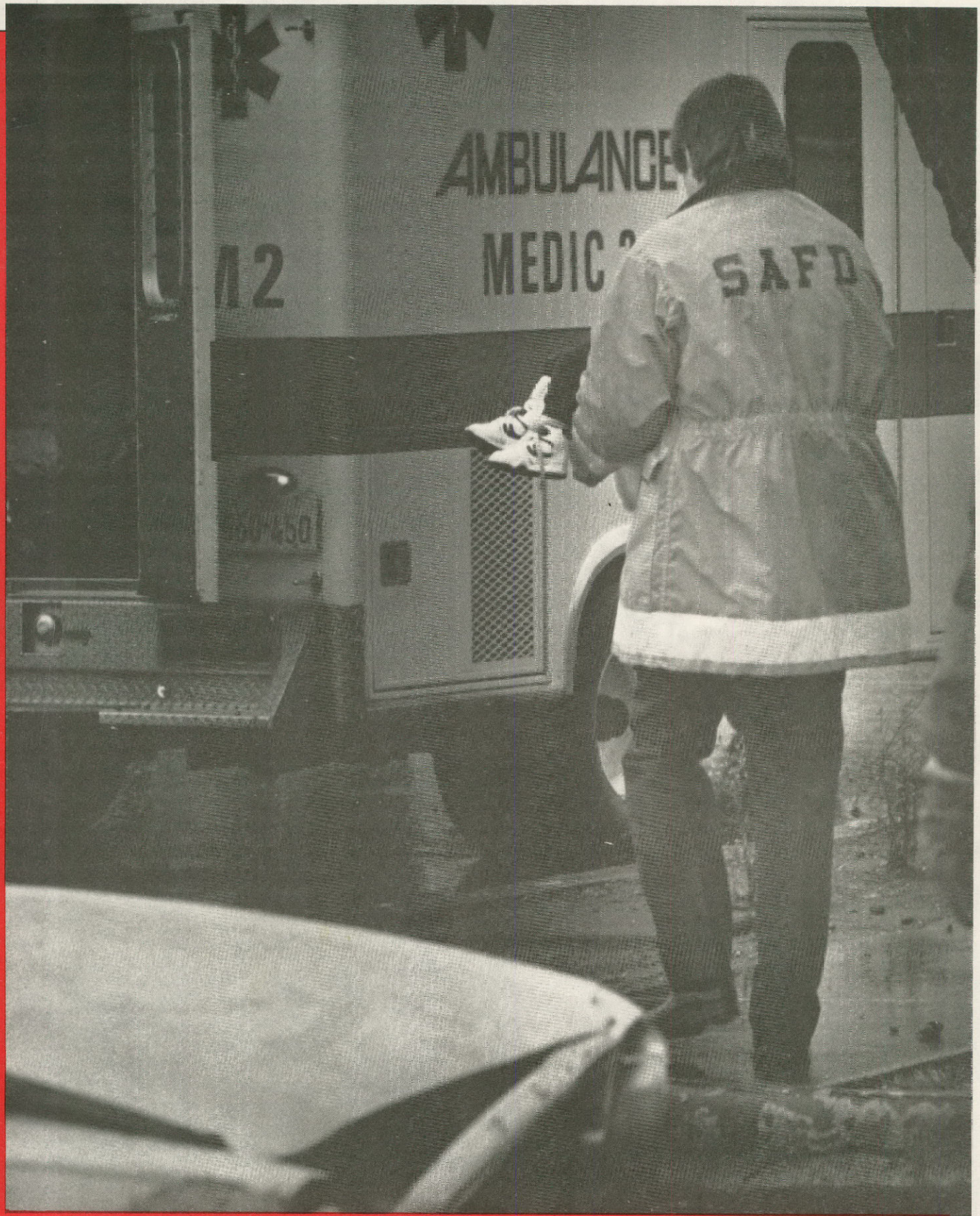
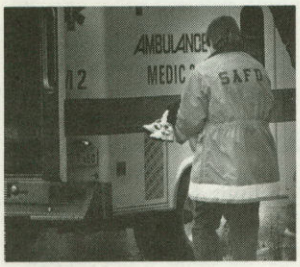
Texas EMS
Messenger



Texas Department of Health

January 1991

About this issue



COVER PHOTO: The child in this photograph may have escaped serious injury because of a safety seat. See more Think Child Safety issues on page 12. This Photo by Mike Howell of **San Angelo Standard -Times** took third place, black and white category, in the 1990 EMS Week Photo Contest.

25 Years of EMS - Texas EMS Conference '91
November 25, 26, 27 1991

Texas EMS
Messenger

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Texas Department of Health

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Commissioner of Health

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1991 Conference

set for November 25-27 in Austin

From This Side

Gene Weatherall
Chief
Bureau of
Emergency
Management

We are pleased to announce that the dates for our 1991 conference have been set. The Texas EMS Conference '91 will be held on November 25, 26, and 27. Once again this year we have responded to the evaluations from our conference by contracting with Palmer Auditorium in downtown Austin. Palmer Auditorium is the largest meeting facility in town at the present time. The primary suggestion from last year was to have the conference in a larger place. We have responded to that suggestion as Palmer Auditorium has seating for about 3,500.

One of the main advantages in going to this larger facility will be the opportunity to have all the exhibitors in one large area which will result in a first class EMS trade show. This will give everyone the opportunity to review all the new products that are on the market for emergency medical service in one convenient location.

During the conference this year we will celebrate the 25th birthday of EMS in Texas. We plan to do this with the world's largest EMS birthday cake on Monday evening, November 25. Our annual awards luncheon will be at noon on Tuesday at the Hyatt Regency Hotel. During this luncheon we will honor outstanding individuals for their efforts in EMS during the past 25 years. The Hyatt Regency hotel will be the host hotel for our conference, and the good news is that the Hyatt has given us a room rate of $55 for a single room and $65 for a double room. This is a really good deal for such a luxury hotel as the Hyatt Regency. We feel very fortunate to offer you such a rate.

Although final figures are not available at this time we are working very hard to maintain the registration fee at or near $50. Six years ago we made a commitment to the EMS community to offer you an excellent conference and continuing education program in luxurious surroundings at an affordable price. Please make plans to attend this year. We will supply registration information as soon as it is available.

All the exhibitors in one large area will result in a first class EMS trade show

Did I pass?

Q. *I took my EMT test last week and I need to find out if I passed so I can start my new job. Why can't I call to find out what my grade was?*

A. You are not alone. Hundreds of applicants are hoping to start new jobs or get a promotion. In 1990, on average, we received almost 1,200 answer sheets every month. If all the EMTs called us for their test scores, we wouldn't have time to send them their certificates.

Please wait for your coordinator to contact you about your test score. You will receive your grades in the mail about 3 weeks after your test date.

Local and Regional EMS News

San Saba patches win

San Saba Volunteer EMS patches were redesigned this past summer and won an award in a patch contest recently. Volunteers Barbara Gilger and Jean Sowers designed the colorful patches which feature bluebonnets, pecans, the county outline, a biostrip and the Star of Life superimposed over the state of Texas.

Citizen CPR works again

A graduate of a CPR class taught by Odessa paramedic K.D. Herrington saved a 9-month-old baby's life recently when the child choked on a piece of apple and stopped breathing. Southwestern Bell customer service technician Art Molina was installing equipment in a neighborhood when he heard baby Brittany Marie Rodriguez' mother screaming for help. According to an article in **The Odessa American**, Molina ran across the street, took the baby from the mother, and began checking the baby's mouth to see what was choking her.

Molina dislodged the piece of apple and he started CPR when Brittany Marie did not begin breathing on her own. "I saw her little stomach move when she took a breath," said Molina, "and I stopped and saw her move her eyes." Southwestern Bell employees are required to learn CPR as part of an ongoing safety program.

—Doit Lee and Phyllis Howard

Quick thinking saves EMT from rattlesnake bites

Quick action on the part of his fellow hikers saved EMT Bill Reaser from more serious injury. A rattlesnake bit Reaser ten times on the forearm as Reaser and some friends were sitting in the mouth of a cave in Central Texas. One companion used her bra as a constricting band around Reaser's upper arm, and her husband pulled Reaser out of the hole, put him over his shoulder and carried Reaser cross-country to their vehicle. Reaser was able to monitor his pulse and loosen the constricting band as his pulse disappeared.

Reaser was treated first at Scott and White Hospital where emergency physicians split the skin on his arm and hand in several places because of extreme swelling. He was later flown to a Houston hospital and spent a total of about two weeks in the hospital recuperating from the snakebites described as having fang marks nearly two inches apart.

—Joe Tyson

Rural EMS League involves twenty-eight ambulance services

Palo Pinto General Hospital in Mineral Wells is using a federal grant to upgrade emergency medical care in an area covering 12 counties and 28 services. Five people have been hired for EMS education, communications, public information and education, prehospital care protocols, and 9-1-1 involvement. More than 500 EMS personnel are part of a newly-established Rural EMS League. League members are committed to upgrading quality of care in their area. Primary among their goals is the establishment of 9-1-1.

Paramedic Candance Tippie of the Palo Pinto hospital's EMS continuing education program organized 176 free EMS continuing education presentations since May, 1990, when the CE program began.

"The men and women of rural EMS,"

Local and Regional EMS News

said Palo Pinto General Hospital's Patricia Parkhill, "many of whom are volunteers, sacrifice their time, energies and personal lives to attend to the needs of others." Parkhill said she hoped these programs would enable volunteers to stay in the EMS profession. For information on joining the Rural EMS League call Frank Andrews at (817) 325-7891.

–Patricia Parkhill

Fire Department takes over EMS

The Ranger Fire Department began operating Ranger EMS in December, according to new director Buddy Davis. The EMS service had been part of the Ranger hospital which closed its doors just after Thanksgiving. Davis, a member of Ranger Fire Department, recently received his EMT-Intermediate certification.

Slaton's EMS Week saves a life

We received many letters after the conference and EMS Week praising both events, and this letter from Tyra Rodgers does a great job tying both events together. Rodgers, an EMT-Paramedic, is the director of Slaton EMS.

I wanted to personally let you know how much I enjoyed attending the 1990 Texas EMS Conference. I have been a volunteer with EMS in our city for 11 years, becoming Director for the service the first part of 1988. I have never been fortunate enough to attend the State Conference until this year. You and your coworkers did an excellent job in organizing the conference.

Up until the conference, I was unaware of the fact that, yes, small services are recognized. I am very proud of the Slaton service. This year was a very special EMS Week for us here in Slaton. We began the week by decorating the window at our station and going to the elementary schools to talk to the children about first aid and the use of the 9-1-1 system. For the second year, we held a poster contest for the elementary students. The first place poster winner was given a ride to school Code 3. Midweek of EMS Week, we finally received a Life Pack 10 cardiac monitor and defibrillator. We were all excited and happy.

The greatest thing happened the final day of EMS Week. Saturday night, a 61-year-old resident, Bill Turner, was walking for exercise at the high school track when he collapsed and suffered cardiac arrest. A 10-year-old boy, Greg Green, used our 9-1-1 system and through Greg's prompt and calm efforts the man was saved. We used our new Life Pak 10 to defibrillate Turner successfully and we administered epinephrine. When Turner regained consciousness on the high school track, he said "Let me up. I'm okay."

Again, I enjoyed the conference. It is great to be an EMT, especially a Texas EMT.

Buckle Up for Love!

Child Passenger
Safety Awareness Week
February 10-16, 1991

HOME MEDS:

Part 2 of the fifty most commonly prescribed drugs for 1989

by Dan Finley

the next generation

Over the last year, the **Texas EMS Messenger** ran a five-part series covering the fifty most prescribed drugs in the United States for the calendar year 1988. The series was well received and due to reprint requests, it was distributed as a booklet to 5,000 EMTs, paramedics and providers throughout Texas.

Pharmacy Times updates the list each year in its April issue. A comparison of the 1988 and 1989 lists reveals that the number one drug in America is still Amoxil, and while some old friends have fallen off the list, new drugs like Prozac, Mevacor and Lopid have been added.

