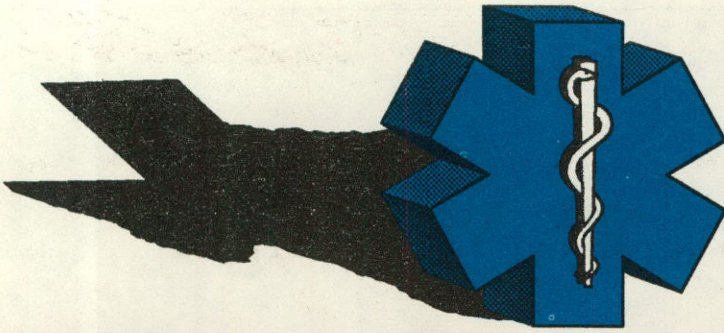

January 1990

Texas EMS Messenger

TEXAS DEPARTMENT OF HEALTH • BUREAU OF EMERGENCY MANAGEMENT

Texas Department of Health

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Texas EMS Messenger

January 1990 Volume 11, Issue 1

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COVER PHOTO
Working with child victims of trauma can be stressful to EMS workers. See how to deal with that stress on page 21. Daniel Byram of the Williamson County Sun in Georgetown won first place with this photo in the black-and-white category of the 1989 EMS Week Photo Contest.

Bureau of Emergency Management

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From This Side

by
Gene Weatherall, Chief
Bureau of Emergency Management

There are a couple of aspects of this issue of the **Texas EMS Messenger** I would like to bring to your attention. First is the excellent article written by David Rives on continuing education. David works in the Public Health Region office in Houston and received extremely high marks for his workshop at our last conference. He spoke on the difficult topic of establishing and maintaining successful in-house continuing education programs. We are pleased to have the opportunity to share David's expertise and knowledge with those of you who may not have had the opportunity to participate in our annual conference. The other highlight of this issue is the emphasis the **EMS Messenger** is placing on stress-related issues. We are pleased to have the opportunity to bring up-to-date information to you regarding the current teachings and research in EMS stress.

Joe Kacal called the other day to check on the progress of establishing an EMS Memorial for Texas EMS. I was a little embarrassed to realize that we had not kept everyone informed and especially Joe since it was his design that has been adopted for the model of the memorial. The latest information is that TEMSAC has requested that we work to situate the memorial on the grounds of the State Capitol. We have learned that this will take legislative action which we cannot achieve until the legislature convenes in January of 1991. At that time we need to gain legislative permission to erect the monument, on the grounds of the State Capitol. Regarding the financial aspects of the monument we think that through past fund raising efforts at our annual conference we are getting close to having the necessary funds.

Also in this issue you will begin to read about the committee process of TEMSAC. In subsequent issues we intend to provide coverage for all the committees so that everyone will get a better understanding of the statewide rule development process. It is important that you in EMS become more knowledgeable of this process as we proceed to adopt rules based on the new legislation.

This issue contains an excellent article written by David Rives on continuing education.

Top 10 ECA Classes
May 15, 1989 - October 31, 1989
Includes only initial and refresher testing of classes of ten or more.

Coordinator/Location	Average Grade	Number Tested
1. **Jackson**/Lubbock	93.33	18
2. **Falkner**/El Paso	92.92	13
3. **Titsworth**/Austin	90.95	19
4. **Washburn**/Austin	90.67	21
5. **Blond**/Fairfield	90.20	10
6. **Falkner**/El Paso	90.00	14
7. **Ginn**/Clute	89.08	23
8. **Weiner**/McAllen	88.92	13
9. **Madden**/Kerrville	88.91	11
10. **Ginn**/Clute	88.89	22

A total of 181 classes tested; average grade was 86.2. Compiled by Saleem Zidani, Education Program, EMS Division.

Local and Regional EMS News

Goliad County EMS hosts rescue and extrication training

On November 4 and 5 Goliad County EMS sponsored a Rescue/Extrication Weekend which was attended by EMS and fire personnel from Goliad, Cuero and Houston.

Administrator Alyce Martin said the extrication portion of the training consisted of hands-on practice extricating from vehicles that were right side up, upside down, and sideways so the students would have to use spider-webbing to remove the victims. Besides practicing techniques of axial traction, cervical collars, backboards, KED, and proper lifting and moving, the students practiced with various rescue tools and took turns being victims.

During the rescue portion of the class, students learned vertical rescue techniques in a 50-foot canyon, then evacuated several victims by incorporating spinal immobilization techniques and basic rappelling maneuvers.

Winners announced

Miami Volunteer EMS gave away a red Cadillac convertible recently to raise money for the organization. The winner of the car was Doug Smith of The Colony, Texas.

Doubletree Hotel offered a free weekend at the hotel as an incentive to visit the exhibitors at our September Texas EMS Conference. The winner of the free weekend was Dana Dixon of St. Anthony Hospital in Amarillo. Another Conference winner just announced is Misti Wooten of Alvin EMS. She won the Sony Stereo System from Wilbanks Innovations of Houston. John Wilbanks said the contest had 205 entrants, and that this was their first Texas EMS Conference but that it certainly would not be their last.

Ernie Rodriguez honored by City of Corpus Christi

Assistant EMS Director Ernie Rodriguez received a $1,000 cash award from the City of Corpus Christi as part of an Excellence in City Government award.

Fire Chief Juan Adame said of Rodriquez in his nomination, "During the past two years, Mr. Rodriguez has personally saved the City over $100,000 in training personnel in-house." By developing EMT and Paramedic training courses within the Fire Department, Rodriquez is credited with saving the City $64,550 annually.

Port Aransas chalks up another save

Port Aransas EMS Director Imer Rowan, EMTs Gary Langston and E. Yancy Gillespie, and Paramedics Chris Lawrence and Nikki Sigler made Labor Day a happier day for a Clovis, New Mexico visitor. Fred McGinnis had no pulse and was not breathing when Constable Langston arrived on the scene and began CPR. Lawrence and Rowan defibrillated McGinnis, and eight days later McGinnis left the hospital and went shopping.

Said McGinnis in a letter to the Port Aransas group: "I am doing better each day. Walk about one mile, eat good and sleep good. Thanks again for your being there in time of need and your efficient and kind way you handle things. Thanks for your visits."

Congratulations, Port Aransas EMS!

Collin county EMT's partner asks for help

Plano paramedic dispatcher Jody Terrell has requested help cheering up a 23-year-old EMT who has recently been diagnosed with cancer.

Scott Brombacher was Terrell's partner for nearly two years until he went to work for Collin County. Brombacher also volunteered as a firefighter in Allen and Fairview. Brombacher first went into the hospital in September, and even in the hospital has kept his scanner by his bed. As of this writing, Brombacher was out of the hospital but was scheduled to return over Thanksgiving for more chemotherapy.

A fund has been set up for Brombacher's medical bills, which have topped $150,000, and donations to that fund would be appreciated; however, Terrell is also hoping that fire departments will send Brombacher cards and letters telling him about their fire and EMS systems.

Local and Regional EMS News

Send Brombacher your cards at 34 Brewster Court, Allen, Texas 75002. If you are interested in making a donation: TEAM Bank, 0012787305, P.O. Box 430, McKinney, Texas 75069.

"He really loves fire and EMS," said Terrell, "and reading about other departments gives Scott a lot of pleasure. He's received a lot of mail from all over."

El Paso names EMS academy for slain paramedic

El Paso EMS began training students in the Glenn R. James EMS Training Center November 13 with a 19-member EMT class. Taking classes will be appoximately 60 students a year from EMS, the Border Patrol, the Sheriff's Office, city Fire Marshal's office, and other city departments.

James, a paramedic supervisor, was killed September 1, 1988, while working an accident on IH-10. The building was dedicated April, 1989 as EMS Station Five in the memory of James who worked out of Station Five.

Montgomery County group wins grant

The Montgomery County Chapter of Texas Society for Search and Rescue (TEXSSAR) was awarded a $2,450 grant from the Boat Owners Asociation of the United States Foundation for Boating Safety.

The money will purchase a trailer to be used as a mobile boating/water safety education center. The trailer will also be designed to carry dive rescue equipment to allow for rapid deployment of divers.

Joe Horsley celebrates 25 years with Health Department

Public Health Region 6 EMS staff honored Joe Horsley with a surprise reception on October 24 to celebrate his 25th year anniversary with Texas Department of Health.

Horsley, the EMS Program Specialist in the San Antonio regional office, began his career in emergency medical services as one of the health department trainers who taught Emergency Care Attendant courses all across Texas. PHR 6 regional director Henry C. Moritz, MD, MPH, presented Horsely with a pin and a plaque during the reception.

Fort Worth wins again at Garner State Park

Texas Association of EMTs-Region 3 sponsored the 12th Annual Wilderness Rescue Competition at Garner State Park on October 6, 7, and 8. A total of twelve teams competed in four categories and for the second year in a row Fort Worth High Angle Rescue won the high point award.

Other winners were: Advanced Rescue Category winner - Fort Worth High Angle Rescue; Vertical Rescue Category winner - San Angelo Fire and Rescue; Basic Category winner - Austin Community College; and Swiftwater Category winner - Odessa College.

Jeff Fincke of Kendall County EMS organizes this annual event and credits many people and organizations with helping to make it a success: Steve Hanneman coordinated and supplied communications eqiupment; Lee Sweeten, Vivian Perry, Jane Montgomery and Sally McBride moulaged the patients; Stan Rabke and Rodney Mueller of the Texas Forest Service supplied the command post vehicle and communications equipment; San Angelo REACT provided emergency communications and standby capability in case of a "for real" emergency; Boy Scout Troop 146 from Bandera acted as runners for judges, teams, and staff; and Jim Wilson and the Garner State Park staff made the site available for the competition.

Photo By Lee Sweeten, PHR 6

EMS Week
September 16 - 22, 1990

by David Rives, EMT-P

Now That I'm In Charge of Continuing Education, What Do I Do?!

David Rives is Senior EMS Program Specialist with Public Health Region 4 in Houston. He is also president of, and a volunteer paramedic with, East Bernard EMS in Wharton County. Rives based this article on the lecture he presented at TDH's Texas EMS Conference '89 in Austin.

Continuing education, or CE, is a topic that is controversial, confusing, and, in many cases, unpopular. Not many like the way it works, yet nobody has been able to find a better way to do it. It's kind of like a stray cat: you can't make it go away, and you can't make it mind you; so you may as well adopt it, feed it, and work your life around it the best you can.

CE was created in Texas in 1982, in response to a cry from emergency medical services providers who wanted a way for their personnel to recertify without having to take a formal refresher course every 2 years. This was done at about the same time Texas shifted from 2-year to 4-year certification, which released us all from the routine of a refresher course, then re-certification, every 2 years. It was hoped that CE would provide an easy way to re-certify, plus encourage EMS personnel to maintain their education throughout their 4-year certification period, instead of cramming it in once every 2 years. Some EMS providers and personnel have found that this doesn't work for them, and they have reverted back to the formal refresher courses as their total means of recertification. The rest of the EMS community depends on CE, sometimes in addition to refresher courses, as their means of maintaining, and sometimes expanding, their EMS knowledge and skills.

