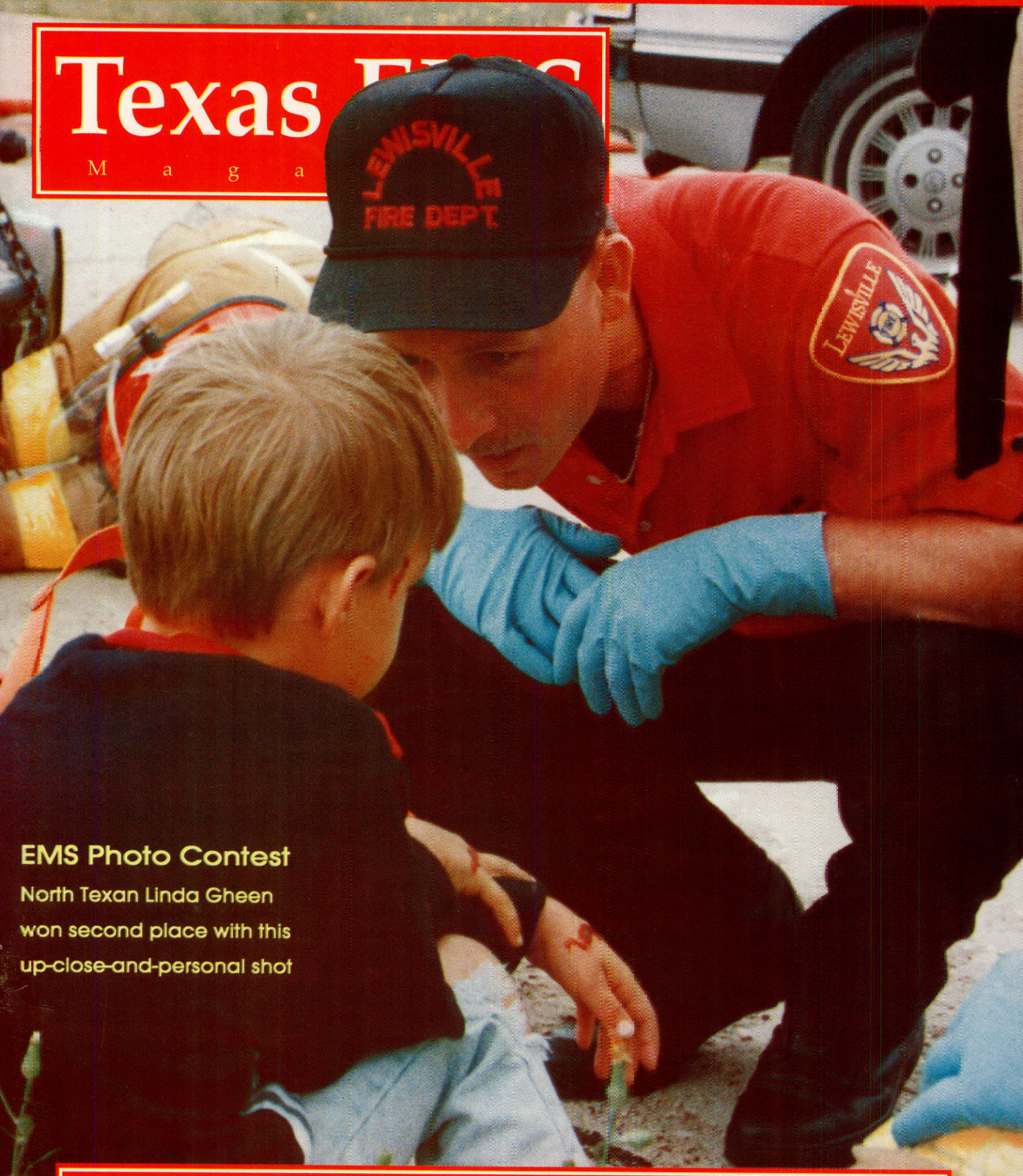


Two changes speed application processing: beginning April 1 take your paperwork to the test site and mail in your fee, and a proposed rule automatically adds 90-day grace period at end of certification. Page 14

Texas EMS

M a g a z i n e



EMS Photo Contest

North Texan Linda Gheen won second place with this up-close-and-personal shot

Serving Texas Emergency Care Professionals

Texas Department of Health

March/April 1995

Dignified Death What role does EMS have?
John Rinard researches the issues beginning on page 28

Mail order form to:

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Order these free materials for your community education programs.

Organization _____

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Amount ordered	Description	Contact
_____	National and Texas EMS Week Packet, 1995.	
_____	"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 .	
_____	"Accidents Don't Just Happen" brochure. Injury prevention tips featuring Dr. "Red" Duke, 1993. Poster and bumper sticker also available. (EMS-003)	



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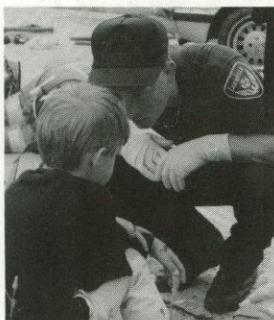
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ABOUT THE COVER:
The intensity and caring on the face of this responder won photographer Linda Gheen a second-place award in the Texas EMS Conference photo contest.



Texas Department of Health Mission

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



Bureau of Emergency Management Mission

To develop a statewide system that provides emergency care to all people through prevention, awareness, and intervention.

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Texas EMS
M a g a z i n e

March/April 1995

Vol. 16 No. 3

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

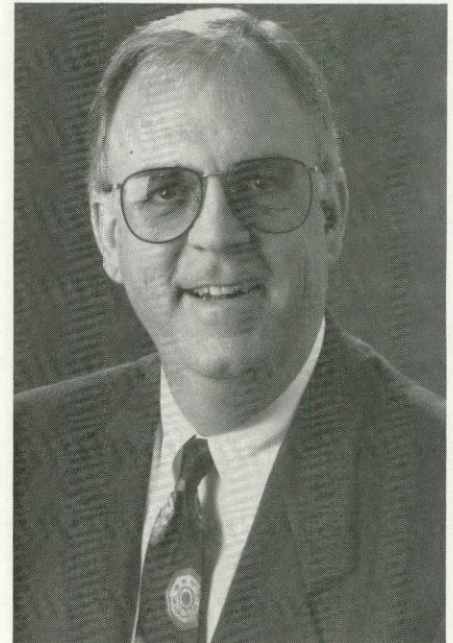
Editor's office: (512) 834-6700, 1100 W. 49th Street, Austin, Texas 78756-3199.

Subscriptions to *Texas EMS Magazine* are available for \$20 for two years. Sample copies on request. As provided in Chapter 773, the Emergency Medical Services Act, subscriptions are free to licensed provider firms and course coordinators. To order a subscription or to request a change of address in a current subscription, write to *Texas EMS Magazine* at the address above or call (512) 834-6700.

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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Bill would require two EMTs by 2000



GENE WEATHERALL, CHIEF
BUREAU OF EMERGENCY
MANAGEMENT

This issue of *Texas EMS Magazine* brings you some proposed rule changes in EMS recertification and a new process for applying for state certification. The proposed rule gives everyone a 90-day continuance at the end of their certification and the new process allows you to take your paperwork to a test site, take the exam or evaluation, and mail your fees within 24 hours. These two changes will streamline the certification and recertification process so that you could receive your certificate within 30 days of testing.

Congratulations to all of you around the state who work in your local area to develop a trauma system. We are pleased to announce that all areas of the state now have a regional advisory council. One of the reasons this is so exciting is because so many people did not believe it could be done. When trauma system development first began, some people told us that without funding for uncompensated trauma care there would be no system development. History has proved these skeptics wrong, as areas did begin to develop regional systems without funding from the state.

A regional trauma system is the correct approach to improving medical care for the trauma patient. Statistics show that a trauma system can make a significant difference in life expectancy from a traumatic injury.

In the next couple of months we hope to have the Texas Board of Health recognize some of the individ-

uals from around the state who have made such a difference at the local and regional levels.

The Texas Legislature is in full swing and we're keeping up with many bills that affect emergency medical service. One bill before the Legislature would require two EMTs on an ambulance by the year 2000. As of this writing, two amendments have been discussed for this bill: one would exempt volunteers and the other would exempt counties under 50,000 population. The states surrounding Texas have met this national standard of two EMTs on the ambulance for the past 15 years or so. You would think that we could meet the standard in the next five years.

ECA	8,603
EMT	25,297
EMT-I	3,298
EMT-P	8,828
TOTAL	46,026
COORDINATOR	352
INSTRUCTOR	1,311
EXAMINER	1,499

Texas EMS Conference '95

November 19-22, 1995

- Need top quality CE credit to re-certify?
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Texas EMS Conference once again comes to the Fort Worth-Tarrant County Convention Center. From November 19 through 22 this year you'll have your pick of clinical and administrative workshops, the opportunity to comparison shop equipment and teaching materials, and plenty of time to share experiences with your counterparts from across this region of the U.S.

Quality education in luxurious surroundings at a reasonable cost has been the mission of Texas EMS Con-

ference for ten years. Again this year we'll give you the best educators teaching you the courses you need. The convention center and our four hotels will offer outstanding Fort Worth hospitality and service at affordable rates. And the conference registration fee of \$65 makes Texas EMS Conference the best bargain in the nation for CE. That \$65 registration fee includes two lunches, three continental breakfasts, breaks, and beverages.

For pure luxury, make your reservation at one of the conference's four hotels. The Worthington, a five-star hotel seven blocks from the conven-

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

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Names of _____

Representatives _____

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How many booths? Regular booths? _____ Ambulance/Vehicle spaces? _____

(1) booth \$475
(2) booths \$850
(3) booths \$1,300
each booth \$575 after 10/15/95
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Date _____

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Exhibit Set-up Nov. 18 & 19 Sat. & Sun. **Exhibit Break-down** Nov. 21 Tuesday

2:00 pm - 6:00 pm **Saturday**
8:00 am - 12:00 noon **Sunday**

6:00 pm **Tear-down**
9:00 pm **Exhibit Hall Closed**

Texas EMS

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M

tion center, offers a \$65 rate for one or two people, with a \$5.50 charge per day for parking. Call (800) 433-5677.

The newly-remodeled Radisson Plaza offers a \$55 rate for one or two people, with a \$6 per day parking charge. Call (817) 870-2100 for reservations.

The Ramada Inn, two blocks from the convention center, gives you a \$55 rate for up to four people, with no charge for parking. Call (817) 335-7000. And the Days Inn, across from the convention center, offers rooms for \$45 for up to four people. Parking is free. (Call 817) 336-2011.

Make your hotel reservation, send in your registration fee with the coupon below, then come to Fort Worth prepared to see your

favorite educators—Scott Bolleter, Don Gordon, Michael Wainscott, Joseph Coppola, Karen Yates, and Mark Warren. And just like we always do, we'll have some new folks who will become some of your favorites. And while you're in Fort Worth, don't forget our traditional Tuesday night EMS party—plan on some Fort Worth boot-scootin' in the cowboy capital of the Southwest.

Use these coupons to register now at the special conference rate for 1995. Call (512) 834-6700 for information about the conference and look for an agenda in the May/June issue of *Texas EMS Magazine*.

TEXAS EMS CONFERENCE '95

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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:
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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.

Groom Ambulance Service elects new officers

Groom Ambulance Service elected new officers recently. Elected were Jay Lamb, president; Kevin Kerlee, vice president; Charlotte Whatley, secretary; David Britten, coordinator; and Melanie Britten, treasurer.

Bexar County Fire Marshal holds annual awards banquet

Bexar County held its Fire Marshal's 11th Annual Recognition Banquet on December 3 to announce the year's award winners and honor all volunteer firefighters. The county has about 750 volunteer firefighters in 30 different departments.

Jerry Bairrington of Geronimo Village Volunteer Fire Department was chosen as Bexar County's First Responder of the Year. Bairrington joined

the department three years ago and went on to certify as an ECA and then as an EMT. He serves as president of the department's board of directors.

Grand Prairie paramedic spends day off in lake rescue

Paramedic Tammy Brown just thought she had a day off with her family last Memorial Day. While at Joe Pool Lake, Brown's sister witnessed a collision of two personal water craft about 200 yards off shore. The sister notified Brown, who was on shore. At the scene, Brown found one of the victims unconscious. When one of the bystanders attempted to pull the victim out of the water, Brown cautioned him that the maneuver created a danger of spinal injury. The paramedic positioned herself under the victim for proper alignment and opened his airway with a jaw thrust maneuver.

Brown and the patient were towed back to shore, and an ambulance from Brown's employer, Dallas/Fort Worth Medical Center, transported the patient to Methodist Hospital in Dallas. He was diagnosed with head injuries.

Advisory commission names top ten telecommunicators

The top ten telecommunicators in Texas were honored last

Dr. Ann Burgardt, left, and Fire Marshal Carl Nixon, far right, presented Jerry Bairrington with a First Responder of the Year award at the Fire Marshal's annual awards banquet in December. Bairrington is the president of the board of directors of Geronimo Village VFD. Burgardt is assistant medical director of San Antonio Fire Department.



