avoid tromping on areas of antagonism and ways of leveling the playing field. It is too late for us to avoid conflict regarding these new EMS rules; however, it is not too late for each of us to take a personal role in conflict prevention as we work together on implementing them.

At the state level we work to communicate correct information and increase understanding of how these rules can assist you in focusing on your number one priority—the patient. We believe that if you have the correct information at hand, you will respond with a healthy, professional attitude and areas of antagonism will stay at a minimum.

At the local level, we ask that you level the playing field by taking the time to read the information carefully and ask questions about areas that seem unclear to you. Choose the source of your answers discriminately. Much misunderstanding, frustration, and antagonism could have been prevented during the development phase of these rules, if so many folks had not relied on rumors, assumptions, and biased information in forming their opinions about what was or what was not going on. Please, let us not repeat the same mistakes as we implement these rules. We are here to help you understand, and to help you comply with the changing requirements.

Having said that, let me share some facts about the new requirements.

Initial Certification. There are few changes in §157.41; however, the revisions are significant. As of April 6, 1994, there is no longer a state skills certification exam. This process

has been replaced by a skills proficiency verification (SPV) process. The SPV process will be coordinated in initial courses by a state certified course coordinator. SPV will be conducted by a state certified skills examiner using state skills criteria.

So what is the difference between SPV and a skills exam? Previous rules required that the skills exam be conducted after the completion of the course. SPV is a process that can be accomplished at the convenience of the coordinator, instructors, and students throughout the course. Previous rules provided for only two chances to pass the skills exam. SPV recognizes the fact that gaining proficiency in skills is a continuing process that involves training, retraining and constant practice. The rules now say that a certification candidate must be proficient in all skills prior to being eligible to take the written examination. They do not limit the verification process.

The course coordinator now has the option of accepting a current CPR card as evidence of proficiency in that skill. Additionally, the rules now include the concept of a megacode for paramedics rather than the previous method of concentrating on isolated dysrhythmia recognition. A coordinator may accept a current ACLS card as evidence of proficiency in handling a megacode.

Continuing Education (CE). September 1, 1994, is an important date to remember and assess the time left on your certification. On that date, if you have less than two years to go on your certificate, you will not be required to change the process you are now using to accrue CE. When you recertify, you will be required to collect CE credit based on the new spe-

*The responsibility for keeping records on CE participation rests with the certificant.*

cific content areas. If you have two or more years left on your certificate on September 1, you will be expected to accrue CE hours according to the new rule for the last two years of your certification. The first two years may be credited according to the present process. Those persons certifying on or after September 1 will follow the new CE rule. There is now a requirement that CE be reported every two years.

Certificants will be given forms for filing CE hours 180 days prior to the two-year interim reporting deadline and 180 days prior to expiration of a certificate. The CE will be reported in summary fashion. Certificants must keep backup documentation and should be prepared to present it during an audit. Certificants will have up to 90 days from the midpoint of their certification period, and 90 days from their expiration date, in which to complete CE requirements.

CE programs must receive pre-approval from Texas Department of Health for participants to receive credit. This condition in the rule is not arbitrary, but an attempt to support certificant. Many groups will want to jump on the CE bandwagon, seeing it as an opportunity to make money. The pre-approval process will assure certificant that their time or funds, or both, will not be wasted. Lists of those approved programs will be readily available in the regional EMS offices and on the Texas EMS bulletin board.

All CE hours will be credited on an

hour for hour basis even in formal refresher courses. Only CE accrued during a two-year reporting period will count for that two-year period. Some providers will continue to make CE classes available for their employees. However, the responsibility for keeping records on CE participation rests with the certificant. Although CE providers will keep their own records, each individual has responsibility for assessing his or her own CE needs, documenting classes, and turning hours in to the state every two years.

We have worked for some time to make CE more readily available, with particular attention given to opportunities for distance learning through satellite and computer programs, the state video/film library, and mobile training units.

**Recertification.** As of April 6, 1994, in order for a certificant to recertify, the medic will complete CE requirements, have skills proficiency verified, submit a recertification fee (if applicable) and application, and take the state written CE evaluation. When a certificant has finished this process, he or she will be recertified.

Let me make a point of clarification. Those people around the state who have allowed their certification to lapse may re-enter by completing requirements under late recertification up until two years from their former expiration date. After two years, they will be required to start with the initial certification process. In both these instances, anyone who is no longer certified will need to take and successfully pass the state written certification examination.

The skills proficiency verification (SPV) process for recertification is much like that for initial certification. Verification of proficiency must be done by a certified skills examiner using state skills crite-



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ria. All skills must be reviewed no earlier than 180 days prior to the expiration date.

The CE evaluation is a new concept. Although there is no pass/fail involved, the results will be very beneficial in several ways. The state will use the data to measure the effectiveness of the new CE rule. Individuals can use results to point out areas of study that need more concentration. Providers and medical directors can use the results for two purposes. First, they will be able to evaluate and plan for the local CE program in terms of total staff needs. Secondly, they will be able to use individual results on the evaluation as one tool in measuring a certificant's performance and competency.

Individuals can apply to take a re-evaluation if they want to try to improve their results. Similarly, a provider or medical director may ask an individual to take a re-evaluation. Additionally, an individual may apply to take the written CE evaluation at the interim two-year CE reporting period, or a provider or medical director may ask the individual to take the evaluation.

With this rule, a new aspect comes to EMS which offers certificants an opportunity that has long been available to other professional groups in health care—an inactive status. Certificants need to understand this concept thoroughly: it is a career choice and not to be taken lightly. This choice may only be made by an individual while that individual is still certified. A person cannot apply for inactive status after lapse of certification.

An individual who is no longer involved in direct patient care delivery or EMS education but who wishes to maintain certification may apply for inactive status. For those who choose to maintain an inactive status, an application and fee must be submitted every four years; however, there is no requirement for CE, SPV, or the CE evaluation. It is possible to attain active status again after successfully completing a series of classes, completing the

SPV process, and passing the certification examination. This re-entry process is required regardless of the length of the time of the inactive status.

Another change in recertification was made for protection of certificants and providers. Previously, if individuals submitted their application prior to the expiration date, they were considered certified for 90 days beyond their expiration date. A problem arose, however, with this timeline and the validation of certification. If the state was asked to validate a person's certification, we frequently had to respond that the person was not certified because that was what the record said. Unfortunately, in some of these cases individuals had submitted their applications in time but too late to work it through the system prior to their expiration date and prior to the question being asked about their certification status. Although this isn't a frequent problem, when it does happen it causes confusion and antagonism.

We have found a way to avoid this conflict. When you get your 180-day notice, you will see a new clause. If you want your certification to continue 90 days beyond your expiration date because you need more time to complete requirements, you must submit your applications at least 30 days prior to your expiration date.

You can protect yourself in a validation situation such as the one described if you begin to adhere to this new process immediately. However, in order to be fair to everyone, the actual cut-off date will be October 1, 1994. After this date, if you do not submit an application at least 30 days prior to your expiration date, you will not be certified during the 90 days following and a late fee of \$25 will be assessed.

So there you have it. A summary of the most sweeping changes in certification rules to affect the state in many years. Change is never easy, but I am confident that working cooperatively together we can make these changes work for better patient care in Texas. 🐘

*They will be able to use individual results on the evaluation as one tool in measuring a certificant's performance and competency.*

*So there you have it. A summary of the most sweeping changes in certification rules to affect the state in many years.*

### §157.38. Continuing Education.

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(a) Purpose. The purpose of this section is to establish the minimum continuing education (CE) requirements necessary for emergency medical services (EMS) personnel to maintain certification. These requirements are intended to keep the certificant knowledgeable of current techniques and practice, maintain the quality of emergency medical services provided to the public, and encourage improvement in the skill and competence of EMS personnel.

(b) Hour requirements. CE is a requirement of §157.45 of this title (relating to Recertification). A contact hour shall consist of 50 consecutive minutes of attendance and participation in an approved CE experience. Credit hours for CE activities will only be awarded for the two-year time period in which they are completed.

(1) Emergency Care Attendants (ECA) shall be required to document 20 contact hours of CE every two years,

with a total of 40 contact hours within the four-year certification period.

(2) Emergency Medical Technicians (EMT) shall be required to document 40 contact hours of CE every two years, with a total of 80 contact hours within the four-year certification period.

(3) EMT-Intermediates (EMT-I) shall be required to document 60 contact hours of CE every two years, with a total of 120 contact hours within the four-year certification period.

(4) EMT-Paramedics (EMT-P) shall be required to document 80 contact hours of CE every two years, with a total of 160 contact hours within the four-year certification period.

(c) Content requirements. Candidates at each certification level shall at a minimum accrue the following CE hours during a two-year CE period.

(1) At each certification level, at least 80% of required CE hours shall be accrued from the Texas Department of Health (department)-approved content areas with specified minimum hour requirements successfully completed.