CE has taken as many different forms as there are people who have participated in it. Some have used it only to meet the necessary hours for recertification. Those people usually get very little out of CE other than the credits. Fortunately, most EMS personnel have used CE to help them learn how to improve their patient-care skills. This, however, is done in many different ways.

We know that all EMS is not alike. Rural EMS providers have to be ready to extract a farmer's arm from a combine. The urban providers see much more domestic violence and drug abuse. Then there are the chemical burns and eye injuries that happen mostly in the industrial setting. Since most initial EMS training courses have to be general in nature, most EMS providers must spend time training their personnel in the skills and knowledge required in their particular setting. Before we had CE, no credit was given for that training.

Not all CE is alike

The easiest, and often least effective, way to provide CE is to have training sessions where someone reads from a book. Throw some skills practice in every once in a while, and pretty soon you have a CE program that no one attends. But, teach them something they don't already know or can't easily get for themselves, and you may have to set up more chairs!

Many have found it valuable, especially for newly-trained personnel, to devote several training sessions per year to further explore previously learned material. Time can also be spent practicing swimming pool extrication, house extrication, Haz-Mat, and situations that we must all be prepared for. Then there are the situations unique to your area, including things like farm equipment extrication, swift water rescue, diving injuries, and high-angle rescue. Just look around your community and try to imagine incidents that you're not prepared for. There are probably enough to put a good scare into you.

One of our most popular training topics has been orientation to new equipment. When the announcement goes out that we have some new equipment, we have more people show up, if for no other reason that to gripe about spending money on some new "piece of junk." They're also a little worried about showing up on a scene and having to be shown how to use the equipment in front of a patient.

Services that practice Advanced Life Support (ALS) can add an extra set of hands to

any scene if they teach their Basic Life Support (BLS) personnel the who's, what's, and why's of ALS. Sometimes this enables the BLS personnel to help shorten scene times; other times it simply makes them understand the procedure. More than once, I've had an ECA remind me that the IV will run better if I release the tourniquet. EMBARRASSING!!!

There are always new developments, both medical and legal, that personnel should be apprised of. When AIDS first hit the headlines, EVERYONE scrambled to initiate their new "infectious disease" policies. Putting them on paper simply wasn't enough; you had to TELL people. In addition, you could probably spend a couple of sessions every two years talking about changes in state laws that effect EMS.

Valuable, but hard to come by, are hospital rotations. If you can get past the insurance and administrative problems, an occasional hospital rotation can be very valuable, especially if you're in an area where your personnel don't see that many patients. In the emergency room, eight hours taking vital signs or starting IV's can knock off a lot of rust. If you're lucky enough to get it, an intubation rotation can rebuild the confidence of someone who doesn't get that many ALS opportunities in the field.

There are many formal courses available that can easily be utilized for blocks of CE credit. The obvious ones are CPR, Advanced Cardiac Life Support (ACLS), and Pre-Hospital Trauma Life Support (PHTLS)/Basic Trauma Life Support (BTLS). There are others, like Emergency Vehicle Operators Courses (EVOC) and radiological monitoring, that are widely known and usually approved. Many of the community colleges and hospitals are doing these courses on a regular basis.

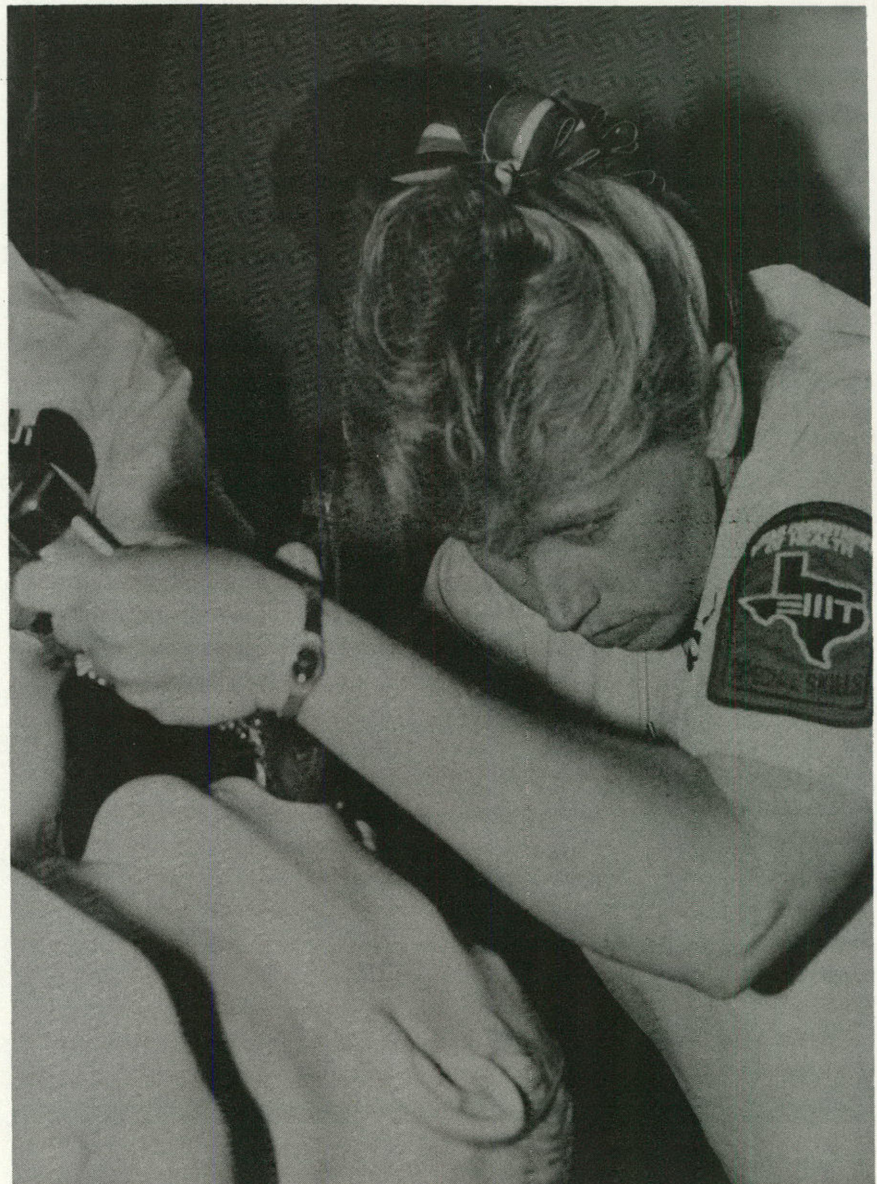
A wide range of CE teachers can be used

A big question usually asked is "Who can teach CE?" The answer is "Almost anyone!" But can ECA's teach Paramedics? Sure, up to their level of training and expertise. If you have an ECA who is good at bandaging and splinting, why can't he teach it to Paramedics? An EMT who is up on legal medicine can probably teach us all a thing or two. Some agencies will even ask someone to teach a subject about which they know they don't have expertise. This should encourage the teacher to then research the subject before he teaches, therefore learning more about the subject.

Your medical director, if you have one, or local doctors can be an invaluable resource, and not in just teaching ALS. You'd be amazed how many BLS patients they see in their office, clinic, or emergency room. Use their experience in better learning how to deal with the minor illnesses or injuries. When using doctors who don't deal with EMS on a regular basis, they often need close monitoring. I have seen an OB/Gyn who talked about EMS episiotomies as if they were everyday occurrences, but was really offended when he heard about field intubations. You should seek out the local specialists to see how they want patients brought to them. I know of one situation where the local medical director does not want open femur fractures reduced, but the orthopedic surgeon at the hospital pitches a fit if the EMS crew does not reduce them. That should be worked out in advance, between the doctors, and then taught to your personnel. This can be true for any of the "Treatment of the Month" subjects such as burns, snakebites, etc.

Skills practice is important to continuing education .

Photo By Joni Gray, Ballinger



Nurses and lawyers, while not street EMS personnel, have a greater knowledge of their particular areas that can translate into valuable information. Yes, EMS personnel CAN learn something from nurses! Law enforcement people can talk about crime-scene management and accident-scene control, and their presence can usually establish a better working relationship between agencies. The Texas Department of Public Safety has Safety Education officers who can offer some very valuable information about emergency vehicle laws and operation. There may be other agencies in your service areas, such as hospices, special care facilities, or industries, that may present special problems. Personnel from these agencies can be valuable resources. Their speaking to your organization will probably benefit them and you.

If you're in an area served by a helicopter ambulance, its personnel are usually very interested in doing PR's and can often use that opportunity to familiarize your personnel with landing-zone preparation, as well as working around, and with, the aircraft. If you have more than one helicopter service, contact them all because they may have different procedures or an entirely different aircraft.

Whoever thought of a physical therapist teaching EMS CE? Not me! When one of our members came up with the idea I thought I'd go along with it for the sake of organizational harmony. I was amazed at the tricks of lifting and moving he taught us. He also had some very valuable information that applied to everyday (non-EMS) life. He managed to fill up two hours and left us wanting more.

Joining with neighboring services is something that has been valuable for many small services, and can also be helpful for the larger ones. For the smaller services, it allows them to get together to have a large enough group to invite a guest speaker who you would hate to ask to come to your group of four or five faithfuls. Have a joint meeting and ask somebody "important" to speak. All services can benefit from each other's ideas and can enjoy better cooperation in mutual aid scenes.

Call your regional EMS office

One resource that most people overlook is the personnel from your regional TDH EMS office. They can often provide answers to a multitude of questions about various EMS issues. Some of the individuals have particular areas of expertise that can help your service, both in operations and in patient care. I enjoy speaking to individual EMS groups more than any other aspect of my job.

There are many other outside ways of

Pep Up Your CE Program with these ideas

Invite special interest speakers.

- Hospice representative to talk about death and dying or grieving
- Sexual assault crisis center representative
- Child abuse social worker from human services
- Nurse midwife
- Geriatric abuse social worker from human services
- Pharmacist to talk about overdoses, drug interactions, or drugs and the elderly
- Physical therapist to give moving and lifting tricks
- Cancer and ostomy use specialist
- Dialysis specialist
- Psychiatric rehabilitation specialist to talk on depression, schizophrenia, eating disorders, obese, and burnout
- AIDS specialist or infection control nurse
- Lawyer specializing in medical law
- Texas Department of Public Safety education officer
- Local law enforcement officer to talk about crime scene management, guns and ballistics, knives and other weapons
- Local industry representative
- Local special care facilities representative such as prison representative
- Helicopter ambulance service representative
- Equipment salesperson for demo on new equipment and procedure
- Medical director
- Religious leaders such as Jehovah's Witness and Christian Scientist representative
- Self defense expert
- Head injury rehabilitation representative
- Regional TDH personnel

Practice situations unique to your area or ex-

getting CE credits. As EMS becomes a bigger industry, there are more films, video tapes, magazines, video magazines, and computer programs available than ever before. It seems there is always a seminar, symposium, conference, or convention that is already approved of by TDH for CE credit. Many EMS Coordinators get CE approval for their formal training courses, so individuals can sit in on selected parts of a course and get CE credit.