An outline format presents the second twenty-five of the fifty most commonly prescribed drugs for 1989. The format is as follows:

Trade name (generic name)

a. manufacturer
b. packaging
c. drug classification
d. indications
e. usual adult dosage

26. Darvocet-N100 (propoxyphene napsylate/acetaminophen)
a. Eli Lilly
b. oblong dark orange tablet (100mg propoxyphene and 650mg acetaminophen)
c. propoxyphene: mild centrally acting narcotic analgesic; acetaminophen: peripherally acting antipyretic analgesic
d. relief of mild-moderate pain
e. 100mg every 4 hours; maximum dose 600mg daily

27. Proventil (aerosol) (albuterol)
a. Schering
b. inhaler yeilding 200 metered doses each dose is 90mcg albuterol from mouthpiece (also available in syrup or tablet form)
c. bronchodilator; relative selective beta II agonist with little or no effects on the heart
d. treatment of acute bronchospasm; prevention of asthmatic symptoms
e. two inhalations repeated every 4-6 hours

28. Augmentin (amoxicillin trihydrate/clavulanate)
a. Beecham
b. oblong white tablet (250mg or 500mg amoxicillin and 125mg

Dan Finley, M.Ed., NREMTP, is an instructor, Austin Community College paramedic program.

clavulanic acid); also available in round yellow chewable tablets
c. amoxicillin: semi-synthetic penicillin antibiotic; clavulanate: may reduce drug resistance capability of bacteria
d. lower respiratory tract infections; otitis media; sinusitis; dermal in fections; urinary tract infections
e. 250mg or 500 mg every 8 hours

29. Micronase (glyburide)
a. Upjohn
b. 1.25mg round white tablet; 2.5mg round dark pink tablet; 5mg round blue tablet
c. hypoglycemic agent; sulfonylurea serum glucose lowering agent
d. management of non-insulin dependent diabetes mellitus (NIDDM) in patients who cannot achieve adequate control with diet only
e. individualized; starting dose 2.5-5mg given with first meal of day; maximum dose 20mg daily

30. Ventolin (aerosol) (albuterol)
a. Glaxo
b. inhaler yeilding 200 metered doses; each dose contains 90mcg albuterol per inhalation
c. bronchodilator; relatively selective beta II agonist
d. prevention of relief of bron chospasm in asthma; prevention of exercise induced bronchospasm
e. two inhalations every 4-6 hours

31. Feldene (piroxicam)
a. Pfizer
b. 10mg blue/maroon capsules; 20mg maroon capsules
c. nonsteroidal anti-inflammatory drug (NSAID) with antipyretic analgesic actions
d. osteoarthritis; rheumatoid arthritis
e. 20mg daily

32. Motrin (ibuprofen)
a. Upjohn
b. 300mg round white tablet; 400mg round orange tablet; 600mg football shaped peach tablet; 800mg oblong apricot tablet
c. nonsteroidal anti-inflammatory drug (NSAID) with antipyretic analgesic actions
d. rheumatoid arthritis; osteoarthritis; relief of mild-moderate pain; pain associated with primary dysmenorrhea
e. arthritis: 1200-3200mg daily; pain relief: 400mg every 6-8 hours; primary dysmenorrhea: 400mg every 4 hours; maximum dose 3200mg daily

33. Mevacor (lovastatin)
a. Merck Sharpe & Dohme
b. 20mg octagonal light blue tablet; 40mg octagonal green tablet
c. serum cholesterol lowering agent
d. adjunct to diet in patients with primary hypercholesterolemia
e. individualized and periodically ad justed; starting dose for moderate elevation: 20mg a day with evening meal; starting dose for severe elevation: 40mg a day with evening meal; dosing range: 20-80mg daily; maximum dose 80mg daily

34. Prozac (fluoxetine)
a. Dista
b. 20mg green/white capsule
c. antidepressant (unrelated to tricyclic group)
d. treatment of depression
e. 20mg daily each morning maximum dose 80mg daily

35. Provera (medroxyprogesterone acetate)
a. Upjohn
b. 2.5mg round orange tablet; 5mg hexagonal tablet; 10mg round white tablet
c. progesterone deriviative
d. secondary amenorrhea; abnormal uterine bleeding secondary to hormonal imbalance not associ ated with organic pathology (e.g.,

50 of the most commonly prescribed drugs in 1989

1. Amoxil
2. Lanoxin
3. Zantac
4. Zanax
5. Premarin
6. Ceclor
7. Cardizem
8. Tenormin
9. Seldane
10. Synthroid
11. Vasotec
12. Tagamet
13. Capoten
14. Naproxyn
15. Dyazide
16. Procardia
17. Tylenol/codeine
18. Lopressor
19. Halcion
20. Lasix
21. Calan
22. Theo-Dur
23. Voltarin
24. Dilantin
25. Ortho-Novum
26. Darvocet
27. Proventil
28. Augmentin
29. Micronase
30. Ventolin
31. Feldene
32. Motrin
33. Mevacor
34. Prozac
35. Provera
36. Humulin N
37. Cipro
38. Valium
39. Rufen
40. Monistat
41. Coumadin
42. Triphasal-28
43. Timoptic
44. Inderal
45. Carafate
46. Amoxicillin
47. DiaBeta
48. Ortho-Novum
49. Retin-A
50. Lopid

fibroids or uterine cancer)
e. 5-10mg daily

36. Humulin N (NPH human insulin)
a. Eli Lilly
b. 10ml vial containing U100 strength insulin (solution should appear cloudy or milky)
c. insulin hormone replacement
d. patients with insulin dependent diabetes mellitus
e. individualized to target blood sugar levels

37. Cipro (ciprofloxacin)
a. Miles
b. 250mg round light yellow tablet; 500mg oblong light yellow tablet; 750mg oblong light yellow tablet
c. broad spectrum antibiotic
d. lower respiratory infections; dermal infections; bone and joint infections; urinary tract infections; infectious diarrhea
e. 500mg every 12 hours for all above except for urinary tract in fections; 250mg every 12 hours for urinary tract infections

38. Valium (diazepam)
a. Roche
b. 2mg round white tablet with V cut design; 5mg round yellow tablet with V cut design; 10mg round blue tablet with V cut design
c. benzodiazepine class anxiolytic agent
d. management of anxiety disorders; alcohol withdrawl symptoms; skeletal muscle spasm; adjunct to convulsive disorders
e. 2-10mg twice daily or four times daily

39. Rufen (ibuprofen)
a. Boots
b. 400mg round magenta tablet; 600mg oblong white tablet; 800mg oblong white tablet
c. nonsteroidal anti-inflammatory drug (NSAID)
d. rheumatoid arthritis; osteoarthritis; mild-moderate pain; pain as sociated with primary dysmenorrhea
e. 400mg every 4-6 hours; maximum dose 3200mg daily

40. Monistat-7 (miconazole nitrate)
a. Ortho
b. 100mg white elliptically shaped vaginal suppositories; 45gram tube vaginal cream
c. antimycotic agent (active against fungus candida)
d. vulvovaginal candidiasis (moniliasis)
e. one suppository or one applicator full intravaginally at bed time for 7 days

41. Coumadin (warfarin sodium)
a. DuPont
b. 2mg round lavender tablet; 2.5mg round green tablet; 5mg round peach tablet; 7.5mg round yellow tablet; 10mg round white tablet
c. vitamin K dependent anticoagulant
d. prophylaxis and treatment of venous thrombosis pulmonary embolism; atrial fibrillation with embolization; prophylaxis for systemic embolization following acute myocardial infarction
e. individualized and adjusted to prothrombin time; usually: 10mg for 2-4 days based on prothrombin time results

42. Triphasal-28 (levonorgestrol/ethinyl estradiol)
a. Wyeth-Ayerst
b. 28 tablets in Pilpak compact dispenser: 6 round brown tablets, 5 round white tablets, 10 round light yellow tablets, and 7 round light green tablets
c. oral contraceptive; ovulation inhibitor
d. prevention of pregnancy
e. one tablet daily beginning with first day of menstruation

43. Timoptic (timolol maleate)
a. Merck Sharpe and Dohme
b. 0.25% sterile aqueous solution; 0.5% sterile aqueous solution
c. non-selective beta blocker (topical agent)
d. chronic open-angle glaucoma; aphakic glaucoma; secondary glaucoma
e. 1 gtt of 0.25% in affected eye twice daily

44. Inderal (propranolol)
a. Wyeth-Ayerst
b. 10mg hexagonal orange tablet; 20mg hexagonal blue tablet; 40mg hexagonal green tablet; 60mg hexagonal pink tablet; 80mg hexagonal yellow tablet;
c. nonselective beta blocker
d. hypertension; angina pectoris; control of specific cardiac arrhythmias; post AMI patients (believed to reduce mortality post MI); prophylaxis of migraine headaches; familial or hereditary tremor; management of symptoms due to hypertrophic subaortic stenosis; adjunct to management of pheochromocytoma
e. dose range varies with indication; hypertension: 120-240mg daily; angina: 80-320mg daily

45. Carafate (sucralfate)
a. Marion
b. 1 gm oblong pink tablet
c. antiulcer
d. short term management of duodenal ulcer disease
e. 1 gm four times a day on empty stomach

46. Amoxicillin trihydrate (amoxicillin trihydrate)
a. Biocraft
b. 250mg tan/cream capsules; 500mg cream capsules
c. semi-synthetic penicillin antibiotic
d. systemic infections; chronic urinary tract infections; uncomplicated gonorrhea
e. 250mg every 8 hours

47. DiaBeta (glyburide)
a. Hoechst-Roussel
b. 1.25mg oblong white tablet; 2.5mg oblong pink tablet; 5mg oblong light green tablet
c. hypoglycemic agent; sulfonylureau serum glucose lowering agent
d. patients with non-insulin dependent diabetes mellitus (NIDDM) who cannot achieve adequate control through diet only
e. individualized; usually 2.5-5mg given with first meal of day; maximum dose 20mg daily

48. Ortho-Novum 1/35-28 (norethindrone/ethinyl estradiol)
a. Ortho
b. 28 tablets in Dialpak dispensor; 21 round peach tablets and 7 round green tablets
c. oral contraceptive; ovulation inhibitor
d. prevention of pregnancy
e. one tablet daily beginning on the fifth day of menstruation

49. Retin-A (tretinoin)
a. Ortho
b. 0.025% gel; 0.01% gel; 0.1% cream; 0.05% cream; 0.025% cream; 0.05% liquid
c. antiacne agent
d. treatment of acne vulgaris
e. topical application to affected area daily at bed time

50. Lopid (gemfibrozil)
a. Parke-Davis
b. 300mg white/maroon capsule; 600mg oblong white tablet
c. lipid regulating agent; serum triglyceride lowering agent; serum cholesterol lowering agent
d. patients with severe elevation of triglyceride levels (usually over 2000mg/dl) who are at risk of pancreatitis and cannot be controlled by diet alone
e. 1200mg in two divided doses 30 minutes before morning and evening meals

The first half of 1989's fifty most commonly prescribed drugs appeared in the December 1990 ***Texas EMS Messenger****.*

Sources:
Pharmacy Times, April 1990
Physicians Desk Reference, 1990

TEMSAC members voted unanimously to recommend proposed certification rule package

Certification rules to go to Board of Health

At the December 7 meeting of Texas EMS Advisory Council, members voted unanimously to recommend to the Texas Board of Health that the proposed certification rule package be adopted with some changes, particularly with the deletion of 157.63 (d)(2) which addressed conflict of interest in the state skills examination.

At their last meeting, TEMSAC members voted to strike Section 157.63 (d)(2) which states that an "examiner shall not examine those candidates who may present a conflict of interest, e.g. candidates which the examiner prepared for the examination, relationship by blood or marriage, individual reciprocal relationship, or supervisor to employee relationship." An error caused the section to remain in the package.

Public Hearing

Division Director Pam West presented a report on the December 6 Public Hearing attended by forty-four people. Twenty-two people made formal comments addressing issues from changing "the endotracheal tube" to "an endotracheal tube," to suggesting that RNs not be allowed certification without completing the entire training course, to confusion about computing mean score on the Course Coordinator exam, to recommendations that health department staff return to doing skills certification exams.

The Certification Rule package will be recommended to the February 3 Board of Health meeting for adoption, and could become Final Rules in March, 1991.

Educators Committee chair Josiah Tyson III thanked the members of the EMS public who came to the hearing, and asked all educators to "be present in the heat of the battle when the committee works on hours and curriculum." TEMSAC chair F. David Prentice, MD, congratulated the group on working to pass the rules, saying "TEMSAC is intending to protect the citizens first, but second to support the EMS community in its goals." TEMSAC members Tyson, Guinn Burks, Faye Thomas, Leslie Madden, Virginia Scott, and Fred Falkner attended the Public Hearing.

TEMSAC
Accomplishments in 1990

Recommended two major rule packages to the Board of Health for final adoption.

Providers Committee chaired by Nancy Polunsky developed, reviewed, redrafted, and passed the Provider Licensing rules which the Board of Health approved as Final Adopted Rules.