CONTENT AREAS	EMT Minimum Hours	ECA Minimum Hours			
			HazMat/Anaphylaxis	3	1.5
			Abd/GU	1	0.5
PREPARATORY					
General Patient Assessment	3	1.5			
Shock	3	1.5			
TRAUMA			SPECIAL PATIENTS		
Trauma Assess/Management	2	1	Pediatric Assess/Management	2	1
CNS Injuries	1	0.5	OB/GYN	1	0.5
Thoracoabdominal	2	1	Neonatal Assess/Management	1	0.5
Burns	1	0.5	Geriatric Assess/Management	1	0.5
			Behavioral/Crisis/Stress	1	0.5
MEDICAL EMERGENCIES			ELECTIVES		
Cardiac Assess/Management	3	1.5	Rescue/Extrication	0	0
Medical Assessment	2	1	Communications	0	0
Respiratory Emergencies	2	1	Emergency Driving	0	0
Neurological Emergencies	1	0.5	Document/Medical/Legal	0	0
Endocrine Emergencies	1	0.5	Management and Administration		
Infectious Diseases	1	0.5			
Tox/ETOH/Drugs/Envir/					
			TOTAL CONTENT AREA		
			MINIMUM HOURS	32	16
			TOTAL C.E. HOURS REQUIRED	40	20

CONTENT AREAS	Paramedic Minimum Hours	Intermediate Minimum Hours			
PREPARATORY			Endocrine Emergencies	1	1
			Infectious Diseases	1	1
			Tox/ETOH/Drugs/Anaph	2	2
			Environmental/HazMat	2	2
			Abd/GU	2	2
General Patient Assessment	2	2	Cardiac Assessment	N/A	2
Airway Management	2	2	Cardiac Management	N/A	2
Shock	4	4			
General Pharmacology	2	N/A	SPECIAL PATIENTS		
TRAUMA					
Trauma Assess/Management	4	4	Pediatric Assess/Management	4	4
CNS Injuries	2	2	OB/GYN	2	2
Thoracoabdominal	3	3	Neonate Assess/Management	2	2
Burns	1	1	Geriatric Assess/Management	1	1
			Behavioral/Crisis/Stress	2	2
CARDIOVASCULAR			ELECTIVES		
Cardiac Assess/Management	4	N/A	Rescue/Extrication	0	0
Cardiac Drugs	4	N/A	Communications	0	0
ECG Recog/Management	8	N/A	Emergency Driving	0	0
Special Procedures	1	N/A	Document/Medical/Legal	0	0
			Management and Administration	0	0
MEDICAL EMERGENCIES					
Medical Assessment	2	2	TOTAL CONTENT AREA		
Respiratory Emergencies	4	3	MINIMUM HOURS	64	48
Neurological Emergencies	2	2	TOTAL C.E. HOURS REQUIRED	80	60

(2) The remaining 20% of required hours shall be accrued from any department-approved content areas.

(3) Department-approved content areas with specified minimum hour requirements for each certification level are as follows.

(d) General criteria necessary for consideration of CE program approval. CE programs shall receive prior approval from the department if state CE credit is desired. A CE provider shall meet the following criteria for consideration of CE program approval.

(1) The program shall be at least one contact hour in length.

(2) Learner objectives shall be written and be the basis for determining content and evaluation.

(3) The target audience for the program shall be identified.

(4) The content shall be relevant to identified topic areas, and be related to and consistent with, program objectives.

tives.

(5) The instructor shall be knowledgeable and competent in the subject matter taught. There shall be documentation of the instructor's expertise in the content area.

(6) Learning experiences shall be appropriate to achieve the objectives of the program. Principles of adult education shall be used in the design of the program.

(7) A schedule shall be provided which identifies the content areas covered and the number of contact hours awarded in each content area.

(8) Facilities and educational resources shall be adequate to implement the program.

(9) An evaluation tool shall be utilized which provides the participant an opportunity to comment on:

- (A) achievement of the objectives;
- (B) teaching effectiveness of

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CONTINUING EDUCATION.

each instructor;

(C) relevance of content presented to stated objectives;

(D) effectiveness of teaching methods; and

(E) appropriateness of physical facilities and educational resources.

(10) The grading system shall be appropriate for the type of program presented.

(e) Types of CE programs and additional specific criteria necessary for consideration of CE approval.

(1) Department-approved CE programs endorsed by national and state accrediting organizations.

(2) Ongoing CE programs provided by department-approved EMS initial training programs, licensed EMS providers, or accredited educational institutions.

(A) Approved EMS certification training programs that are categorized by the department as an Annual Program may receive approval for a two-year ongoing CE program upon completion and approval of a biennial CE application.

(B) Licensed EMS providers who have a documented quality assessment plan with CE as part of their improvement plan and have a state-certified coordinator, instructor, or medical director who is responsible for the CE program, may receive approval for a two-year ongoing CE program upon completion and approval of a biennial CE application.

(C) Acceptance of programs for CE credit shall depend on the provision of an appropriate and adequate written evaluation tool that covers the entire scope of objectives taught, with a minimum of a "Pass/Fail" grading system, in addition to the criteria listed in subsection (d) of this subsection. CE credit shall only be awarded if the individual receives a passing score.

(D) Criteria for approval shall be subject to review and audit as part of a site visit of an EMS certification program or during a spot inspection

of a licensed provider.

(E) If a CE program is found to be deficient in meeting the approval criteria upon audit, then preapproval for the remaining period shall be revoked. After deficiencies have been corrected, each CE credit hour shall be individually approved by the department prior to presentation for the remainder of the two-year period.

(3) National or state standardized courses and conferences.

(A) National and state standardized courses such as Advanced Cardiac Life Support (ACLS), Basic Trauma Life Support (BTLS), Prehospital Trauma Life Support (PHTLS), Pediatric Advanced Life Support (PALS), and Pediatric Prehospital Provider Course (PPPC), all of which must have an adequate evaluation tool which covers the entire scope of objectives taught as part of the program, will be listed with preapproved credit hours assigned. A minimum of "Pass" on a "Pass/Fail" grading system shall be achieved and documented before credit can be awarded. An approved CE activity list of these programs shall be maintained by the department.

(B) National and state conferences may be pre-approved based solely on the merit of content and subject matter experts and placed on the approved CE activity list with credit hours assigned.

(4) Instructor-directed, single or multiple-offering of the same activity, which is not included in paragraphs (1) - (3) of this subsection.

(A) A program which is offered one or more times, such as a workshop, or seminar, shall complete all criteria listed in subsection (d) of this section and shall be approved prior to the delivery of the single activity or the initial delivery of the multiple offering activity. Acceptance of programs for CE credit shall depend on the provision of an appropriate and adequate written evaluation tool that covers the entire scope of objectives taught, with a minimum of a "Pass/Fail" grading system.



CE credit shall only be awarded if the individual receives a passing score.

(B) Instructors of these programs are not required to be state certified instructors or coordinators, but shall have expertise in the content areas taught.

(C) If the CE application is for a multiple-offering activity, then approval may be given for up to a two-year time period.

(D) If the multiple-offering CE program is found to be deficient in meeting the approval criteria upon audit, then pre-approval for the remaining time period shall be revoked. After deficiencies have been corrected, then each CE credit hour for the remainder of the two-year period shall be individually approved before delivery. If a multiple-offering CE program is found to be deficient upon audit on more than one occasion, that program shall not be allowed to have pre-approval for more than one course at a time in the future.

(5) Individualized instruction. If applicable to appropriate content areas, independent home study such as CE articles in EMS journals, CE packages from professional associations, and ongoing serial productions such as video magazines may count for up to 50% of the required CE hours per two-year period. Interactive programmed instruction such as computer programs, may count for all of the required CE hours per two years, if applicable to appropriate content areas. All individualized instruction programs shall:

(A) receive approval prior to delivery;

(B) be developed by a professional group such as an educational institution, corporation, professional association or other approved provider of continuing education;

(C) involve the learner by requiring an active and appropriate response to the educational materials presented;

(D) depend on the provision of an appropriate and adequate written evaluation tool that covers the entire

scope of objectives taught, with a minimum of a "Pass/Fail" grading system. CE credit will only be awarded to the individual if that person achieves and documents a passing score; and

(E) provide a record of completion which complies with subsection (f) of this section concerning records indicating completion of the program.

(6) Authorship.

(A) A candidate may receive CE credit for development and publication of a manuscript in a periodical.

(B) The number of CE credit hours awarded for each article shall be determined by the department.

(C) CE credit will be awarded in the appropriate content areas as related to the manuscript. Fifteen percent of the total CE hours required per two years may be obtained through this means.

(D) Credit for publication will be awarded only once per two-year CE time period and the candidate must, upon audit, submit a letter from the publisher indicating acceptance or a copy of the published work.

(7) Academic courses.

(A) A candidate may receive CE credit for academic courses within the specified content areas for each level of certification.

(B) Completion of academic course work shall be credited on the basis of up to 15 CE contact hours for each semester hour successfully completed, within appropriate content areas. Less than 15 hours may be awarded if the academic course content is only partially applicable to content areas.

(C) Candidates shall achieve and document a grade of "C" or better, or a "Pass" in a "Pass/Fail" grading system. Upon audit, the individual shall be able to present an official transcript documenting this score.

(8) Instruction in approved initial training and continuing education courses.

(A) EMS personnel instructing in an approved initial training course or in an approved CE program may ap-

ply the contact hours of actual teaching to the appropriate content areas during the two-year CE period.

(B) Additional hours earned above the acceptable hours per content area can not be used for subsequent periods.

(9) CE by optional examination.

(A) Candidates may receive CE credit for passing the National Registry of Emergency Medical Technicians written and practical examination for their current level of EMS personnel certification.