TDH has some resources that can be tapped for help in providing CE. Some of the regional offices have a library of films and videotapes that can be borrowed. The Education Program in the central office in Austin also has some videotapes that have been pre-approved for CE credit, in addition to awarding credit for doing book reviews and completing the CE article tests from some magazines. They also have pre-approved certain courses for CE credit, including the Simple Triage and Rapid Treatment (S.T.A.R.T.) course, EMS Scene Incident Command course, and a variety of courses offered by Texas A&M.

The biggest thing to remember is that, ultimately, you must be able to report everything to TDH. One of the first things you should do is contact your regional EMS office to see if it has any suggestions or preferences. While pre-approval of your training courses is not required, it may be to your benefit to do so. That way you are assured that your personnel will receive credit for what they are doing. Usually there is no problem, but occasionally there is a course that seems to be EMS related that may not be, such as a 30-hour "cylinder recognition" course that an EMT took while learning to be a welder.

The method you use to track all of your personnel's hours is your preference. Some organizations seem to do fine by throwing all of the CE records into one file. Others require a sophisticated computer program. There is an infinite number of variations in-between. Ask someone else how they do it, or try being innovative. Although many agencies do an excellent job of maintaining their CE records, the ultimate responsibility for recordkeeping still rests with the individual certificant. Because of this, each individual should be encouraged to keep a file of his own, just in case some gremlin gets into your files!

If you have any innovative ideas that you think someone else could benefit from, share them. The regional offices are always getting calls for ideas for CE and can always use more suggestions. Just remember one thing, when you have the perfect program, there will always be someone to find the faults in it, if TDH doesn't change the rules first!

plore previously learned material.

- Farm equipment extraction
- Swift water rescue
- High angle rescue
- Diving injuries
- Hazardous materials incidents
- Disaster response unique to your area

Arrange for hospital rotations.

- Vital signs practice
- IV practice
- Intubation practice

Use EMS personnel.

- Those good at certain class skills could lead a refresher class
- Those who have knowledge in certain content areas could lead a class
- Those who desire to "freshen up" or learn new material, could research then lead a class.

Check hospitals and local community colleges for formal class schedules.

- CPR
- Advanced Cardiac Life Support (ACLS)
- Basic Trauma Life Support (BTLS)
- Pre-Hospital Trauma Life Support (PHTLS)
- Emergency Vehicle Operators Course (EVOC)
- Radiological Monitoring and Emergencies
- Disaster Response

Check Regional TDH Office and the Central TDH office for videotapes, slidetape series, or films that are pre-approved for CE and can be borrowed.

Join together with your neighboring service for special speakers and programs.

by Alana S. Mallard

TEMSAC

At the December 8 meeting of Texas EMS Advisory Council Dr. David Prentice told the council members and audience of approximately thirty that he was very pleased with the progress made by the group over the last several months in recodifying the EMS rules and in reestablishing important ties with the Texas Board of Health.

Prentice, who has chaired TEMSAC for the past year, said that since the September meeting TEMSAC had been very busy in committee work and in staying in contact with the Board of Health through Dr. Robert Bonham, chair of the Board's Emergency and Disaster Committee. Prentice said that Bonham had named Board member Dr. Gill Harber, a Boerne dentist as liaison from the Emergency and Disaster Committee to TEMSAC and to Texas EMS in general.

Provider Committee Report

Provider Committee chair Nancy Polunsky praised the members of her committee during her report when she presented rules to implement the provider licensing legislation enacted in Senate Bill 312 during the last regular session of the Texas Legislature.

"We worked by consensus," Polunsky said, "rather than majority." Polunsky said the consensus committee work eliminated the formation of camps on specific issues and concepts. "We aimed for the great middle ground where the rule was good," she said.

The members of TEMSAC's Provider Committee who met in September and in November to consider rules for provider licensing were appointed in 1989 by TEMSAC chair F. David Prentice, M.D. Polunsky was also appointed as chair of the committee in 1989 after serving on the Educator Committee for five years.

The committee members reviewed the rules two times after they had been drafted by a committee made up of Bureau of Emergency Management and Public Health Region staff and reviewed by the eight EMS administrators in the Public Health Region offices. TEMSAC recommended that the rules be proposed with some changes at the January 26 meeting of the Texas Board of Health. The rules will be printed in their entirety in the February issue of the **Texas EMS Messenger** and there will be a ninety-day public comment period to allow input from local EMS providers.

"I realize that not everybody is happy, but we have a set of rules that we can go by," Polunsky said after TEMSAC voted to recommend the rules to the Board. "I would hate to see all of our work negated because one or two people don't agree with a proposed rule."

Members of TEMSAC commended Polunsky and the committee for their work. If these rules are adopted by the Board as Proposed Rules in January, they could be considered for Final Adoption in June.

Other TEMSAC Business

In other TEMSAC action at the December 8 meeting, the council approved resolutions commending retiring members, voted to request that a TEMSAC member be appointed ex officio to the Bureau's new trauma committee, scheduled a legislative forum, and heard reports from committee heads.

Prentice read resolutions in honor of Frankie Smith, Ken Mattox, and Jack Collier who are retiring after serving six-year terms which ended January 1, 1990.

Dr. Albert Randall, the Department's associate commissioner for Community and Rural Health, gave Smith and Collier certificates of appreciation from the Texas Department of Health. Mattox was not present to receive his.

"Early on when this body was first formed," said Collier after receiving the resolution and certificate "we did roll up our sleeves and jump in. The thing I'm most proud of is we finally got the trauma legislation. I want to challenge the EMS community to get involved and make a difference."

Polunsky invites ideas for Provider Committee

Provider Committee

Nancy Polunsky, Chair
San Angelo
Bill Aston
Harlingen
Don Elbert
Tyler
Fred Falkner
Fort Stockton
Doug Key
Fort Worth
Leland Lewis
Amarillo
Tommy Nations
Denton
Vicki Patrick
Dallas
Darryl Quigley
Dallas

TEMSAC member and Provider Committee chair Nancy Polunsky said recently that her committee wants lots of input from providers from around the state, not only on provider licensing rules but on any concerns and needs of Texas EMS.

"Our committee is great. We have representation from urban and rural parts of the state. We have private providers, volunteers, air ambulance, hospital EMS, and government providers," said Polunsky. But Polunsky said she wanted to know wherever there are concerns about EMS, and she wants to hear from people in EMS.

Contact Polunsky at 2708 Briargrove Lane, San Angelo, Texas 76904 or (915) 949-3170.

The council discussed the appointment by the Texas Board of Health of members to the Trauma Technical Advisory Committee, also called T-TAC. The committee was created by House Bill 18, the rural health and trauma legislation passed in May.

TEMSAC voted to request of the Board an ex officio slot on the new committee and gave Prentice authority to appoint that slot at the Board's pleasure. TEMSAC vice-chair Judge Jay Johnson of Swisher county would probably receive that nomination.

In order to formulate its legislative priorities, TEMSAC will sponsor a Legislative Forum in May 4, 1990. A date has not yet been set; however, TEMSAC's interest in holding a forum is to invite and organize the stakeholders in potential legislation affecting Texas EMS.

Committee Reports

Educators Committee chair Joe Tyson reported to TEMSAC that at the committee's December 7 meeting the group formulated a list of nine priorities for EMS education. Heading the list are the establishment of statewide standardization for course coordinator certification and and training for course coordinators. The educators will review drafts of personnel training and certification rules at its March 9 meeting.

The Nominating Committee will activate to produce nominations for TEMSAC officers, said Virginia Scott who is the committee chair. Nominations will be presented at the January 26 meeting of TEMSAC by committee members Scott, Ken Poteet, and Barbara Gehring.

Donovan Butter, D.O., reported on the work of the Paramedic Test Review Committee. This group, which is a part of the Medical Directors Committee, has met twice to review test questions in subscales 1 and 5 of the paramedic exam and has revised sixty questions, deleted thirty-four questions, and added thirteen questions in the two subscales. In a February committee meeting, subscale 2 questions will be discussed.

Meetings in 1990

TEMSAC will meet next on January 26 at Texas Department of Health in Austin, 1100 W. 49th Street, Room T-607. The meeting begins at 9 o'clock.

Other meetings scheduled are May 4, August 17, and December 7. These meetings will be in Austin and are open to the public.

Trauma Technical Advisory Committee to advise Bureau

Thirteen people were appointed to the Trauma Technical Advisory Committee November 5 to advise the Bureau of Emergency Management on emergency medical services and trauma care systems as part of House Bill 18, the landmark Rural Health Rescue Act which amends Article 4447o, the EMS Act. The appointments were made by the Texas Board of Health as recommended by the Board's Emergency and Disaster Committee chaired by Dr. Robert Bonham of Dallas.

Members of the advisory committee include surgeons Ken Mattox, M.D., Houston; Erwin R. Thal, M.D., Dallas; and Jack Peacock, M.D., El Paso. Other physician members include neurosurgeon Raj K. Narayan, M.D., Houston; emergency physician Ronald A. Hellstern, M.D., Dallas; Antonio Falcon, M.D., Rio Grande City; and R. Russell Thomas Jr., D.O., Eagle Lake, both family practicioners; and anesthesiologist Vayden F. Stanley, M.D., San Angelo.

Jamie J. Farrell, R.N., B.S.N., C.E.N., Amarillo, represents emergency nurses; and Tommy Jacks of Mithoff and Jacks in Austin represents trial lawyers. Hospital administrators are represented by M. Tom Philpot, Tarrant County Hospital District in Fort Worth and Ray Mason, Methodist Hospital in Levelland. David Dildy of Medical Center Hospital in Tyler was appointed as an ex officio member of the advisory committee.

Committee members Peacock and Mattox have served previously on the Texas EMS Advisory Council.

House Bill 18 specifically identifies the demographics of appointees to the Trauma Technical Advisory Committee so that urban and rural hospital administrators are represented, as are emergency nurses, emergency physicians, surgeons, anesthesiologists, urban and rural family practice physicians, and trial lawyers.

The advisory committee will review and comment on rules for adoption by the Board of Health to enable the Bureau of Emergency Management to designate trauma facilities, to operate a trauma registry, and to monitor the coordination between hospitals and emergency medical services in the development of a statewide emergency medical services and trauma care system.

The Trauma Technical Advisory Committee will meet January 11 in Austin. Ray Mason serves as committee chair.