Local and Regional EMS News

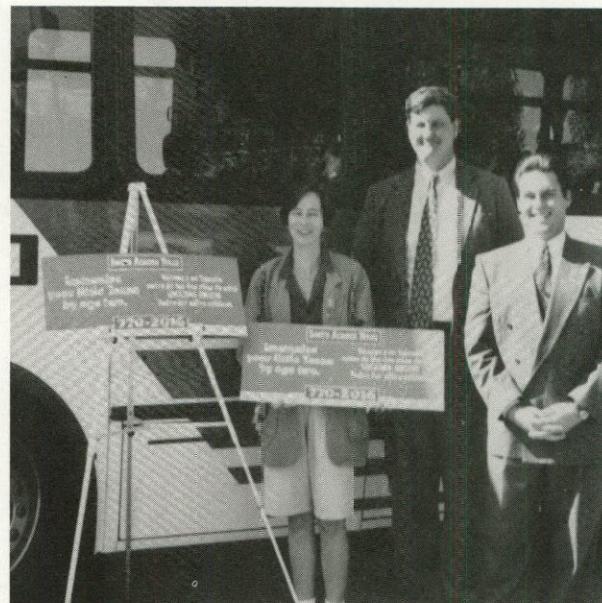
September in an awards ceremony in Austin. The Advisory Commission on State Emergency Communications presented Public Safety Telecommunicator of the Year awards to recognize special accomplishments of individuals who field police, fire, and medical emergency calls. Fifty-six telecommunicators throughout Texas were nominated.

The ten winners for 1994 are Joe Martin of MedStar in Fort Worth, who took call from a woman who had just shot her boyfriend; Debbie Riley of the Euless Police Department, who handled a call from a woman threatening suicide in a hotel; Cheryl Wolff of the

El Paso Police Department, who helped a woman being threatened by a knife-wielding intruder; Barbara Garner of the Jefferson County Sheriff's Department who took a call from a six-year-old girl reporting that her grandfather had shot her father, mother, and grandmother; Pam Gallop of the Cleburne Police Department, who took a call involving the kidnapping of a 10-week-old baby; Julie Torres of the Arlington Police Department who took a call from a woman fatally shot at a dance supply store; Connie Cox of the El Paso Sheriff's Department, who handled a call from a man reporting the suicide of his wife; Eden Looper of the Collin County Sheriff's Office, who took a call from an elderly woman who had been

The Texas Children's Hospital Immunization Helpline will be advertised on 1,200 METRO buses in Houston during 1995.

The number gives information on clinics, required shots, and special events. Helping to publicize the new number are, from left, Kim Evans, RN, PNP; Dr. Clifford Mishaw of Texas Children's Hospital; and Peter Lupia of METRO.



mauled by a pit bull; Brian Dunkle of Austin EMS, who handled a lifesaving call from an elderly man suffering carbon monoxide poisoning; and Paul Simmons with the City of Midland, who handled a lifesaving call from a six-year-old girl whose mother was choking on breakfast cereal.

Houston area parents now have immunization hotline

A Houston area group has established a hotline to provide information about when and where immunizations will be given. The Texas Children's Hospital Immunization Hotline at (713) 770-2061 is available 24 hours a day and has information in three languages: English, Spanish, and Vietnamese. The helpline gives information on special immunization events, the nearest clinic to the

caller, or immunizations needed, according to birthdate, for any child.

Callers choosing the special events option will hear about dates, times, and locations of special immunization clinics. The nearest clinic option prompts callers to punch in their zip code in order to hear a list of medical clinics offering immunizations in their area. The line provides information about the location and hours of the clinics and the bus lines that serves the clinics.

The birthdate option asks callers to list a child's birthdate and then gives an list of immunizations that the child should already have and when the next round is due. The helpline phone number will be advertised on 1,200 metro buses in Houston during 1995. For more information, call Alice V. White, Texas Department of Health, at (800) 252-9152.

Local and Regional EMS News

Gold Cross of Marble Falls sponsors Christmas project

Gold Cross Ambulance sponsored a holiday project that brought families together for the holidays. In the Home for the Holidays project, Gold Cross transported patients from the Kingsland Hills Care Center to their own homes. The nursing home hired a nursing assistant to accompany the patients home.

The holidays were special for Mrs. Clara Gose, who spent the past eight years in hospitals and nursing homes. Gose's husband Joe wished for a reunion at the family home for some time, but Mrs. Gose's severe medical problems prevent-



Williamson County celebrated 20 years in EMS with a ceremony at the Courthouse Annex in Georgetown. Gene Weatherall, Williamson County's first paramedic, presented EMS Director John Sneed, right, with a plaque honoring the occasion.

Gold Cross Ambulance of Marble Falls sponsored a program during the Christmas holidays that brought patients home for a visit to their families. Joe Gose, left, has his wife, Clara, home for a visit for the first time in eight years thanks to Gold Cross medics. Medical personnel from left are paramedic Donna Fink, nursing assistant Mark Fenton, and EMT Vicki Marcum.



ed it. With the help of Gold Cross paramedic Donna Fink and EMTs Vicki Marum and James Brumfield, Mrs. Gose got to come home for a few hours. Once in her home, Mrs. Gose opened her eyes and seemed to recognize her surroundings for the first time in a long time.

Gold Cross, headquartered in Austin, recently opened the office in Marble Falls in December.

Two services celebrate 20 years in EMS

Two services celebrated 20 years in EMS recently. Williamson County celebrated 20 years in EMS with a ceremony at the Courthouse Annex on January 19. The county got into the business of EMS with a hearse borrowed from the Davis Funeral Home and 16 employees. Gene Weatherall, chief of the Bureau of Emergency Management, gave the keynote address thanking the

county commissioners who had funded the original service. Weatherall served as the county's first paramedic. Often riding out with him from Georgetown Hospital was nurse Cheryl Watson, now a paramedic and head of Lockhart EMS.

In 1975, Williamson County had a population of about 65,000 and an EMS operating budget of \$250,000. The 1995 estimates put the population at about 175,000, with an EMS budget of \$1,750,000.

The MICU service now employs 46 people in eight stations and made about 8,000 calls last year. Paramedic John Sneed directs the service.

Ambulance Service of Hale Center also got into the business of medical emergencies when the town's funeral home called it quits. For a time after Freeman Funeral Home stopped making calls, Hale Center relied on Plainview and Abernathy. Then in mid-1974, a volunteer service or-

Local and Regional EMS News

ganized using 20 people with eight hours of first aid training and a 1948 ambulance.

The service now includes two ambulances and ten volunteers.

Local groups honor volunteers and employees

Titus County EMS named Tim Nelson Paramedic of the Year for 1994. Nelson, a 30-year-old Mount Pleasant resident, has worked for the service for five years. Donnie Phifer was named Dispatcher of the Year of 1994. Phifer, a 31-year-old EMT-I, has served Titus County for two years. EMS Chief Ricky Reeves presented the awards.

Live Oak County Volunteer EMS presented awards at its an-

Texas EMS in Angleton recently participated in a scout rally, serving in the first aid tent and as a backup unit. From left, Michael Bolton, Jerry Reichel, and Andrea Watkins.



nual banquet in December. Bob Wientjes was chosen for the Volunteer of the Year by his peers in the service.

South Plains EMS also named its volunteer of the year in a ceremony held recently. Arlene Wyatt was named 1994 EMS Volunteer of the Year for 1994 for her work in Dickens County Emergency Medical Services. Wyatt was chosen from nominations made from the 22 counties that make up the South Plains area. Before becoming a paramedic three years ago, Wyatt served as an EMT volunteer for 14 years.

Texas EMS at Angleton attends scout rally and health fair

Angleton EMS attended the Second Annual Angleton-Danbury Hospital Health Fair in October at Angleton High School. Paramedics Clara Wilburn and Mike Nelson, and EMT-I Andrea Watkins set up a Shots Across Texas booth in conjunction with the Texas Department of Health at Angleton and the Medical Alliance of Brazoria County. The group gave out information packets, balloons, and candy. The fair had 91 show-and-tell booths, and some performed free health-related tests, including one to estimate body fat.

Wilburn, Nelson and Watkins also attended a scout rally held in November on the Brazoria County Fairgrounds. Texas

EMS at Angleton served as the transport unit for the Schlumberger First Aid Station and MICU. Jerry Reichel served as the station's medic.

Houston's Village Fire Department marks high scores on CE test

Fire Chief A.C. Calagna of the Village Fire Department in Houston writes that two sets of Village Park EMTs who recently took the CE test passed with flying colors: 86.4 and 91, respectively. Calagna credits the rigorous in-house training program that provides personnel with an average of 80 hours of CE each year.

Week ends better than it begins for Austin firefighters

Firefighters at an Austin station got to put a happy ending on a week in February that had begun tragically. Early in the week, firefighters and EMS responded to a mobile home fire started by faulty clothes dryer connection that killed a father and two of his children, ages 9 and 11. The mother and one son managed to escape but were critically injured.

Later in the week, the same station got to witness a happier ending. About 8 a.m., frantic parents-to-be pulled into the fire station on their way to the hospital when the mother's contractions started coming faster. Sixteen

Local and Regional EMS News



Ready Teddy got a chance to rub elbows with the stars during the Christmas Festival in Brookshire in December. The entertainment was provided by Brian Black, left, brother of country and western singer Clint Black. The Brookshire-Pattison Volunteer Corp. set up a booth at the festival.

minutes later, medics from Austin EMS, with assistance from the fire crew, delivered a healthy 7-pound, 11-ounce baby boy. Paramedic Chris Quiroz delivered the baby, with help from paramedics Debi Wong, Walt

Branning, and Mike Benavides and firefighter/EMTs David Lundstedt, Tomas Harkness Sr. and Dan Wolfe.

"(The fire) was probably the toughest thing to go through," says Lundstedt. "(The birth) doesn't even it out, but it helps."

Brookshire-Pattison Corp. staffs booth at fair

Brookshire-Pattison Area Volunteer Emergency Ambulance Corp. sponsored a booth at the County Christmas Festival in Brookshire to solicit donations for its new building. The service recently purchased property for a new building. Maxine Pate writes that Ready Teddy attended and was more popular with the crowds than Santa. Many opted to have their photos taken with the bear medic instead of St. Nick. Singer Brian Black, brother of Clint Black, provided the entertainment and also couldn't resist having a photo taken with Ready.



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Texas Department of Health EMS Offices

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Board approves proposed rules

Rules proposed by the Texas Board of Health at its March 19 meeting in Odessa will help to alleviate some problem areas in the current application process. These rule revisions, along with the new process of applying at the test site, should serve to streamline processing so dramatically that EMS certificates may be mailed out as quickly as one month after a student completes a course.

Although only the recertification rule is proposed for amendment, initial certification applicants will also benefit from the streamlined processing.

Here are the proposed changes to the recertification rule:

- delete the requirement to submit applications 30 days prior to cer-

tificate expiration

- eliminate the \$20 special processing fee
- automatically give all candidates the 90-day grace period of continued certification
- distinguish between "re-entry" and "return into active status" applicants, and clarify the process for both types of applicants

Comments on the proposed amended rule may be submitted in writing through June 27 to Gene Weatherall, chief, Bureau of Emergency Management, 1100 West 49th Street, Austin, Texas 78756, (512) 834-6700.

New language in this amendment is underlined. Language for repeal is in bold type and brackets.

Beginning April 1, take your paperwork to the test site

By Pam West
and
Debbie Bradford

How will the new certification process work?

Although the proposed rule may not be adopted for six months, the streamlined application process begins April 1. Instead of mailing paperwork to TDH central office for processing prior to testing, students may give their paperwork to the TDH employee at the testing site, take the test, and mail their application fee within 24 hours. Applicants will receive their certificate within 30 days.

What will the applicant turn in at the testing site?

Initial applicants will turn in the application and Course Completion Certificate. Recertification applicants will turn in the application, CE

Summary Form, and Skills Proficiency Verification Form. All applicants will be required to present photo identification.

How will applicants pay the fee?

After turning in the paperwork and showing a photo ID at the test site, an applicant who is required to pay the fee will receive a payment coupon and a pre-addressed envelope. The payment coupon should be mailed within 24 hours of testing. Group payment may be made by enclosing coupons for each applicant and a list indicating the payment amount for each applicant.

How will coordinators, instructors, and examiners certify?

Educators will follow the same process for submitting paperwork at

the test site and mailing the application fee within 24 hours of testing.

What about paperwork already sent to TDH's central office in Austin?

Applicants who have sent paperwork to Austin will sign a waiver form at the test site that identifies which forms were sent to Austin and which forms were turned in at the test site. Applicants who sign waivers will be allowed to test. Waivers will be accepted for a six-month transition period through September 30, 1995.

What about receiving the 90-day continuance before the proposed rule is adopted?

Applicants who bring their application, CE Summary Form, and Skills

Proficiency Verification Form to the test site more than 30 days before their certification expires will receive the 90-day continuance on their certification.

What if the CE Summary Form and the Skills Proficiency Form are not completed more than 30 days before an applicant's expiration date?

Applicants who need the 90-day continuance can mail the application and fee at least 30 days before their certification expires during the proposed phase of the recertification rule. Then, during the 90-day period the applicant will take the CE Summary Form and Skills Proficiency Form to the test site and sign the waiver that the other paperwork was mailed to the TDH central office.

P r o p o s e d R u l e

§157.45. Recertification.

(a) General.

(1) [At least 180 days prior] 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 (c)(1) [paragraph (d)(1) and (2)] of this section may be extended to accommodate the candidate who is deemed eligible for recertification.

(5) 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.