(B) Passing the examination shall be credited on the basis of 20 contact hours for EMT level, 30 contact hours for EMT-I level, and 40 contact hours for EMT-P level. CE credit for passing the National Registry examination shall be an option only once during the four-year certification period.

(C) If the candidate fails either the written examination, practical skills examination, or both, they shall retest in accordance with National Registry of Emergency Medical Technicians criteria.

(D) If the candidate fails to pass the National Registry of Emergency Medical Technicians retest examination, or does not retest, no CE credit will be awarded. The candidate shall complete the required CE hours by a mechanism other than optional examination.

(f) Records for the CE provider.

(1) Records of programs shall be kept by the CE provider for a minimum period of five years from the date of completion.

(2) Records shall include target audience, objectives and content areas with corresponding number of hours, outline of instructor qualifications, dates of instruction, teaching methods, evaluation tools, and a list of participants.

(3) The CE provider shall furnish each participant documentation of completion specifying the CE provider, title, date and location of program, content areas and contact hours, and grades or Pass/Fail, if applicable. Documenta-

tion shall be identified on a course certificate, completion document, or a verification letter on official letterhead.

(g) Reporting requirements. Continuing education requirements shall be fulfilled and reported on a two-year cycle. Implementation of this section shall begin on September 1, 1994. Certificants who have at least two years remaining in their certification period shall comply with the two-year reporting requirement for the last two years of the certification period. Certificants who have less than two years remaining in their certification period shall comply with the reporting requirement after becoming recertified.

(h) Activities which are not acceptable as CE. The following activities do not fulfill the requirements necessary to receive continuing education credits:

(1) CPR courses designed for lay persons;

(2) orientation programs sponsored by the employing agency to provide specific information about the work setting, policies and procedures, on-the-job training, and equipment demonstration;

(3) organizational activity such as serving on committees, councils, or professional organizations;

(4) any program or activity which is not pre-approved in accordance with this section;

(5) any experience which does not fit into the content areas specified for each level of certification; and

(6) activities which have been completed more than once during the two-year CE time period.

(i) Responsibilities of individual certificant.

(1) It is the responsibility of certificants to select and participate in CE activities that will meet their educational needs in conjunction with the direction of their EMS medical director and/or provider, where appropriate. In addition, it is the responsibility of the certificant to determine if the continuing education is approved by the depart-

ment.

(2) Each certificant shall be responsible for maintaining their own CE records. These records shall document completion as evidenced by course certificates, verification letters written on official letterhead, or academic transcripts, and shall include faculty names, titles, dates, content, number of clock hours, and grades of "Pass/Fail", if applicable. The burden of proof of CE participation/completion shall rest solely on the certificant. EMS providers may choose to duplicate these records as a service to their EMS personnel.

(3) These records shall be maintained by the certificant for a minimum of five years from the date of the application for recertification. Copies of documentation shall be submitted to the department within 15 days, if requested upon audit.

(4) If participation is in a program in which grades are provided, a grade equivalent to a "C" or better shall be required or "Pass" on a "Pass/Fail" grading system to receive credit for CE.

(5) Certificants attending approved national or state conferences/courses shall be responsible for distributing the CE hours within the appropriate content areas for the level of certification and in accordance with the approved CE list in subsection (e) of this section.

(j) Audit.

(1) The department shall randomly audit certificant's continuing education summary forms. Audits shall be conducted in a timely fashion on at least the minimum number of summary forms necessary to make the audit statistically valid. The department shall also randomly audit a statistically valid sampling of actual teaching during CE programs.

(2) The department may audit the summary form of a specific certificant in response to a complaint, or if there is reason to suspect that a certificant may have falsified CE documentation. The department may also audit actual teaching during CE programs in

response to a complaint, or if there is reason to suspect that a CE provider may not be providing their CE program in accordance with the submitted outline and objectives.

(3) Falsification of CE documentation shall be cause for probation, suspension, or decertification as in §157.51 of this title (relating to Criteria for Emergency Suspension, Suspension, Probation and Decertification of an EMS Certificate); §157.19 of this title (relating to Emergency Suspension, Suspension, Probation, Revocation of a License, and Administrative Penalty); and §157.64 of this title (relating to Criteria for Suspension, Probation, and Decertification of Course Coordinator, Program Instructor, and/or Examiner Certification).

(4) The department may audit any records of the CE provider.

(k) Failure to complete required CE.

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

(2) A certificant who has failed to complete and submit all the CE requirements prior to the expiration of their certification may apply for late recertification in accordance with §157.45(d) of this title (relating to Recertification).

## §157.41. Certification.

(a) A candidate for certification shall:

- (1) be at least 18 years of age;
- (2) successfully complete a department approved course;
- (3) complete the application for examination;
- (4) submit to the department the application and the following applicable nonrefundable fee.

(A) An emergency medical

## §157.41. Certification.

technician-intermediate (EMT-I) and an emergency medical technician-paramedic (EMT-P) shall pay \$75.

(B) An emergency care attendant (ECA) and an emergency medical technician (EMT) shall pay \$50.

(C) An emergency medical services (EMS) volunteer shall pay no fee. However, if an individual receives compensation during the certification period, the exemption is inapplicable and the individual shall send to the department an application and prorated fee as follows:

(i) for an EMT-I and EMT-P:

(I) If the certificate has been in effect 12 months or less, the individual shall pay \$75;

(II) if the certificate has been in effect 13 months to 24 months, the individual shall pay \$56.25;

(III) if the certificate has been in effect 25 months to 36 months, the individual shall pay \$37.50; or

(IV) if the certificate has been in effect 37 months to 48 months, the individual shall pay \$18.75;

(ii) for an ECA or EMT:  
(I) if the certificate has been in effect 12 months or less, the individual shall pay \$50;

(II) if the certificate has been in effect 13 months to 24 months, the individual shall pay \$37.50;

(III) if the certificate has been in effect 25 months to 36 months, the individual shall pay \$25; or

(IV) if the certificate has been in effect 37 months to 48 months, the individual shall pay \$12.50;

(5) have documented evidence from a state-certified skills examiner using state skills criteria of skills proficiency as follows:

(A) The ECA and EMT skills proficiency verification shall consist of:

- (i) dressing and bandaging/splinting;
- (ii) traction splints;

(iii) mechanical aids to breathing;

(iv) patient assessment to include vital signs;

(v) basic cardiopulmonary resuscitation (CPR) which shall be accomplished by one of the following options:

(I) testing for CPR proficiency using American Heart Association (AHA) or American Red Cross (ARC) standards; or

(II) at the discretion of a course coordinator, requiring each student to show proof of CPR proficiency as evidenced by AHA or ARC proof of completion of an AHA Provider Course C or its equivalent; and

(vi) spinal immobilization.

(B) The EMT-I skills proficiency verification shall consist of the skills verification requirements for ECA and EMT in subparagraph (A) of this paragraph. In addition, the student shall demonstrate proficiency in the following skills:

(i) peripheral venipuncture for fluid administration;

(ii) utilization of the pneumatic antishock garment; and

(iii) utilization of an endotracheal tube (infant and adult) and an esophageal intubation device for airway control.

(C) The EMT-P skills proficiency verification shall consist of the skills verification requirements for an ECA, EMT, and EMT-I in subparagraphs (A) and (B) of this paragraph. In addition, the student shall demonstrate proficiency in the following skills:

(i) emergency drug administration;

(ii) defibrillation and cardioversion; and

(iii) megacode (Possession of a valid Advanced Cardiac Life Support (ACLS) card issued within the inclusive dates of the paramedic or paramedic completion course or documentation issued by the course medical director based upon scenarios submitted with

the course approval documents shall fulfill megacode proficiency requirements.)

(6) achieve a passing grade of 70 on the department's certification examination and, in addition, achieve a passing grade of 70 on the critical components of the examination.

(b) The department has final authority for scheduling all certification examination sessions.

(c) A candidate shall complete the examination and retest, if necessary, for certification no later than 180 days after the course completion date. However, a candidate who fails the certification examination may retest one time provided a fee of \$25, if applicable, accompanies the request for a retest.

(d) If the application approval process is prolonged due to a felony/misdemeanor conviction investigation; the 180-day time period may be extended to accommodate the candidate who is deemed eligible to test.

(e) The department shall administer examinations at regularly scheduled times. It is the responsibility of the candidate to make arrangements that are necessary to complete the examination requirements. The department is not required to set special examination schedules for those who request examination or re-examination.

(f) A candidate shall be eligible to reapply for certification for up to two years following the course completion date, if:

(1) the coordinator has documented successful completion of the course but the candidate has not completed the examinations within 180 days of the course completion date; or

(2) the candidate fails a retest; and

(3) the candidates described in this subsection shall complete a department-approved refresher course for the level of certification requested, submit the application for certification with the applicable fee, and complete all skills proficiency verification and examination requirements as described in sub-

sections (a)(5)-(6) and (c) of this section.

(g) A candidate who does not meet the requirements for certification within the two-year period following the course completion date shall be required to complete an entire EMS training course as described in §§157.32 - 157.35 of this title (relating to EMS Training Program and Course Approval) to be eligible to apply for certification.

(h) After verification by the department of the information submitted by the candidate, a candidate who meets the requirements in these sections shall be certified for four years commencing on the date of issuance of a certificate and wallet-size certificate signed by department officials.