T T A C

Trauma Technical Advisory Committee

Ken Mattox, M.D.
Houston
Erwin R. Thal, M.D.
Dallas
Jack Peacock, M.D.
El Paso
Raj K. Narayan, M.D.
Houston
Ronald A. Hellstern, M.D.
Dallas
Antonio Falcon, M.D.
Rio Grande City
R. Russell Thomas, Jr., D.O.
Eagle Lake
Vayden F. Stanley, M.D.
San Angelo
Jamie J. Farrell, R.N., B.S.N.
Amarillo
Tommy Jacks
Mithoff
M. Tom Philpot
Fort Worth
Ray Mason
Levelland
David Dildy
Tyler

Last in a Series

By Dan Finley

Home Meds: Most Often Prescribed Drugs

Dan Finley, a paramedic instructor with Austin Community College,is a Ph.D. candidate writing his dissertation on the subject of AIDS.

Each year, **Pharmacy Times** reports on the most commonly prescribed drugs in America. As EMTs and paramedics, we see a lot of medicine bottles in the homes of our patients. This is the fifth in a series of five articles covering the drugs we most often see. The forty-first through fiftieth medicines are:

(41) **Timoptic:** is the brand name for timolol maleate produced by Merck Sharp & Dohme. Timoptic comes in a 0.25% and a 0.5% sterile buffered aqueous solution. Timolol maleate is a non-selective beta adrenergic receptor blocking agent which is applied topically to the eyes.

The drug is believed to work through beta blockade, which is thought to slow down the formation of aqueous humor resulting in a reduction in fluid volume in the anterior chamber, thus lowering intraocular pressure. Timolol has little or no effect on pupil size. Timoptic is indicated for chronic open-angle glaucoma, aphakic glaucoma, and secondary glaucoma.

Timoptic is contraindicated in patients with bronchial asthma, severe chronic obstructive pulmonary disease (COPD), second or third degree AV block, heart failure, and cardiogenic shock. Patients taking oral beta blockers should be observed for additive effect.

Usual adult dose is 1 gtt of 0.25% solution in the affected eye twice daily.

(42) **E.E.S.**: is the brand name for erythromycin ethylsuccinate produced by Abbott Laboratories. E.E.S. comes in a 200 mg white round chewable tablet and a 400mg pink oblong tablet. E.E.S. is also available in liquid and granular form. Erythromycin is a macrolide group antibiotic which works by inhibiting bacterial protein synthesis, thus blocking growth and multiplication.

E.E.S. is indicated for a large number of gram positive bacteria implicated in pelvic inflammatory disease, endocarditis, and respiratory tract, skin, or soft tissue infections. E.E.S. is also indicated for intestinal amebiasis and Legionnaire's disease.

Usual adult dose is 400 mg every 6 hours.

(43) **Rufen**: is the brand name for ibuprofen produced by Boots Pharmaceuticals. Rufen comes in a 400 mg magenta round tablet, a 600 mg white oblong tablet, and an 800 white oblong tablet.

Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID) which has analgesic and antipyretic actions. Its mechanism of action is believed to be prostaglandin synthetase inhibition. Prostaglandins are known mediators of inflammation.

The indications for its use includes (a) relief of symptoms of rheumatoid arthritis and osteoarthritis, (b) relief of mild to moderate pain, and (c) treatment of primary dysmenorrhea.

Usual adult dosage for pain relief is 400 mg every four to six hours. Suggested dosage for primary dysmenorrhea is 400 mg every 4 hours. Maximum daily dose is 3200 mg.

(44) **Retin A**: is the brand name for tretinoin produced by Ortho Pharmaceutical Company. Retin A comes in a 0.05% and a 0.1% cream, a 0.01% or 0.025% gel, and a 0.05% liquid. Tretinoin is believed to work by stimulating reproduction and turnover of epithelial cells resulting in the extrusion of comedones, commonly known as "blackheads."

Retin A is indicated in the treatment of acne vulgaris. Patients should be warned that exposure to sunlight should be limited because tretinoin increases susceptibility to sunburn.

Usual adult dosage is sufficient topical application of the cream, gel, or liquid to cover the affected area at bedtime daily.

(45) **Carafate**: is the brand name for sucralfate produced by Marion Laboratories, Inc. Carafate comes in a 1 gm pink oblong tablet. Sucralfate is an antiulcer medication which works locally to heal the lesion by covering it with an ulcer adherent complex. Sucralfate also inhibits pepsin activity and absorbs bile salts, but has negligible acid-neutralizing activity.

Carafate is indicated in the short term (up to 8 weeks) treatment of duodenal ulcer.

Usual adult dose is 1 gm four times daily on an empty stomach.

(46) **Humulin N**: is the brand name for NPH human insulin produced by Eli Lilly and Company. Humulin N comes in a 10 ml vial

The Bureau has combined this series of articles into one handout called "Home Meds: Most-often Prescribed Drugs" which is available on request.

containing U100 strength insulin. The solution should appear uniformly cloudy or milky.

NPH human insulin is synthesized through a recombinant in which **E. coli** bacteria are genetically altered by adding the human gene for insulin production. The resultant insulin is further modified with zinc crystals to provide an intermediate acting insulin with a slower onset than regular insulin but with a longer duration (approximately 24 hours).

Humulin N is indicated for patients with insulin dependent diabetes mellitus requiring insulin replacement therapy.

Dosage is individualized to target blood sugar levels.

(47) **Ortho-Novum 1/35-28:** is the brand name for norethindrone with ethinyl estradiol produced by Ortho Pharmaceuticals. Ortho-Novum 1/35-28 comes in a "dialpak" dispenser containing 28 tablets. The first twenty-one tablets are peach and contain active ingredients, while the last seven tablets are green and are inert.

Norethindrone/ethinyl estradiol is a combination oral contraceptive, which works by suppressing gonadotropin hormone resulting in the inhibition of ovulation.

Ortho-Novum 1/35-28 is indicated in the prevention of pregnancy in women desiring an oral contraceptive method.

Dosing is one tablet daily beginning on the fifth day of the menstrual cycle, with the day one being the day of initial menstrual flow.

(48) **Coumadin Sodium**: is the brand name for crystalline warfarin sodium produced by Du Pont Pharmaceuticals. Coumadin comes in a 2 mg lavender tablet, a 2.5 mg green tablet, a 5 mg peach tablet, a 7.5 mg yellow tablet, and a 10 mg white tablet. All tablets are round in shape.

Warfarin is a vitamin K dependent factor anticoagulant, which works by inhibiting synthesis of vitamin K dependent coagulant factors. The result is sequential depression of Factors VII, IX, X, and II. Degree of depression varies with dose. Coumadin will not dissolve an established thrombus but will prevent its extension.

Coumadin is indicated for (a) prophylaxis and/or treatment of venous thrombosis and its extension, (2) pulmonary embolism, (3) atrial fibrillation with embolization, and (4) as an adjunct in the prophylaxis of systemic embolism following myocardial infarction.

Dosage is individualized and adjusted to the results of prothrombin time (PT) studies. A commonly used regimen is 10 mg daily for 2 to 4 days with daily dose based on PT results.

(49) **Ativan**: is the brand name for lorazepam produced by Wyeth-Ayerst Laboratories. Ativan comes in a 0.5 mg white tablet, a 1 mg white tablet, and a 2 mg white tablet. All tablets have a distinctive "A" shape.

Lorazepam is a benzodiazepine class anxiolytic agent, which produces a tranquilizing affect on the central nervous system (CNS) with no appreciable effect on the respiratory or cardiovascular systems.

Ativan is indicated in (a) management of anxiety disorders, (b) short term relief of anxiety, or (c) relief of anxiety associated with depressive symptoms.

Usual adult dosage is 2 to 6 mg daily in divided doses.

(50) **Nitrostat:** is the brand name for nitroglycerin produced by Parke-Davis. Nitrostat comes in a 0.15 mg (1/400 gr) white tablet, a 0.3 mg (1/200 gr) white tablet, a 0.4 mg (1/150 gr) white tablet, and a 0.6 mg (1/100 gr) white tablet.

Nitroglycerin is a vasodilating agent which works by relaxing vascular smooth muscle. Nitroglycerin reduces both preload and afterload, as well as lowering myocardial oxygen consumption and demand, the net result of which is a more favorable supply-demand ratio. Relief of chest pain may be seen within 1 to 3 minutes of sublingual application. Duration of action is 30 to 60 minutes. A frequently seen side effect is a transient headache.

Nitrostat is indicated for the prophylaxis, treatment, and management of patients with angina pectoris.

Adult dosage is one tablet sublingual (or in the buccal pouch), and may be repeated after five minutes if pain persists. If pain persists following the administration of the third tablet, the patient's physician should be contacted.

50 of the most prescribed home medications:

Amoxil
Lanoxin
Xanax
Zantac
Dyazide
Tagamet
Tenormin
Premarin
Cardizem
Naproxyn
Ceclor
Seldane
Synthroid
Capoten
Tylenol
Halcion
Vasotec
Procardia
Lasix
Lopressor
Dilantin
Darvoset-N 100
Theo-Dur
Motrin
Feldene
Ortho-Novum
Valium
Proventil
Inderal
Micronase
Augmentin
Calan SR
Slow K
Ventolin
Maxzide
Monistat-7
Clinoril
Flexeril
Provera
Minipress
Timoptic
E.E.S.
Rufen
Retin A
Carafate
Humulin N
Ortho-Novum
Coumadin Sodium
Ativan
Nitrostat

Photo By Malinda Davis , Jersey Village Fire Department

by Linda Cypert, EMT-P

Head-on collision! Multiple injured!

**Saturday night,
March 11, 1989, is one
that we will never forget.
Wayne and I were
just getting into bed
about 11:50 when the
phone rang,
calling for the ambulance.
The dispatcher said,
"There has been a
head-on collision
about half a mile
west of town.
There are multiple injured.
Who do you want me to call?"
I said, "Everyone you can,
including the new ones."
As I crawled out of bed
I glanced at the clock and
said to Wayne,
"I hope it's not Leasa;
that is about where she should
be coming home."**

In 1976 when an EMT course was offered for the first time in Glasscock County where we live, the Lion's Club sponsored it. My husband, Wayne, is a Lion and he wanted to take the course. Since he thought it would be helpful to him to have a study partner, he talked me into taking the training also. Our kids, Ed Wayne, Richard and Leasa, were 9, 7, and 5 then. Sometimes we had to scramble to find a sitter, and we ate lots of sandwiches those months we were in training.

Wayne and I both finished the EMT course and put in several years of volunteer service with our local ambulance service. I went on with my studies and became a paramedic in August 1986. In January of 1989, Wayne and I both needed continuing education hours, so when an EMT course was offered in Garden City again, we and all three kids decided to participate. Over the years our kids had seen us jump and run all hours of the day and night for every kind of emergency. They have listened to details of the emergency calls and what we had to do. For their benefit and ours, we encouraged them to take the course. By March of 1989 our required class reading had covered the several chapters on fractures.

"Leasa's life could depend on our ability to function as EMTs not parents."

After that Saturday night call came in I had just gotten the bathroom light turned on and the phone rang again. Wayne answered this time. I stopped right where I stood, my clothes in my hand, and listened, hoping he would not say what I knew was coming. It was our little girl in the wreck.