Educators Committee chaired by Josiah Tyson III drafted, reviewed, and passed the Certification rules which the Board of Health approved as Proposed Rules.

Conducted the Legislative Forum and developed a legislative agenda recommended to the Board of Health.

Proposed and saw approved a cooperative effort between TEMSAC and the Board of Medical Examiners for Medical Director rules.

Paramedic Review Committee chaired by Dr. Donovan Butter reviewed the entire paramedic data base of 1,100 test items, revised 390, deleted 90, and wrote 50.

Members participated in the National Highway Traffic Safety Administration review of EMS in Texas.

Established liaisons with Trauma Technical Advisory Committee, Transfer Committee, and the Disaster and Emergency Committee of the Board of Health.

Licensing vs. Certification

Prentice announced the consultant members of the Licensure Committee headed by Tommy Nations. Nations, Madden, Burks, and Nancy Polunsky will meet with the ten consultants who are among over thirty EMS individuals from across the state who volunteered to work on the Licensing vs. Certification issue for Texas EMS.

The Licensure Committee consultants are Norman Frazier, Bonham; Dane Allie Lynn, Amarillo; W. J. Hammer, Spring; Mike Duncan, North Richland Hills; Robert Spears, Odessa; Steve Bourassa, Houston; David Filipp, West Columbia; Steve Athey, Fort Worth; Charles Garoni, San Antonio; and Richard Rogge, Abilene. Prentice said he would

continue to entertain applications in order to get representation in far West Texas and in the Valley.

Legislative priorities

In his report to the council, Dr. Albert Randall, Associate Commissioner for Community and Rural Health, said the Board of Health had selected several EMS items as legislative issues for the health department, among them administrative penalties, confidentiality, and defining first responders.

Licensing of transfer providers is being considered by a Board committee which has not completed its recommendation. A group has also been established to push licensing of industrial providers.

Board of Medical Examiners

Prentice commended Pam West and Gene Weatherall for their work with the Board of Medical Examiners in developing a rule package for EMS Medical Directors. After the Public Hearing for the Medical Director rules on December 3, the board recommended final adoption. These rules outline medical control responsibilities for on-line medical directors and program medical directors.

The Adopted Rules will be printed in the **Texas EMS Messenger**.

Texas Trauma System

Prentice and Judge Jay Johnson, TEMSAC's representative on the Trauma Technical Advisory Committee, reported on the November 28 meeting of a coalition for trauma sponsored by the TDH trauma committee for the purpose of drafting legislative priorities. "Doctors were there, nurses were there, attorneys were there, hospitals were there, rehabilitationists were there," said Prentice, "but guess who wasn't there — prehospital providers."

The amount of uncompensated trauma care in Texas is phenomenal, he said, "and EMS needs to get its representative act together, or it will be left at the table." A second trauma coalition meeting is planned for January 30 in Austin at 7:30 p.m. at the Ramada Inn, 5660 North IH 35, Conference Room 1.

1991 calendar

TEMSAC meetings in 1991 will be February 8, May 3, September 20, and December 6. The first order of business in 1991 will be for the council to elect new officers. The committee to nominate officers includes Jim Atkins, MD, serving as chair, Tommy Nations and Leslie Madden. At the February meeting, the council will welcome newly-appointed members Barbara Dorman, RN and Paul H. Atkinson, DDS who replace William Donahue and Fidencio Barrera. Both new members were nominated by Texas Municipal League. Dorman is a council member and mayor tem of the city of Plainview. Atkinson, an alderman from New Boston, has been active in that city's EMS system.

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by Alana S. Mallard

"Common sense safety needs to be taught, gun safety, electrical safety, fire safety, farm and home equipment safety, and anti-drug use."

Think child safety

Northeast Texas kids teaching kids program

In 1988 in Texas 780 children under the age of 14 died of injuries inflicted either intentionally or unintentionally. 183 of those children died in vehicle crashes. 102 were hit by cars. 29 died of gunshot wounds. 16 committed suicide. 160 drowned. 79 were murdered. 66 choked to death. Every day in Texas in 1988 two children died of preventable injuries.

In Lamar County 9 children died in one six month period — too many, far too many, to suit Paramedic Stewart Dodson. Dodson, with his partners, Gary Crawford, Paul Stansell, Mike Williams, and Kent Klinkerman, came up with a program called Think Child Safety. After one year, the Think Child Safety Program has celebrity endorsers, a gubernatorial endorser, congressional endorsers, and dozens of local Paris, Texas endorsers supporting a variety of injury prevention programs for children.

"It's impossible to explain the pain of trying to resuscitate an injured child," Dodson told a roomful of women at a recent meeting of the Kiwanianne Club in Paris. Dodson's message to the Kiwaniannes was simple: reduce childhood injuries by using child safety seats and safety belts, teach children that guns are not playthings, get involved in the problem of substance abuse and driving while intoxicated, fireproof your home. "Common sense safety needs to be taught," said Dodson, "gun safety, electrical safety, fire safety, farm and home equipment safety, and anti-drug use."

The Think Child Safety program uses some conventional information and education tools such as posters, endorsements, a television news series, banners, and civic group presentations. The centerpiece of the program, kids teaching kids, however, differs brilliantly from most EMS public information and education programs.

Dodson and his fellow paramedics teach high school students concepts of injury prevention and safety, and the high school students in turn give presentations in the elementary schools to younger children. In the elementary school presentations, the high school student-teachers pair up with a member of Paris-Lamar County Emergency Services, either a law enforcement officer, a firefighter, or a paramedic.

The presentations are short - generally no longer than five minutes on each subject - and the high school students, members of a health occupations class, give the presentations after they complete a series of lectures, clinicals, and field observations. In the gun safety series, for instance, the high school students went to the gun range with paramedics and peace officers to observe the effects of gun-

Editor Alana S. Mallard became a Think Child Safey supporter in November when she interviewed Stewart Dodson and other members of the Paris-Lamar County Think Child Safety Program.

Fifteen paramedics work for Paris-Lamar County EMS, which began providing advanced life support to Paris and Lamar County in 1982. The service covers 940 square miles and a population of approximately 45,000. Approximately 5,000 calls each year are run out of two stations located at McCuistion Regional Medical Center and St. Joseph's Hospital.

shots. And during the electrical safety studies, an electric utilities worker demonstrated arcing electrical wires.

The secondary effect of this program is to create prevention awareness in high school students, particularly in the areas of substance abuse and driving. Health Occupations student Kellie Newman said, "As far as using these programs, it's something we'll use in life. It doesn't just stop when we leave this class." Fellow student Jeania Bryer said the Paris paramedics' instruction gives the class another outlook on life.

Martha Giddens, who worked as an RN until last year, teaches two health occupations classes at Paris High School in a county-wide program which draws students from North Lamar High School and Chism High School as well as Paris High School. The thirty-three students are college-bound, said Giddens, and the classes have aspiring critical care nurses, occupational therapists, paramedics, and at least one orthopedic surgeon. As part of the curriculum, students rotate through departments at the local hospitals and clinics.

Paris EMS got involved in the health occupations program by teaching a first aid class in 1989. Now, besides teaching the Think Child Safety program, the paramedics engage the students in what Dodson calls reality training. "Many have lost friends in drownings and accidents, and we teach reality in here," he said. The class has had sessions on death, suicide, and sexual abuse, as well as on substance abuse, alcohol, and illegal drugs.

In one year Think Child Safety has reached 1,100 students and more than 100,000 adults. Five hundred posters were distributed last year, a flag sent by Governor Clements flew over a Paris High and North Lamar High football game, banners were hung on a Kiamichi Railroad engine, professional athletes signed posters and baseballs and a five-part TV series aired over northeast Texas and southern Oklahoma.

During a recent trip to Akin Elementary in Paris, the health occupations students found out that the third graders already knew something about fire safety. Some of the third graders knew about families making fire evacuation plans and one little girl was very relieved to learn that firefighters could take her out her second story window if a fire blocked her exit. Nearly every child in the room screamed out "Stop, Drop, and Roll" when asked what to do if their clothes caught on fire.

Paris High's health occupations students take very seriously their work of

"For children to be the leaders of tomorrow, we have to help them survive today."

Think Child Safety is the theme of Texas EMS Week this year, and our statewide goal for local EMS systems is to deliver the EMS awareness and injury prevention message to 1,000,000 Texas residents. Watch the ***Texas EMS Messenger*** *for information and activity plans.*

Don't risk your future - It's a team effort to say no to drugs

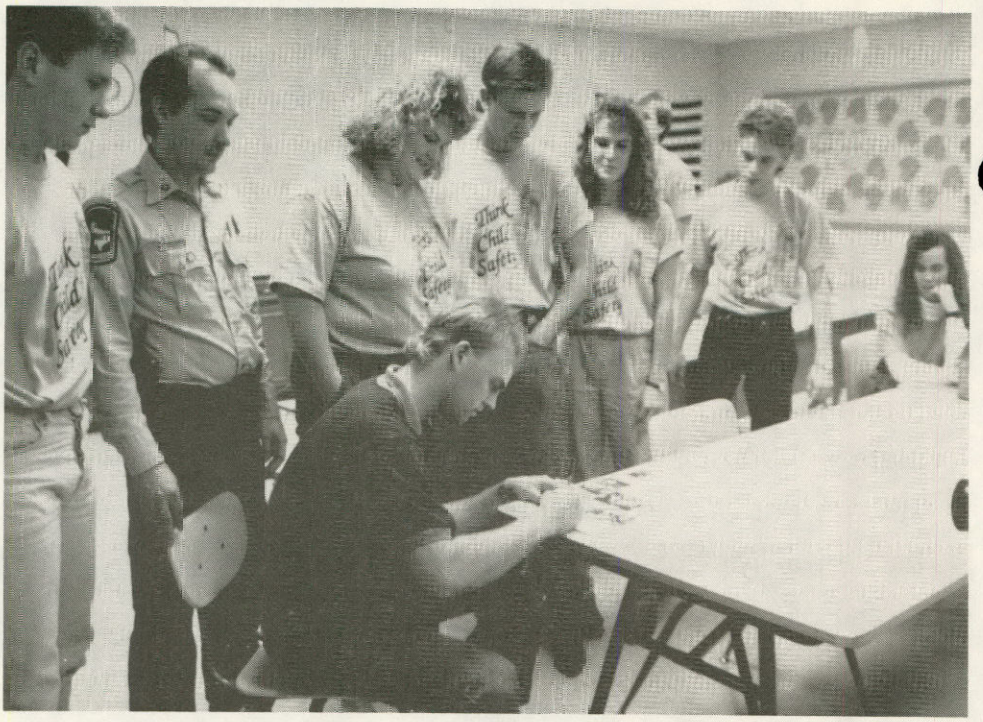
Don't risk your life - Teach the children to say no to drugs

A child's safety begins with you - Use child safety car seats

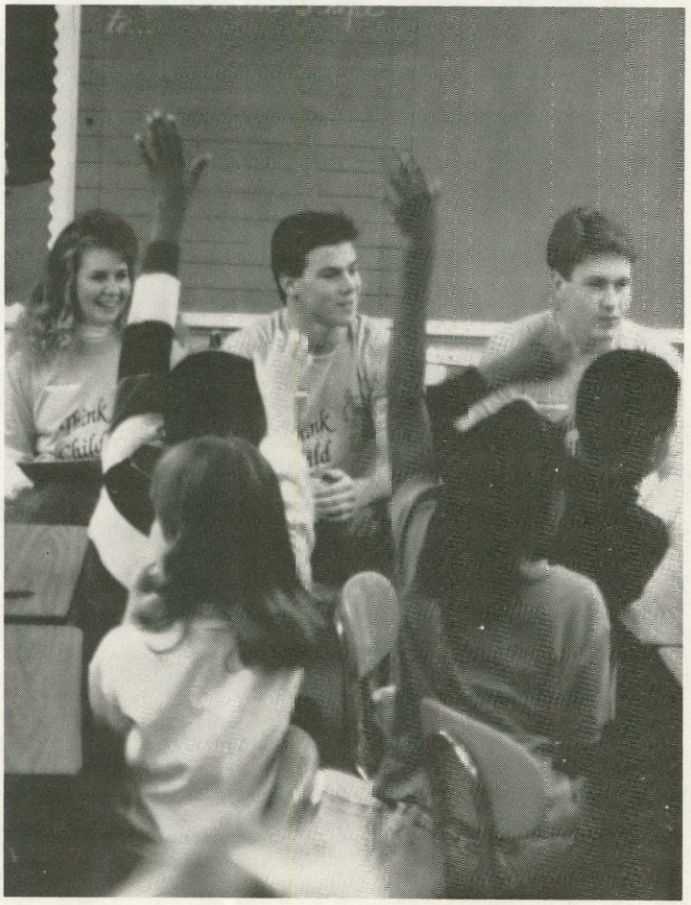
Safety begins with you - one seat, no riders - Teach the children equipment safety

Drugs will make you a loser - Teach the children to say no to drugs

For love of life - Seat belts save lives



Cincinnati Reds relief pitcher Scott Scudder autographs a baseball for health occupations students and Stewart Dodson.



teaching younger kids. "If we can keep one of you little guys from getting hurt, it will be worth it," Chris Simmons said as the student-teachers finished their introductory presentation to Karen Berryhill's class.