(i) A certificate is not transferable. The wallet size certificate shall be carried by personnel while on duty. A duplicate certificate may be issued following the submission of a request for duplicate certificate form and a fee of \$5.00.

(j) EMS personnel shall perform emergency care procedures only as authorized by the Medical Practices Act, Texas Civil Statutes, Article 4495b, and rules adopted thereunder in 22 TAC §§193.1-193.5 (relating to Standing Delegation Orders) and 22 TAC §§197.1-197.6 (relating to Emergency Medical Service). However, where conflicts may occur this chapter shall prevail.

(k) The completion of a course at a higher level of certification shall satisfy the course requirement for a lower level of certification, and the individual may apply for certification by:

(1) submitting an application and applicable fee, if any, as required in subsection (a)(3) and (4) of this section; and

(2) meeting the skills proficiency verification and examination requirements of this section within 180 days of the course completion date; or

(3) meeting the requirements of subsection (e) of this section.

(l) Individuals who successfully complete certification requirements for

a higher level are deemed to be certified only at that level.

(m) An individual who is certified as an EMT-I or EMT-P may voluntarily be certified at a lower level of certification by:

- (1) submitting an application for certification and the applicable fee, if any, as required in subsection (a)(3) and (4) of this section;
- (2) completing the requirements of §157.38 of this title (relating to Continuing Education) for the level of certification requested;
- (3) completing skills proficiency verification as required in subsection (a)(5) of this section;
- (4) achieving a passing grade on the department's written examinations as required in subsection (a)(6) of this section; and
- (5) returning the wallet-size certificate for the EMT-I or EMT-P level of certification to the department.

## §157.45. Recertification.

## §157.45. Recertification.

- (a) General.
  - (1) At least 180 days prior to the expiration of a certificate, the Texas Department of Health's (department) Bureau of Emergency Management (bureau) shall mail a notice of expiration by United States mail to the certificant at the address shown in the bureau's records. It is the responsibility of emergency medical services (EMS) personnel to notify the bureau of any change of address.
  - (2) If a certificant has not received notice of expiration from the bureau 45 days prior to the expiration, it is the duty of the certificant to notify the bureau and request an application for recertification. Failure to apply for recertification shall result in expiration of the certificate.
  - (3) A certificate is not transferable. The wallet-size certificate shall be carried by personnel while on duty. A duplicate certificate may be

issued following the submission of a request for duplicate certificate form and a fee of \$5.00.

(4) If the application approval process is prolonged due to a felony / misdemeanor conviction investigation, the 90-day time period in subsection (d)(1) and (2) of this section may be extended to accommodate the candidate who is deemed eligible for recertification.

(b) Timely recertification.

(1) A certificant shall meet the following requirements for recertification. The certificant shall:

(A) complete the continuing education (CE) requirements for recertification as required in §157.38 of this title (relating to Continuing Education) prior to the expiration of the certificate and prior to meeting the requirement in subparagraph (D) of this paragraph;

(B) submit to the department an application for recertification and the nonrefundable fee as set out in §157.41(a)(4) of this title (relating to Certification);

(C) successfully complete verification of skills proficiency as described in §157.41(a)(5) of this title; and

(D) complete the department's CE evaluation which shall be an attempt to measure the individual's knowledge necessary for the adequate provision of emergency care for current level of certification. The department has final authority for scheduling all written CE evaluation sessions.

(2) After verification by the department of the information submitted by the certificant, a certificant who meets requirements of this subsection will be recertified for four years commencing on the day following the expiration date of the most recent certificate. A new certificate and wallet-sized certificate signed by department officials shall be issued.

(3) The results of the CE evaluation along with information

relevant to interpretation of the scores will be issued to the recertifying candidate, associated medical directors, providers, first responder organizations, and/or employers.

(4) One re-evaluation may be taken. A fee of \$25 shall accompany the request for a re-evaluation. The re-evaluation results will be issued as in paragraph (3) of this subsection.

(5) In conjunction with the certificant's two-year interim CE reporting cycle, the certificant may elect to complete the CE evaluation or the certificant's medical directors, providers, first responder organizations and/or employers may mandate that the certificant complete the CE evaluation and, if applicable, one re-evaluation. The first CE evaluation shall be completed within 180 days from the deadline date of the interim two-year reporting cycle. The re-evaluation may be completed after the 180-day period. The CE evaluation results will be issued as described in paragraph (3) of this subsection.

(6) To take a two-year interim CE evaluation, the certificant shall submit an application, and a non-refundable fee as set out in §157.41(a)(4) of this title. A fee of \$25 shall accompany the request for a re-evaluation.

(c) Early recertification.

(1) If a certificant requests to recertify prior to the 180-day notice, the certificant shall meet all the requirements of subsection (b) of this section within 90 days of the application date.

(2) An application for a lower level of certification may be submitted with the applicable fee as described in subsection (b)(1)(B) of this section if the certificant meets the requirements for the level of certification requested as described in subsection (b)(1)(A) and (C) of this section.

(3) A certificant who meets the requirements of this subsection shall be recertified for four years commencing on the date of issuance of a new

certificate and wallet-sized certificate signed by department officials.

(d) Late recertification.

(1) If the application and the non-refundable fee for recertification are postmarked at least 30 days prior to the expiration date of the certificate, the certification shall continue for a period not to exceed 90 days from the expiration date. The applicant shall qualify for recertification by:

(A) completing the CE requirements for recertification as required in §157.38 of this title; and

(B) meeting the certification requirement as described in subsection (b)(1)(C) and (D) of this section no later than 90 days from the expiration date.

(2) If an application and the non-refundable fee for recertification, including a \$25 late fee, are postmarked less than 30 days before the expiration date but within 90 days following the expiration date, the applicant shall qualify for recertification by:

(A) completing the CE requirements for recertification as required in §157.38 of this title; and

(B) meeting the certification requirement as described in subsection (b)(1)(C) and (D) of this section no later than 90 days from the expiration date. Certification shall not continue during the 90-day period.

(3) If an application, and non-refundable fee, for recertification is received after the 90-day period beyond the expiration date of the certificate, but within one year following the expiration date, the applicant shall submit, in addition to the recertification fee, a non-refundable late fee of \$25. The applicant is not certified during this period. If he represents himself as a certified EMS person, the applicant may be denied recertification and may be subject to the civil and criminal penalties under the Health and Safety Code, §773.063 and § 773.064.

(A) All requirements in (3)(B)(i) and (ii) of this subsection shall be completed no later than one year from the expiration date of the most

recent certificate.

(B) The applicant shall qualify for recertification by successfully:

(i) completing the CE requirements for recertification as required in §157.38 of this title no earlier than two years prior to the application;

(ii) completing verification of skills proficiency as described in §157.41(a)(5) of this title ;

(iii) achieving a passing grade on the certification examination as required in §157.41(a)(6) of this title and on each critical subscale. An applicant who fails the certification examination may retest one time, provided a fee of \$25, if applicable, accompanies the application for retest.

(C) A candidate who does not successfully complete the recertification requirements in subparagraphs (A) and (B) of this paragraph shall meet the requirements of §157.41 of this title prior to being eligible for certification.

(4) If an application and non-refundable fee for certification and a non-refundable late fee of \$25 is received more than one year following the expiration date but within two years following the expiration date, the applicant shall qualify for recertification by completing the requirements in subsection (f)(1)(A)(i), (B)(i), or (C)(i) of this section for the appropriate level of certification. To receive credit, these requirements must be completed no earlier than two years prior to the application.

(A) Candidates completing the requirement of this subsection shall achieve a passing grade on the certification examination as required in §157.41(a)(6) of this title and on each subscale. An applicant who fails the certification examination may retest one time provided a fee of \$25 accompanies the application for a retest.

(B) All requirements shall be completed within two years from the expiration date of the most recent certification.

(C) A candidate who does not successfully complete the recertification requirements in this subsection shall meet

the requirements of §157.41 of this title prior to being eligible for certification.

(e) Inactive status. A certified emergency medical technician (EMT), EMT-Intermediate (EMT-I), or EMT-Paramedic (EMT-P) not actively engaged in the provision of emergency medical services may make application to the department for inactive status.

(1) While on inactive status, a person shall not perform any activities regulated under the Health and Safety Code, Chapter 773. Performance in any capacity for compensation or as a volunteer is prohibited and failure to comply shall be cause for decertification. Nothing in this section shall be construed to prohibit a person from performing first aid or cardiopulmonary resuscitation (CPR) in the capacity of a lay person.

(2) While on inactive status, a person shall not be required to complete the CE requirements, skills verification, or complete the CE evaluation.

(3) To maintain certification, the certificant shall submit to the department an application for recertification and the nonrefundable fee as set out in §157.41(a)(4) of this title, prior to the expiration of the current certificate.

(f) Re-entry into active status.

(1) To regain active status a certificant shall complete the following requirements prior to submitting an application and fee as set out in §157.41(a)(4) of this title for re-entry into active status. All requirements shall be completed within the two years prior to the application.

(A) Paramedics.

(i) The paramedic shall successfully complete:

(I) a department-approved refresher course or equivalent CE in patient content areas;

(II) an advanced Basic Trauma Life Support (BTLS) or Prehospital Trauma Life Support (PHTLS) course;

(III) a Prehospital Pediatric Provider Course (PPPC)



course;

(IV) an Advanced Cardiac Life Support (ACLS) course; and

(V) a skills proficiency verification.