"Once we saw she was alive, a lot of what we did became automatic."

We have both been to enough head on collisions to know what we might be facing. Wayne's first thought was that Leasa was dead. I thought, "God, please let her be alive so we have something to work with." Then I thought, "This can't be happening. It is a bad dream. Not my baby. God help me, give me strength." I know we were both thinking that if she were not dead already, she may not live long. We had to get there before she died.

How we got our clothes on, and how I found my things, I do not know. The strangest ideas start going through your head when you are faced with the death of so close a loved one. I did take time to yell at Richard, our middle child, that Leasa was in a car wreck and I would call him later.

As we ran out the door Wayne said, "Since it is so close I will take you there first and then go get the ambulance." I felt like I was going to be sick. My stomach was in my mouth, my heart was pounding, and the adrenalin was flowing. I wanted to cry, but I knew I could not. We both had to be strong, like it or not, no matter what, because Leasa's life could depend on our ability to function as EMTs not parents.

The worst moment was as we approached the scene. There were cars and people everywhere. We came up on Leasa's car first, and we could not see anything to tell us how Leasa was doing. The deputy recognized our pickup and started clearing a path. I was out of the door before we were even stopped. The lights of the pickup were shining directly on Leasa. She moved. She was alive! Wayne said later he was so relieved then that his knees felt like jelly.

Wayne left to get the ambulance and I ran up to the car and said, "Leasa, Mama's here. Where do you hurt? Don't try to move, just talk to me." She was pinned in her car, a 1987 Nissan Pulsar. The T-top on her side had blown off so it was easier for me to get to her. I kept saying, "Don't try to move, just tell me where you hurt." Since we had just studied chapters on fractures, she started naming off everything she thought was broken. She was using all the big medical terms and I felt a little better. Then the deputy shined his light down into her lap. Her legs were twisted at odd angles and covered with blood and broken glass.

Wayne drove up in the ambulance and other EMS personnel started arriving. It was as hard on all of them as it was us, since most of them had known Leasa all her life. We applied a cervical collar and a short back board to immobilize her neck and back. Leasa was very protective of her left arm and was supporting it with her right arm by holding it to her chest.

The sheriff told Wayne there were two sets of Jaws of Life coming to pry the car open, but Wayne said, "I'm not waiting." He got our pry bar out of the ambulance and went to work on the door with three other men helping. By now three more EMTs and our backup ambulance had arrived. I told them go on to the other vehicle which was about 150 feet on down the road. I had already said to the deputy, "I'm sorry, but I am not leaving Leasa. No matter how unprofessional it may be or seem, "I will not leave my child."

Some of the first ones to arrive at the scene were two local boys, one a classmate of Leasa's. It was to Weldon's voice she seemed to respond. Leasa had a concussion, and kept asking "Where am I? What happened? Where's Weldon?"

The other local boy had stayed with the other vehicle until help arrived. There were four teen-age girls in a late model four-door Ford Tempo. A 16-year-old was driving, her 12- and 17- year-old sisters were in the backseat, and a 17-year-old friend was the passenger in the front seat. They were all out of the car walking around except for the driver.

We now had the door off Leasa's car, but her legs were trapped by twisted metal and plastic. I told the EMTs helping me to scoot Leasa's seat back or recline it. It would recline but it would not go back; however, just by laying the seat down we had an easier time getting her out.

Leasa had already told me she thought her left arm, knee and ankle were broken. It looked like the whole outside of her right leg was sliced off from the knee down. Later, we learned there was a severed artery causing all the bleeding. Leasa was covered with glass, but after our assessment we found only a small laceration on her right eyelid and a knot over her left eye. Her chest, back, and abdominal areas were not cut and did not seem to be tender. Leasa was supporting her left arm which showed bruising and disfigurement to the elbow area, and she said repeatedly "Don't touch my left arm or leg."

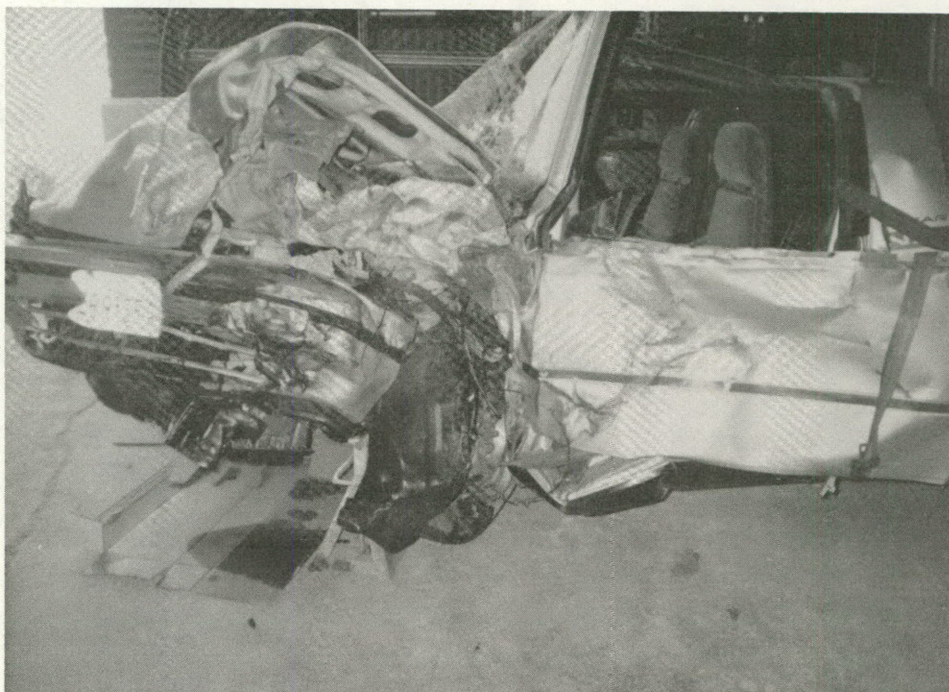
We slowly maneuvered her out of the seat and on to a long back board supporting her with our hands and the backboard. She came out left knee flexed and right leg flat. She was bleeding profusely from several major lacerations on both lower legs, her left knee, and her left ankle. We loaded her into the ambulance and I stabilized her legs with pillows and a blanket. She fought the oxygen mask, and I finally just took it off. I constantly checked Leasa's pupils and pulse, but she would not release her arms to allow me to take a blood pressure. I concentrated on stopping the bleeding.

She still kept asking for Weldon. I yelled at him, "Can you go with us on the ambulance?" He said, "Yes." So I said, "Come on."

"No matter how unprofessional it may be or seem , I will not leave my child."

Wayne headed on up to the other vehicle on foot. Our good friend, Deborah Pearce, EMT-SS, was in the back with us and her husband Mark volunteered to drive. It was his first time to drive the ambulance. He got in and said, "What do I do?" I said, "Be sure all the lights are on and drive slowly up to the other car."

By now, Travie Murphy, another EMT and her helpers, Tresa Reed and Rick Harston who were both students in the EMT class, had assessed their four patients. I said, "Give us your worst one, we're on our way." She told us to take one patient with a possible internal injury, and also the one patient with no apparent



When Linda Cypert came up to Leasa's wrecked Nissan she saw that Leasa's legs were trapped.

injuries but who was upset. The driver of the Ford was still pinned in and the other passenger had only a lacerated hand.

The internal injury patient complained of abdominal pain, but there was no rigidity. She also said her right arm was hurting and she had a knot on the right temple, but she could tell us her name and age, and the date, day, and time. The other patient sat in the front of the ambulance with the driver.

Once we were on the road, getting an accurate blood pressure from Leasa was out of the question. We did our best but were able just to monitor Leasa's pulse and respiration and pain. Weldon spent the time talking to both girls to help us keep up with their levels of consciousness.

"It was as though Leasa were being born again and this time Wayne was the one in labor."

As I cleaned Leasa and attempted to bandage her, I saw her right leg was not sliced open, but when I tried to stop the bleeding with compression, the pressure made her cringe with pain. I wanted to cradle her in my arms so desperately but she was broken up and in so much pain. It was all I could do to try to bandage her and talk to her without causing further injury.

The ride to the ER took 40 minutes and the emergency staff was waiting and ready for our arrival. We gave our report on each patient and the ER staff took over. I went to call the other patients' parents. By the time the other girls' parents arrived from Midland, 30 miles away, the three sisters were ready to be released.

"Give us your worst one, we're on our way."

The doctor did an abdominal tap on the patient with suspected internal injuries and found blood in the abdominal cavity, and blood in her urine. Her parents, because of their religious beliefs, refused any treatment. After a heated discussion with the parents who would not change their minds about treatment, the doctor came to the girl's bedside, and explained to her what was wrong and what he would have to do to save her life. He asked, "Do you want to live or die?" "I want to live. Do the surgery," she answered. The doctor had a court order in his hand within 30 minutes and she was on her way to surgery.

We now had the critically wounded and the walking wounded taken care of, so we could turn our attention back to Leasa. Leasa had been x-rayed head to toe but it was not until the orthopedic surgeon arrived the next day and read the x-rays that we learned the full extent of Leasa's injuries.

It seemed to take forever for the ER staff to sew Leasa up. They scrubbed, deadened, and stitched while we watched. Deborah stayed in the room with her while Wayne and I stood right outside the door to watch. Even though I did not think I would faint or be sick, I did not want to take any chances. Each time the doctor took a break we would step in the room to reassure Leasa.

Wayne and I had held up very well, and I had not yet shed a tear. We have been through a lot together as parents but this experience let me see him in a whole new light. As I recalled standing at the scene watching Wayne pry the door off Leasa's car so he could get our little girl out, I realized how grateful I was that he had the intelligence to know what to do, the six feet and 220 pounds of physical strength to do it, and the emotional ability to stand up to this terrible situation. It was as though Leasa were being born again and this time Wayne was the one in labor and I was waiting with open arms to catch her as she emerged out into the world. My love for Wayne as my husband and her daddy was intense as I watched him struggle to save our daughter.

Every night at bedtime now Wayne and I hold hands and reflect on having our Leasa still with us. Leasa seems to have made an excellent recovery. Her legs are terribly scarred from the knees down, but she still has two legs and she can walk. We are very grateful.

Leasa's accident hit us harder than it would hit most families because our middle child, Richard, has cerebral palsy and we know about struggling to make legs work right and being able to walk. Richard has had four major operations to help him walk. Two years ago after a super selective posterior rhizotomy operation Richard spent 32 days in the hospital, six months in a wheelchair, another six months on crutches and learned to walk all over again just like a baby.

The traumatic experiences of Richard's operation, though, do not compare with what our family went through with Leasa. My heart nearly stops when the phone rings at night and all the kids are not home. I get nauseated at the

Leasa Cypert spent a week in the hospital after her accident, but her parents watched her graduate after two months of recovery.

scene of an accident when I smell crushed metal and the fluid spills. The next two accidents we went on after Leasa's involved 18-year-old girls and it made a difference in my ability to function as an EMT. My reactions were slower because I kept flashing back to Leasa's accident.