Over and over, Dodson preaches common sense when he talks about Think Child Safety. "We teach them, if they see a gun, don't touch it, leave the area, tell an adult. And on farm equipment - one seat, no rider." Dodson cites statistics of 100 fatalities a year in Texas involving farm equipment.

Already, there are Think Child Safety success stories in Paris: A two-fatality car crash where a 5-year-old was properly buckled into her booster seat and received only minor facial injuries. On the way to the hospital she told paramedic Gary Crawford she knew who he was because she watched **Rescue 9-1-1.**

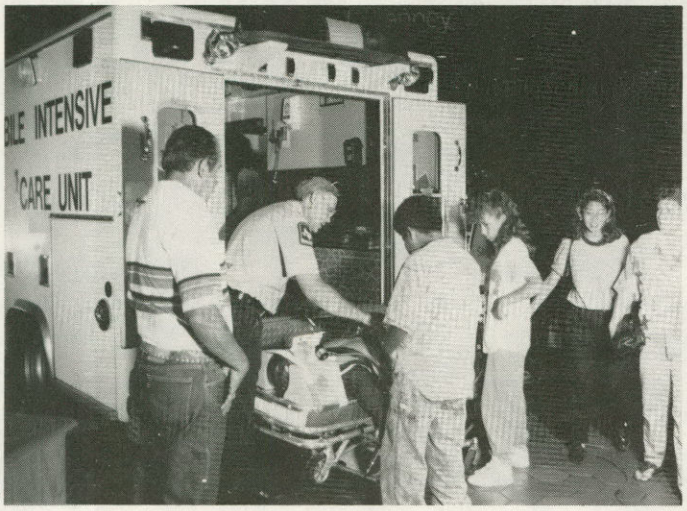
"These children are going to be the paramedics, health care workers, teachers, and leaders of tomorrow," said Dodson when he addressed a community group on the Think Child Safety Program. "For them to be the leaders of tomorrow, we have to help them survive today."

* *With thanks to the folks of the Emergency Medical Services Division of the National Highway Traffic Safety Administration who came up with this phrase in 1988.*

Your Time to Shine*

San Antonio Fire Department EMS

by Steve Hanneman



During this past year's designated EMS Week, the San Antonio Fire Department EMS Division promoted EMS awareness in their community and honored various members of the entire emergency team in San Antonio.

The EMS Division displayed a Mobile Intensive Care Unit ambulance at the Ingram Park Mall in northwest San Antonio. The massive array of equipment was displayed in and around the unit and San Antonio EMS paramedics answered questions from the mall shoppers and demonstrated the lifesaving equipment used by emergency care workers. As a result of the display, citizens carried away thousands of EMS brochures.

To top off EMS Week, the EMS Division spearheaded an awards banquet to honor San Antonio's paramedics, and to recognize other health care workers in the community who are part of the emergency team. More than 300 guests and officials attended the banquet at the Bexar County Medical Society complex.

Gilbert Villareal was honored as paramedic of the year for San Antonio Fire Department EMS and Station 35 received the first responder fire station award. Windcrest Volunteer Fire Department received the Volunteer First Responder of the Year award. Douglas Burt, RN, and Leonard Marks, MD, both of Southwest Methodist Hospital, were honored as outstanding emergency room nurse and outstanding emergency room physician.

San Antonio's Mayor Lila Cockrell and Gilbert Villareal.

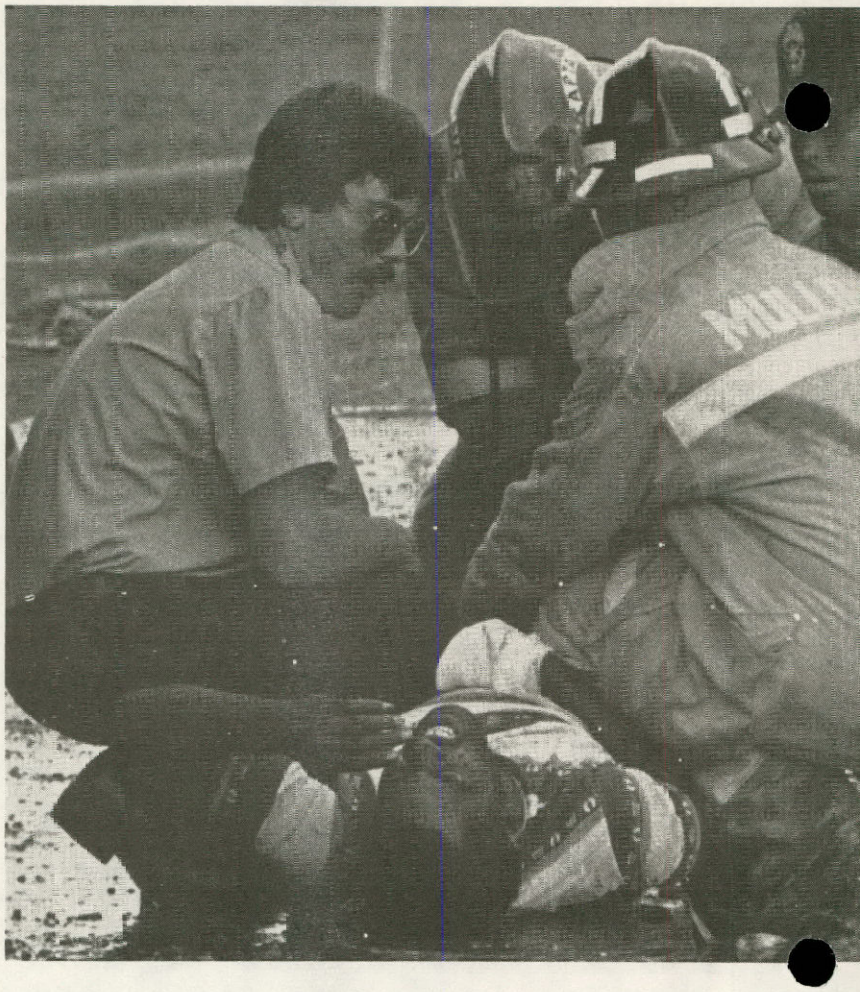
EMS Week across the nation and in Texas will be May 12-18 this year, and it is never too early to start thinking about activities in your area. From now through EMS Week we will feature public information and education activities from around the state to give you ideas to use in your own community.

—Editor

San Antonio Fire Department EMS medical director Donald Gordon, MD, and Leonard Marks, MD.

In 1989, 10,805 Texas residents died of trauma. The dead were our children, our kin, our neighbors. Many did not have to die. A statewide trauma system could save many of them.

Severe traumatic injuries are often both preventable and survivable. Primary prevention keeps injuries from happening in the first place. Secondary prevention stops death and disability once the injury has occurred. Trauma systems fall primarily into the latter category.



Texas needs a

The Texans who die of trauma are about one-seventh of the total number who suffer serious traumatic injury; around 70,000 Texans fell victim to serious injuries in 1990. Some died, some were disabled, and some returned to normal life after treatment. A trauma system not only saves lives, it reduces disability.

The purpose of a trauma system is to get the right patient to the right place at the right time. A young teenager in a car crash, mangled and bleeding to the point that most of us would never dream she could survive, can be saved and returned to productive life...if she is quickly transported to a trauma center where a team of trauma specialists is waiting. A young man, temporarily despondent, found by his parents near death from a self-inflicted gunshot wound, can be saved...if his area has 9-1-1, if it has EMS, if there is a trauma hospital close enough, and most important, if these components are organized into a working whole—a trauma system that gets the right patient to the right place at the right time.

Years of potential life lost

Trauma hits hardest among the young. Figure 1 shows the age distribution of Texans with injuries from motor vehicle crashes, taken from a sample of EMS emergency runs around the state. By far, the majority of the runs involved the young. The popu-

Photograph by Linda Gheen

Trauma System

by Sharon King

lation at risk is Texas young people, but no one is immune: the next person to need a trauma system may be a grandmother, a middle-aged businessman, or a 35-year old mother of two.

Because trauma is the leading cause of premature mortality in Texas, an inordinate number of years of potential life are lost to trauma each year. In 1989, trauma caused the loss of 291,218 years of potential life in Texas. These years represent, first and foremost, unnecessary grief and suffering for Texas families. They also represent an economic loss to Texas society since these were people cut down in their prime—people who otherwise would have lived to be producers of goods and services, to pay taxes, and to support families.

Premature death, defined as death before age 65, is measured by the years of potential life lost or YPLL statistic. The population at risk for premature mortality are those between the ages of 0 and 64. Subtract the age at death from 65 to get years of potential life lost to trauma, then add individual YPLLs to produce the total years of potential life lost by all Texas residents during the year.

The causes of trauma are shown in Figure 2. This graph makes no distinction between intentional and unintentional causes of trauma because when the patient is wheeled into the ED, a gunshot wound from a homicide attempt looks the same as a gunshot wound inflicted unintentionally.

More years of potential life are lost to gunshot injuries than any other single trauma cause. Texas residents lost 84,676 years of life to injuries caused by firearms. Motor vehicle crash injuries run a close second with 79,853 years of potential life lost. Vehicle crashes combined - motorcycle, car, truck, bicycle, pedestrian, and off-road - caused a total loss of 107,734 years of potential life.

Access to emergency care

Emergency medical care is available in varying degrees across the state. Currently, only part of our population has access to the most sophisticated trauma care. Residents of some areas of the state have access to no trauma care at all, and often the availability of trauma care depends on where you are when your injury occurs. Most counties have paid or volunteer EMS services, but a few, King, Kennedy, and Loving counties, have none at all. Some counties have 9-1-1 access to emergency care, some do not.

In mid-1990, only twenty-two Texas counties had 9-1-1 access to emergency care. The counties covered at present are mostly urban counties, with an estimated 60 percent of all Texans having 9-1-1

service. Legislation has been passed which requires counties with a population of 120,000 or more to establish 9-1-1 access by 1995. Many more counties and cities are in the planning stages, and 9-1-1 service is expected to spread quickly throughout most of Texas.

Texas currently has approximately 850 EMS licensed providers, 400 first responder groups, and some 40,000 certified EMS personnel. Of the 40,000 people certified in EMS, approximately 25,000 work or volunteer for an EMS licensed provider or EMS first responder group.

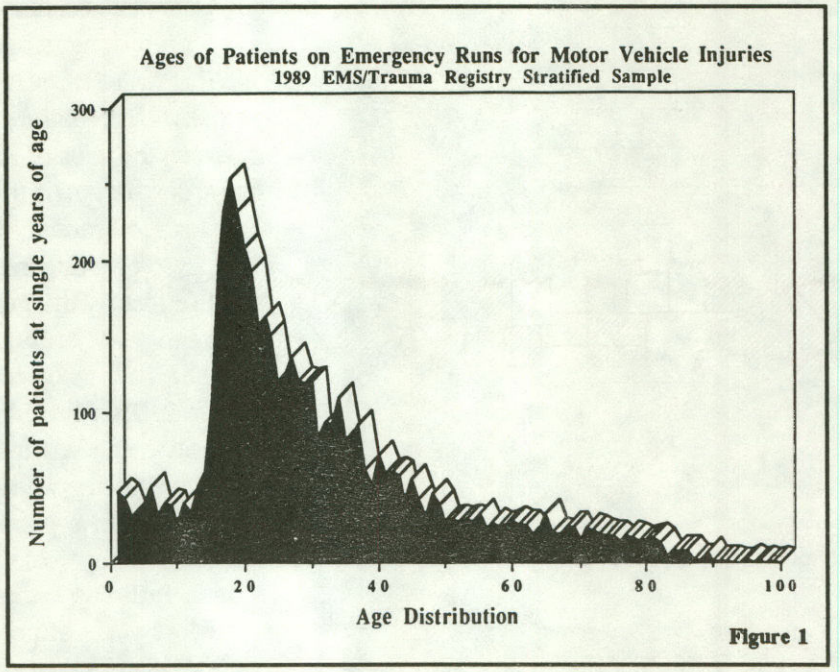


Figure 1

EMS services and EMS personnel are not distributed at random around the state. Volunteer services tend to be found in the bedroom communities surrounding core cities and in rural counties. Large cities in metropolitan counties are more likely to have paid personnel in a service controlled by a local governmental organization.