(ii) The paramedic shall achieve a passing grade on the certification examination as in §157.41(a)(6) of this title and on each critical subscale. A candidate who fails the examination may retest one time provided a fee of \$25, if applicable, accompanies the application for a retest. If the applicant fails the retest, they shall no longer be certified.

(B) EMT-I.

(i) The EMT-I shall successfully complete:

(I) a department-approved refresher course or equivalent CE in patient content areas;

(II) an advanced BTLS or PHTLS course;

(III) a PPPC course;

(IV) an American Heart Association (AHA) Provider Course C or its equivalent; and

(V) skills proficiency verification.

(ii) The EMT-I shall achieve a passing grade on the certification examination as in §157.41(a)(6) of this title and on each critical subscale. A candidate who fails the examination may retest one time provided a fee of \$25, if applicable, accompanies the application for a retest. If the applicant fails the retest, they shall no longer be certified.

(C) EMT.

(i) The EMT shall successfully complete:

(I) a department-approved refresher course or equivalent CE in patient content areas;

(II) a BTLS or PHTLS course;

(III) a PPPC course;

(IV) an AHA Provider Course C or its equivalent; and

(V) skills proficiency verification.

(ii) The EMT shall achieve a passing grade on the certification examination as in §157.41(a)(6) of this title and on each critical subscale. A candidate who fails the examination may retest one time provided a fee of \$25, if applicable, accompanies the application for a retest. If the applicant fails the retest, they shall no longer be certified.

(2) After verification by the department of the information submitted by the candidate, a candidate who meets the requirements in paragraph (1)(A), (B) or (C) of this subsection shall be recertified for active status for four years commencing on the date of issuance of a new certificate and wallet-sized certificate signed by department officials.

(3) The applicant who fails the test and retest and reapplies for certification shall meet the requirements of §157.41 of this title prior to becoming certified. They shall not continue in inactive capacity.

(g) Military personnel. An individual who fails to renew certification within 90 days of the expiration date because of active duty serving outside the State of Texas, shall have one year from the date of return to the state in which to:

(1) complete department-approved CE requirements; as outlined in §157.38 of this title;

(2) submit an application to the department and the nonrefundable fee as set out in §157.41 (a)(4) of this title;

(3) complete the skills verification process as described in §157.41(a)(5) of this title; and

(4) complete the CE evaluation as described in subsection (b) of this section.

(h) Hardship cases. The bureau chief may review special hardship cases and allow a candidate additional time to complete requirements beyond the two-year CE reporting deadline or certification expiration date. Although additional time may be allowed to complete requirements, certification shall not continue beyond the certification expiration date.

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

Forty-six percent of the 1,001 adults surveyed in a recent national survey either could not identify 911 as an emergency hotline or confused it with the 411 directory assistance number.

Florida has a toll-free hotline number for reporting unrestrained child passengers. The Sheriff's office obtains the mailing address for the person in whose name the vehicle is registered and sends a tactful reminder about the law.

**A** recent national survey of 1,001 adults conducted by Yankelovich Partners found that many Americans are not as prepared as they should be to handle a medical emergency. Forty-six percent of those surveyed either could not identify 911 as an emergency hotline or confused it with the 411 directory assistance number.

*Emergency, "News Around The Nation," Compiled by Julie Fadda, December 1993, p. 14. Reprinted with permission of EMERGENCY magazine. To become a regular subscriber to EMERGENCY, phone 1-800-854-6449.*

**F**lorida has a toll-free hotline number for reporting unrestrained child passengers, operated by the Orange County Sheriff's Department with funds from Midas Muffler and Brake Shops. Calls are coming in at 30-40 per week. One EMS department faxes in a list of several license plates of vehicles with unrestrained children, every week. The Sheriff's office obtains the mailing address for the person in whose name the vehicle is registered and sends a tactful reminder about the law. The mailing stresses that the hotline is for educational purposes, not enforcement.

*The Florida EMS Newsletter, "Safety Seat Hotline Says, 'Thanks; Keep Calling'," Winter 1993-94, p. 22.*

**R**ecently an edition of GE's employee newsletter *GE Lightning* noted that the company must sell 82,916 household incandescent light bulbs to pay for one employee appendectomy; 87,557 automotive headlamps for a coronary bypass operation; 40,747 four-foot fluorescent lamps for knee surgery; and

1,411 holiday string sets to pay for the normal birth of an employee's or dependent's child without complications.

*The Working Communicator, 212 West Superior Street, Suite 200, Chicago, IL 60610.*

**A**s important as EMTs and paramedics are to successful trauma care, it's not enough to begin treatment in the field and transport patients to the ED in "stable" condition. Our goal isn't a matter of getting the patient to the ED alive, but *out of the hospital* alive. To reduce mortality, we must get the "right" patient to the "right" hospital within the "right" amount of time. As the time to surgical care drops, so does the mortality rate.

*Emergency Medical Services, "Critical Patients, Critical Choices," David Abercrombie, November, 1993, p. 40.*

**A** \$25,000 grant was awarded by NHTSA to each of six state agencies Sept. 30, including the Texas Highway Safety Office, to allow them to study ways of convincing bystanders to stop and effectively aid injured people until professional help arrives. The grants funded one-year projects to demonstrate different methods of implementing NHTSA's new National Standard Curriculum for Bystander Care, which was released last January. The bystander curriculum is aimed at improving the survival of crash victims, especially in rural areas, and outlines six simple steps for saving lives.

*EMS Insider, "NHTSA Funds Bystander Studies," December 1993, p. 6.*

**S**everal innovative agencies are using or considering the use of para-

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medics and other non-physicians to improve access to primary care. A recent Government Accounting Office study on healthcare access quotes clinical studies indicating that 60 to 90 percent of the diagnoses seen in outpatient primary care settings can be handled by nonphysician providers.

Taos County, New Mexico, began an "outreach medic" three-year demonstration project August 1, 1993, using medics with expanded primary care skills in rural areas. The training for outreach medics involved over 300 clinical and classroom hours. They perform simple lab tests, immunizations, simple wound management, and set physician appointments for nonemergency patients. They also monitor chronically ill patients and perform other home health services as requested by area physicians.

*Management Focus, "Improving Healthcare Access with EMS Personnel," Fall 1993, p. 1.*

**P**aramedics in San Francisco recently began handing out bus tokens to patients who call for an ambulance but do not need to be transported by ambulance to a hospital. They are also given a map of bus routes to San Francisco General Hospital. Perry Saxton of the Paramedic Division of the San Francisco Department of Public Health stressed that patients who are asked to take the bus must be fully alert and oriented. "If impaired at all, they are transported [by ambulance], he said. Paramedics do not need permission from medical control to refuse to transport a patient. The calls and the charts of patients not transported are carefully documented and evaluated by medical control. The paramedics do provide some BLS treatment on scene for which the patients are billed. Saxton said the division has had no complaints and

incurred no liability from the new program. However, one critic of the program did express concern that the bus-token program could conceivably discriminate against patients perceived as socially or physically undesirable.

*EMS Insider, "Paramedics Give Patients Bus Tokens," December 1993, p. 8.*

**D**r. Joe Ryan has made an innovative proposal for the Pinellas County (Florida) EMS system. Under his proposal, EMS would analyze incoming 911 requests to identify calls from nonemergency acute and primary care services. For such callers, a visit by a paramedic would be scheduled at the caller's home or workplace during off-peak hours. Medics would follow strictly designed procedures and consult electronically with hospital based physicians. State legislative approval is expected this coming year permitting medics to function in a primary care capacity and providing adequate medical liability coverage for their actions.

According to Ryan, almost 70 percent of the emergency department visits in the county are to obtain primary care. These ED visits cost 4 to 5 times more than a standard visit to a physician's office. Utilization of medics to provide primary care to underserved medical populations can be accomplished at marginal cost and provides significant opportunity to reduce the cost of transporting patients and using hospital emergency departments for nonemergencies.

*Management Focus, "Improving Healthcare Access with EMS Personnel," Fall 1993, p. 1.*

**O**n October 8, 1993, OSHA published enforcement guidelines designed to protect workers from contracting TB. Employers are required to provide health care workers with respirators

Our goal isn't a matter of getting the patient to the ED alive, but *out of the hospital* alive.

Paramedics in San Francisco recently began handing out bus tokens to patients who call for an ambulance but do not need to be transported by ambulance to a hospital.

70 percent of the emergency department visits in Pinellas County (Florida) are to obtain primary care—an innovative proposal would allow a visit by a paramedic to be scheduled at the caller's home or workplace during off-peak hours.

In 1993 OSHA published enforcement guidelines designed to protect health care workers when they perform "high-hazard procedures" such as endotracheal intubation or suctioning procedures on individuals who have suspected or confirmed TB, and when such an individual must be transported in a closed vehicle.

when employees enter rooms housing an individual with suspected or confirmed infectious TB disease, when employees perform "high-hazard procedures" such as the administration of aerosolized medication, endotracheal intubation, or suctioning procedures on individuals who have suspected or confirmed TB, and when such an individual must be transported in a closed vehicle. According to OSHA, "The minimum respiratory protection is a National Institute of Occupational Safety and Health approved, high-efficiency particulate air (HEPA) respirator." Each employee must be instructed in the proper use of the respirator and individually fit-tested. Employees with beards and mustaches will either have to shave them off or wear cumbersome battery-powered respirator hoods.