Leasa spent a week in the hospital and came home with casts on her left arm and left leg. Although her right leg was not cast, she had no use of it.

The last of the casts came off May 22 and Leasa very slowly and very carefully made it across the high school stage to graduate May 26. What a moment of triumph!

So many people have asked us, "How could you do it?" How could we go on the ambulance knowing our own child was involved? Once we saw she was alive, a lot of what we did became automatic. As EMTs we did what we knew was proper procedure. At least I was sure her neck, back, and head were protected. If she had been dying we would have been there with her for the last few moments. As EMTs we did what we had to do and as parents we used all the inner strength we had to hold up knowing there would be time for tears later. I did not cry until Leasa and I were finally alone in her hospital room and then I cried until there were no more tears left.

There have been two times now in my life when I have said, "OK, God, this is it, I've had all I can handle." One was when Leasa was in an earlier accident and received severe brain contusions. I had learned of this first accident and her serious condition as I stood by Richard's bed in intensive care, right after his surgery two years ago. And the other time was when we got the call saying she was in this last accident.

It is pretty evident that Wayne and I have stood in our share of hospital rooms and received bad news concerning our children, and have had to watch them suffer great pain. As long as there is life there is hope. There are so many children dying from incurable diseases and major illnesses and there are many who do not walk away from accidents. Because we have

"I get nauseated at the scene of an accident when I smell crushed metal and the fluid spills."

been through so much as parents I feel we are much better EMTs.

We feel very fortunate that we still have Leasa and she feels she has been given another chance at life. She has always been a very loving, kind, considerate person and she would never intentionally hurt anyone. Her Mother's Day card to me this year said on the outside....."Thank you, Mom, for the arms that

Leasa's card said, "Thank you, Mom, for the arms that have held me and the heart that has loved me all of my life."

have held me".... and inside it said ....."and the heart that has loved me all of my life."

The most important things in my life have been caring for my children, caring for other peoples' children, and being an EMT. I thank God every day for giving me these blessings and for Wayne to share them with.

Linda Cypert is a paramedic with Garden City Volunteer EMS in Glassock County.

Book Review

Emergency Services Stress

by
Jeff Mitchell, Ph.D
Grady Bray, Ph.D

Published by Brady , 1990

"There are books that you read and six months later, you can't remember what they were about, let alone remember the title. Then there are books that you remember for months and even years and that may even cause you to change your priorities. One memorable book is *Emergency Services Stress*."

Reviewed by Tom Ardrey

Tom Ardrey's twenty-plus years in EMS and early certification as a paramedic make him particularly competent to review this new book on stress.

This new text starts with four powerful sentences that reach out and grab your attention. The first of those sentences is, ''You will probably die from a stress related disease, if you are not involved in an accident.'' This sentence tends to make the reader think, ''Wow! I really want to avoid this thing called stress.'' The second sentence, supporting the first states, ''In fact, the U.S. Surgeon General has estimated that 80% of the people who die of nontraumatic causes actually die of stress diseases.'' Again, the reader is alerted to the detrimental aspects of stress and may react by thinking that this thing called stress must really be bad because the Surgeon General is becoming concerned and he's the one who's been warning us about the cancer causing contents of tobacco smoke and even more recently, the scourge of AIDS.

The next two sentences then, introduce the reader to this book's main idea and purpose, which is to examine and understand stress and learn to use it, rather than let it abuse us. Those next two sentences read, ''Ironically, stress is not designed by nature to kill, but rather to enhance life. Some stress is helpful and actually essential for a full and productive life.''

Life without stress is impossible, say the authors, because without stress there would be no change, growth, or productivity. The reader's reaction to this may be the realization that they know very little about stress. Everything that most of us have heard about this subject indicates that stress is a negative force in life. Yet, here are two very well educated and knowledgeable people saying, ''Hey, not all stress is bad!'' Some is necessary and even good for us. My reaction? I read on.

This 178-page text is arranged into eight chapters which cover the subject of stress and distress from the introductory Chapter 1, which deals with the physical and physiological aspects of stress and is entitled ''Stress Orientation,'' through Chapter 8, ''Stress Control Model for Emergency Services.'' Good examples of the practical information contained is indicated by chapter titles 4, ''Stress Survival Skills'' and 6, ''Lifelong Stress Management Strategies.''

The authors take their readers through an understanding of stress and distress and how to recognize and handle the negative as well as the positive sides of this phenomenon. More importantly, they tell the reader how to identify the causative factors of stress in their individual lives and how to put stress under control.

What is good stress and how does it work for us? An example: The ambulance call alarm sounds and the whole crew is alert to the information being given out. Appropriate clothing is donned, everyone runs to the unit, the ambulance is started, the communications gear is checked and everyone prepares mentally and psychologically for the run. The bodies of the crew members are running at high pitch; hearts pumping, adrenalin flowing, eyes dilated, muscles tense, and blood pressure is up. Information from the dispatcher is being mentally processed. The entire crew is making every effort to be well prepared for the actual work at the scene. This is good stress, helping everyone to do their job well!

What is bad stress? An example: Members of an emergency crew have been working double shifts for several weeks now, due to an outbreak of flu, which has affected three of the crew members. The workload has been heavy, the weather bad, i.e., high heat and humidity. The traffic has been exceptionally heavy due to the city's ''Summer Festival.'' In addition, the festival has brought in more than the usual number of patients who have overindulged in alcohol. If that wasn't enough , one of the emergency units has been giving trouble in the form of an air-conditioner working sporadically. This situation, which is rife with stress--causing factors, has brought on more than the usual amount of tiredness. The result can be seen in short tempers and more than the usual number of errors. Crew members are not sleeping well and are more prone to being argumentative and surly. This negative stress is not only affecting their professional lives, but is also damaging their personnel lives.

Situations such as the ones described above are not so unusual as to be discounted as rare exceptions. Then how should the effects of negative stress be handled? The authors tell us how to recognize the stress causing factors; how to recognize what this stress does to us and how diet, exercise, and a possible change in life-style can help overcome the negative effects.

Today there is much written about stress and distress in general. However, this book, **Emergency Services Stress** is written specifically for EMS personnel. The book claims to offer ''guidelines for preserving the health and careers of emergency service personnel.'' I believe that it does just that. Not only is it a useful personal reference, but it would be a good addition to any EMS System office library. Read It!

Are You EMS Stressed?

Stress is a part of everyone's daily life and cannot be avoided. The simple act of crossing the street produces a degree of stress in most individuals. This stress is a positive type of stress. It is helpful stress which makes an individual alert enough so that they can avoid getting hit by a car. Besides making us more alert, positive stress helps to increase our energy level, helps to increase our level of creativity and in general helps make us more productive in our jobs.

At the same time, stress can be a negative factor in our lives. It can be debilitating to the point to which we are ineffective and counter productive both at work and at home. Since it is virtually impossible to live without some stress in our lives it is important to recognize when stress is having a negative effect and do something about it.

EMTs work with patients in emergency situations every day. Over a period of time the responsibility of caring for critically ill and injured people can take its toll, and you may find yourself feeling over-stressed and as a result not be much help to anyone. The term "job burnout" is often used to describe the psychological state an individual experiences when they are over-stressed on the job.

These two lists of physical and psychological symptoms will help you examine your own stress level. If you regularly exhibit any two of the physical symptoms, it may be a sign that high stress is putting your body at high risk.

Physical and Behavioral Symptoms:

1. Excess weight for age and height
2. Premenstrual tension or missed cycles
3. Desire to eat as soon as a problem arises
4. Frequent heartburn
5. Lack of appetite
6. High blood pressure
7. Alteration of sleep patterns
8. Feeling of constant fatigue
9. Chronic diarrhea or constipation
10. Frequent headaches
11. Shortness of breath
12. Possibility of fainting or nausea
13. Inability to cry or a tendency to burst into tears easily
14. Persistent sexual problems
15. Excessive nervous energy which prevents sitting still and relaxing
16. Accident proneness
17. Dryness of mouth and throat
18. Pounding of the heart
19. Excessive perspiration
20. Trembling nervous tics
21. Impulsive behavior
22. Grinding teeth
23. Speech difficulties
24. Muscle spasms

If you regularly experience any four of these psychological symptoms (or a total of any four physical and psychological symptoms), then you may be suffering from excessive stress.

Psychological Symptoms

1. Constant feeling of uneasiness
2. Constant irritability with family and work associates
3. Boredom with life
4. Recurring feelings of being unable to cope with life
5. Anxiety about money
6. Morbid fear of disease, especially cancer and heart disease
7. Fear of death, yours and others
8. Sense of suppressed anger
9. Inability to have a good laugh
10. Dread as weekend approaches
11. Reluctance to take a vacation
12. Inability to concentrate for any length of time or to finish one job before beginning another one.

(lists from Life Education in the Workplace, Kathryn Apgar, Ronald P. Riky, John T. Ector, Sarah Diskin, F.S.A.A. 1982, pp90 - 91.)

"Stress is a part of everyone's daily life and cannot be avoided."

Adapted by Alana S. Mallard from "Are You Stressed?" author unknown, contributed by Cecelia McKenzie.

(Continued on Page 22)

"Once you have decided what it is that is causing you to have negative stress, then develop a plan for reducing your stress level."

Are You EMS Stressed?

What do you do once you've discovered that your level of stress is too high? The first step is to assess the origins of your stress. For example, is it your work or is it a combination of work and personal problems which are creating too much stress?

Once you have decided what it is that is causing you to have negative stress, then develop a plan for reducing your stress level. You may need, for example, to take some time off so that you can expend all your energies at resolving your personal problems.

If you have assessed your stress and carried out a plan to reduce this stress and are still not feeling better, then you need to reassess and see if something else is causing your stress. You may want to talk with your friends and associates and see if they are able to give you useful feedback. Other EMTs may be able to empathize to lighten your stress load. Seeking the help of a mental health professional is also an option which may need to be explored. Some EMS organizations have psychologists or Critical Incident Stress Debriefing teams available.

Part of your responsibilities to yourself and to EMS are to keep yourself psychologically and physically healthy so that you can best serve the public. Besides being aware of your own stress level, take steps to actively eliminate harmful stress. Exercise regularly. Choose a type of exercise you enjoy and do it regularly. Regular exercise acts as a diversion to get your mind off stressful events and it conditions your body to handle higher levels of stress.

Allow yourself time to simply relax and get away from it all. Choose an activity that you enjoy doing that will help take your mind off of things. Watching TV, playing cards or simply reading are important activities which will help revitalize and reenergize you and make you much more effective.

"Allow yourself time to simply relax and get away from it all."

EMS Communication

MED Channels Use Changes

by Henry Nevares

After July 1, 1990 MED Channel 1 through 3 cannot be used for voice communications and MED channels 4 through 8 cannot be used for bio-medical telemetry without a waiver from the Federal Communications Commission (FCC).