One assessment of rural EMS coverage in Texas states that rural areas have fewer and less well-trained personnel, and that the ambulances serving rural areas are less likely to have the most sophisticated equipment. Imbalances in the distribution of EMS service are not just a problem for the rural population. City-dwellers routinely pass through these areas.

Hospital designation

In many cases, trauma victims go to the nearest available hospital. What's wrong with this? Most of us fail to recognize the concept of a trauma system so we expect to be taken to the nearest hospital. However, if you suffer life-threatening trauma, your life may depend on access to definitive care within an hour of the injury. Speedy transportation and proficient emergency prehospital care must get you to a trauma team within an hour. The "Golden Hour." One hour at most. The sooner the better.

When you arrive at a hospital, your chances are best if a trauma team—trauma surgeons, neurosurgeons, trauma nurses, and emergency physicians—is already there waiting for you, ready to treat and operate

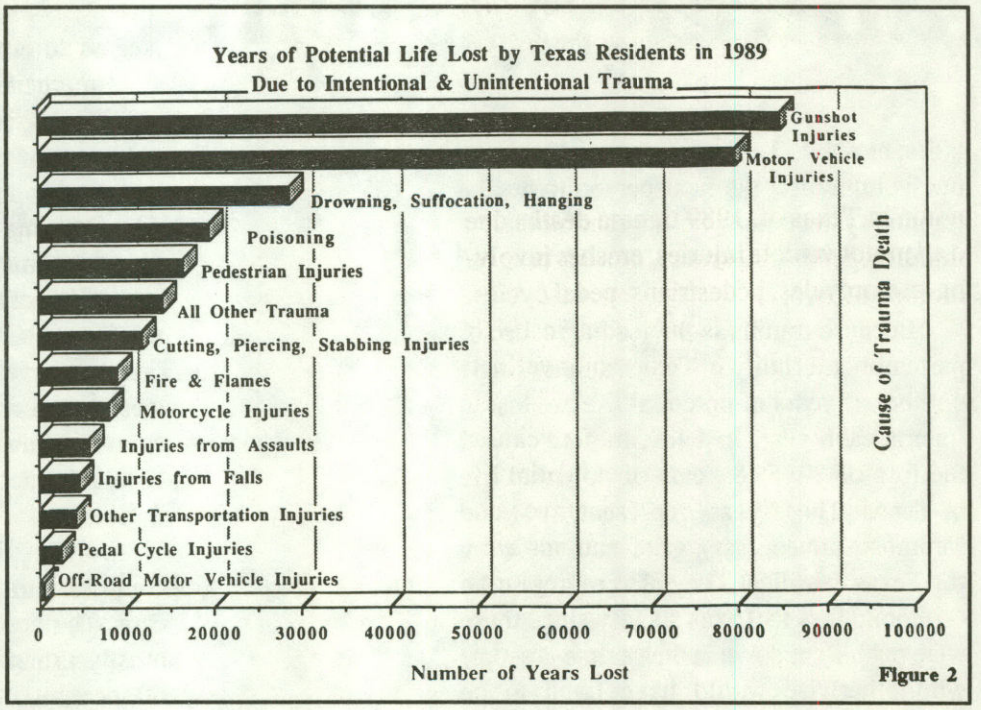


Figure 2

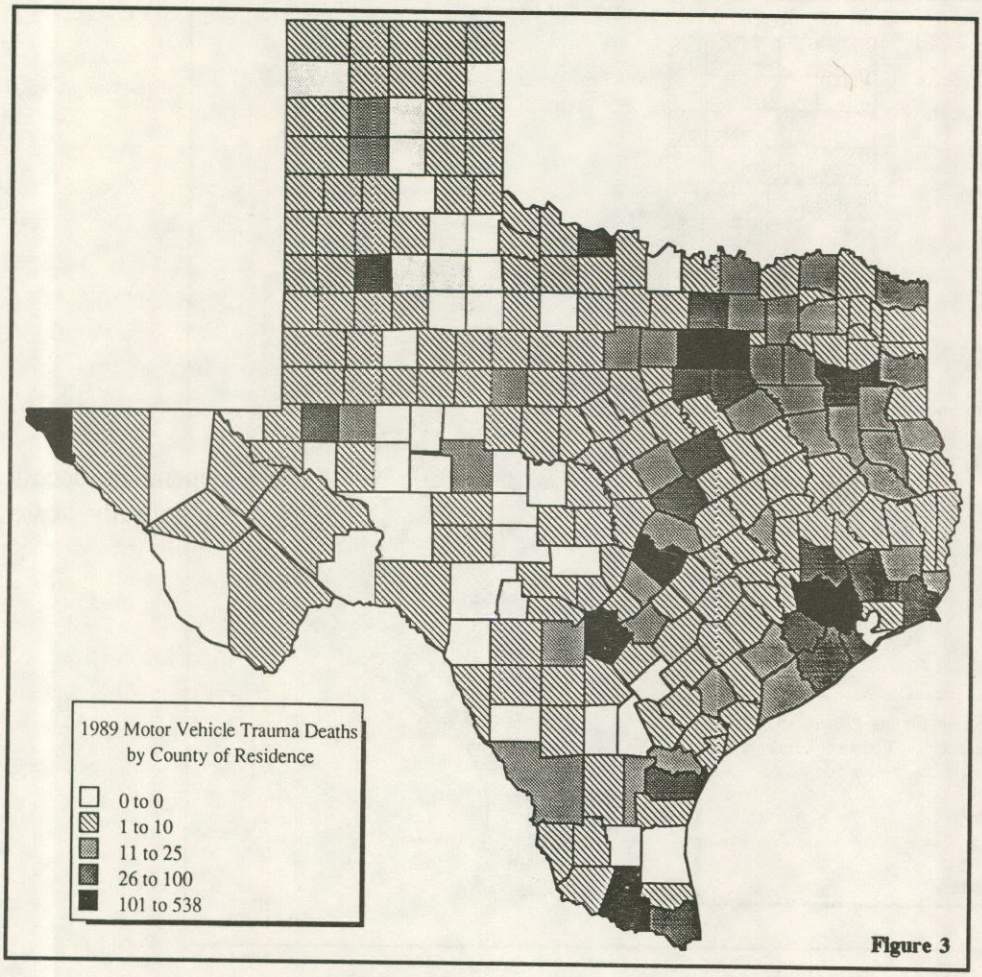


Figure 3

with the newest life-saving medical and surgical equipment. Most hospital emergency departments do not have this kind of team and equipment because of the high cost. Therefore, many severe trauma patients should go to a trauma center instead of the nearest available hospital.

Trauma Deaths

The map in Figure 3 shows the distribution in Texas of 1989 trauma deaths due to all motor vehicle injuries, crashes involving motorcycles, pedestrians, pedal cycles, off-road vehicles, trucks and cars. In 1989, 3,490 Texas residents died in motor vehicle crashes.

Deaths in Texas due to motor vehicle crashes are decreasing due in part to primary public health efforts to prevent motor vehicle injuries. Secondary preventive measures such as 9-1-1, EMS, and the informal regional trauma systems already in place in some areas also play an important role in decreased deaths.

Figure 3 is organized by county of residence, not by the county where the injury occurred. Many residents of urban Texas counties suffer motor vehicle injuries in rural areas and require long transportation to reach definitive care.

In 1989, 3,471 Texas residents died of penetrating trauma or injuries caused by gunshots, cuttings, piercings, and stabbings. Figure 4 displays the distribution of deaths due to penetrating trauma. Like the motor vehicle data, the deaths are organized by the county of residence. Unlike motor vehicle injuries, however, the probability that the injury was incurred in the county of residence is higher.

Texas Legislature

The Texas legislature recognized the need for a Texas trauma system in 1989, and passed legislation directing the Texas Department of Health to do these things:

1. Design a statewide trauma system plan composed of regional trauma systems which designates hospitals at all levels of trauma care and identifies the type of injuries treated by each level;

2. Develop a trauma register to record data on costs, causes and distribution of trauma and to monitor and evaluate the trauma system;

3. Report to the 1991 legislature on the costs of trauma in Texas, particularly the uncompensated trauma care which drains many large and small hospitals.

Who needs a trauma system?

Many people assume that only criminals and the poor need trauma care, but if a child with medical insurance receives grievous

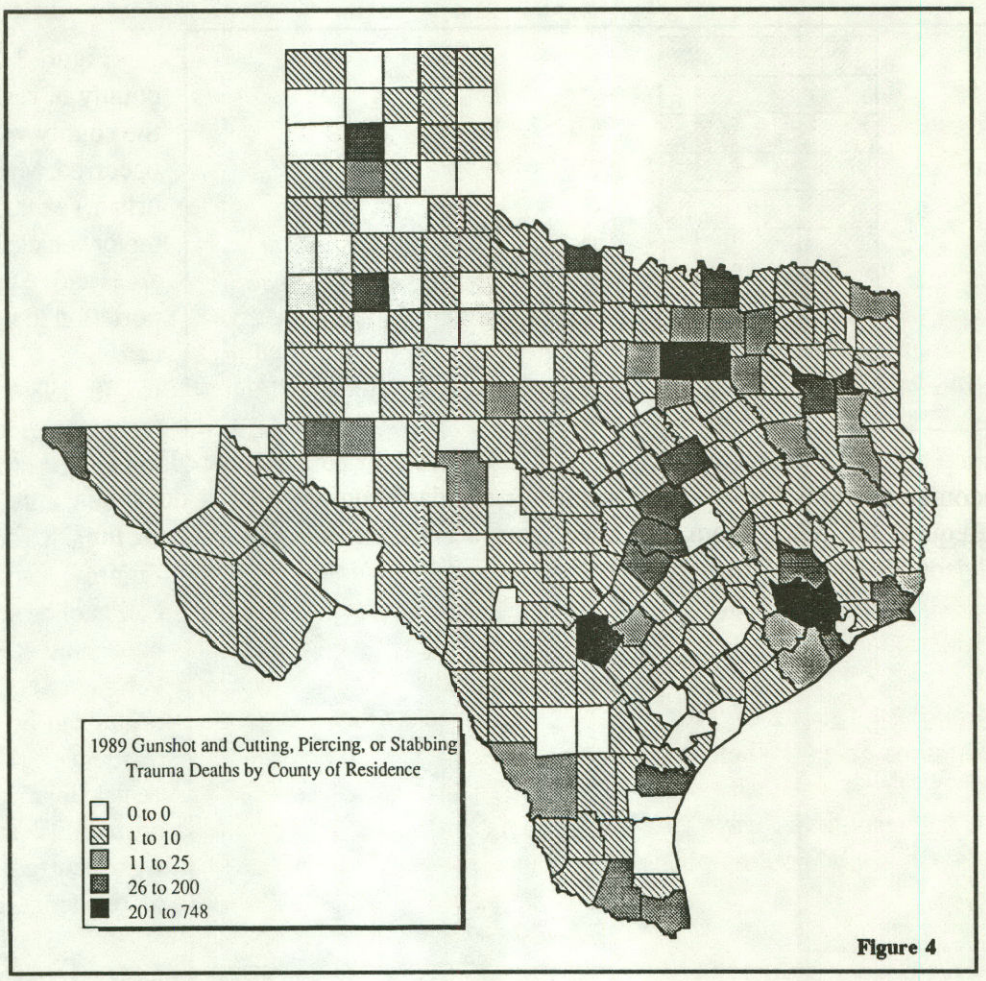


Figure 4

injuries in a car wreck, she also needs an EMS system and a trauma center. If emergency medical care professionals cease to practice due to uncompensated costs caused by the uninsured and unemployed, who are unable to pay, the child will have nowhere to go and no way to get there.

To get to the right hospital at the right time, patients need a functioning trauma system, complete with 9-1-1 access, EMS, perhaps a rural stabilization trauma center hospital, and care at a high-level trauma center hospital. The need for a Texas trauma system is the concern of all of us, rich and poor, rural and urban, young and old. We are all at risk.

Sharon A. King wrote this article when she was with the Bureau of Emergency Management's EMS/ Trauma Registry program. A different version appeared in Texas Vital Statistics 1989.

Statistics in this article derive from Texas Department of Health Bureau of Vital Statistics, 1989 Death Certificates.

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by Tom Ardrey

Did You Read...?