OSHA also requires health care employers to have a protocol for the early identification of employees with active TB; train employees about TB and how to protect themselves from the disease; provide free TB screening for all employees annually and every six months for those likely to come in contact with infected patients; and evaluate and have a plan for handling employees who test positive for TB or who develop the disease. OSHA's enforcement plan will affect virtually all health care employers in the U.S., since states that do not follow federal OSHA guidelines "are expected to implement enforcement policies and procedures for inspection concerning occupational exposure to TB as set forth in this memorandum, or to develop their own alternative enforcement programs including extension of coverage to state and local government employees."

*EMS Insider, "OSHA Mandates Specific Respirators to Protect Health Care Workers From Tuberculosis, December 1993, p. 1.*

A training program has been developed to prepare EMS personnel for calls involving electric-powered vehicles. The materials provide instructions on many possible scenarios, including how to avoid electrical shock and exposure to hazardous materials. The training program is \$75 and includes a 25 minute video and brochure, instructor's manual and 49 overhead transparencies, quick reference field cards, quick reference poster. The training program was developed by the nonprofit ACTS Foundation whose mission is to provide public education on automobile safety technology issues. To inquire about copies, contact: ACTS Foundation, 1110 North Glebe Road, Suite 1020, Arlington, VA 22201, (703)243-7501, FAX (703)243-2806.

*The Florida EMS Newsletter, "Emergencies in Electric Vehicles: Training Materials," Winter 1993-94, p. 9.*

Research is being conducted to produce a new television show that focuses on the volunteer/rescue services across the nation. The show will be a half-hour, syndicated program that visits volunteer departments and details the area/community served, equipment used, membership demographics and call response. Producers hope to show the general public the immense role volunteer squads play in helping to save lives.

If your department would be interested in being featured, gather some details and contact Steven S.

Greene, Richard B. Bray or Tony Pannacio, producers, A & M Marketing, 10343 Royal Palm Blvd., Ste. 298, Coral Springs, FL 33065-4817, (305) 752-8202 ext. 255 or FAX (305) 752-8202 ext. 222.

*Emergency, "News Around The Nation," Compiled by Julie Fadda, December 1993, p. 14. Reprinted with permission of EMERGENCY magazine. To become a regular subscriber to EMERGENCY, phone 1-800-854-6449.*

**C**ongress has cut funding for the EMS program of NHTSA from \$1.543 million in 1993 to \$614,000 for fiscal year 1994. Nevertheless, NHTSA does plan to continue revising EMS curricula and conducting state EMS evaluations. In September, NHTSA awarded a contract to Star Mountain Inc. of Alexandria, Va., to coordinate a curriculum development group to revise the DOT Emergency Vehicle Operators Curriculum. The new version will be called the Ambulance Driver Training National Standard Curriculum.

Susan Ryan, director of NHTSA's EMS program said a contract for revision of the EMS dispatcher curriculum will be awarded before the end of this month. "We also hope to revise the first responder curriculum and the EMT instructor curriculum this year," she said. The EMT-basic curriculum revision is due to be completed by March 1, 1994, but Ryan said it could take as long as nine months for the curriculum to work its way through NHTSA's bureaucracy and actually be approved.

*EMS Insider, "Congress Slashes NHTSA's EMS Budget," December 1993, p. 4.*

**L**ocal EMS providers will soon have a valuable new resource on public information, public education and public relations (PIER)—a guidebook on creating and running PIER programs. It is a joint product of the National Highway Traffic Safety Administration and the United States Fire Administration. The agencies will also make available through state EMS offices a workshop to complement the manual.

*The Florida EMS Newsletter, "National PIER Manual, Workshops," Winter 1993-94, p. 22.*

**T**exas law states that children 0-2 years of age must travel in an approved child safety seat, and that children 2-4 years of age must travel in a child safety seat or wear a safety belt. In 1992, 58 children covered under the law were killed in traffic crashes.

*Driveline, Texas Department of Transportation, Vol. 9, No. 3, January/February, 1994, p.1.*

**R**esults of the recently released 1993 survey of child restraint use, conducted in 14 Texas cities, revealed that only 52.5 percent of the 13,766 children observed were correctly restrained in a child safety seat or safety belt. The remainder of the children observed were either incorrectly restrained (6.5 percent) or not restrained at all (41.0 percent). Analysis by vehicle type showed that while 39.6 percent of children in cars were not restrained, 55.3 percent of child passengers observed in pickup trucks were riding unrestrained. Source: *1993 Survey of Child Restraint Use in Fourteen Texas Cities* by Katie N. Womack, November 1993, Texas Transportation Institute.

*Driveline, Texas Department of Transportation, Vol. 9, No. 3, January/February, 1994, p.2.*

Research is being conducted to produce a new television show that focuses on the volunteer/rescue services across the nation. They want to show the general public the immense role volunteer squads play in helping to save lives.

In 1992, 58 Texas children covered under the law that says they must travel in a child safety seat or wear a safety belt were killed in traffic crashes.

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

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

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

\* **Beard, Roxanne**, Freeport, Texas. Twelve months probation of Emergency Care Attendant certification through March 31, 1995. EMS rule 157.44(b)(1)(2) and 157.53, misdemeanor conviction.

**Becker, Craig D.**, Houston, Texas. Twelve months probation of EMT certification through January 3, 1995. 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.

**Butterfield, Edward C.**, Honey Grove, Texas. Decertification of EMT certification. EMS rule 157.51(2)(O)(X)(Z), falsifying application for certification.

**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.

\* **Communicare Ambulance Service**, Thicket, Texas. Twenty four months probation of provider license from December 8, 1993, until December 8, 1995. EMS rule 157.11, (a)(1)(E) and (F), improper personnel listing and staffing plan.

**Conley, David Allen**, Houston, Texas. Six months probation of EMT certification through October 3, 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.

**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.

**Henry, David L.**, Houston, Texas. Twelve months suspension of EMT-Paramedic certification through November 22, 1994. EMS rule 157.51 (2)(A)(B), violation of EMS standards of care.

**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.

**Honeycutt, Harold**, Avinger, Texas. Twelve months probation of EMT certification through January 3, 1995. EMS rule 157.51 (2)(A), failure to follow the EMS standards of care in the 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.

**Hurt, Morgan Lee**, Kingwood, Texas. Twenty-four months probation of ECA certification through December 21, 1995. EMS rule 157.44 (b)(1), misdemeanor conviction.

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

**Kelly, Aubrey Lee**, Fort Worth, Texas. Twelve months probation of EMT certification through December 28, 1994. EMS rule 157.44 (b)(1), felony conviction.

\* **King, Diane Charlene**, Azle, Texas. Twelve months probation of EMT certification through March 31, 1995. EMS rule 157.44(b)(1)(2) and 157.53, misdemeanor conviction.

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

**Kingsville Fire Department**, Kingsville, Texas. Six months probation of pro-

\* 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.

vider license through August 2, 1994. Health and Safety Code, Chapter 773.050, failure to staff emergency vehicle with at least two certified personnel.

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

\* **Long, Jackie Don**, Hallettsville, Texas. Eighteen months probation of Emergency Care Attendant certification through September 30, 1995. EMS rule 157.44(b)(1)(2) and 157.53, felony conviction.

**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.

\* **Munoz, Cecilia**, McAllen, Texas. Eighteen months probation of EMT certification through September 30, 1995. EMS rule 157.44(b)(1)(2) and 157.53, misdemeanor conviction.

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

**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.

**Reidenbach, Michael David**, San Antonio, Texas. Eighteen months probation of EMT certification through June 28, 1995. EMS rule 157.44 (b)(1), misdemeanor conviction.

**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.

**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.

**Valtierra, Francisco A.**, Henrietta, Texas. Twelve months probation of EMT certification through November 1, 1994. EMS rule 157.44 (b)(1), misdemeanor conviction.

\* **Watts, Joel Andrew**, Bridge City, Texas. Eighteen months probation of EMT certification through September 30, 1995. EMS rule 157.44(b)(1)(2) and 157.53, misdemeanor conviction.

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

**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. 🗑️

## T H A N K S



The 139 disciplinary actions taken in FY93 represented less than one-third of one percent of the total 46,500 certified EMS personnel. Our thanks to the huge majority for a job well done.



# Calendar

## Meetings

June 6, 1994. **Medical Directors Course.** Fort Sam Houston Law Enforcement Tactical Operations Medical Support. San Antonio Chapter Emergency Nurses Association. \$40. CPT Sandra Greider 210/221-1952.

June 6-10, 1994. **Skills Lab For Prehospital Providers.** San Antonio Chapter Emergency Nurses Association. CPT Sandra Greider 210/221-1952.

June 6-13, 1994. **ECA course.** Duncanville, TX. \$200 includes textbook. Contact John Hutchinson, Duncanville Fire Department 214/780-4921.

June 7, 1994. **Commanders Course.** Fort Sam Houston Law Enforcement Tactical Operations Medical Support. San Antonio Chapter Emergency Nurses Association. \$40. CPT Sandra Greider 210/221-1952.

June 7, 1994. **STAT Team.** San Antonio Chapter Emergency Nurses Association. \$40. CPT Sandra Greider 210/221-1952.