(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

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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 after [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) Late recertification.

(1) If an application and the non-refundable fee for recertification, including a \$25 late fee, are postmarked 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 continue during the 90-day period.

(2) Persons who do not complete the recertification process by the 90th day following their expiration date shall follow the procedure in subsection (d) of this section to become certified.

(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 re-

certification 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.]

(d) Re-entry.

(1)(3) If an application, and non-refundable fee, for certification [recertification] is received after the 90-day period beyond the expiration date of the previous certificate, but within one year following the expiration date, the applicant shall submit, in addition to the certification [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 certification [recertification] and may be subject to the civil and criminal penalties under the Health and Safety Code, §773.063 and § 773.064.

(A) A person who submitted an application, fee, and late fee if applicable under subsections (b) & (c) of this section; but who did not complete recertification requirements within the established time frames is not required to submit a new application and fee under this subsection.

(B)(A) All requirements in (d)(1)(C)(i)-(iii) [(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.

(C)(B) The applicant shall

qualify for certification [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; and

(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.]

(D) A candidate who fails the retest and wishes to become certified shall take a department-approved refresher course, complete skills proficiency verification, and submit an application and non-refundable fee as appropriate prior to completing the certification examination. An applicant who fails the certification examination may retest one time provided a fee of \$25 accompanies the application for a retest. The process in this paragraph may be repeated if necessary and if time allows.

(E) A candidate who does not successfully complete the re-entry requirements in subparagraph (B), (C), or (D) of this paragraph within one year following their expiration date shall meet the requirements in subsection (d)(2) of this section prior to being eligible for certification or the requirements of §157.41 of this title as appropriate.

(2)(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

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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) A candidate who fails the retest and wishes to become certified shall take a department-approved refresher course, complete skills proficiency verification, and submit an application and non-refundable fee as appropriate prior to completing the certification exam. An applicant who fails the certification examination may retest one time provided a fee of \$25 accompanies the application for a retest.

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

(D)(C) A candidate who does not successfully complete the re-entry [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) Return [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]** or Pediatric Advanced Life Support (PALS) course;

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

(V) 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.

(iii) A candidate who fails and wishes to become certified shall take a department-approved refresher course, complete skills proficiency verification, and submit an application and non-refundable fee as appropriate prior to completing the certification exam. An applicant who fails the certification examination may retest one time provided a fee of \$25 accompanies the application for a retest.

(B) EMT-I.

(i) The EMT-I shall suc-

cessfully complete:

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

(II) an advanced BTLS or PHTLS course;

(III) a PPPC or PALS 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.

(iii) A candidate who fails and wishes to become certified shall take a department-approved refresher course, complete skills proficiency verification, and submit an application and non-refundable fee as appropriate prior to completing the certification exam. An applicant who fails the certification examination may retest one time provided a fee of \$25 accompanies the application for a retest.

(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.

(iii) A candidate who fails and wishes to become certified shall take a department-approved refresher course, complete skills proficiency verification, and submit an application and non-refundable fee as appropriate prior to completing the certification exam. An applicant who fails the certification examination may retest one time provided a fee of \$25 accompanies the application for a retest.

(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 90 days following the certification expiration date. This paragraph does not apply to re-entry or return candidates in subsections (d) and (f) of this section.

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*Responding to a sexual assault
takes special skills and understanding*

The Caring Response

By Kelly D. Harrell

You're walking down the street about dusk one warm spring evening. Your thoughts wander back to a little problem that you finally solved at work. This weekend, you think, would be a perfect time to plant that pecan tree. Suddenly, someone jumps out from an alley, and knocks you to the ground.

As you try to catch your breath, the mugger takes your wallet and runs. How do you feel? Angry? Like you've lost control? Would you blame yourself for not being more careful?

If you've ever struggled to gain control of your life or felt powerless as events around you spun out of control, you have some idea of how sexual assault survivors feel after an attack. Not only is the patient a physical survivor of a violent attack, she has to come to grips with the event psychologically.

"You can understand how your arm is broken because you fall down," says Cecelia McKenzie, director of TDH's Sexual Assault and Crisis Prevention Services. "You can't understand as easily why someone would violate you."

And responding to a sexual assault can dredge up a lot of emotions. For paramedic Annie Andrus, it

means working harder to be detached from the emotion of the situation.

"As a female, you feel angry about it and you have to work harder to be detached," Andrus says. "And if you don't work a lot of these calls, you might be nervous."

Responding in a rural area compounds the problem, Andrus says, because EMS is seen as representing victim services, not just medical care. McKenzie agrees. She says that in 200 Texas counties where no rape crisis program exists, people likely look to EMS.

"Because EMS is known for their caring, EMS is called in to be the victim services person," says McKenzie. "Sometimes they're the only ones a victim will trust enough to tell the truth."

Sexual assault is not about sex, says McKenzie. Offenders use sex as a weapon for power and control.

"The offenders say that it doesn't matter what she had on, doesn't matter what she looked like ... (they) were angry (and) needed to take control," says McKenzie.

Responders can speed the healing process by reminding victims that submission to a sexual assault does not mean consent.

"That's especially important for a survivor who was unable to fight

In this feature series Associate Editor Kelly Harrell shows relationships between EMS and other public health programs.

back, or was incapable, or couldn't even scream due to paralyzing fear or deciding that life was preferable over death," McKenzie says. "Victims need to hear that it's not their fault over and over. Make sure all the guilt for the offense is given back to the offender.

"If first responders are the ones to start saying it, then victims will eventually start letting go and believe it's not their fault."

Then, McKenzie says, they will start the process of becoming survivors.

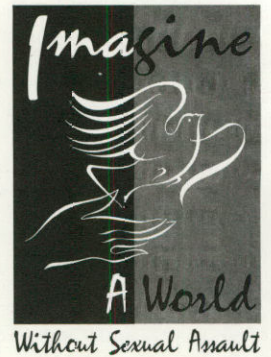
BASICS FIRST

When you enter a crime scene, the first rule of EMS applies: rescuer safety first. Make sure the offender has left and the area is secure. McKenzie says that sexual assault program staff are taught not to enter a scene until law enforcement arrives.

Once the area is secured, the first consideration, of course, is assessing and treating the survivor for any life-threatening injuries. But McKenzie cautions that EMS personnel should leave evidence collection to the hospital staff.

"Certainly, (a person's) life is more important than the collection of evidence," says McKenzie. "But never would I suggest that EMS do any kind of exam. It could be harmful to the survivor to be reviolated."

TDH has developed an evidence collection protocol and works with hospitals around the state to train medical personnel in the proper way to take evidence. The Texas Evidence Collection Protocol sets out precise steps that a collection agency—right now only hospitals—should follow when collecting forensic evidence. Ideally, the exam is done by a Sexual As-



TDH programs target assault prevention

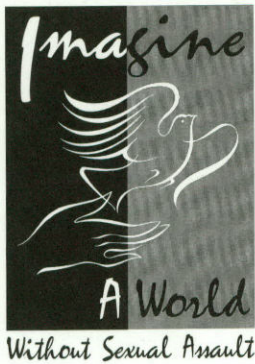
If you want to know about sexual assault prevention, go to the experts. The Sexual Assault Prevention and Crisis Services, part of TDH's Bureau of Emergency Management, provides technical assistance and grants to local sexual assault programs and acts as a liaison between sexual assault organizations. The program also provides public education on issues relating to sexual assault and sponsors Sexual Assault Awareness Month each April by sending out brochures, posters, articles and implementation packets to sexual assault programs. Texas Association

Against Sexual Assault cosponsors the annual public education effort.

Sexual Assault and Crisis Prevention Services began in 1982 when grant money became available from the U.S. Department of Human Services to fund sexual assault programs. What began as a small program to fund about 12 programs has grown to almost 60 this year. The increase in funding came in part from the Texas Legislature, which has added money in the last few years. Also, last September the state began charging offenders a fee of \$5 per month, paid to their probation or parole officers. Five dollars doesn't sound

like a lot until you consider that there are 11,000 sexual offenders on parole or probation in Texas. That money will go directly to aid survivors of assault. Money may be available too, in the next year from the federal crime bill.

One of the program's biggest projects has been the development of the Texas Evidence Collection Protocol, a 73-page book detailing how evidence should be collected from survivors. Currently in its third rewrite, the protocol was first developed in 1987. In 1991, the Texas Legislature mandated that hospitals or other entities that



sault Nurse Examiner, or SANE, a person specially trained to take the many types of samples needed. The protocol is currently being rewritten to include new forensic techniques and tests.

"And in the revised protocol EMS will be listed as a first responder," says McKenzie. "A portion of the protocol will speak to what EMS can do a responder to sexual assault including how to speak to the survivor and ask the correct questions."

WATCHING YOUR STEP

Keep in mind that a crime scene contains valuable evidence that could be crucial to successful prosecution. Maintain the integrity of any physical evidence such as clothing or fluid stains by avoiding contact with the areas.

The same principle applies to samples from the survivor. Explain that evidence can inadvertently be destroyed by washing, showering, brushing teeth, using mouthwash, eating, drinking, douching, urinating, or defe-

cating. If a survivor must urinate, collect it. Since the survivor is likely to be uncomfortable—many survivors describe it as feeling soiled—quick action from EMS is usually appreciated.

A TRIP TO THE HOSPITAL?

Like any other patient, a survivor is not obligated to be examined at the hospital. But refusing an exam may hurt the survivor in the long run if she has injuries that are not apparent or decides to press charges later.

"The trip to the emergency room (may not) ... be a necessity if they don't want to press charges," says McKenzie. "But the flip side of that is that they can choose to drop the charges later, but they can't collect evidence later."

THE ISSUE OF CONTROL

One of the keenest losses a survivor feels is the loss of control. Giving control back to the survivor early on can speed the healing process.

collect evidence must use the certain items listed in the protocol to do the exam.

The new rewrite will include techniques based on improved forensic abilities and will list EMS as a first responder. The Sexual Assault Nurse Examiner program, or SANE, was also developed in the last few years. The program trains nurses to collect forensic evidence in sexual assault cases.

TDH has other programs that address sexual abuse. The Family Violence/Sexual Abuse Family Planning Service Enhancement Project asks clients to fill out

questionnaires at family planning clinics to determine if they are in a sexually abusive or violent relationship. If clinic personnel suspect abuse or violence, they can refer the client to other programs in the community such as counseling or sexual assault prevention.

The idea for the project came about when family planning clinic staff saw the same women come in for sexually transmitted diseases or unwanted pregnancies. Staff began to question why education efforts were failing.

The program, which is funded by federal grant money, is still in the pilot stage with clinics in four

cities now participating: Galveston, Houston, Fort Worth, and Corpus Christi. The program at the health department is run through Family Planning at the Bureau of Women and Children.

For more information about Sexual Assault Prevention and Crisis Services, or for a copy of the Texas Evidence Collection Protocol or list of SAPCS brochures available in Spanish or English, call Cecelia McKenzie or Richard Orton at (512)834-6700. For more information about the family planning project, call Norma Alvarez or Pat Palm at (512) 458-7700.

"They will start healing the minute you give that control back," says McKenzie.

McKenzie says that when addressing a survivor, let the survivor make choices about what she wants to do and wear.

"If you run up against someone who just cannot or will not make a decision, then you have to (take some control)," McKenzie says. "But allowing them to make decisions immediately puts their life back more on a normal plane."

Also, ask the survivor's permission before you touch or examine him or her.

"That's probably the most important thing," McKenzie says.

WHAT TO SAY

McKenzie suggests that responders not mention the crime until the survivor does. Questions like "Would you like to tell me what happened?" and "Are you hurt anywhere?" are much easier to hear and are likely to get the survivor talking to you. Leave the word rape out of the conversation unless the survivor uses it first.

Pay attention to what you say around the survivor as well, even if you think he or she is not listening. Joking about the attack or placing blame on the survivor can only hurt. Phrases like "if you hadn't been dressed like that" or "if you hadn't been in that place this wouldn't have happened to you" place the blame on the survivor, not the offender.

"That's all real insensitive and hurtful and adds to the assault rather than heals it," McKenzie says.

WHEN THE SURVIVOR IS ANGRY

Survivors who immediately express

anger may start the healing process a little faster than those who deny or joke. However, anger can work against responders, especially if the responder looks, smells, or sounds like the offender -- or sometimes is even the same gender as the attacker. The survivor may lash out physically and verbally. At that point, you might want to let your partner take over.


"If the person is in a state of anger, they may take it out on the provider," says McKenzie. "Responders need to know that so they won't take it personally."

A LITTLE UNDERSTANDING

The most important things to remember? Think about what the survivor must be feeling and give him or her control over everything that you can. Although sexual assault is a violent act, the way you treat a survivor may be a little different from the way you treat other assaults.

"When you go on a sexual assault call, things are different," says paramedic Andrus. "You need to stop and think about how you are going to approach it."

McKenzie believes that most medics will naturally do the right thing.

"Using your natural tendency as a caring, compassionate professional is the best skill you can develop for responding to a sexual assault call." 

Editor's note: For readability, we used the pronoun "she" in the story rather than the more cumbersome "he or she." Although 90 percent of sexual assaults reported involve female survivors, we do realize that males are survivors of sexual assault.

TDH's Sexual Assault Prevention and Crisis Services Program provides materials in English and Spanish on sexual assault awareness. Call (512) 834-6700 to order these items.