Licensees must relocate their secondary communications to other frequencies by July 1, 1990. The FCC, however, will consider requests for waiver from licensees who can show that secondary uses of MED channels 1 through 8 do not harm primary communications in their areas.

The new FCC ruling specifies bio-medical telemetry as the primary authorized use of MED channels 1 through 3. Primary uses of MED channels 4 through 8 are communications between medical facilities, vehicles, and personnel related to medical supervision and instruction for treatment and transport of patients in the rendition or delivery of medical services.

The International Municipal Signal Association, the International Association of Fire Chiefs, and the Associated Public-Safety Communications Officers are working to amend this ruling; however, as of December the ruling stood. If you are adversely affected by the ruling, submit your request for waiver to the FCC immediately, sending a copy of your request to EMS Division, Texas Department of Health, 1100 West 49th Street, Austin Texas 78756, Attention: Henry Nevares, Jr., Communications Specialist.

(Source: Federal Register/Vol. 53, No. 131/Friday, July 8, 1988/Rules and Regulations, p. 25608, Summary of Report and Order, par. 4.)

As the Bureau's communications specialist, Henry Nevares interprets rulings and situations that affect EMS. He has over twelve years experience in communications and electronics. For further information on EMS communications, contact Nevares at (512) 458-7550.

Did You Read...?

"The judge ruled there was no longer an emergency, as the patient was already dead."

...in the July 1989 issue of **Emergency Services Newsletter**, published by the AAOS, the warning article on silo rescues? The article states, ''Under no circumstances should rescue personnel enter an oxygen-limiting silo without a self-contained breathing apparatus and safety lines.'' The article goes on to explain about the possibility of suffocation due to the low amount of oxygen in the air contained within the silo.

...in the October 1989 news publication, **Governmental Technology** that we have 585,000 bridges in this country and that many are beginning to deteriorate simply from age? A bridge disaster can easily equate with an airline crash. How about the bridges in your own area of resposibility? Have they been checked lately? Do you know of an alternate route should one that you frequently use suddenly go out?

...in the September/October 1989 issue of **Rescue EMS News** about how to make a high speed, high torque wrench for extrication work from a truck lug wrench? A one-half inch socket wrench extension can be welded into one of the lug nut receptacles. According to the author, Jake Enns of Winnepeg, Manitoba, Canada, this makes a great tool for removing car doors from automotive ''B'' posts.

...in the September/October 1989 issue of **Rescue EMS News**, in the article called ''Board Silly, "the statement, ''Impersonality ain't a prerequisite for being street smart. We treat people for trauma. We don't treat trauma by way of people. If we care, it should show.''

...in the September 1989 issue of **jems**, in the Guest Comment article by Jay Fitch, entitled,''How to Avoid Killing The Customer Relationship? "There was the great comment, ''Failing to make the patient feel pampered and personally important is a common error in many services.'' We must care for the total person!

...in the same publication, in the article entitled, ''When ACLS Fails, Why Transport?'', the last statement, ''The town of Salix, Iowa was successfully sued in 1977, after a man was struck and killed by an ambulance running a red light, using lights and siren, while transporting a patient in cardiac arrest. The judge ruled there was no longer an emergency, as the patient was already dead.'' That was an interesting ruling!

...in the July 1989 issue of **Emergency Medical Services** in the article entitled, ''Initial Management of Brain and Spinal Cord Injured Patients'' by Azik L. Wolf, M.D., that there are 20 to 50 cases per million population of acute spinal cord injury annually? It is estimated that these injuries generate an annual loss of income of approximately 3.4 billion dollars. Additionaly, direct medical costs to the federal government exceed 4 billion dollars. The total cost is 7.4 billion ($7,400,000,000.00) dollars. The author states that education, the use of seat belts and sobriety could greatly reduce this sum. This in turn would reduce health and car insurance rates as well as have an effect on taxes. Are we in EMS properly caring for these head and spine injured people?

"The total cost of brain and spinal cord injury is 7.4 billion ($7,400,000,000.00) dollars."

...in **Emergency** magazine for August 1989, about the new Alan Doelp book, **In The Blink of an Eye**? If you remember, Alan Doelp is the coauthor of the best-sellers, **Shocktrauma, Not Quite a Miracle**, and **Autumn's Children.''** This new non-fiction book is the story of the pediatric shock trauma unit at Children's Hospital National Medical Center in Washington D.C. This is where Dr. Marty Eichelberger has put together one of the most outstanding trauma centers and dedicated staffs in the nation. This is the story of the people who, ''save the lives of children, who statistically should not survive.'' Read this one!

...in the August 1989 issue of **Emergency** magazine, the article, ''Parental Care'' by Hal Lipton? In this article, the author states in a

"Failing to make the patient feel pampered and personally important is a common error in many services."

"Some families will yell and scream, pace the floor, slam their fists into walls, and even attack the EMT or paramedic."

"on an average, lime-yellow fire trucks had about 50% fewer accidents than their counterparts painted red!"

Dr. Mattox makes the statement that "Not only has it never been demonstrated that MAST application in humans has resulted in improved survival or decreased morbidity, the absolute opposite has been shown."

discussion concerning pediatric trauma and medical emergencies that, "One of the more typical reactions (of parents) to look for is the extreme anger at God, at each other, the baby-sitter, the driver of the car that struck the child, and so on." "Some families will yell and scream, pace the floor, slam their fists into walls, and even attack the EMT or paramedic." "EMS personnel need to be aware that these reactions are expressions of extreme anguish and call for understanding and support from the emergency care personnel.

...in **jems** for August 1989, the column, "Guest Comment" by Cary L. Mark? The article is called, "Who Has Control of Your Career?" In this article, the author states, "I didn't rely on being lucky enough to be in the right place at the right time. Instead, I made sure that in every position held, I learned my supervisor's job, substituting if he was absent, doing his menial tasks or busy paperwork, if needed. By volunteering for these responsibilities, I gained the skills needed to be the most likely choice when the position opened up."

...in the June 1989 issue of **Emergency Medical Services** in the article, "Assessment of Suicide Risk" by D. A. Rund, M.D., that suicide is the second leading cause of death for adolescents and young adults under the age of twenty-four? Suicide is second only to trauma. Also, men in all age groups commit suicide more frequently than women.

...in the article on nitroglycerine lingual spray that was in the July-September 1989 issue of **Prehospital and Disaster Medicine**, which states that the lingual spray is more often effective than the more frequently used sublingual tablets? Additionally, there is another plus connected with this type of drug application and that is the lack of contact with patient saliva as the medication is simply sprayed on the patient's tongue. The article was written by S. J. Rottman, M.D. and B. Larson, EMT-P.

...in the same publication, the article entitled **Blind Faith, Poor Judgement, and Patient Jeopardy** by Ken Mattox, M. D. of the Baylor College of Medicine in Houston, Texas? Dr. Mattox makes the statement that "Not only has it never been demonstrated that MAST application in humans has resulted in improved survival or decreased morbidity, the absolute opposite has been shown in the only reported randomized studies in the literature." The article goes on to say "In this particular area of prehospital care, blind faith has misled many physicians."

...in the September/October 1989 issue of the **NAEMT News**, where the pharmaceutical firm of Smith, Kline, Beecham is sponsoring a vaccination program for EMTs and paramedics in the high risk cities of New York, Boston, Washington D.C., Philadelphia, Phoenix, Chicago, San Francisco, and Seattle? The vaccine Energix-B is a genetically engineered Hepatitis-B vaccine.

...in the October 1989 issue of **The EMS Insider**, that the American Optometric Association has approved a resolution recommending the use of lime-yellow for fire and other emergency vehicles? According to the AOA, red is not distinguishable at night and is only weakly recognized in daylight. In 1984, this organization found that on an average, lime-yellow fire trucks had about 50% fewer accidents than their counterparts painted red!

...also in the **EMS INSIDER** for October 1989, about the new book, **Grants for Public Health**? This new book lists 3179 grants, all over $ 5000.00, totalling over 230 million dollars. This includes grants given for such things as ambulances and the education of health professionals. The book costs $45.00, plus $2.00 shipping and handling. That just might be a well - invested $45.00.

...the new Mothers Against Drunk Driving poster that says, "Don't Let Alcohol Turn Christmas Eve Into Christmas Mourning?"

...the article, "Volunteerism: A Practice in Decline?" The article was published in the November 1989 issue of **Emergency**. The suggestion was made, that in an effort to encourage volunteerism, more recognition should exist. Suggestions included special license plates, tax breaks on taxable property, and subsidies for college tuition. The perks would help the volunteer, but not cost the governmental agencies nearly as much as hiring full-time EMS personnel.

...in the November 1989 issue of **jems** under the topic "Current Research," that a six months study at Level 1 Trauma Center of St. Joseph's Hospital in Phoenix, Arizona, had assessed the psychological status of 100 patients with brain injuries? The assessment found that 88% of the patients with penetrating trauma had severe psychopathology.

TEXSSAR
Searching for Rescue Teams

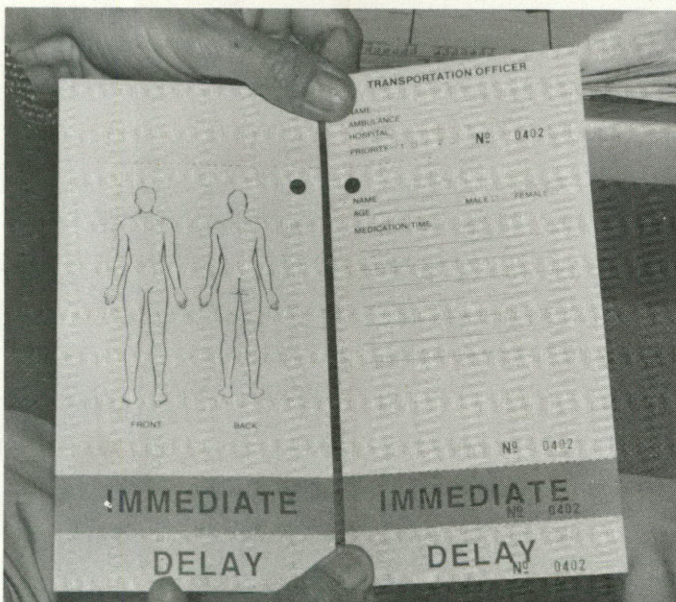
The Texas Society for Search and Rescue, (TEXSSAR), is currently finalizing plans for a computerized dispatching system for rescue teams in Texas. Called Computerized Rescue Team Response Dispatching Network (CRTRDN), the system will serve as a clearing-house to identify and locate specialized rescue teams throughout Texas.

Scott Springfield, the network coordinator said, ''The dispatch function will be performed by trained Public Safety dispatch personnel and will be available 24 hours a day. The CRTRDN will allow systems without specialized rescue team capabilities to located the closest specialized rescue team in their area by calling one phone number. The network will provide additional teams for backup purposes.''