June 8-10, 1994. **HAZMED '94 Tour.** Houston. George R. Brown Convention Center. Contact RMC Medical, 3021 Darnell Road, Philadelphia, PA 19154-3294. 215/824-1300 or 215/824-4100.

June 8-10, 1994. **Prehospital Emergency Assessment and Intervention.** Fort Sam Houston Law Enforcement Tactical Operations Medical Support. San Antonio Chapter Emergency Nurses Association. 1 day course. CPT Sandra Greider 210/221-1952.

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.

June 23-24, 1994. **Advanced Cardiac Life Support (ACLS).** Contact Alex Stadthagen, NREMT-P, at Metrocrest Medical Services, 2997 LBJ Freeway, Suite 139, Dallas, TX 75234. 214/484-1158.

June 23-25, 1994. **Dive Rescue I Training Course.** Presented by DIVE RESCUE INC./INT'L. \$235. Contact Bill Butler, Dept. of EMT, UT Health Science Center-San Antonio, TX. 210/614-6074.

June 30, 1993. **CPR Instructor Course.** \$35. Contact Steve Cutler, EMT-P. 214/488-8414.

July 12, 1994. **Emergency Response and Access to Alternative Fueled Vehicles.** El Paso. Non-technical seminar covers gaining emergency access to alternative fueled vehicles. Joel Bechtold 915/534-5848.

July 14-17, 1994. **CLINCON '94.** The nation's premier conference on prehospital emergency care. Hyatt Orlando, Kissimmee, FL. Sponsored by the Florida Emergency Medicine Foundation and the Florida College of Emergency Physicians. 407/281-7396 or 800/766-6335.

July 23-24, 1994. **Basic Prehospital Trauma Life Support Course.** \$95. EMS Program, Texas Tech University Health Science Center. 3601 Fourth St., Lubbock, TX 79430. 806/743-3218.

July 28-30, 1994. **Tenth Annual Colorado Trauma Symposium.** Sponsored by the Colorado Trauma Institute. Workshops for all levels of hospital/prehospital trauma care providers. The Colorado Trauma Institute, 777 Bannock St., 3rd Floor W. Denver, CO 80204-4507 or call 303/436-7788.

August 5-7, 1994. **Basic Trauma Life Support Classes.** Harlingen, TX. Jay Garner. 210/423-0130. For basic and advanced levels of certification.

August 15-19, 1994. **TEEX Vertical/High Angle Rescue.** Texas A & M University System, College Station, Texas. Call 409/845-3069.

August 20, 1994. **Prehospital Advanced Burn Life Support Course.** \$90. EMS Program, Texas Tech University Health Science Center. 3601 Fourth St., Lubbock, TX 79430. 806/743-3218.

August 22-26, 1994. **TEEX Confined Space Rescue.** Texas A & M University System, College Station, Texas. Call 409/845-3069.

September 5-9, 1994. **TEEX Vertical/High Angle Rescue.** Texas A & M University System, College Station, Texas. Call 409/845-3069.

September 9-11, 1994. **Basic Trauma Life Support Classes.** Corpus Christi, TX. Dan Woodson 512/547-7147. For basic and advanced levels of certification.

September 17-18, 1994. **South Plains Emergency Medical Services Conference.** Dysrhythmics will headline. Lubbock, TX. 806/791-2582.

September 27-29, 1994. **INFOMART Conference and Exhibition Center.** Dallas, TX. Contact Advanster Exposition, 800 Roosevelt Rd., Bldg. E, 3rd Floor, Glen Ellyn, IL 60137 or call 708/469-3373.

October 2-6, 1994. **World Congress on Emergency Medical Services.** Cairo, Egypt. ISEMS 1-800-884-9605.

October 8-9, 1994. **Basic Prehospital Trauma Life Support Course.** \$95. EMS Program, Texas Tech University Health Science Center.

3601 Fourth St., Lubbock, TX 79430. 806/743-3218.

October 10-14, 1994. **TEEX Vertical/High Angle Rescue.** Texas A & M University System, College Station, Texas. Call 409/845-3069.

October 11-13, 1994. **Basic Trauma Life Support Classes.** Austin, TX. Rhonda Blackmore 512/834-6700. For basic and advanced levels of certification.

October 14-15, 1994. **Basic Trauma Life Support Classes.** International BTLs Conference. Austin, TX. John Rinard 512/834-6740. For basic and advanced levels of certification.

October 17-21, 1994. **TEEX Confined Space Rescue.** Texas A & M University System, College Station, Texas. Call 409/845-3069.

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

**EMT, EMT-I, EMT-P:** Life Star EMS. Contact John at 210/702-0596 or 1222, West Texas Avenue, San Juan, TX 78589.

**Executive Director:** Non-profit agency providing 911 EMS in the Houston area. TDH EMT-P, EMSI, EMS-C. Bachelor's degree, 3 years management experience, 3 years 9-1-1 EMS experience. Harris County Emergency Corp. Letter and resume to: Search Committee, Harris County Emergency Corp, PO Box 670028, Houston, TX 77267-0028. No Phone calls, please. +

**EMT/EMT-Paramedic:** East Texas Medical Center EMS. EMT paramedic BTLs/ACLS national certification. Bilingual a plus. Excellent pay and benefits. Resume: East Texas Medical Center EMS, Human Resources Dept., 810 Clinic Drive, Tyler, TX 75701. +

**Director of Communication:** East Texas Medical Center EMS. 5 years supervisory/management experience or a 2 year degree with 3 years experience. Strong budget development and verbal and written communication skills. 15 different posts covering 7200 square miles. Competitive salary and benefits. Resume: East Texas Medical Center EMS, Human Resources Dept., 810 Clinic Drive, Tyler, TX 75701. +

**Marketing Coordinator:** East Texas



# Calendar

Medical Center EMS. 3 years experience or 2 year degree with 1 year experience. Must work well with people. Competitive salary and benefits. Resume: East Texas Medical Center EMS, Human Resources Dept., 810 Clinic Drive, Tyler, TX 75701.+

**EMS Education Coordinator:** Supervises, coordinates and conducts educational programs for paramedics. Ensures Baylor Medical College at Grapevine is in compliance with all current laws and regulations affecting EMS service. Must have RN paramedic licensure or paramedic certification. CPR instructor and ACLS certified. Travel within EMS program service area and work flexible schedule. Baylor Medical Center, 1650 W. College St., Grapevine, TX 76051.\*

**EMS Paramedic:** Primary 9-1-1 provider for Anderson County, progressive MICU service located in beautiful East Texas. Career oriented professionals. Rotating shifts, excellent benefits and competitive wages. Contact Marcia Edwards at 903/729-6981.\*

**Chief Training Officer:** Assist with CEU program and supervision of clinical and field training. Paramedic with 2 years experience, and 1 year as field training officer. Certified in BCLS, ACLS, BTLS, and EVOC. BCLS instructor-trainer and TDH/EMS instructor certification required. Resume: Human Resources, 11921 Starcrest Dr., San Antonio, TX 78247 or 210/491-5906 or 800/759-0911.\*

**Paramedics and EMTs:** Texas certification. Resume: Human Resources, 11921 Starcrest Dr., San Antonio, TX 78247 or call 210/491-5906 or 800/759-0911.\*

**EMT:** Progressive rural EMS seeking brand new EMT, come learn with us. Must be at least 24 years old. 409/274-5878.\*

**EMT-Paramedic:** Progressive rural EMS seeking "seasoned" paramedic. Excellent salary. 409/274-5878.\*

**Patient Care Associate II:** Presbyterian Hospital-Dallas, a 934-bed acute care facility, needs EMTs to work as patient care associates IIs. These positions support the delivery of patient care, performing such duties as phlebotomy, EKGs, and various nurse aide responsibilities. Requires at least six months to one year recent patient care support activities in a healthcare environment. Contact: Sandra Robinett at 214/345-6098 or Human Resources, Presbyterian Hospital, Jackson Bldg., 8200 Walnut Hill Lane, Dallas, TX 75231.\*

**EMTs and Paramedics:** Montgomery Co. Hospital District EMS is hiring EMTs and Paramedics. For more information

please call Jerry Thomas at 409/539-7148. Applications may be picked up at 301 George Strake Blvd., Conroe, Tx 77304.\*

## For Sale

**For Sale:** 1982 Ford, Type II Collins RX2 extended body. 460 engine, 47,000 miles. Hospital and police radios. \$7,500. O'Donnell Volunteer EMS. 806/428-3239.

**For Sale:** CPR supplies, disposable airways, manikin face shields, manikin rentals and repairs. Call Manikin Repair Center 713/484-8382.+

**For Sale:** 10 Advanced Techtalk VHF 5-watt, 4-channel, 2-way, hand-held radio. ICM encoder. Excellent condition. \$2,000, obo. Call Steve at 210/234-3247.+

**For Sale:** 1991 Ford Type I, 7.3 diesel, AOD, riot bumper, Michelins. Collins MICU. Good condition. \$20,000. 817/279-1144.+

**For Sale:** 6 Motorola monitor pagers and chargers on frequency 37.180. \$80 each. Will purchase Monitor I and II in good working condition. Calvin Wright 210/981-4912.+

**For Sale:** 1984 Type II ambulance for sale. Good condition. 713/359-3940.\*

**For Sale:** 1985 Type II ambulance for sale. Good condition. 713/359-3940.\*

**For Sale:** EMS billing service, grants, proposals, government loans, and other paperwork completed to your specifications. Let us reward your service with the highest return possible for the lowest cost. Call 409/898-6215 or write 7545 Lawrence

Dr. A-70, Beaumont, TX 77708.\*

**For Sale:** EMS Software. IBM compatible shareware, CE, and courseware for EMS personnel. For a catalog write: Jim Moshinski, Rt. 7, Box 288, Waco, TX 76705.\*

## Announcements



Get ready for the '94 Texas EMS Conference photo contest. Photos can be educational settings, events, crash or rescue scenes. Photos must be safety and scene-conscious. Trophies and prize money will be awarded. Your photos will be displayed at the '94 conference. Entry blank is on page 20.