Anytime, Anyplace, Anyone Shattering the myths about sexual assault

Sexual Harassment Definition, contributing factors and action steps

Sexual Assault, A Community Response

What you can do to end sexual violence

What If Questions and answers about the sexual abuse of children

Age Doesn't Make a Difference The effects of sexual assault upon the elderly

Marriage: No Longer A License to Rape?

Sexual assault within a marriage or intimate relationship

What is Self Defense?

Can it Work for Me?

Information on self defense

Date Rape Information about date rape, its causes and its avoidance

I was so scared Information for survivors of attempted sexual assault and sexual assault

Sexual Assault: The Male Survivor Information about male survivors of sexual assault

TDH's Trauma Registry looks for answers to violence

By Gene Willard, Gulner Ford, and Tarny Hou

When Wadley Regional Medical Center of Texarkana transmitted trauma data to the TDH's Texas Trauma Registry in Austin last year, Dixie Robinson, RN, EMT-P, and Wadley's trauma coordinator, noticed what seemed like a large number of female assault victims being treated at that hospital. Trauma Registry's analysis of the data proved Robinson right.

The female death rate from homicides was 8.5 for Trauma Service Area-F (Northeast Texas RAC) compared to 4.9 for Texas. This death rate for TSA-F should be considered with some caution since the total number

of deaths was 11. Also, the information provides limited information useful in preventing homicides.

However, data collected from Wadley and two other hospitals might help provide that information. Wadley, Brownfield Regional Medical Center, and Wichita General in Wichita Falls transmitted 478 trauma patient records for the years 1992 and 1993. From this sample, the Registry identified 45 attempted homicides along with a place of occurrence.

Two things are noteworthy about the data. First, the 13 "unspecified" in the table point out the need for more complete reporting of trauma

1992 Homicides

	Deaths		Rate*	
	TSA-F	Texas	TSA-F	Texas
Male	22	1,852	18.3	21.3
Female	11	442	8.5	13.0

Total 33 2294

* Crude Death Rate Per 100,000 Population

Hospital Sample 1992 and 1993

Injury Admissions—Attempted Homicides

Place of Occurrence	Male	%	Female	%	Total	%
Home	10	22.2	3	6.7	13	28.9
Street/Highway	5	11.1	0	0	5	11.1
Public Building	8	17.8	2	4.4	10	22.2
Other specified	3	6.7	0	0	3	6.7
Unspecified	13	28.9	1	2.2	14	31.1
Totals	39	86.7	6	13.3	45	100.0

data. Second, the relatively large number of attempted homicides that occur to females at home raises the question of what can be done to prevent such attempted homicides.

"Domestic violence which includes negligence, mental and physical battering, sexual assault, child abuse, and homicide, except for the homicide factor, is under reported in 90-95 percent of all cases," says Cecelia McKenzie, director of the Sexual Assault Prevention and Crisis Services program for the Texas Department of Health.

"Often what is taken for an 'innocent' fall or an 'accident' will be a product of domestic violence. Health care workers trained in domestic violence, sexual assault, child abuse and crisis intervention are better able to assess all the needs of their patients and refer them to programs in the community that will assist them in eliminating or de-escalating the violence.

"If a community does not have assistance for domestic violence or sexual assault survivors, the information compiled by the hospital would serve as a catalyst for the community to address these issues."


McKenzie's emphasis on the community is echoed by the Centers for Disease Control and Prevention. They are involved in "implementing an initiative to prevent violence against women" that includes five broad goals:

1. to improve the ability to describe and monitor the problem systematically and on a continuing basis at the national, state, and local levels

2. to increase our knowledge of modifiable factors associated with violence against women and the consequences of such violence.

3. to demonstrate and evaluate ways to prevent violence against women that can be implemented in communities, workplaces, schools, and other settings

4. to conduct a national communications effort to change attitudes and beliefs that condone violence against women and train health care providers and social service professionals

5. to develop a national network of prevention and support services, with the aim of strengthening and coordinating the system for delivering prevention programs and giving direction to a national prevention effort. 

Gene Willard, Gulner Ford, and Tarny Hou work in TDH's Bureau of Epidemiology. Willard heads the Texas Trauma Registry.

Think Child Safety during EMS Week for the kids' sake

By Alana S. Mallard

Every year in Texas we celebrate EMS Week in different ways across the state: a multi-agency health fair in El Paso, a bicycle safety week in Clifton, hospital recognition of EMTs in Houston. But the message that underlies all these EMS Week activities is that EMS is always there, whether it's to care for a family injured in a car crash or to teach a classroom of high school students how to live healthier and safer lives.

Texas Department of Health has joined American College of Surgeons in setting aside May 14-20, 1995, as EMS Week in Texas. We have two themes this year that honor the emergency responses and educational efforts of the nearly 50,000 EMS professionals in Texas. To add to the national theme for EMS Week—EMS: We're There For Life—the health department has also adopted an injury prevention theme—Think Child Safety—for Texas EMS Week.

In 1993, injuries killed more children in Texas than any other cause. More than 700 Texas children younger than 15 died of injuries caused by motor vehicle and bike crashes, poisonings, drownings, falls, and fires. For every child that dies of trauma, 40 are hospitalized and 1,120 are treated in the emergency department. Nationwide, injuries are the leading cause of child hospitalization.

Here are ways local communities can Think Child Safety and prevent the terrible toll of injuries in kids:

- refuse to tolerate drinking and driving
- buckle up children and adults no matter how short the drive



Jerry Pitcock put Think Child Safety logos on all his tow trucks to support Paris Think Child Safety.

EMS
we're
there for
life

MAY 14-20, 1995

NATIONAL EMERGENCY
MEDICAL SERVICES WEEK

- lock up guns and ammunition
- childproof kitchen and bathroom cabinets
- learn the poison control number: 1-800-POISON-1
- stop children from riding in the back of pickup trucks
- start a child safety seat loaner program
- take a CPR class or teach a CPR class
- teach kids how to be safe pedestrians
- make sure kids wear helmets when they bicycle or skate
- teach the little ones their home address and how and when to call 9-1-1
- ask the local rape crisis center to talk about child abuse
- teach a gun safety course to the Cub Scouts
- talk to church groups about home safety for elders and their grand-kids
- install smoke detectors
- designate an adult to watch children during water play

Think Child Safety can start in your community during Texas EMS Week. But it can be a year-round project for your EMS agency and for your community.

Building a *Think Child Safety* Community

Paris, Wharton, and Vernon are three Texas cities that Think Child Safety year-round. Think Child Safety began several years ago with Paris, Texas, paramedics who saw too many children killed: kids that weren't buckled up, kids that tagged along on farm equipment, kids who found unsecured guns.

Here are some of the things you can do to get your community to Think Child Safety:

1. Ask local service organizations and businesses to Think Child Safety to reduce the number of children killed or injured in your community. Let them know how many children younger than 15 your EMS sees injured or killed.
2. Offer to talk to groups about preventing childhood injuries. Talk about seatbelts, child safety seats, water safety, poison proofing, DWI awareness, farm safety, bicycle helmet safety, whatever your agency sees as a child killer in your community.
3. Ask utility companies to mail injury prevention information with monthly bills so customers can Think Child Safety.
4. Get your high school health groups involved by teaching them about older and younger child safety, then accompa-

ny a group to the elementary school to teach the little kids to Think Child Safety.

5. Recruit a local celebrity to talk about Think Child Safety, and put that celebrity's picture on a poster or in a newspaper article.
6. Work with your local newspaper editor to write a regular Think Child Safety column.
7. Give businesses Think Child Safety stickers to display in their windows to show their support.
8. Plan a Think Child Safety event every month in your town with various organizations: the police department could promote 9-1-1 one month; a local business could purchase a street banner another month; during the summer months community groups could work together to promote water safety.
9. Ask Texas Department of Health Bureau of Vital Statistics to help you compare child injuries and deaths in your community before Think Child Safety and after six months or a year of Think Child Safety.

For more help with your Think Child Safety projects, call Stewart Dodson, Paris Think Child Safety, at (903) 785-7511.

—Alana Mallard

Editor Alana Mallard also directs the bureau's public information and education activities. She contributed a chapter called "Selling Public Information, Education, and Relations" to *Public Information, Education and Relations in Emergency Medical Services*, a manual published this year by the U.S. Department of Transportation. Call Mallard at (512) 834-6742 for a free copy of the manual or for information on EMS Week or Think Child Safety activities.

Dignified Deaths in the Prehospital Setting: *How Does EMS Respond?*

By John Rinard

Every individual defines dignified death in a personal way. But as EMS systems across the nation enter into discussions of right to die, living wills, and do not resuscitate orders, we see the right for self determination often turning on the whims of the responding crews or on loosely worded protocols written to satisfy the lawyers.

According to the *Journal of the American Medical Association*, "competent patients have both a moral and legal right to consent to or refuse recommended medical interventions including CPR. The right to refuse medical treatment does not depend on the presence or absence of a terminal condition, the agreement of family members, or the approval of physicians or hospital administrators."

In Texas, a patient has several options regarding the continuation of medical care, including a living will and durable power of attorney for health care. These two documents in general may be completed at any point during a person's life, but do not apply unless that person becomes incapacitated or diagnosed with a terminal condition. Also, stipulations may be included such as short duration, imminent death, and verification of condition by two physicians.

Attorney Mary M. Beardon suggests consideration of four basic soci-

etal interests as we look at DNR orders and their applicability to the health care industry:

1. Preservation of life
2. Prevention of suicide
3. Protection of the medical profession
4. Protection of innocent third parties

I add a fifth consideration to this list:

5. Prevention of excessive health care costs

Preservation of Life

The issues of preservation of life and the adverse effect that DNR orders have on life have been heard in local, state, and federal courts, including the U.S. Supreme Court. Two cases indicate that the courts find self-determination of death to be a right and not a privilege.

In the Matter of Quinlan, 355 A.2nd 647 (New Jersey, 1976), resulted in the right to die doctrine. The courts used the informed consent doctrine and ruled that a patient has the right to refuse medical treatment. Included in this definition of medical treatment was the right to refuse life sustaining treatment.

A second and probably more important case for prehospital care providers is *Cruzan v. The Director*,

Missouri Department of Health, 110 S. Ct. 2841 (1990). The Cruzan case indirectly aided the cause of patient rights when the U.S. Supreme Court ruled that states could require clear and convincing evidence, the highest standard in civil matters, to establish the patient's wishes regarding termination of treatment. From this opinion came the federal Patient Self-Determination Act of 1991, which requires medical facilities to give patients the opportunity to state in writing their wishes concerning termination of treatment.

The Fourteenth Amendment has been used as a defense for a patient's wishes, by applying the right to privacy or due process liberty right to support a patient's wishes regarding terminating or withholding lifesaving medical treatment.

Prevention of Suicide

Peter King has described one of the provisions in DNR legislation: "death due to a terminal condition after life support measures have been withdrawn by a living will cannot be deemed suicide."

Once a patient requires artificial life support such as cardiopulmonary resuscitation, a terminal condition has developed regardless of the medical cause. The DNR order withholds or withdraws life support from a patient. However, the order is not a mechanism to allow the use of medicine to hasten death. The DNR order is not a mechanism that licenses the Dr. Kervorkians of the world to continue their work, for there is a difference between assisting a death and withholding life sustaining treatment. Choosing the right to die through a DNR order does not encourage unobstructed self-destruction. In fact, Chapter 672.017, Natural Death Act of

the Texas Health and Safety Code, states that honoring such a directive does not constitute the offense of aiding suicide.

For an individual to be a qualified patient appropriate for participation in the DNR process, the person must be judged competent. In addition, most states have adopted a policy that if the patient enacts advance directives and then becomes incompetent, the advance directive is still in effect.

Protection of the Medical Profession

While patients can request the withdrawal or withholding of life sustaining treatment, the physician does not have to follow the request. As a point of consideration, individuals and physicians who do not anticipate the time that they or their patients may find themselves in an unconscious state are "doomed to face the ultimate horror not of death, but the possibility of being maintained in limbo, in a sterile room, by machines controlled by strangers."

Medical professionals are charged to make every reasonable effort to reverse detrimental medical situations and to relieve pain and suffering. But careful consideration must be made to determine what is reasonable, to what distance ethics requires physicians to go, and how over zealous attempts might affect family members.

Texas Health and Safety Code, Section 672.016, allows a physician to transfer care of the patient to another qualified physician when the physician feels unable to comply with the patient's wish regarding DNR orders. Again, the DNR order is not a directive to withhold comforting or nutritional support from a patient—the directive simply applies to procedures

Paramedic John Rinard, a two-year employee of the Bureau of Emergency Management who came from Corpus Christi Fire Department EMS, researched legislation and community protocols for DNR orders across the nation. He compiled a DNR briefing book to support the work of the DNR committee that met last year. Call Rinard at (512) 834-6700 for help in developing local protocols for DNR orders.

that have no chance of reversing the patient's prognosis.

A DNR order does not stop EMS from providing palliative care to patients, including such treatments as administration of oxygen, control of bleeding, and treatment of chest pain.

The DNR order should be seen as a mechanism to allow the medical profession to maintain its integrity by working with the patient to honor right-to-die wishes while remembering the limits of self-determination.