The CRTRDN will be operated by TEXSSAR at no cost to rescue teams in Texas and rescue teams do not have to be associated with TEXSSAR to be listed with the CRTRDN. Rescue teams are encouraged to list their team information as soon as possible. Team listings will fall under the following categories: Dive Rescue and Recovery, Dog Teams, High Angle, Heavy Rescue, Cave Rescue, Mantracking, Swiftwater Rescue, Mass Casualty, Search and Rescue Management. Rescue Team Status and Capability Forms are available by contacting Pat Crutsinger at (512) 258-4051.

Texas Society for Search and Rescue is affiliated with Texas Association of Emergency Medical Technicians.

Order Form for Triage Tags



Jim Sutton shows both sides of the triage tag which measures 4 1/4" X 8 1/4". The body of the tag is white, the "immediate" pulloff section is red, and the "delay" pulloff section is yellow.

Order Form For Triage Tags

Tags to be sent to (please print):

Requestor's Name ____________________

Organization Name ____________________

Street Address ____________________ **Phone Number** ____________________

City ____________________ **State** ______ **Zip Code** ____________

Number of tags requested:

____________ **Bundles needed (100 tags/bundle)**

____________ **Payment enclosed ($ 19/bundle)**

For information contact Jim Sutton (512) 458-7550

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Attn: Remittance Enclosed

Emergency Vehicle Operations

by Jay Garner

Is Code II Risky? - You Bet!

Jim Moshinskie's recent research on Code II driving was both informative and provocative. I spoke with Mo shortly after the article was published in the September/October **Texas EMS Messenger**, and we both agreed that the topic requires further discussion in order to identify the directions EMS providers should take in emergency vehicle operations.

Areas of concern that must be discussed and resolved are 1) legal, 2) insurance, 3) patient safety, 4) community safety, 5) provider safety and 6) provider liability. A series of articles will address all these topics during the next several issues of the **Texas EMS Messenger**, with this process culminating in an Emergency Vehicle Operations workshop at the 1990 Texas EMS Conference sponsored by Texas Department of Health.

One very important issue that was not discussed in the original survey is Uniform Code Regulating Traffic on Highways, Article 6701d of Vernon's Civil Statutes. This law defines emergency vehicles and the privileges and restrictions under which they operate. These excerpts from the law deserve the attention of anyone who drives an EMS vehicle or supervises drivers.

Section 2

(d) "Authorized Emergency Vehicle" means... public and private ambulances for which permits have been issued by the State Board of Health...

Section 24

(b) The driver of an authorized emergency vehicle, when responding to an emergency call... may exercise the privileges set forth in this section, but subject to the conditions herein stated.

(d) The exemptions herein granted to an authorized emergency vehicle shall apply only when such vehicle is making use of audible and visual signals...

(e) The foregoing provisions shall not relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons, nor shall such provisions protect the driver from the consequences of his reckless disregard for the safety of others.

Section 75

(a) Upon the immediate approach of an authorized emergency vehicle making use of audible and visual signals...

1. The driver of every other vehicle shall yield the right of way...

(b) This section shall not operate to relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons using the highway.

Section 144

(d) Any authorized emergency vehicle may be equipped with a siren..., but such siren shall not be used except when such vehicle is operated in response to an emergency call...

Here is what all that legalese means:

EMS vehicles should not be operated in emergency mode unless a true emergency exists. If a true emergency exists, the EMS provider is required by law to use **both lights and siren**. Even then, if an accident occurs, the EMS vehicle driver will be held accountable as will any other driver.

Is Code II risky? You bet! If not illegal, it is certainly not defensible if an accident occurs.

Bill Aston, director of Harlingen EMS agreed when he said, "Our management believes that every alarm is either an emergency or it is not. If an emergency exists, personnel must use both audible and visual signals. Any alarm that is not an emergency must be handled Code I. We have banished Code II operations in our system."

This article on emergency vehicle operations is intended to elicit response from the reader as fuel for future discussion. The legal issue is perhaps the easiest to address, because of the existence of Article 6701d. I look forward to hearing from those of you who are concerned about Code II operations.

Jay Garner, paramedic and EMS Program Administrator in PHR 8, holds Instructor, Instructor Trainer, and affiliate faculty certifications in several EMS-related disciplines, including Emergency Vehicle Operations, U.S.D.O.T. National Standard Curriculum. Contact him at 601 W. Sesame Drive, Harlingen Texas 78550, (512) 423-0130.

March 9-10, 1990
Beaumont Convention Center
Beaumont, Texas

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For more details on the conference, call Lamar University at (409) 880-2233 or clip and mail this form to Lamar University, P. O. Box 10008, Beaumont, TX 77710.

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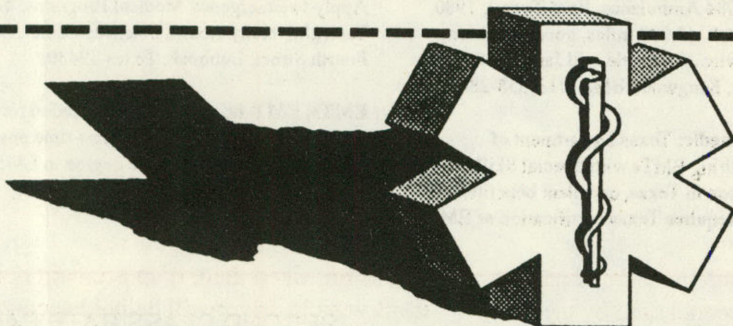

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AROUND THE STATE

January 26, 1990, **TEMSAC Meeting**, Texas Department of Health, 1100 W. 49th Street, Room T-607 at 9:00 am. Contact Harold Broadbent, TDH (512)458-7550 for information.

February 5 - August 29, 1990, **Paramedic Course**, Tyler, $500 tuition. Contact Jim Cress, Mother Frances Hospital, 800 E. Dawson, Tyler, Texas, 75701, (214)535-7106 or 535-7105.

February 14 - 17, 1990, **8th Annual EMS Today Conference & Exposition**, Tucson Convention Center, Tucson, Arizona. Call (619)481-5267.

March 3 & 4, 1990, **Beyond the Street**, a two-day management seminar presented by Fitch and Associates. Hosted by Mother Frances Hospital and Flight For Life, Tyler, Texas. Please contact Mitzi Shelton (214)535-7105 for enrollment details.

March 9 & 10, 1990, **Emergency Care '90**, Ninth Annual Life Flight/ AMSUS Conference, Red Lion Hotel, Salt Lake City, Utah. Contact Sally Brush (801)321-1234 or Pat Petersen (801)321-3662.

March 9 & 10, 1990, **8th Annual Traumatology Conference**, Beaumont Convention Center, Lamar University, P.O. Box 10008, Beaumont, Texas 77710, (409)880-2233.

March 27 - August 29, 1990, **Paramedic Completion Course**, Tyler, $300 tuition. Apply by February 28 to Jim Cress, Mother Frances Hospital, 800 E. Dawson, Tyler, Texas 75701, (214)535-7106 or 535-7105.

April 14, 1990, **EMS in the 90's. Are We Ready?**, Hilton Hotel. Cynthia Webb, Texas A&M University Emergency Care Team, A.P. Beutel Health Center, College Station, Texas 77943-1264.

May 4, 1990, **TEMSAC Meeting**, Austin, Texas. Contact Harold Broadbent, Bureau of Emergency Management, TDH, (512)458-7550.

July 29 - August 3, 1990, 28th **Annual Industrial Texas Firemen's Training School**, College Station, Texas. Call (409)845-7641 for information.

FOR SALE: Defibrillators and battery support system. Two Liteguard 9 defibrillators made by Marquette Electronics. Seven batteries, external power pack, battery support system, all accessories. $5500 for each defibrillator; $700 for the battery support system; $9750 for everything. Bob Knowles (409)982-4357.

FOR SALE: 1979 Chevrolet Van, good condition, 55,000 miles; BLS equipped, extra equipment included. Call Betty Weaver, Rusk, Texas, (214)683-4760.

EQUIPMENT NEEDED: South Anderson County Volunteer Emergency Corps is looking for a one-person stretcher and a portable suction unit free or at a reasonable price. If you can help, please contact Randy McCoy, Elkhart, Tx (214)764-5566.

FOR SALE: Two person kickdown stretchers; two person multilevel stretchers; rotating lights; Welen Mod 8 and Twinsonic parts; Federal sirens; CPR boards; 12 volt radio power supply; **1978-1981** Type II & III ambulances. Contact Mike Harmon, Life Line EMS at (817)322-1506.

FOR SALE: New & Used EMS Equipment. For information/prices, contact T.L. Speed (713)495-9266 or write P.O. Box 1364, Sugar Land, Texas 77487-1364.

FOR SALE: 1984 Ambulance, Ford Type I, 1980 module, diesel 6.9, 45,000 miles, good condition, currently in service. Available mid January. Contact Mike Legoudes, Kingwood EMS (713)358-2800.

EMT-SS/Paramedic: Texas Department of Corrections is hiring EMTs with Special Skills, Choice of location in Texas, excellent benefits, $1622/month. Requires Texas certification as EMT-I/Paramedic or TDC certification as EMT- P Contact Texas Department of Corrections, P.O. Box 99, Personnel Annex, Huntsville, Texas 77342 or call (409)294-2755.

Paramedic Instructor: The University of Texas Southwestern Medical Center has an opening for full time paramedic faculty. PA or RN registration required. Minimum salary $25,000. Send CV to Debra Cason, Dept. of Internal Medicine, 5323 Harry Hines, Dallas, TX 75235-9030, (214) 688-3131.

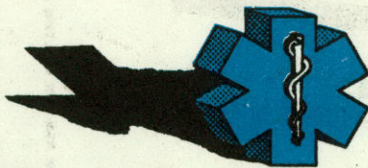
Paramedics: Offshore, 28 days on, 14 off. $795 week. Send resume to Offshore Pipelines, Inc., Attn: John Brady, 14035 Industrial Road, Houston, 77015. No calls please.

Paramedics, EMT-I: LifeLine EMS accepting applications. Prefer ACLS. Send resumes to Charles Grady, Life Line EMS, P.O. Box 2160, Wichita Falls, Texas 76301.

EMTs: Applications accepted for EMT, Intermediate, Paramedic for West Texas Ambulance Service with Alpine and Monahans Divisions. Send Resume to WTAS, P.O. Box 338, Alpine, Texas 79831.

EMS Instructor: Requires current certification as EMT-P, EMS Instructor/Examiner, ACLS Instructor, PHTLS Instructor, three years EMS-related experience. Baccalaureate degree in health-care related field strongly preferred. Two years experience teaching at paramedic level preferred. Salary commensurate with education/expierence. Apply to Emergency Medical Programs, Texas Tech University Health Sciences Center, 3601 Fourth Street, Lubbock, Texas 79430.

EMTs, EMT-Is, and EMT-Ps: needed for state certified Instructor/Examiner part-time positions in the Houston area. Associate degree in EMS required. Send resume to: Jim Becka, P.O. Box 137, Rosenberg, Texas 77471.



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