...in the September 1990 issue of the **American Academy of Orthopaedic Surgeon's Newsletter**, that there is now an official report on the problems and failures of cardiac defibrillators? The report is titled "Defibrillator Failures: Causes of Problems and Recommendations for Improvement." Request the report from Public Health Advisor, Food and Drug Administration (HZF 250), 5600 Fishers Lane, Rockville, Maryland 20857.

...in the September 1990 issue of **The EMS Leader,** the article titled "When Competition is Unfair" by Jim Moshinskie? The author suggests seven ways to combat the unprofessional competitor, who offers a cheap service:

1. Don't join the 'cut throat' game.
2. Push public relations.
3. Notify authorities of violations.
4. Join with others at state conferences and other meetings to discuss similar problems.
5. Be visible.
6. Maximize resources.
7. Respond to the needs of the consumer.

...the article, "Getting There" by Robert Elling, NREMT-P and Richard Guerin, EMT-I, in the October 1990 issue of **Emergency?**

The subject matter is the Ambulance Accident Prevention Seminar Program developed in New York state in 1987 in response to the 1412 ambulance crashes which occurred from 1984 to 1987. The typical collision occurred on a clear day during daylight hours. The program stresses safe driving techniques under all driving conditions.

...and in the same publication, the article on ambulance construction? The article, "Vehicle Construction: Is Enough Being Done?" by Jon Dougherty, EMT-P, gives manufacturer's response to a number of common complaints. Examples: It is the buyers' responsibility to determine what their needs are and to specify the correct equipment to be installed; Don't settle for standard equipment if it doesn't meet your service's needs; Type I will not provide as good a ride as a Type III RV chassis. It is recommended that the buyer consider the higher payload, as this can provide extended chassis wear, less brake problems, and less down time.

The typical ambulance collision occurred on a clear day during daylight hours.

...in the September 1990 issue of **Rescue** the article by Bruce Goldfarb? "In The Booming EMS Marketplace: Inquire Within," Goldfarb quoted a Bureau of Labor Statistics spokesman who said demand for EMTs and paramedics will increase by 13% by the year 2000.

Demand for EMTs and paramedics will increase by 13% by the year 2000.

...in the Spring 1990 issue of **Rural Health Reporter,** articles on trauma? Texans lose 318,000 productive years of life each year to trauma. Trauma costs more than $4,000,000 per day in medical expenses, lost wages, and indirect costs.

...in the **Jems** publication, **Careers '91,** an article by Jack L. Stout, "Compensation: How Attitudes Affect Pay?" "As long as you can be replaced by a person willing to invest only 120 to 200 hours in training (typical for EMTs), you are unlikely to be in a position to command substantial pay. In other skilled crafts and trades, 120 hours of training doesn't even get you out of the unskilled labor category, "said author Jack L. Stout. "Based on the experience of other skilled crafts and trades, entry level requirements for paramedics should be approximately double the current requirements to provide a meaningful restriction on the supply of job candidates," he said.

In other skilled crafts and trades, 120 hours of training doesn't even get you out of the unskilled labor category,

City of Houston's police receive almost one million calls a year.

...in the November 5, 1990 issue of **Newsweek** magazine that the abuse of the 9-1-1 system is becoming a problem? Currently, the city of Houston's police receive almost one million calls a year. According to **Newsweek,**officials of that city estimate that only 10 percent to 30 percent of the calls are true life-threatening emergencies. As an example of the abuse, **Newsweek** cites one incidence where a Houston woman called 9-1-1 because her husband told her he wanted a divorce.

...in the September/October 1990 issue of **Response** magazine, that the National Highway Traffic Safety Administration has information on air bags? A free pamphlet describes the steps that emergency workers should take when working crashes of vehicles equipped with air bags. Copies can be obtained by writing NHTSA (NTS-13), 400 7th St., SW, Washington D.C, 20590.

A woman called 9-1-1 because her husband told her he wanted a divorce.

...in the September 1990 issue of **Rescue** magazine that there are currently eleven colleges and universities which offer degree programs in EMS? Two offer a graduate degree.

...in the November 1990 issue of **Jems** about the use of succinylcholine and pancuronium, which are neuromuscular blocking agents, for critically ill or injured patients who are too combative or agitated for air transport? These drugs temporarily paralyze combative patients, thereby allowing for air transport. The article is entitled "Calming Patients in Flight" and was written by NREMT-P Todd J. LeDuc. An accompanying article, "Easing Intubation," by Michael O. Berve, states that San Juan Regional Medical Center of Farmington, New Mexico, has had considerable success with succinylcholine in aiding airway management and intubation.

A pamphlet describes steps emergency workers should take with vehicles equipped with air bags.

...the article "Entering the Instructional Evolution" in the October 1990 issue of **Jems**? The author is Walt A. Stoy, MS, EMT-P and Director of Education at the Center for Emergency Medicine of Western Pennsylvania. A flight paramedic, Stoy teaches emergency medicine, and is currently a doctoral candidate concentrating on instructional design technology. "If instructors wish to provide a worthwhile learning encounter," said Stoy, "they must be educated in teaching style, as well as with dealing with students and their problems."

...and in the same publication that Ohmeda is offering a free packet of instructional materials on pulse oximetry in prehospital care? To order the material contact Scott Vierke, Ohmeda, 1315 West Century Drive, Louisville, CO, 80027 or call (800) 652-2469.

...the article, "Vehicle Maintenance, Who's Responsible?" by Carol Shanaberger, a Colorado attorney and paramedic? The article, in the October 1990 issue of **Jems**, stated that according to a recent court decision in Colorado, a city can be held responsible for not acting on complaints regarding emergency vehicle maintenance.

...in the October 1990 issue of **EMS Insider**, about the National Association for the Exchange of Industrial Resources? This not-for-profit group receives donations of excess new inventory from US corporations. The donating organization receives tax breaks for making the donation. NAEIR then catalogs these donations and subsequently ships them out to its membership as those members order from the 500-page catalog. Members pay the shipping charges. In 1989 this group gave away more than 50 million dollars worth of supplies. Yearly membership fee is $555, plus a one time $40 initiation fee. A money back guarantee is offered if new members have not received double their membership dues in new merchandise within the first year. For more information call (800) 562-0955.

AIDS

Model policies for the handling, care and treatment of HIV/AIDS-infected persons

Board approves AIDS workplace policies

The 71st Texas Legislature, Regular Session enacted Senate Bill 959, the Human Immunodeficiency Virus Services Act. To comply with this mandate, the Texas Department of Health, in conjunction with appropriate affected agencies, developed model HIV/AIDS policies. Policies substantially similar to these model policies must be implemented by all correctional facilities, law enforcement agencies, fire departments, emergency medical services providers, district probation departments, and appropriate contractors and/or subcontractors that receive any local, state, or federal funds for the provision of service.

EMS providers are required to develop and implement in a very timely manner policies regarding: employee/detainee/client HIV education; infection control procedures, supplies, training and equipment; access to service; and confidentiality of medical information. Those model HIV/AIDS policies are to be used as a basis for developing substantially similar local policies.

If you need assistance, please contact Rosemary Hanicak, HIV Workplace Specialist, Texas Department of Health, Public Health Promotion Division, (512) 458-7405 or TexAn 824-9405 or Mary Campbell, (512) 458-7550.

Amended final Rule 97.21. Approved by the Texas Board of Health 10/27/90.

Model policies for the handling, care and treatment of HIV/AIDS-infected persons in the custody of or under the supervision of correctional facilities, law enforcement agencies, fire departments, emergency medical services providers and district probation departments.

The 71st Texas Legislature has mandated that the Texas Department of Health develop model policies for the handling, care, and treatment of HIV-infected persons in the custody of or under the supervision of specified correctional, law enforcement and emergency services entities. These entities must develop policies which are based on and are substantially similar to HIV/AIDS policies, procedures or protocols developed by the Texas Department of Health. Policies must include: HIV/AIDS education; infection control supplies, equipment and training; occupational exposure; and where applicable, testing, segregation and isolation.

Part A. Education, supplies and equipment

Statutory authority: Art. 4419b-3, V.T.C.S., as added by Sec. 11, Ch.1195, Acts 71st Leg., R. S., 1989 (SB 959).

Section 4419b-3(b) directs:
The Texas Department of Health, in consultation with appropriate agencies, to develop model policies regarding the handling, care, and treatment of persons with AIDS or HIV infection who are in the custody of the Texas Department of Criminal Justice, local law enforcement agencies, municipal and county correctional facilities and district probation departments.

Section 4419b-3(c) directs:
Each state and local law enforcement agency, fire department, emergency medical services provider, municipal and county correctional facility, and district probation department to adopt a policy substantially similar to a model policy developed by the Texas Department of Health for handling persons with AIDS or HIV infection who are in their custody or under their supervision.

Section 4419b-3(d) directs:
A policy adopted under this article applies to persons who contract or subcontract with an entity required to adopt policies under subdivision (b) of this article.

Section 4419b-3(e) states that the policy shall:

1. provide for periodic education of employees, inmates, and probationers concerning HIV infection;

2. ensure that education programs for employees include information and training relating to infection control procedures; and

3. ensure that employees have infection control supplies and equipment readily available.

Section 4419b-3(f) directs that the adopted policy shall:

1. ensure access to appropriate services and

2. protect the confidentiality of medical records relating to HIV infection.

Policy Statements:

1. Periodic HIV/AIDS education of each employee, detainee, and probationer of the specified entities must be documented. HIV/AIDS education must be based on current, accurate scientific information provided by the United States Department of Health and Human Services, U.S. Public Health Service, Centers for Disease Control, U.S. Surgeon General, Texas Department of Health, or other recognized authorities on public health. Development of education programs must be consistent with the Texas Department of Health's HIV/AIDS Model Workplace Guidelines, Amended Final Rules, approved by the Texas Board of Health January 27, 1990, in 25 TAC Sec. 97.20.

Information about HIV/AIDS infection must include:

a. modes of HIV transmission;

b. methods of prevention of HIV transmission;

c. behaviors that are a potential risk for HIV infection; and

d. potential HIV-transmission behaviors that are in violation of Texas crimnal laws.

Article 4419b-3, Vernon's Texas Civil Statutes, directs that inmates of the Texas Department of Criminal Justice must also be provided education which deals with issues relevant to: HIV/AIDS during confinement, HIV/AIDS after release from a correctional facility, and "information based on cultural and other differences," including risks. HIV/AIDS information must be provided in a manner the detainee/supervised individual comprehends: English, a language other than English, sign, braille, vernacular, and/or appropriate teaching methodology aimed at low literacy or impaired skills.

2. Periodic HIV/AIDS education for employees must include standard occupational precautions, based on universal infection control protocols and other scientifically accurate information. Provision of this education and the knowledge and location of current infection control policies and procedures should be documented for each employee, contractor, subcontractor, or appropriate volunteer.

3. Each entity must provide proper infection control supplies and equipment, which at a minimum must include the following items.

a. First Aid Kit (contained in 12"X15" clear, resealable bag) consisting of:

- blood/body substance barriers;
- disposable latex or vinyl gloves (for use during direct body or body fluid contact);
- packaged alcohol or germicide wipes;
- CPR barrier equipment (for use by CPR-trained personnel)
- goggles;
- paper towels (15 - 20);
- 1-page instruction sheet explaining use of contents of kit; and

b. Clean-Up Kit (contained in 12"X15" clear, resealable bag) consisting of:

- 2 pairs of disposable or reusable vinyl gloves, rubber gloves, or any other appropriate barrier (for use during direct contact with body fluid spills, especially those containing visible blood);

- appropriate disposal containers, including 1 disposable bag (1 mil) and 1 red disposable bag (1.5 mil) marked "contaminated;"

- liquid "hospital disinfectant" which is tuberculocidal;

- paper towels (15 - 20);

- 1-page instruction sheet explaining use of contents of kit.

Supplies and equipment must be readily accessible by being:

(a) clearly identified for intended use;

(b) placed in areas of potential need;

(c) placed in locations within easy reach of personnel; and

(d) stored in containers that are easily opened.

The training of each employee, contractor, subcontractor, or volunteer in the proper use and location of infection control supplies/equipment should be documented.

Documentation must exist that supplies and equipment are assessed periodically to determine replacement needs based on use, expiration date or other factors.

4. Each entity must provide equal access to appropriate services for all persons, including those who are infected with HIV or who have AIDS, in the custody or care of that entity. Access to appropriate services includes:

(a) prompt access to testing/evaluation services if significant medical conditions or assaults are claimed;

(b) prompt referral/access to medical or dental care provider;

(c) prompt and accurate dispensing of prescription medications;

(d) prompt administration of proper first aid techniques to control a condition until referral/transport can be achieved; and

(e) prompt transport to medical or health care facility.