Protection of Innocent Third Parties

In most instances, responders who withhold efforts based on the presence of the required documentation and identification are not held liable for their actions unless they were negligent. Texas Health and Safety Code, Chapter 672, says that if the "health professional acting under the guidance of a physician participates in the withholding or withdrawing of life support in accordance with this chapter, (the health professional) is not civilly liable for that action unless negligent."

In addition, the no fault statement protects responders who do not follow a directive either because they did not know the DNR order existed or because a physician directed them to act otherwise.

Prevention of Excessive Health Care Costs

In examining the issue of DNR orders, we need to visit one last area of concern: the financial drain that occurs each time a patient is inappropriately worked in the field or in the hospital. Remember that I refer here only to those individuals who want treatment withheld or to patients for whom attempts at resuscitation are futile.


Hospital costs for unsuccessful resuscitation exceed one billion dollars.

These figures do not reflect the prehospital costs that occur in the form of unnecessary use of personnel, equipment, and financial resources, and the increased risk exposure that occurs in treatment and emergency transports of patients who expressed their do not resuscitate wishes.

And as a final thought, consider that the term Do Not Resuscitate is somewhat ambiguous in that it means that a complete resuscitation should not occur. It allows room for various situations to occur such as the slow code, chemical code, and code without endotracheal tube, for instance. Some suggest Do Not Attempt Resuscitation, or DNAR, as the clearer name for this issue and medical order. Do Not Attempt Resuscitation defines the response that can be expected by the individual who chooses self-determination, and may reduce the potential for liability that exists with the term Do Not Resuscitation.

Summary

Medical professionals in the hospital and in the field recognize occasions where an emergency response filled with heroic attempts to resuscitate the arrest victim may not be indicated. In fact, this type of activity may counter the wishes of the patient and the patient's family.

EMS systems across the state should develop a local Do Not Resuscitate protocol undertaken with the assistance of the medical director and coupled with an educational process for community members and other medical professionals. 

References: Bearden, M: Termination of Treatment and Withholding of Treatment, presentation at Texas Health Law Institute, Houston, Texas, May 1993

Bonnin et al: Distinct Criteria for Termination of Resuscitation in the Out of Hospital Setting, *Journal of the American Medical Association*, September 1993, Vol 270 No 12

Ethical Considerations in Resuscitation, *Journal of the American Medical Association*, October 1992, Vol 268 No 16

King, P: The Right To Die—Understanding Living Wills, *Journal of Emergency Medical Services*, November 1987

Natural Death Act, Texas Health and Safety Code, Chapter 672

Grant Funds Available for Training

Applications due May 15, 1995

Texas Tech University and Texas Department of Health announce the availability of grant funds for EMS organizations to receive satellite reception equipment and a one-year subscription to EMSTAR, a training and education satellite network for EMS personnel. To qualify for these funds an EMS organization must meet these criteria:

1. Serve a rural or remote community
2. Collaborate with other EMS organizations in surrounding communities
3. Have no more than 50 EMS personnel in the service or collaborative communities
4. Show a limited access to traditional continuing education for EMS personnel
5. Demonstrate the ability to continue the \$1,200 annual subscription fee beyond the initial funding period

To apply, send a proposal no longer than seven pages, and financial statements, to:

TTUHSC HealthNet
Attn: EMSTAR Grant
3601 4th Street, Suite 1C162
Lubbock, Texas 79416

Applications must be received by May 15, 1995. Notifications of grant approval will be made by June 15, 1995. For more information contact Sheri Ramirez at (800) 424-4888.

Texas EMS Conference

November 19–22, 1995 in Fort Worth, Texas

Call for Abstracts for oral and poster presentation

A new track at Texas EMS Conference will feature researchers discussing the methods and process of EMS research. This track will offer workshops in:

- understanding statistics
- methodology of conducting out-of-hospital research
- understanding published research
- 10-minute oral presentations of research by selected authors
- poster presentations of research by selected authors

Abstracts are due August 1, 1995. Authors will be notified by September 1.

Call Jeif Jarvis at (512) 834-6700 to receive an abstract form.

Harnessing Time and Unleashing Your Sense of Humor

By Karen L. Gold

THE CARE AND FEEDING OF EMERGENCY RESPONDERS

It has been said that "time is so powerful it is given to us only in small quantities." It has also been said that "the only person who saves time is the one who spends it wisely." Yet another seed pearl: "Time can be wasted but never recycled." These and other pithy observations about

time truly deserve consideration by the time-pressured emergency medical services professional.

Every human being is given the same allotment of 24 hours in a day. The use of those 24 hours is deeply influenced by sociological, emotional, and physiological factors. Supper at 5 p.m. is classically middle America; dining at 10 pm. is classically continental. Taking two hours to dress for work, or two minutes, suggests much

Karen L. Gold, PsyD, has a counseling practice in El Paso. This series of articles grew out of her talk to a paramedic graduating class last year. Gold has served on Texas EMS Advisory Council and the Texas Critical Incident Stress Management Network Advisory Committee.

about personality style. Sleeping for three hours or eight hours, being cranky and sluggish until you've had your first cup of coffee, deciding on your days off to go fishing at dawn, or go line-dancing at dusk, are all choices we make that are, in part time-related.

Time management is among the best stress prevention tools we have at our disposal. Of course, we can only manage time within the limits set by our professional obligations. Shift work is especially hard on stress-prone people, and 24- to 48-hour assignments can thoroughly sap the mind and the body. Nevertheless, there are some strategies that can help you harness more of your time.

First, consider the 80/20 law. This law refers to the rather astonishing principle that you can accrue 80 percent of the value from a mere 20 percent of the effort expended. For example, 30 percent of supplies are used on 20 percent of the people aided

Time is so powerful it is given to us in small quantities.

by emergency responders. Eighty percent of the work is done by 20 percent of the team. Eighty percent of the time you spend reading the newspaper is devoted to only 20 percent of the print. By applying the 80/20 law, you can list five must-do tasks, carefully choose one of those tasks, do it, and reap 80 percent of the value of doing them all. So, jotting down a daily list of things to do and completing the most important 20 percent of them—one task in five, two tasks in ten, four tasks in 10) makes good sense. By the way, an old Chinese proverb says, "The palest ink is better than the best of memories." Write things down.

Consider, also, Parkinson's Law: "Work expands to fill the time allowed for its completion." If you set aside ten minutes to draft an incident report, the report can be done in that period of time. If you set no time frame, the work may stretch out like a beer belly over a tight belt

Bear in mind another amazing

Work expands to fill the time allowed for its completion.

truth: biorhythms determine whether or not you are a beast or a pussy cat at given times of the day. In general, there is a 2-hour block of time in each day when you are at your most charming and a 2-hour block of time during which you are at your cerebral best. Figuring out when you are in your external prime time—sociable and friendly—and when you are at your internal prime time—sharp as a tack but just as prickly—can give you invaluable self-knowledge to use in allocating your time with people and away from people. Chart yourself for ten days or so, and your rhythms will jump out at you from the graph.

Finally, consider that if you fail to plan, you are planning to fail. Good planners are, not surprisingly, the best achievers.

Speaking of achievement . . . Did you know that people with a sense of humor get promoted far more often than do sober, sour, serious, stoic subtypes?

Humor is a highly effective but often overlooked stress management tool. For hundreds of years, laughter has been hailed for its medicinal value by astute observers of human nature. However, most funding entities chuckle at the mere suggestion that humor should be researched, prescribed,

and liberally applied and consumed.

Laughing deadens pain, especially muscular, as betaendorphins flood the bloodstream. Laughter promotes relaxation, which in turn can ease one into a restful, even if foreshortened, phase of sleep. Circulatory activity is markedly improved also. In fact, twenty seconds of hearty belly-laughing has the same cardiovascular effect as three minutes of really strenuous rowing. Inflammation, especially arthritic, is reduced, depression is lifted, and the sick and disabled are pleasantly distracted from their ailments.

Laughter diffuses anger and hostility, and can even deflect aggression. It elevates self-esteem, and vastly enhances self-image as well as general attractiveness. People are drawn to laughter and the laughter becomes quite delightfully contagious.

Especially receptive to humor and light-heartedness are the emergency responders, who crave comic relief from the shocking events to which they are continually exposed. If you care about

If you fail to plan, you are planning to fail.

an emergency responder, tickle his or her funny bone. Choose to go out to see comedy films, rent comedy videos, subscribe to a humor magazine. Clip comics and cartoons to show your emergency responder, and remember jokes to regale each other. The best jokes poke fun at situations and the human condition rather than specific ethnic groups or selected individuals. Seek out people who laugh.

And remember this: happy laughter and family voices in the home will keep more people off the street at night than the strictest curfew. Fewer people on the street means fewer emergency calls. 🐼

GRANT WRITING

By John Singleton

How to Sharpen Your Skills

Sharpen your grant writing skills—avoid mistakes.

Identify the problem—a writer might confuse a problem statement with program objectives or methods.

If you are like me, writing technical papers on a Saturday is probably not at the top of your "Favorite Things to Do on a Weekend" list. And grant proposals usually have much more riding on them than just pride. As it becomes more common to look for alternative funding sources, businesses of all sizes—even the Texas Department of Health—rely on grant writing skills.

You can get started on sharpening your grant writing skills by learning to avoid some of the mistakes we found in grant proposals submitted for local projects funding. After you read this article and think about how these suggestions could help your grant writing efforts, you might think about attending a grant writing class. The more you learn and the more you apply what you learn, the faster your grant writing skills will develop.

Know the Level and Type of Funding Available

Our grant program, like many others, spends much time developing the Request for Proposals, called an RFP or a grant application kit. One of the reasons we spend so much time developing this document is so that you will have every piece of information you need to apply for one of our grants.

For example, if you look at Local Project's 1994 RFP you will find that the total amount of funds available was approximately \$700,000, the average amount awarded the previous year was \$7,800, and the largest award from the previous year was \$31,000. This, along with other information provided in the RFP, can help you determine if the funding could support your project.

If it appears the cost of your project will exceed the maximum amount published in the RFP, call the funding source and find out if they have the resources to consider the project before you apply. Read the RFP and make sure you know what the funding source is capable of doing and what types of projects it supports. If you have any questions call and get an answer.

Follow the Instructions

When you receive a grant application kit or RFP, read it carefully. Then, if the deadline isn't immediate, put the RFP aside for a day or two before you read it again.

Make sure you understand what information the funding source requires to evaluate your proposal, and, as you write the proposal, refer to the instructions throughout the process. If you feel you must deviate from the in-

structions, call the funding source first and find out if they will allow it. In addition, if you have any questions, call the source and make sure you understand what they want.

These details are critical: application format and length, number of copies required, supporting documents needed, deadline for submission.

Properly Identify Your Problem

Several proposals we reviewed did not clearly identify a problem. A writer might confuse a problem statement with program objectives or methods. The problem statement represents the reason for the proposal and shows the implications of the situation. Program objectives address the outcomes of the applicant's proposed activities. Methods list the actual activities or steps taken to correct the problem.

Let's look at an example:

It's Saturday morning as you sit at your kitchen table thinking about everything you have to do today when suddenly your first responder pager goes off. You grab the pager and head out the door. The dispatcher gives the location of a possible cardiac arrest and informs you that EMS is en route. You arrive on the scene and find another first responder administering CPR. As you start to do your job you listen for the wail of the siren and in the back of your mind start calculating the response time of EMS.

A few hours after the call, you talk to the medics who transported the patient and they tell you the patient died. A little frustration sets in as you try to think of CPR saves in your community and can't recall many. If only your service had an

AED, maybe that would make the difference

What would your problem statement for this situation be? If you said the problem for this community is that they don't have an AED, you have confused a problem statement with a method. The actual problem is the lack of rapid intervention with the cardiac patient.

Your problem statement could be something like this: "X% of the calls EMS responds to in community ABC are cardiac related. Of these calls, XYZ number of patients are in ventricular fibrillation. According to the American Heart Association, a patient in ventricular fibrillation has a survival rate of X percent when CPR and delayed defibrillation is administered.

Call the funding source if you have any questions: "When in doubt, check it out."

Grant Writing Skills Checklist

1. Attend a grant writing course.
2. Practice the skill of grant writing by writing and submitting grant requests, but do not get discouraged.
3. Read RFPs, application procedures, and instructions carefully to understand eligibility, requirements, funding levels, deadlines, and possible projects.
4. Call the funding source if you have any questions: "When in doubt, check it out."
5. Make sure you properly define or identify your problem.
6. Justify your request with statistics, research, or local facts.
7. Learn the components of a grant proposal by reading books and articles and attending courses on grant writing.

Once your skills are developed, the payoff can be fantastic—in times of tightening budgets and rising costs, good grant writing skills can be invaluable.

However, AHA indicates that early CPR with defibrillation within the first four minutes increases the survival rate to X percent. The average response time for EMS is ten minutes, six minutes longer than the recommended early defibrillation time frame."

Now you have the rough draft of a problem statement that you can polish. And be sure to explain technical terms we take for granted, such as ventricular fibrillation and defibrillation. This problem statement example simply describes a situation that causes an adverse situation in your community.

The solution for this problem is an AED and the ability of the first responder organization to arrive on scene in less than four minutes. In writing the proposal, you'll include the solution for the problem in the section that calls for an explanation of the proposed project, sometimes called the methods section.