**RESCUE 911** We need your stories and 9-1-1 calls; all types of rescues. Fax your story to RESCUE 911 at 213/466-5345 to: RESCUE 911, c/o Kelly McPherson, 1438 North Gower Ave, Bldg. 48, Hollywood, CA 90028.

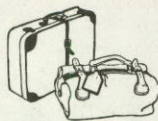
**Membership Drive:** Travis County Search and Rescue Team, a non-profit team, needs dedicated volunteers. If interested contact Linda Duncum 512/837-6983 or DP 512/403-8166.

CPR Manikins for rental use. Contact Steve Cutler, EMT-P. 214/488-8414.

+ This listing is new to this issue.

\* Last issue to run.

## Moving? Renewing your subscription? Placing an ad?



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

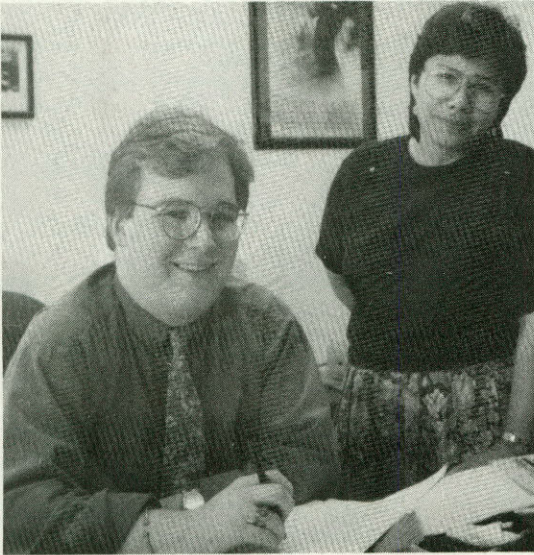
**Renewing your subscription?** Paid subscriptions have a 4-digit number on the mailing label. Example: 9404 means the subscription expires with the April, '94 issue. Use the subscription form in the magazine to renew your subscription and mark the renewal box.

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

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

## Playing by the rules: *Jeff Jarvis develops course approval procedure*

**I**f you've had trouble understanding the new recertification rules, consider Jeff Jarvis. He not only has to understand them, he must develop policies and procedures to make the rules work. For instance, Jeff has to determine what to ask instructors to submit so that he can evaluate a continuing education course. The list so far includes



*Jeff Jarvis and Linda Reyes will help implement the new rules. If you have questions about the new recertification rules, call Jeff at (512) 834-6700 or send your E-mail to [jjarvis@ems.tdh.texas.gov](mailto:jjarvis@ems.tdh.texas.gov) or [j1jarvis@aol.com](mailto:j1jarvis@aol.com). Jeff can also be reached on the EMS computer bulletin board system as [jjarvis](#).*

knowledge objectives, lesson plans, instructor qualifications, exams used, and the way students will evaluate the course.

"The things we are requiring are what you really need to put on a good course, and most people will already have them," Jeff says. "We want to see evidence that this will be a high quality program and participants will get what they need."

CE providers will need to teach approved courses beginning September 1, when the new CE rule goes into effect. Jeff will approve individual instruction, computerized instruction, and instructor directed courses, while the regions will still approve CE for ongoing programs. All courses will be evaluated according to standard criteria.

"For folks who are putting on the

courses, (the new rule) will take a while to get used to," Jeff says. "For people who take the courses, it won't be much different (except) that they have to turn in their CE every two years."

Jeff has made CE tracking easier for EMS personnel, though, with a free computer program available on the EMS computer bulletin board system. The program helps people keep up with their CE and skills.

But sorting through the continuing education maze isn't Jeff's only duty. He also develops certification exams, and helps with site visits.

Fortunately, Jeff brings plenty of experience both as an instructor and as a street medic to the job. Jeff grew up in Cleveland, Texas, where he volunteered as a firefighter while still in high school. During college, he worked for Texas A&M University EMS and Williamson County EMS. He certified as an EMT in 1986 and as a paramedic in 1988. While at A&M, Jeff began instructing CPR and EMT classes.

After graduation from Texas A&M, Jeff went north—way north—to one of the few schools in the country to offer a master's degree in EMS administration. While in graduate school, Jeff worked the streets in Yonkers, New York, and Greenwich, Connecticut.

After graduation, Jeff settled in Pflugerville with his wife, Kristi, also a paramedic, and two dogs, Simone and Epi, named for epinephrine. 🐾

## What is An Emergency Medical Technician?

by Wayne Jones, Cypress Creek EMS Association



ALANA S. MALLARD  
EDITOR  
TEXAS EMS MAGAZINE

## Thanks

Austin EMS, Austin Fire Department, MedStar, Garland Fire Department, Williamson County EMS: these are the Texas folks who do emergency medical response where my kids and grandkid, parents, brothers, sisters, niece, nephews, and aunts live, and I want to give those dedicated medics a sincere and heartfelt thanks for doing what they do.

In Texas we have nearly 47,000 certified paramedics, EMTs, EMT-Is, and ECAs who make more than a million emergency calls every year. This poem by Wayne Jones is for you. We first printed the poem in 1987, and I've seen it in print in newspapers several times since then—most recently last week in the *Van Horn Advocate*.



*An EMT is the man or woman who lives next door and is the one called when you have a medical problem.*

*An EMT is a woman that puts her family's dinner on hold when she is called to help a person in need.*

*An EMT is a person who leaves their dinner or party guests to render aid.*

*An EMT is a person who leaves the comfort of their home at any time day or night, in all kinds of weather to help others.*

*An EMT is a neighbor who is called to your house when your child has overdosed and the other neighbors never hear of your child's problem.*

*An EMT is a person who risks their own life in the middle of the street during a driving rainstorm trying to save a life.*

*An EMT is a person that stands waist deep in a drainage ditch full of water trying to stabilize a broken body.*

*An EMT is a person who carries all sorts of medical equipment, in the August heat, for a quarter of a mile or more to help someone and knowing, all the while, that they will have to carry both the patient and the equipment back to the ambulance.*

*An EMT is a person who is called out of their home in the middle of the night and cannot go back to sleep because of the trauma they have seen, knowing that they will have to go to work or take care of their own family the next day with little or no sleep and there being no guarantee that the same thing will not happen again the next night.*

*An EMT is a person who runs into a storm door in the dark of night and wonders what the heck happened.*

*An EMT is a person who carries stomach sedatives and mouthwash so they can settle their stomach and get the foul taste out of their mouth after giving CPR to a person who has thrown up in a full beard.*

*An EMT is a person who gets kicked in the face while trying to help a drunk or an overdose victim.*

*An EMT is a person who remains calm and renders lifesaving aid when all they can see are broken and torn bodies.*

*An EMT is a person who frantically tries to wash the blood off of their hands and face while enroute to another emergency so that they will not frighten the*

*patient or the patient's family when they arrive to render aid.*

*An EMT is a person who continues to walk toward the scene when all they want to do is to turn around and run in the other direction.*

*An EMT is a person who has seen more suffering and death than any person should ever have to experience.*

*An EMT is a person who cries when they are unable to save a patient.*

*An EMT is a person who laughs with joy when they deliver a baby and goes to the hospital on a day off to see "their" baby.*

*An EMT is a person who risks their life driving in rush hour traffic to find out that it was only a prank call.*

*An EMT is a person who goes home and gives their own child a little extra loving after seeing a child die.*

*An EMT is a person who cannot get the smell of a horribly burned victim out of their nose, hair, and clothes.*

*An EMT is a person who gets mad at a suicide victim because they were not given a chance to help.*

*An EMT is a person who knows that they will probably be injured enroute or on a scene at some point in their career.*

*An EMT is a person who pulls a fever thermometer out of their own mouth when a call comes in and runs out into a cold rain to help someone. When they return home with a chill and pick up their thermometer they see 101° on it.*

*An EMT is a person who goes into a pit of raw sewage to help a trapped victim.*

*An EMT is a person who cares.*

*So, when you are awakened in the middle of the night by the sound of thunder, the flash of lightning, and the pounding of rain on your roof and hear a siren scream in the night you know that EMTs will be risking their lives trying to help some unknown stranger. Will you, then, take a moment to offer a prayer and silently give them a "thank you" before turning over in your warm bed and falling back to sleep?*

I will. I'll thank the dedicated women and men at Austin EMS Aid 8. 🇺🇸



Texas EMS Conference '94 — join 2,000 Texas medics, administrators, educators, and exhibitors in Fort Worth, November 20-23, 1994. Register on pages 6 and 7, \$65.

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