5. Each employee, contractor, subcontractor, or volunteer must be informed about specific policy regarding the confidentiality of medical information. Any such policy must state that all medical information, including information about HIV/AIDS infection, must be treated confidentially, as provided by law. The appropriate physician(s), as designated by the entity, shall determine who has a need to know this information, and shall document its release and the reasons for its release in the medical record. HIV status shall not be released to non-medical personnel unless written consent, specifying certain individuals or certain classes of persons, is obtained from the detainee, or a person or entity legally authorized to consent on behalf of the detainee. Non-medical personnel receiving such information shall keep this information confidential and not release it to others. Inmates, parolees, detainees, probationers or others in custody or under supervision who access medical information must be informed about all provisions of confidentiality policies.

Documentation should be made that personnel have been informed of the confidentiality policy and that failure to adhere to policy may result in both civil and criminal liabilities. (Section 81.046, Health & Safety Code and Section 81.103, Health & Safety Code as amended by Section 28, Chapter 1195, Acts of the 71st Legislature, Regular Session 1989).

Part B. Occupational Exposure

Statutory Authority: Art. 4419b-4, V.T.C.S., Sec. 1.05, TESTING AND COUNSELING FOR STATE EMPLOYEES EXPOSED ON THE JOB; Art. 4419b-4, V.T.C.S., Sec. 1, Ch. 1195, Acts 71st Leg., R. S., 1989 (S. B. 959).

Ch. 81, Health and Safety Code, V.T.C.A., as amended by Sec. 12, Ch. 1195, Acts 71st Leg., R. S., 1989 (S. B. 959) to add Sec. 9.07, relating to CONSENT TO TEST; CONFIDENTIALITY.

Administrative rules: 25 TAC Sec. 97.15. MANDATORY TESTING OF PERSONS SUSPECTED OF EXPOSING CERTAIN OTHER PERSONS TO REPORTABLE DISEASES, INCLUDING HIV INFECTION.

Policy statements:

1. Chapter 81, Health & Safety Code, as amended by Section 22, Chapter 1195, Acts of the 71st Legislature, Regular Session, 1989 (Senate Bill 959), to add Section 3.12, MANDATORY TESTING OF PERSONS SUSPECTED OF EXPOSING CERTAIN OTHER PERSONS TO REPORTABLE DISEASES, INCLUDING HIV INFECTION states that:

(b) A person whose occupation or volunteer service in included in one or more of the following categories may request the department or health authority to order the testing of another person who may have exposed the person to a reportable disease, including HIV infection:

(1) a law enforcement officer,

(2) a fire fighter,

(3) an emergency medical service employee or paramedic, or

(4) a correctional officer.

(c) A request under this section may be made only if the person:

(1) has experienced the exposure in the course of the person's employment or volunteer service;

(2) believes that the exposure placed the person at risk of a reportable disease, including HIV infection; and

(3) presents to the department or health authority a sworn affidavit that delineates the reasons for the request.

2. Within 72 hours of the incident, a person claiming occupational exposure to a reportable disease must submit to the Texas Department of Health or its designee (e.g. local health authority) a sworn affidavit delineating the reasons for the request.

3. Based on criteria established by the Board of Health, the Texas Department of Health or its designee must determine that the exposure occurred in a manner that the United States Public Health Service has determined capable of transmitting a reportable disease, including HIV (as defined in the current edition of the report titled **Control of Communicable Diseases In Man**, published as an official report by the American Public Health Association). If occupational exposure is claimed by an employee of the Texas Department of Criminal Justice, the Deputy Director for Health Services shall serve as the Department's designee, basing decisions on the Board of Health-approved exposure criteria.

4. If probable exposure is determined, the health authority or designee shall follow specific procedures developed by the Texas Department of Health:

a. The health authority or designee must give the person (source) prompt and confidential written notice of the order to be tested. The source must be provided the factual basis for ordering the test and referral to appropriate health care facilities for testing for reportable diseases, including HIV. The source must be advised of the right to refuse to be tested, but that the refusal may result in a court determination of the necessity for testing.

b. If the source refuses to be tested, he or she may be ordered by the court to be tested.

c. The source has a right to an attorney, court appointed if the source cannot afford legal representation. The source may not waive the right to an attorney unless the source has consulted an attorney.

d. If the court determines that there was not reasonable cause for the claimant to have requested the test, the court may assess court costs against the claimant.

e. If the court determines that possible exposure has occurred and testing is appropriate, the court shall issue an order requiring counseling and testing of the source.

f. The health authority or designee is to inform the claimant and source of the test results and the possible need for medical follow-up and counseling services.

5. When claiming occupational exposure to a reportable disease, including HIV, the claimant may request testing and counseling. If the claimant is a state employee, the state must assume the

expenses for testing and counseling [Sec. 5.05.(a), (d)]. Payment for testing and counseling of a state employee shall be from funds appropriated for payment of workers' compensation benefits. Payment is to be based on rules established by the state attorney general's office. Testing and counseling services must conform to protocols established by the Texas Department of Health.

6. To qualify for workers' compensation or any other similar benefits for compensation, an employee claiming occupational exposure to a reportable disease, including HIV infection, must:

- provide the entity a sworn affidavit of the date and circumstances of the exposure within 72 hours of the incident, and

- document that within 10 days after the exposure the employee had a test result that indicated an absence of the reportable disease, including HIV infection.

7. A person subject to this section, who may have been exposed to a reportable disease, including HIV infection, may not be required to be tested.

Part C. HIV Testing and Segregation

Statutory Authority: Sec. 500.054, Government Code, V.T.C.S. as amended by Sec. 7, Ch.1195, Acts 71st Leg., R.S., 1989 (S.B. 959). relating to TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS.

Ch. 46A, V.A.C.C.P., as added by Sec. 13, Ch. 1195, Acts 71st Leg., R. S., 1989 (S. B. 959), relating to AIDS AND HIV TESTING IN COUNTY AND MUNICIPAL JAILS. Art. 46A.01, Testing; segregation; disclosure.

Sec. 4.05, Art. 4419b-4, V.T.C.S., The Human Immunodeficiency Services Act, as added by Sec. 1, Ch. 1195, Acts 71st Leg., R. S., 1989 (S. B. 959).

Section 500.054, Section 5, states that: [t]he Texas Department of [Criminal Justice] is authorized to test inmates of correctional facilities for human immunodeficiency virus. If the department determines that an inmate has a positive test result, the inmate may be segregated from other inmates."

Section 46A.01(b) states that: [a] county or municipality may test an inmate confined in the county or municipal jail or in a contract facility ... to determine the proper medical treatment of the inmate or the proper social management of the inmate or other inmates in the jail or facility."

Section 46A.01(c) states that: [i]f the county or municipality determines that an inmate has a positive test result for AIDS or HIV, the county or municipality may segregate the inmate from other inmates in the jail or facility."

Section 46A.01(d), Code of Criminal Procedure, Vernon's Texas Codes Annotated, states that: [neither the county nor the municipality has the] duty to test for AIDS or HIV, and cause of action does not arise under this article from a failure to test for AIDS or HIV."

Section 4.05(a), Article 4419b-4, Vernon's Texas Civil Statutes, relating to Model Protocols for Counseling and Testing, states:

The department shall develop model protocols for counseling and testing related to HIV infection.

Section 4.07, Article 4419b-4, Vernon's' Texas Civil Statutes, relating to Physician Supervision of Medical Care, states:

A licensed physician shall supervise any medical care or procedure provided under the testing program.

Policy Statements:

1. The statutory authority cited above does not require that persons in the custody of the Texas Department of Criminal Justice, county or municipal correctional facilities, or their contractors or subcontractors be tested for HIV infection. Entities that order HIV testing must develop policies which delineate HIV testing criteria. Such policies must

assure that:

A. Mandatory testing of persons being served by entities, including new admissions to a facility or program, is not a standard practice. Mandatory testing is to be based on the judgment of the attending/admitting physician or health authority
or when ordered by the court. EXCEPTIONS: the Texas Department of Criminal Justice does have legislative authority to initiate mandatory HIV screening of all inmates [Section 500.054, Section 5, Government Code, VTCA, as amended]. Jails may test inmates for proper medical or social management. [Chapter 46A, Code of Criminal Procedure, VTCA].
The physician or the physician's designee must document the medical or behavioral necessity for HIV testing in the person's medical record.

B. Inmates or prisoners who request testing for HIV infection must either:

1. sign a consent form indicating the individual's willingness to be tested voluntarily; or

2. have documentation in the medical record that the test has been explained and the detainee's consent has been obtained orally (informed consent).

C. Mandatory and voluntary testing must be based on protocols which include all elements of pre- and post-test counseling protocols established by the Texas Department of Health, as provided by law.

2. The statutory authority cited above does not require segregation/ isolation of HIV-infected persons under the supervision or in the custody of the specified entities. Any policies for the segregation and/or isolation of HIV-infected inmates or prisoners should not include mandatory segregation or isolation based solely on seropositive test results for HIV infection.

Development of social management policies must include consideration of the modes of HIV transmission, which are scientifically documented as being very limited. Decisions involving the segregation/isolation of inmates or prisoners should be based on certain behaviors or medical conditions of the person:

- participation in vaginal, anal or oral penetration or intercourse, especially without the proper use of a latex condom;

- sharing intravenous needles, syringes, or other sharps used to purposely penetrate the skin;

- having open, unscabbed wounds or weeping dermatitis that cannot be covered;

- having medical conditions which are highly contagious (i.e. tuberculosis, measles or other air-borne diseases), especially for susceptible individuals. [See the current edition of **Control of Communicable Diseases In Man**, published as an official report by the American Public Health Association.]

Assumed conditions such as sexual orientation, perceived drug abuse, or perceived medical conditions are not valid reasons to segregate or isolate.

Evaluation of segregation/isolation of HIV-infected persons must also be determined by the availability of space and the possibility of unreasonable or unsafe crowding conditions. At no time should a determination to segregate/ isolate an HIV-infected individual be based on claims of contamination of environmental surfaces (i.e. walls, floors, furniture, eating utensils). If visible blood, semen and/or vaginal fluids are present on any surface, implementation of proper infection control disinfection techniques eliminates HIV and other pathogens.

HIV/AIDS Resource Bibliography

Publications available to the criminal justice community:

National Institute of Justice Clearinghouse, U.S. Department of Justice, Office of Justice Programs, Washington, DC 20531, (301) 251-5500

National Institute of Justice AIDS Bulletin

- "The cause, transmission, and incidence of AIDS," June 1987.
- "Precautionary measures and protective equipment: Developing a reasonable response, "February 1988, NCJ 108619.
- "Legal Issues Affecting Offenders and Staff," May 1989, NCJ 114731.
- "AIDS and HIV training and education in criminal justice agencies," August 1989, NCJ 115904.

National Sheriff's Association AIDS Project, 1450 Duke Street, Alexandria, VA 22314, (703) 836-7827

Texas Resources

Texas Department of Health
To order literature, write:
Literature and Forms Division, 1100 West 49th Street, Austin, Texas 78756-3199

- "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers," February 1989, Stock No. 4-166.
- *"Texas HIV/AIDS Community Resource Directory," Stock No. 4-113.
- "AIDS & the Workplace," Stock No. 4-148.
- "What Everyone Should Know About...AIDS," Stock No. 4-141.
- pamphlets, audiovisuals, posters (*TX HIV/AIDS Resource Dir.)

To obtain technical assistance concerning workplace policies, call: (512) 458-7400.

American Red Cross, Contact local chapter or Centex Chapter, 2218 Pershing Drive, Austin, TX 78723-5885, (512) 928-4271

- "Emergency and Public Safety Workers and HIV/AIDS—A Duty to Respond," Stock No. 329544, July 1989.
- video tapes, brochures, posters.

Texas Hotlines

Texas AIDSLINE 1-800-299-AIDS
Informacion SIDA 1-800-299-AIDS
TDD (for hearing impaired) 1-800-252-8012

National Resource

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
(301) 762-5111
Bulk publications: 1-800-458-5231

AIDS information and resources provided by the Centers for Disease Control:

- "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers", February 1989, Stock No. 329549.
- "A Curriculum Guide for Public-Safety and Emergency-Response Workers, Prevention of Transmission of Human Immu nodeficiency Virus and Hepatitis B Virus," February 1989.
- "Morbidity and Mortality Weekly Report (MMWR)"
- pamphlets, videos, posters.