Grant writing, like much of what you do in EMS, is a skill. Regardless of whether you have had several grant proposals funded or none at all, this is a skill that should constantly be sharpened. Spend some time learning about it and practice as much as possible. Apply for some grants and if you are not funded, learn from your mistakes and write another one. The more often you apply the faster you develop your skills. Once your skills are developed, the payoff can be fantastic. A new ambulance sitting in the drive or a roster of new paramedics will make the time you spend well worth it. In times of tightening budgets and rising costs, good grant writing skills can be invaluable.

The Local Projects Program headed by John Singleton offers just one source of grant writing classes. In addition, Singleton can direct you to funding information centers or provide assistance in other areas. If you want to attend a TDH grant writing course or if you have questions regarding the program or grants in general, call the EMS Local Projects Grant Program at (512) 834-6700.



Pediatric Prehospital Provider Course

Sponsored across Texas by Texas Department of Health

- *Want more confidence for those "unresponsive child" calls?*
- *Wonder how to do an assessment on an 18-month-old?*
- *Wish you had infant and toddler patients for skills practice?*

PPPC covers these must-knows:

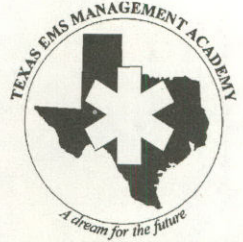
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- ✓ for any EMS level
- ✓ 4-hour instructor course

Want more information? Call Gay Merrill at (512) 834-6700. TDH provides registration forms, slide sets, lesson plans, and course completion certificates for approved courses.

PPPC: designed and sponsored by TDH to improve EMS for children

By Ernesto Rodriguez



Texas EMS Management Academy: You Are Invited April 24–28, 1995

"If you could do something to improve EMS, what would you do?" Gene Weatherall asked me four years ago, right after I started my new job with Texas Department of Health. It was a simple question to which I had a simple answer—an answer that I still believe correct. "Develop and nourish the science and philosophy of EMS," I answered with my most confident smile. As I looked at my new boss's face, I was glad this was not an interview question. Boy, what a way to start your first week of work.

But from that day forward I set out to do just that. An ambitious, idealistic dreamer, I set out to start the Texas EMS Management Academy and encourage the growth of the science and philosophy of EMS.

I applied an old formula: decide what you believe in, write it down, tell everyone and help them believe, lead the way, and let them do it. The number of people who shared this dream grew rapidly. We provided four-hour and eight-hour management courses in quality management, grant writing, problem solving, and computer skills.

In September 1994, with a frog in my throat, I stood before a group of 28 open minds holding a picture of the outline of Texas with a window suspended over these words: the Texas EMS Management Academy—a Dream for the Future. This dream was made possible by an important partnership between Texas Department of Health and Texas Tech University.

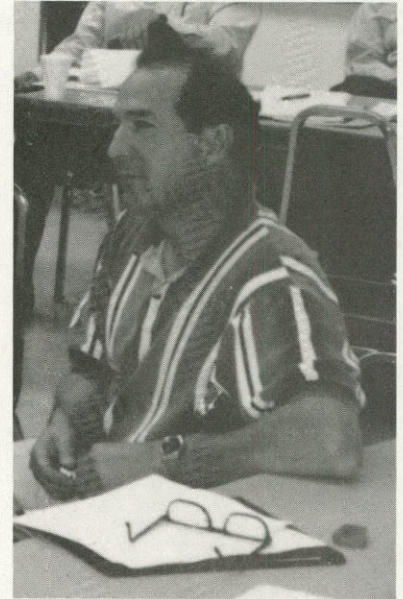
During the first week-long academy, new friendships formed as those 28 minds discovered the science and philosophy of EMS. A steering committee

formed during the academy drives the organization today. Our vision includes more education, more innovating and stimulating instruction, use of distance learning methods, and use of advanced technology such as Internet, bulletin board systems, and all of cyberspace.

Because success requires a solid foundation in supervision and leadership, the Texas EMS Management Academy will convene in Junction April 24–26 to help EMS managers gain the edge. Our theme? Vision 2010. We will peer into the future to help EMS managers deal with industry demands and complex challenges—reduced funding, complex billing, managed care, new business alliances.

Three tracks will provide topics on leadership, operations management, and financing. You will learn about basic supervisory skills, leadership, planning work and time, motivating personnel, coaching, and counseling—how to get better results through teamwork. During elective sessions you will be able to discuss openly and informally such issues as risk management, quality assurance, creative funding, Medicare, and billing. And anyone in attendance can host open forums—instant problem-solving sessions that encourage out-of-the-box thinking.

Come to Junction and visualize EMS in the year 2010. To attend the April session of Texas EMS Management Academy, call me at (512) 834-6700 or Texas Tech University's Chris Black at (806) 743-3218. Call (512) 834-6638 with your computer modem for information and an application from Texas EMS BBS. 📠



Today, emergency health care propels itself through time at lightning speed. Managers need answers to complex challenges as population changes and the EMS role in the community grows.

Did you read... By Alana Mallard, EMT

Over the next year, some 175,000 Texans each month will lose their health insurance.

Over the next year, some 175,000 Texans each month will lose their health insurance. Health care for Texas families cost \$2,325 in 1980—but \$7,547 in 1994. That's up from 9 percent to 14 percent of family income. Americans pay more for health care than any other nation's citizens, yet the U.S. ranks 18th in infant death rate.

From Families USA, reprinted in Texas WIC News, Texas Department of Health, February 1995.

What's the economic cost of motor vehicle crashes in Texas? A staggering \$11 trillion! With that much money we could purchase new homes for 10,000 people and furnish each of those homes with a refrigerator, electric range, TV set, dishwasher, and central air conditioning. And we'd have enough money left to give 10,000 people a new automobile and \$1,083,400 each.

From Texas Department of Public Safety Statistical Services, reprinted in Texas Trauma System Annual Report 1994, Texas Department of Health.

What's the economic cost of motor vehicle crashes in Texas? A staggering \$11 trillion!

According to a report from the Texas Center for Rural Health Initiatives, the number of rural counties in Texas has dropped from 205 to 196. Those 196 rural counties are home to 2.9 million people—nearly 16 percent of the Texas population. From 1990 to 1994, these rural counties gained nearly 111,000 people. Yet 90 of the rural counties have populations of less than 10,000 people.

That same report says that about 16 percent of all rural Texans are 65 and older, compared to just 9 percent of the total urban population. Nearly

one-fourth of all Texas residents 65 and older live in rural areas.

From Rural Health in Texas, January 1995, Texas Center for Rural Health Initiatives.

According to a Washington, DC, police officer speaking at an October 7 conference on violence, health providers sometimes fail to see child abuse as the cause of an injury or illness. Sgt. Andrew White said EMTs may focus on the immediate medical emergency and screen out obvious signs of child abuse at the scene. Emergency personnel, he says, may be too willing to accept explanations for injuries they treat.

Childrer's National Medical Center in Washington, DC, has published a list of physical injuries to children that should be red flags for EMS personnel. Emergency personnel should suspect abuse when a child presents with:

- multiple injuries, especially fractures, in various stages of healing
- injuries that are unusual for the child's stage of development, such as fractures in infants
- emergent burns or burns with an unusual pattern
- injuries to the genitals or peritoneal area
- bizarre injuries such as cigarette burns, bite marks, and loop marks around the neck
- severe mouth injuries, which are uncommon
- any injuries if the child has a chronic disease or handicap

From Maryland EMS News, "If You Suspect Child Abuse," December 1994, Vol 21, No 3, p 3, Maryland Institute for Emergency Medical Services Sys-

Citations used with permission

tems, 636 W. Lombard St., Baltimore, Maryland, 21201-1528.

How do you take criticism? An article published by the Eastern New Mexico EMS Corporation says you have to learn to take criticism before you can give it appropriately. The next time you're on the receiving end of criticism, remember these tips:

- Keep calm, don't be angry.
- Listen carefully and completely, and try not to become defensive or begin developing your rebuttal.
- Consider the source.
- Determine if the critic is genuinely trying to help you.
- Take your time to evaluate the criticism.
- Keep it all in perspective—it's not the end of the world and there are things you can do to resolve the situation.
- Follow up by trying to make an honest effort to modify whatever triggered the criticism.

And remember this anonymous quote: Don't mind criticism. If it is untrue, disregard it. If it is unfair, keep from irritation. If it is ignorant, smile. If it is justified, learn from it.

From Communicator, Jan/Feb/Mar 1995, Eastern New Mexico EMS Corporation, Region III, "Criticism: A Good Training Tool?" by Joe Lucero.

The Colorado EMS for Children project has developed a hand-book for prehospital care providers to encourage involvement in childhood injury prevention projects. Called *An EMT's Handbook for Injury Prevention and Community Action*, this 77-page book suggests activities in the areas of education, enforcement, engineering, and environmental modification. Appendices list tips on writing legislators, speaking in pub-

lic, and giving press interviews. Order the book, catalog #0405, from National EMSC Resource Alliance, Harbor UCLA Research and Education Institute, 1124 West Carson Street, Building N-7, Torrance, California 90502, for \$4.50.

From EMSC News, Vol 7, No 4, Winter 1994.

Congratulations to these Texas organizations recently added to the National Safety Belt Honor Roll in Washington, DC:

- **90% Plus** Marathon Oil Company, Midland; Marathon Oil Company, Yates Field Unit; Fisher Controls of Sherman; Texas Department of Health, Austin; Naval Air Station, Kingsville; Dallas Naval Air Station; Precinct 2, Constable's Department, Missouri City; 82nd Training Wing, Sheppard AFB, Wichita Falls; City of Amarillo; Century Telephone of San Marcos.
- **80% Plus** Berkner High School of Richardson; Akzo Nobel Chemicals; Carswell Air Reserve Base, Fort Worth; Texas Department of Transportation, Fort Worth; Thermon Manufacturing, San Marcos; Texas Department of Transportation, Dallas; Bowie High School.
- **70% Plus** Nimitz High School, Houston; Marshall High School; VIA Metropolitan Transit, San Antonio; John Peter Smith Hospital, Fort Worth.

Parking lot observations showed that employees and students of these organizations buckled up for safety.

For information about how your group can achieve a place on the National Safety Belt Honor Roll, contact Jeanne Swanson, occupant protection program manager, at Texas Depart-

The Colorado EMS for Children project has developed a hand-book for prehospital care providers—it's called *An EMT's Handbook for Injury Prevention and Community Action*.

Don't mind criticism. If it is untrue, disregard it. If it is unfair, keep from irritation. If it is ignorant, smile. If it is justified, learn from it.

The International Association of Fire Fighters reports that 1,369 professional firefighters died in the line of duty from 1970 to 1994.

Emergency workers in Michigan who are exposed to a patient's body fluids can request that the patient be tested for HIV and hepatitis B, thanks to the unanimous passage last year of a bill in the state Legislature.

ment of Transportation, 512/416-3169.

From Driveline, Jan/Feb 1995, Vol 10, No 2, Texas Department of Transportation, Carla White, editor, 512/416-3166.

The National Flight Paramedics Association approved in December a position statement called Personal Protective Gear for Air Medical Providers, which includes the following endorsements:

- that flight paramedics wear helmets of appropriate size designed for use in EMS helicopter operations and with full visors,
- that flight paramedics wear long-sleeved Nomex uniforms and cotton/wool/Nomex undergarments,
- that flight paramedics wear gloves of a flame-retardant material,
- that flight paramedics wear natural leather high-top boots with cotton/wool socks and with a leather shield between any metal zipper and the inner side of the boot, and
- that helicopters should be equipped with energy-absorbing seats.

From a February 6 press release from National Flight Paramedics Association, Pasadena, California, 818/405-9851.

The National Institute for Occupational Safety and Health, called NIOSH, has released an alert requesting assistance in preventing injuries and deaths of firefighters. According to the alert, a recent NIOSH investigation identified four factors essential to protecting firefighters from injury and death:

1. following established firefighting policies and procedures,
2. implementing an adequate respirator maintenance program,
3. establishing firefighter accountability at the fire scene, and
4. using personal alert safety system, or PASS, devices at the fire scene.

During the period of 1980-1989, 278 firefighters died from work-related

causes according to a NIOSH survey. The International Association of Fire Fighters reports that 1,369 professional firefighters died in the line of duty from 1970 to 1994. The National Fire Protection Association collected data from 1990 through 1992 to show that 280 firefighters died and approximately 100,000 were injured in the line of duty during that time period.

NIOSH urges fire departments—including the largest metropolitan fire departments and the smallest rural volunteer fire departments—to review their safety programs and emergency operating procedures. NIOSH further warns that failure to establish and follow these programs and procedures results in injuries and deaths of firefighters.

Copies of the 10-page alert are available by calling 1-800-356-4674. Ask for DHHS (NIOSH) publication No. 94-125.

From Preventing Injuries and Deaths of Fire Fighters, U.S. Dept. of Health and Human Services, September 1994.

Here's an around-the-nation glimpse of EMS news from the pages of *JEMS*:

- In Arizona state legislators will consider a bill to allow paramedics and EMT-Intermediates to vaccinate kids against childhood diseases.
- Licensed nurses in Maryland can become paramedics by completing a bridge program developed by nursing, EMS, and physician groups.
- Emergency workers in Michigan who are exposed to a patient's body fluids can request that the patient be tested for HIV and hepatitis B, thanks to the unanimous passage last year of a bill in the state Legislature.
- Paramedics in Mississippi recently reported car crash victims suffering anaphylactic shock after the crash, apparently from powder in the vehicles' airbags.

From JEMS, February 1995, Vol 20 No 2, "EMS USA".

Unintentional injuries are the leading killer of kids in this country. Each year, more children ages 1-14 die from unintentional injuries than from all childhood diseases combined. Each year, approximately 7,200 U.S. children ages 14 and under are killed and 50,000 are permanently disabled. This year, one child in four, or approximately 13 million, will be hurt seriously enough to require medical attention.

The major unintentional injury risk areas are: traffic injuries, which include children as occupants, pedestrians, and bicyclists (3,080 fatalities); drowning (1,150 fatalities); fires and burns (1,100 fatalities); suffocation (441 fatalities); poisoning and choking (410 fatalities); unintentional shootings (230 fatalities); and falls (180 fatalities).

Each year, some 1,600 children die from intentional injuries. The major risk areas are homicide (1,330 fatalities) and

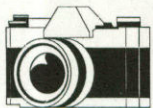
suicide (260 fatalities).

The lifetime cost in 1991 of injuries to children under age 15 exceeded \$165 billion for the nation. Every day, more than 35,000 children in this country require medical treatment for an injury. For every child who dies from a preventable injury, 40 others are hospitalized and 1,120 are treated in emergency rooms.

If you want cost and prevention facts to back up your injury prevention presentations in your community, a packet from the Children's Safety Network can help. Called *Childhood Injury: Cost & Prevention Facts*, the ten fact sheets can help EMS spread the important message that preventing childhood injuries produces real, documented health care savings. Copies are available from Texas Department of Health by calling 512/834-6700.

From Children's Safety Network Economics and Insurance Resource Center, *Childhood Injury: Cost & Prevention Facts*, 703/524-7802.

The lifetime cost in 1991 of injuries to children under age 15 exceeded \$165 billion for the nation.



1995 Texas EMS Photography Contest Entry Form

Photographer's Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

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

Deadline for entering: October 15, 1995

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



Photo Contest Rules

- Anyone is eligible, no entry fee is required.
- Entries must be received **no later than October 15, 1995**. Winners will be announced at the Texas EMS Conference, November 19-22, 1995.
- 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.
- The Texas Department of Health will keep all photo entries and will have the right to publish entries in TDH publications. Photographer's name will be printed along with the photo. Ownership of the negative will remain with the photographer.
- A grand prize winner will receive \$100 and a plaque. First place will receive \$75 and a plaque. Second place will receive \$50 and a ribbon, third place will receive \$25 and a ribbon. One honorable mention winner will receive a ribbon. Judges will select winning photographs based on artistic composition, originality, visual appeal, and good patient care.

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

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

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

A.C.S. Ambulance, Houston, Texas. Agreed to administrative penalty of \$500. Chapter 773, Health and Safety Code, Section 773.050, failure to staff emergency medical service vehicle, when in service, with at least two certified personnel.

* **Bailey, James K.**, Wylie, Texas. Emergency suspension of EMT-Paramedic certification. EMS rule 157.51 (1), imminent danger to public health or safety, also felony and misdemeanor convictions.

Brown, Vickie Lee, Hungerford, Texas. Eighteen months probation of EMT certification through March 15, 1996. EMS rule 157.44 (b)(1) and (c), and 157.53, felony convictions.

* **Carabajal, Tammy**, Houston, Texas. Agreed to decertification of EMS examiner status and six months suspension of EMT certification until June 15, 1995. EMS rule 157.51 (2)(O), assisting another to obtain certification through misrepresentation.

Chenault, Larry James Jr., Forrester, Texas. Six months probation of EMT certification through May 8, 1995. EMS rule, 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

Chisum, John, Leakey, Texas. Decertification of EMT certification. Conviction of a felony in accordance with EMS rule 157.44, relating to certification of persons with criminal backgrounds to be EMS personnel.

* **City of Benbrook**, Texas. Agreed to six months probation until August 8, 1995. EMS Law 773.050, failing to staff ambulance, when in service, with at least two persons certified at least to the Emergency Care Attendant level.

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.

Easley, John Robert, San Antonio, Texas. Decertification of EMT-Paramedic certification. EMS rule 157.51 (2)(P), conviction of a felony in accordance with 157.44, relating to certification of persons with criminal backgrounds to be EMS personnel.

Eastex EMS, Kirbyville, Texas. Agreed to administrative penalty of \$5,000. EMS rule 157.19 (L), operating a subscription service, failure to comply with 157.16, relating to subscription service.

EM-Care Ambulance, Donna, Texas. Administrative penalty of \$250. EMS rule 157.18, failing to allow inspection of records.

Gregory, Fleta, May, Texas. Agreed to twelve months probation of EMS coordinator certification through December 20, 1995. EMS rule 157.64 (a)(4), falsifies course completion documents.

Hanna, Elmer Joe, Jr., Galveston, Texas. Twelve months probation of EMT certification through May 23, 1995. EMS rule 157.44 (b)(1)(2) and 157.53, misdemeanor conviction.

Hart, Joel, Beaumont, Texas. Eighteen months agreed probation of EMT-Paramedic certification through September 30, 1995. EMS rule 157.51 (2)(A), failing to follow EMS standards in the management of a patient.

* **Hill, Mark**, Spring, Texas. Agreed to six months probation of EMT-Paramedic certification until June 22, 1995, and decertification of EMS coordinator and examiner certification. EMS rule 157.51 (2)(V), obtaining benefits to which not entitled.

Hull, Kevin B., Clarendon, Texas. Twelve months probation of EMT certification through May 11, 1995. EMS rule 157.51 (2)(Q), practice beyond the scope of certification without medical direction.

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

Itasca EMS, Itasca, Texas. Administrative penalty of \$250. Chapter 773, Health and Safety Code, Section 773.050, failure to staff emergency medical service vehicle, when in service, with at least two certified EMS personnel.

* 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.

* **Jackson, Benjamin John**, Plano, Texas. Two years probation of EMT certification through February 8, 1997. EMS rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

Jasso, Steven James, Harlingen, Texas. Twelve months probation of EMT certification through September 28, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

* **Johnson, Gregory Carl**, Bellaire, Texas. Six months agreed suspension of EMT certification through June 14, 1995, and six months probation of certification from June 14, 1995, to December 14, 1995, subject to conditions. Conviction of a misdemeanor in accordance with EMS rule 157.44, relating to certification of persons with criminal backgrounds to be EMS personnel.

Lake Whitney Hospital EMS, Whitney, Texas. Administrative penalty of \$500. EMS rule 157.19, failing to maintain proper ambulance supplies.

Lastinger, Lawrence Wayne, Victoria, Texas. Twelve months probation of EMT certification through September 22, 1995. EMS rule 157.44 (b)(1) and (c), and 157.33, felony conviction.

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.

Maxwell, Luther, Ranger, Texas. Emergency suspension of EMT-Intermediate certification. EMS rule 157.51 (1), imminent danger to health and safety.

Medi-Trans Ambulance Service, San Antonio, Texas. Agreed to administrative penalty of \$1,000. Chapter 773, Health and Safety Code, Section 773.050, failure to staff emergency medical service vehicle, when in service, with at least two certified EMS personnel.

* **Merten, Ray L.**, Bellville, Texas. Agreed to twelve months suspension of EMT certification until September 22, 1995. EMS rule 157.51 (2)(A), failing to follow EMS standards of care in management of patient.

Meza, Alfredo, Laredo, Texas. Emergency suspension of EMT-Paramedic certification. EMS rule 157.51 (1), imminent danger to health and safety.

Morrison, Wayne, Avinger, Texas. Twelve months agreed suspension of Emergency Care Attendant through August 18, 1995. EMS rule 157.51 (2)(A), failure to follow EMS standards of care in the management of a patient.

Mullens, Paul, Henderson, Texas. Emergency suspension of EMT-Intermediate certification. EMS rule 157.51 (1), imminent danger to health and safety.

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.

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.

* **Newman, Danny**, Azle, Texas. Agreed to six months suspension of EMT certification through August 1, 1995. EMS rule 157.51 (2)(O), falsifying clinical internship rotation forms.

* **Nolanville Volunteer Fire Department**, Nolanville, Texas. Agreed to administrative penalty of \$250. Chapter 773, Section 773.050, failing to staff emergency medical service vehicle, when in service, with at least two certified personnel.

Oney, David, Avinger, Texas. Twelve months agreed suspension of EMT certification through August 18, 1995. EMS rule 157.51 (2)(A), failure to follow EMS standards of care in the management of a patient.

Penney, Marty, Whitney, Texas. Eighteen months probation of EMT certification. EMS rule 157.51, failing to follow EMS standards of care in the management of a patient.

* **Plumlee, Robert Michael**, Saginaw, Texas. Twenty-four months probation of EMT certification through February 17, 1997. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor convictions.

* **Pool, Roy Lynn**, Groom, Texas. Decertification of EMT-Intermediate status.

EMS rule 157.51 (2)(P), felony conviction while certified.

* **Pritchett, Douglas**, Pampa, Texas. Agreed to three months suspension of EMT certification. Nine months probation through September 26, 1995. EMS rule 157.51 (2)(w), practicing as an EMT while under EMS suspension.

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

Rising Star EMS, Rising Star, Texas. Administrative penalty of \$100. Chapter 773 of Health and Safety Code, Section 773.050, failing to staff in-service emergency medical service vehicle with at least two certified EMS personnel.

Ritzou, Peter, Humble, Texas. Emergency suspension of EMT-Intermediate certification. EMS rule 157.51 (1), imminent danger to public health or safety.

Russell, Teresa Leann, Channing, Texas. Twelve months probation of EMT certification through November 9, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

Schulze, Clarence, La Grange, Texas. Twelve months probation of EMT-Paramedic certification through September 15, 1995. EMS rule 157.51 (2)(W), failing to remain certified in EMS.

* **Sentesi, Lester**, Spring, Texas. Emergency suspension of EMT-Paramedic certification. EMS rule 157.51 (1), imminent danger to health and safety.

Sisneros, Daniel Keith, Amarillo, Texas. Twelve months probation of EMT certification through November 9, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

* **Southern Ambulance**, Lubbock, Texas. Agreed to administrative penalty of \$1,250. Chapter 773, Section 773.050, failing to staff emergency medical service vehicle, when in service, with at least two certified personnel.

Stevens, Sanns Renee, Houston, Texas. Twelve months probation of EMT certification through September 29, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.


Valley Mills EMS, Valley Mills, Texas. Administrative penalty of \$250. Chapter 773, Health and Safety Code, Section 773.050, failure to staff emergency medical service vehicle, when in service, with at least two certified EMS personnel.

* **Vance, Michael Patrick**, Lewisville, Texas. Twelve months probation of EMT certification through February 17, 1996. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

Ward, Tonia Donetta, Houston, Texas. Twelve months probation of EMT certification through September 15, 1995. EMS rule 157.44 (b)(1) and (c), and 157.53, felony 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.

Westerfield, Terry K., Waco, Texas. Emergency suspension of EMT certification. EMS rule 157.51 (1), imminent danger to public health or safety.

Wilkerson, David, Matthew, Houston, Texas. Twelve months suspension of EMT-Paramedic certification through September 21, 1995. EMS rule 157.51 (2)(K), appropriates or possesses personal items of a patient without authorization. 

G O O D W O R K



The 87 disciplinary actions taken in FY94 represent less than one-fifth of one percent of the total 46,500 certified EMS personnel. Our thanks to the huge majority for providing quality patient care.



By Bruce E. Scott

The Call

The frantic radio call from the dispatcher: "All officers, baby not breathing at (address)." Officers respond: "Clear" "10-4" "en route" Dispatcher pages: "EMS team one, need ambulance at (address), baby not breathing." EMS responds: "10-8 in 3 minutes."

Dispatcher advises first officer at the scene that the mother and baby are in the back bedroom. The officer enters, hollers, "hello?!" The hysterical screams from the mother: "back here . . . my baby . . . help! . . . please, help!"

The officer runs to the back bedroom and finds the mother and her 3-month-old son on the floor. The mother has the phone to her ear, listening to the dispatcher telling her how to do CPR, how to check for obstructed airway. The mother looks up, eyes filled with tears and fear. She recognizes the officer, says his name . . . "Please help my son." The mother moves out of the way as the officer quick-checks the baby: cyanotic, waxy-white, no pulse, no respirations, diaphoretic. The officer checks the baby's mouth for obstructions, turns the baby over and does back blows to clear any airway obstructions, turns the baby back over, gives two breaths easily covering the baby's mouth and nose with his mouth because the baby is so small, so young. No response, check airway, reposition, breaths, chest compressions. All the while the officer is painfully aware of the mother's frantic and hysterical pleading. "My baby, please don't let my son die . . ."

To the officer, it seems like an eternity before another officer arrives, though it is probably less than 60 seconds. The second officer tries to calm the mother, tries to get her to leave the room. When a third officer and EMS arrive, the mother goes to another room. The baby is rushed to the ambulance and then to the hospital where doctors, nurses, and EMS personnel fight hard for the baby. But after an hour's battle, the doctor reluctantly calls it.

The nurses get a hospital shirt and a diaper for the baby and then put him in a blanket and make sure everything is neat and tidy for the family to see the baby. The doctor and the detective who is a friend of the family go into the room where the mother and grandparents are and tell them their son, their grandson had died.