National Hotlines

AIDS Hotline & AIDS Help 1-800-634-7477
Centers for Disease Control: AIDS Program 1-800-447-AIDS
National AIDS Prevention 1-800-872-8378
National Institute of Justice AIDS clearing house (301) 251-5500
Public Health Service AIDS Hotline 1-800-342-AIDS
Informacion SIDA 1-800-344-SIDA
Hearing Impaired 1-800-AIDS-TTY
Drug Abuse Hotline 1-800-662-HELP

Note: Ask if a charge is involved for materials you request. Materials listed by the Texas Department of Health are free.

Editor's Notes

by Alana S. Mallard, Editor

Good news, Lifesavers. Your work is paying off. Over the last decade, according to the National Safety Council, accidental death rates have decreased by twenty-one percent. Is it EMTs and paramedics? Is it seatbelts and DWI legislation? Is it high-tech emergency departments and EMS vehicles? Is it prevention education? Is it emergency physicians and critical care nurses? Is it childproof caps and airbags? Is it law enforcement and first responders?

Yes. It is every one of those and many more. Accidental deaths are what modern registries have renamed deaths due to injuries, or trauma deaths. This decrease is excellent news for the new decade as Texas finishes the first year of work on its statewide trauma system. But a twenty-one percent decrease in deaths only means that in Texas we experienced 10,805 injury deaths in 1989 instead of what might have been nearly 13,000. The numbers are not small even with a resounding decrease. Bureau projections for injuries in Texas in 1991 exceed 350,000, and 71,640 of those will be serious trauma.

Some of our readers may soon be receiving surveys asking questions about the role of the EMT-paramedic in the hospital emergency department. This is an issue that the Bureau began exploring at the state EMS conference last year, and one which may hold answers for two issues: the nursing shortage and the lack of a career ladder for EMS personnel.

Is there a role in the hospital emergency department for the paramedic?

If paramedics are used in the ED, what tasks would physicians and registered nurses delegate to them?

What tasks would paramedics be willing to perform?

The **Texas EMS Messenger** is participating in the survey of EMT-paramedics, emergency department registered nurses, and emergency department physicians and will publish the survey results in a future issue of the magazine. The three surveys will be mailed in February to 712 EMT-paramedics, 600 emergency nurses, and 170 emergency physicians.

Donna Pleasant, director of emergency department nursing for Scott and White Hospital in Temple, proposed the study to determine the views of paramedics, nurses, and physicians regarding delegation to paramedics and nurses in the ED and paramedics' willingness to work in the ED.

According to Pleasant, emergency nurses were surveyed in 1984 and 1988 on several similar issues, but paramedics and physicians have not been surveyed. We hope this survey and study will assist those interested in the development of a role for the EMT-paramedic in the emergency department. The survey sample comes from the Texas EMS Registry certification listing, Texas Emergency Nurse Association member listing, and American College of Emergency Physicians-Texas Chapter member listing.

Next month we will observe Child Passenger Safety Awareness Week from February 10-16. Buckle up for love, and remember to Think Child Safety.

Around The State

February 10-16, 1991, **Child Passenger Safety Awareness Week**, contact 512/458-7550.

February 15, 1991, **HAZ-MAT Recognition and Identification**, Texarkana College. Kathy Jordan, 903/838-4541.

February 16, 1991, **EMS: Back to the Basics** symposium sponsored by Texas A&M Emergency Care Team. Contact Bill Drees, Texas A&M University Emergency Care Team, A.P. Beutel Health Center, College Station, TX 77841-1264.

February 21, 22, 23/March 7,8,9, 1991, **Understanding and Controlling the Violent Patient**, Houston, San Antonio, Austin, $80, 8 hours TDH C.E. Contact TDH, Public Health Region 6 office 512/278-7173 or Dr. David Siddle, Assumption College, 500 Salisbury St., Worcester, MA 01609.

February 23, 1991, **Responding to HAZ-MAT Incident**, Texarkana College. Kathy Jordan, 903/838-4541.

March 1-2, 1991, **Traumatology Conference**, Beaumont, TX. 409/880-2233.

March 7, 1991, EMT-Intermediate course, followed by Paramedic completion course. TSTI, Joni Parr, Route 3, Box 8, Sweetwater, TX 79556. 1-800-592-TSTI.

March 9, 1991, **Vertical Rescue Problems Course**, $ 30. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

March 21-22, 1991, **Emergency Symposium '91**, Texarkana College. Kathy Jordan, 903/838-4541.

March 23-24, 1991, **Basic Vertical Rescue**, $ 65. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

April 16 - 19, 1991, **Industrial Fire World Exposition**, Houston, TX Tammy Randermann, 409/693-7105. FAX 409/764-0691.

April 20-21, 1991, **Basic Vertical Rescue**, $ 65. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

May, 1991, **Trauma Awareness Month**, contact 512/458-7550.

May 4-5, 1991, **Basic Vertical Rescue**, $65. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

May 12-18, 1991, **Texas and National EMS Week**, contact 512/458-7550.

May 23-25, 1991, **Advanced Vertical Rescue**, $120. For graduates of the basic class. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

June 5-6, 1991, **Ninth Annual Emergency Care Update**, Arlington, TX. Sponsored by CareFlite Dallas and CareFlite Fort Worth. Robin Scheffler, 817/882-4010 or 800/772-5840.

November 25-27, 1991, **Texas EMS Conference '91**, Austin, TX. Contact Tom Ardrey. 512/458-7550.

Prof. Liability available to EMS organizations, Contact Bert Peterson at 713/622-7161 or 1-800-537-7497.

EMT-I, EMT-Ps needed offshore: $795/week + overtime. Texas or Nat'l Certification. Resume: OPI, Health Services, 96 W. Front St, Orange, TX 77630.

EMT-I/Paramedic: TX Dept. of Corrections. $1622/mo. Texas certification EMT-I/Paramedic. TDC, Box 99, Personnel, Huntsville, TX 77342 409/294-2755.

Paramedic: Firefighter trainee, EMT-P. Send resumes to: Houston Fire Department, Personnel Department, Selection Services Division, 500 Jefferson, Houston, TX 77002.

Associate Medical Director: Coordinate ALS training/CE for EMTs. Paramedic, RN. ACLS cert. Exp. in paramedic educ. & EMS operations. Dept of Surgery, Texas Tech Univ, RAHC, 4800 Alberta Ave., El Paso, TX 79905. Sandra Mendez 915/545-6860.

Paramedics: Offshore oil production. Texas or National Registry. ACLS, BTLS. Resume: Medic Systems, P.O. Box 690928, Houston, TX 77269.

EMT Training Coordinator. UTSW Medical Center. Vitae to Debra Cason, 5323 Harry Hines, Dallas, TX 75235-8890. 214/688-3131.

Paramedic Instructor: UTSW Medical Center. Vitae to Debra Cason at 5323 Harry Hines, Dallas, TX. 75235-8890. 214/688-3131.

EMTs, EMT-Ps: Resumes: Offshore Emergency Medical Systems, Chris Hardage, 5919 Charles Schreiner Tr, Austin, TX 78749.

EMTs: All levels of EMS certification in all areas of the state. Tech-Star, P.O. Box 7, Stamford, TX 79553, 915/773-5691.

Faculty: UT Southwestern Medical Center, paramedic to teach EMT classes. Bachelor's degree in a health related field. Certified or eligible for paramedic certification. One year teaching preferred. Vitae to Debra Cason or Bob McMullen, 5323 Harry Hines Blvd., Dallas, TX 75235-8890. 214/688-3131.

EMT-B, EMT-I, EMT-P: Alpine and Monahans Divisions of West Texas Ambulance Service. Resume: WTAS, P.O. Box 338, Alpine, TX 79831. Mike Scudder, 915/837-7471.

Director: Live Oak County Volunteer EMS. Contact Live Oak County Auditor, P.O. Box 699, George West, TX 78022.

Paramedics: Galveston EMS. "9-1-1" MICU service with advanced protocols. $20,220 (after six months) for EMT-P with experience. S. Atwell, P.O. Box 838, Galveston, TX 77553. 409/766-2144.

Accepting Bids: 1979 Type III Ford ambulance. Bids close February 17, 1991. City of Grapeland or Grapeland Ambulance Service, 126 South Oak, Grapeland, TX 75844. Bids may be rejected. 409/687-2115.

Accepting Sealed Bids: MD3 Cardiac Monitor/Defib. with battery module. Bids opened February 15. Huntsville-Walker Co. EMS. 409/295-4848.

Announcement: The Greater Houston EMS Council is accepting applications for membership. 713/376-4400 or 713/376-1598.

For Sale: 1982 Chevrolet Type I Modular Ambulance. Mike Scudder, 915/837-7471.

For Sale: Two Motorola Apcor telemetry units, two Motorola mobile telemetry units, two Motorola vehicle chargers for Apcor battery pack. All working. Friendswood Fire Dept., 713/482-0317.

For Sale: Thumper, cardiopulmonary resuscitator, soft pack w\case. $2,500, 2-Mars 888 lights, good shape, $700. Roland Hobbs, Jacinto City Fire Dept., 1126 Mercury Dr., Houston, TX 77029. 713/674-1841.

For Sale: 1988 Collins Type II ambulance, MICU equipped, new motor. 1985 Ford Type II ambulance, ALS equipped. LifePac5 monitor, defibrillator. Uniden 800-Trunking radio, 3 units including base station. Cannon 400F copier. Assorted ambulance equipment. 713/623-2253.

Jerry knows disasters

With this profile, the Texas EMS Messenger starts a regular column that tells our readers about Bureau of Emergency Management staff members. We started with the tallest guy in the office...

In his twenty-two years with the EMS Division, spent mostly in the Disaster Response Program, Jerry Lester has seen his share of hurricanes, tornadoes, fires, explosions, floods, oil spills, chemical leaks, and the occasional tumped over lettuce truck. In those early years of EMS Jerry certified as an EMT and moonlighted with Austin Ambulance Service, so he knows first-hand how preplanning for a major incident can make an actual event go smoothly. "What starts a disaster - a tornado, flood, plane crash, or flood - is immaterial," Jerry said. "You have the same kind of response to whatever the cause is."

In the last year or so, Jerry has become our resident expert on emergency services districts and foundation funding for EMS. With a data base of about two hundred foundations that make grants for EMS activities, Jerry is able to tailor for a local EMS group a list of six or eight possible funding sources.

In his life before EMS (is there really such a thing?) Jerry played professional basketball against the Harlem Globetrotters for three years. The Atlanta Hawks thought the 6'6" forward from Oklahoma Baptist College was too little for them, so Jerry visited thirty-five countries and forty-five states playing straight man for the 'trotters.

If you want information on local disaster response and planning or on emergency services districts and foundation funding, call Jerry at (512) 458-7550. He won't drop the ball.

— Alana S. Mallard

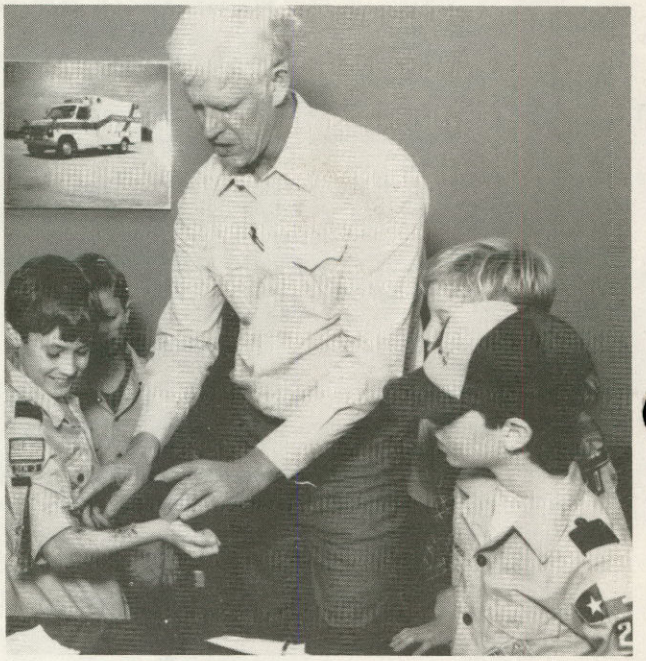

Photo by Mary Gottwald

Here Jerry Lester helps Boy Scouts work on their Readyman badge by demonstrating moulage techniques and talking about emergency services.

Bureau of Emergency Management
Texas Department of Health
Austin, Texas 78756-3199

Second Class Rate Paid
At Austin, Texas

Texas EMS Week
May 12-18, 1991