The gut-wrenching wail echoes throughout the hospital. Everybody involved has their own way of coping: some cry openly, some choke back the tears, but cannot speak, some weep quietly to themselves.

The reason for the detailed account of what transpired is, that it is not just the family that is going through the devastation and trauma of such a young life being lost, but everyone involved in the incident suffers also.

This is my safety net, buffer zone—this writing—because I was the first officer on the scene. And that little boy reminded me of my newest grandson, who is just three months older than this little boy was. 🐾

Bruce Scott, an EMT, is a deputy sheriff with Dallam County Sheriff's Office in Dalhart

Calendar

Meetings

May 11, 1995. **How to Prevent Hardening of the Attitude.** For anyone who would like to learn how humor helps strengthen the immune system and reduce stress. Loretta LaRoche utilizes a zany cast of characters to represent our most common destructive reactions to stress. \$45. Texarkana College. Call Kathy Jordan or information at 903/838-4541.

May 12-13, 1995. **Second Annual "Trauma: The Challenge of the 90's" conference.** The Radisson Hotel, Fort Worth, TX. Carole Rush, Trauma Nurse Coordinator Diana Washington, Trauma Registrar, Trauma Services, John Peter Smith Hospital. 817/927-1392.

May 13, 1995. **Swiftwater Rescue Classes.** Tech II. Austin TX. \$150. Austin Emergency Medical Services Dept. Contact Drake Miller at 512/469-2050.

May 13-14, 1995. **Critical Incident Debriefing Course.** Corpus Christi Naval Air Station, Navy Hospital Auditorium. Contact Lt. Commander Jean Cohn at 512/939-2205.

May 13-21, 1995. **Wilderness First Responder.** Arkansas. \$495-includes lunch and lodging. Sponsored by Kiamichi Experimental Education Program. Call 918/647-9205 or 1-800-742-2931.

May 18-20, 1995. **Trauma System Evolution in a Cost-Conscious Nation.** Arlington, VA. Call the American Trauma Society at 1-800-556-7890 for information.

May 20, 1995. **CPR Instructor Course.** Metroplex medical training. 214/270-0857.

Paramedic Ready Teddy. Don't forget to use Texas' furry EMS mascot to help you with these local activities... **Sexual Assault Awareness Month** in April, **EMS Week and Trauma Awareness Month** in May, **Drowning Prevention Week** in June, **Summer Safety** in July, **Back-to-School Safety** Weekend in September, **DWI Awareness** in November, **Holiday Safety** in December. Call 512/834-6700 to schedule the Ready Teddy costume or request activity packets.

May 21, 1995. **Pre-Hospital Burn Life Support Course.** \$75. Shriners Burns Institute, Galveston, TX. Contact Carol Hodges at 409/770-6780 for information and application.

May 22, 1995. **Swiftwater Rescue Classes.** Instructor class. Austin TX. \$395. Austin Emergency Medical Services Dept. Contact Drake Miller at 512/469-2050.

May 31-June 2, 1995. **1995 Texas Fire Service Public Educator's Conference.** Omni Hotel, Austin, TX. \$125. Call 512/477-9982.

June 1-2, 1995. **The 13th Annual Emergency Care Update.** Presented by CareFlight Helicopter Dallas/Fort Worth. Dallas/Fort Worth Hilton Executive Conference Center. Grapevine, TX. Pre-hospital, hospital, aviation tracks. 214/947-8420 or 214/947-8450.

June 3, 1995. **CPR Instructor Course.** Call Steve Cutler 214/270-0857.

June 3-4, 1995. **Critical Incident Debriefing Course.** Tyler Rehabilitation Hospital. Contact Carolyn Ewbank at 903/581-0933.

June 17, 1995. **CPR Instructor Course.** Contact Steve Cutler, EMT-P. Metroplex Medical Training. 214/270-0857.

June 23-24, 1995. **Toxicology Has No Borders.** El Paso, TX. The first annual binational professional conference addressing concerns in toxicology and pediatric emergency medicine. Call Rene Hurtado at 915/521-7978 for information.

July 13-16, 1995. **ClinCon '95-The 17th Annual Clinical Conference on Out of Hospital Emergency Care.** Hyatt Orlando, Kissimmee, Florida. Call 407/281-7396 or 1-800-766-6335.

October 19-22, 1995. **International Critical Incident Stress Foundation Conference.** Austin, TX call 410/730-4311 for more information.

November 19-22, 1995. **Texas EMS Conference '95.** Fort Worth, TX. 512/834-6700.

Grantwriting Classes. \$25. You'll learn how to apply, who gives money to EMS, how the process works, what terminology to use. For information on hosting or attending a class in your area, call John Singleton at 512/834-6700.

For a free conference listing or ad send a fax to *Texas EMS Magazine*, 512/834-6736.

Jobs

Paramedic: EMS providing 9-1-1 emergency and non-emergency calls, hospital transfers. MICU level service. Contact Mike Scudder at 915/837-3028.+

Paramedic: Full-time. Tired of the hustle and bustle of the city? Try laid-back Goliad, Texas. Call Zelda Martinez at 512/645-8221.+

Paramedic: Must have Texas EMT-P certification, ACLS, BCLS. Openings in the San Antonio and Corpus Christi areas of service. We offer excellent wages and benefits include full insurance benefits, retirement plan, CE classes and tuition assistance. Send resume to: Anderson Ambulance, 11921 Starcrest, San Antonio, TX 78247 or call 210/491-5906.+

Paramedic/Coordinator: Mason, TX. Desirable small community in central Texas. Friendly small town atmosphere, great schools and low crime rate. Salary commensurate with experience. For information contact Judge Tom Reardon, PO Box 56, Mason, TX 76856 or 915/347-5556.+

Paramedic/ Firefighter: New Braunfels. TDH certified paramedic; and a certified firefighter. 19,577. Apply: New Braunfels Municipal Bldg., 424 S. Castell, New Braunfels, TX 78130.+

EMT-Paramedic: Two full-time positions available for hospital based ALSE-9-1-1 EMS service for Del Rio and Val Verde county area. Call Val Verde Memorial Hospital at 210/775-8566 ext. 174.+

EMT/EMT-I: Weiser Security Services, Inc., in Houston has openings in Pasadena and the Houston Ship Channel area. 713/999-9945.+

CE Instructors: Part-time CE instructors wanted in Houston/Conroe area. Must be EMT-P, EMS-I/E, ACLS-I. Contact Metrocrest Medical Services 214/1158.+

Director: Operational and administrative management of EMS, paramedic required with experience and good interpersonal skills. Send resume and references to: Chairman of Board, PO Box 196, Fairfield, TX 75840.+

Paramedic/EMT Instructor: UT Southwestern Medical Center. EMT position includes teaching and continuing education. Paramedic certification and experience required. Paramedic position requires RN or PA certification

Calendar

and two years clinical or EMS experience. Resume: Debra Cason or Kelly Millican, 5323 Harry Hines Blvd., Dallas, TX 75235-8890 or 214/648-3131.+

Instructor: UTHSC-SA is recruiting for a full-time faculty member for the San Antonio EMS continuing education division. Requirements: Bachelor's degree in education or health-related field, Texas-licensed RN or Paramedic, 3 years experience in a level I trauma center ED. Prefer AHA BLS/ACLS certification. Resume: J.P. Lindstrom, UTHSCSA, 4201 Medical Drive, Suite 250, San Antonio, TX 78229-5631.+

Field Training Officer: Metrocrest Medical Services, Dallas, TX. Minimum qualifications: Texas certified EMT-Paramedic. EMS instructor and/or examiner certifications. ACLS provider, PPPC or PALS provider, and PHTLS or BTLSP provider certification. 4 years experience as a paramedic in an ALS prehospital care system. Starting salary \$25,500-\$27,500 annually.+

Work Wanted: NREMT-P seeking employment in the Houston area. Six years field experience. Texas certified. Reply to: fax 505/887-0794.+

Work Wanted: Help! Got to get out of California! EMT with 10 years experience in city and rural areas. 9-1-1 service for 8 years. Would like to relocate with rural 9-1-1 service in Texas. Tim Wiese, 2378 Funston Ave., San Francisco, CA 94116-1947. 415/566-4971.+

EMT: Driving positions. Applicants must be 23 years old and have a clear driving record and EMT certification. Apply at 11300 South Post Oak, Houston, Texas from 9am to 4pm. Contact Jim Becka for more information at 721-8882.*

Paramedic: Kerrville Fire/EMS. \$1,709/month. Must be TCFP certified firefighter. Apply or send resume to: City of Kerrville, Personnel Dept., 800 Junction Hwy., 78028. Fax 210/792-3850 or 210/257-8000.*

Paramedic: Llano County EMS. County coverage for 9-1-1 emergency calls, MICU service. Contact Kelly Oestreich, Llano Co. EMS, 200 W. Ollie St., Llano, TX 78643 or 915/247-3088.*

Communications Specialist/Dispatcher: Must be a certified registered EMT with 1 year experience. Excellent verbal/written communication skills are a must. Prefer a background in dispatch. Call Methodist Medical Center at 214/947-6510.*

1st Responder Coordinator: Coordi-

nated education, training, education and research. Must be EMT-P or RN with 7 years experience in health care and associate degree or have a bachelor's degree with experience teaching EMTs. Reply to: David Edwards, TX Tech Univ. HSC, Dept. of Human Resources, 4800 Alberta Ave, El Paso, TX 79905.*

For Sale

For Sale: Matrx Life Defense Plus ECG monitor/defibrillator/pacemaker unit, with case, cable, pacemaker cable, pedi-paddles, 3 battery packs, charger interface. Excellent condition. Complete \$4,995. Contact Mike Scudder at 915/837-3028.+

For Sale: Two used Uniden 25-watt VHF two-channel mobile radios. Call 903/845-2915 after 5:00 pm.+

For Sale: Thumper for sale with two O₂ tanks. Never used except for demonstration. Like new. Donna Johnson 915/379-1422 or Mabelle Stephenson 915/379-1149.+

For Sale: 1979 Type II extended body ambulance. 72,500 miles, new tires. \$5,000. Spicewood VFD-EMS 210/693-2801 or 693-6218.*

For Sale: 1988 Chev. Type II Collins, \$10,000. Contact Yvonne Smith at 915/446-2766.*

For Sale: 1989 Type III Road Rescue, very good condition. Road Rescue Emergency Vehicles. 1-800-228-7738.*

For Sale: 1990 Type III Road Rescue, very good condition. Road Rescue Emergency Vehicles. 1-800-228-7738.*

Announcements

Needed: One basket-type stretcher donated to Elkhart Volunteer Fire Department. Also, red and white flashers from a wrecked ambulance. Write to: Philip O'Neal, Elkhart Vol. Fire Department, PO Box 962, Elkhart, TX 75839.

Needed: Used monitor/defibrillators, automatic ventilators, and fluid pumps. Contact Jim Becka at 713/721-8882.

Ambulance Service For Sale: Rural East Texas, retirement community, established 12 years, money maker. 318/752-1933.

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.

CPR manikin rentals and supplies Contact Steve Cutler at Metroplex Medical Training 214/270-0857.

CPR Instructor training courses conducted throughout the year at Brookhaven College. Call 214/620-4715 for information.

+ This listing is new to this issue.

* Last issue to run.

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

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

On a Mission: *McKenzie makes sure sexual assault survivors have a voice*



Cecelia McKenzie manages a program that taught more than 300,000 Texans last year about sexual assault.

When Cecelia McKenzie wants to get angry, she simply opens her mental filing cabinets. That's where she keeps the stories, the injustices and the cases so painful that it hurts to think about them. In her five years as director of a rape crisis center and six years as director of the Bureau's Sexual Assault and Crisis Prevention Services, she has plenty to file. But most of the time, the stories stay hidden.

"I learned early to put them in a drawer and take them out when I needed them," McKenzie says. "I take them out when I'm before an audience and someone says something so asinine or so cruel or so unbelievable that I need some justifiable anger to transform me from my bureaucratic persona to my role as an advocate."

As the child of a military family, McKenzie learned to pack things away at an early age: the Big Spring native moved more than 20 times before age

14. After graduation from Incarnate Word College in San Antonio with a degree in theater, she returned to Big Spring and started a community theater, working a graveyard shift waiting tables to make ends meet. It was there one night that she met Robb McKenzie, sitting with his buddies from Webb Air Force Base.


Seven months later, in February of 1973, they were married. After a few years stationed at a base in the Philippines, the McKenzies came back to Big Spring. In August of 1984, a woman approached her about a new community project: a rape crisis center. As she filled out the grant application, she realized that she had found a calling.

"It's easy to become passionate about this work. I got really hooked," says McKenzie. "I was white, middle class, and naive.

"I was unaware of what was happening right in my own neighborhood."

McKenzie stayed at the Big Spring center for five years before coming to TDH. Since 1989, McKenzie has provided technical assistance to more than 50 sexual assault programs around the state and worked tirelessly to educate Texans about sexual assault, medical exams, and victim assistance development.

Her work has garnered her a Champion of Social Change Award from the Texas Association Against Sexual Assault and a Friend of Victim Assistance award from Governor Ann Richards.

McKenzie lives in Austin with her husband and youngest son, Michael, who attends high school, and eldest son, Ian, who attends Austin Community College as a freshman. Her daughter Emily is a sophomore at Southwest Texas State University. 

Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
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