

Texas EMS

M e s s e n g e r

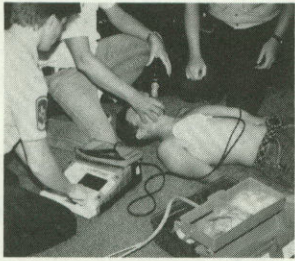


*Inside
First responders
shock patients*

*Trauma rules go
to Board*

*Tell TEMSAC
what you think*

About this issue



COVER PHOTO: Early defibrillation, one of the links in the chain of survival, saves heart attack victims. See story on page 16. Photo by Ron Hilliard, UTHSC-SA.

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- 6 Texas EMS Advisory Council Members call for public input by *Alana S. Mallard*
 - 8 Texas EMS Conference '91 Seven pages of awards, exhibitors, workshops by *Alana S. Mallard*
 - 16 AEDs Electricity's role in the chain of survival by *Dr. Donald J. Gordon*
 - 26 We're not ambulance drivers But shouldn't we be? by *Lori McClure*

Departments

From This Side	3
Local and Regional EMS News	4
TTAC	15
Did You Read?	27
Letters	29
Around the State	31
Bureau Profile	Back Cover

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

Texas EMS

M e s s e n g e r

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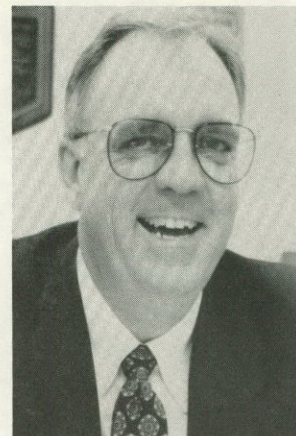
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Ready Teddy meets the Governor



*Gene Weatherall
Chief
Bureau of
Emergency
Management*

I really wish you could have been there when Ready Teddy met Governor Ann Richards. The occasion was the signing of the proclamation for Think Child Safety in conjunction with Texas EMS Week. The Governor seemed impressed with Ready Teddy and even autographed one of Ready's coloring books with these words: "Thank you for helping our children." Ready was really pleased with all the attention from the Governor's office.

Stewart Dodson, a paramedic from Paris, created the Think Child Safety program. He did an excellent job of explaining this program to Governor Ann Richards and all of us with the Health Department appreciate the positive comments he made about Ready Teddy to the Governor. Representative Pete Patterson scheduled the signing session with the Governor. In addition to Representative Patterson, Dodson, and Ready Teddy, others representing EMS with Governor Richards were Eric Clifford, Mayor of Paris from 1988 to 1990; George Fisher, Mayor; Mike Malone, City Manager; Kent Klinkerman, deputy chief of the EMS Division of Paris Fire Department; Paramedic Babe Aycock from Mart EMS and Mayor of Mart for many years; and Jan Brizendine and Dr. Albert Randall from our agency. I was proud to be part of the group.

Several components of emergency medical service are currently under evaluation for possible changes. The Texas Emergency Medical Services Advisory Council recently took a positive step

forward by identifying the issues of accreditation and quality control programs and referring these to various committees. The comments of Dr. Prentice and others from our advisory council can be found on pages 6 and 7 of this issue.

There seems to be considerable development in emergency medical services in several areas. One such new area of development is a training program for emergency communication personnel. The Texas Commission on Law Enforcement Officer Standards and Education recently appointed an Emergency Communications Certification Program Advisory Committee to create a standardized program to certify the knowledges, skills, and abilities of emergency communication operators and technicians. There will be several public hearings of this group around the state and I urge those with an interest in emergency communications to provide input regarding EMS issues. We will keep you informed in the **Texas EMS Messenger** of their work.

This issue of the **Texas EMS Messenger** contains several pages of information on our annual conference. Recently we have been asked why we moved the conference to the week of Thanksgiving. The answer is simple. It was the only three-day period we could get Palmer Auditorium for 100 exhibitors and 1,000 registrants, and get the luxurious Hyatt Regency Hotel for \$55 a night. I am thrilled that we were able to negotiate a \$55 room rate at a luxury hotel on Town Lake. We are looking forward to our finest conference ever in November.

**The Governor
seemed impressed
with Ready Teddy
and even auto-
graphed one of
Ready's coloring
books with these
words: "Thank you
for helping our
children."**

Local and Regional EMS News

A volunteer is a volunteer is a volunteer

Mart EMS paramedic Mary Nichols recently relocated to Trinity in East Texas with her physician husband. Gail Cline of Trinity Peninsula Ambulance Association recruited her to serve on the EMS board and PHR 7's Don Reeves signed her up for the Coordinator Update in Lufkin. The Trinity Peninsula EMS group has about 18 active members with 40 members on the roster.

Nichols represented Mart two years ago in Kansas City when the volunteer EMS group won National Association of EMTs' honor as outstanding BLS system in the nation.

CISD in SPEMS

On July 27 and 28 Jeffrey Mitchell, PhD, the founder of the American Critical Incident Stress Foundation, comes to Lubbock through a grant from the Texas Department of Health to present the

Critical Incident Stress Debriefing Training Program. Dr. Mitchell developed the CISD process used by more than 150 communities throughout the United States and five other nations.

According to South Plains Emergency Medical Services regional coordinator Donna Flinders, the training is free of charge to EMS personnel in the South Plains, Panhandle and Permian Basin areas. Others can register for the training for \$50 until July 13, and for \$75 beyond that date.

"The Basic CISD Training Program assists participants in developing and managing a CISD team," said Flinders. "The two-day training session prepares mental health professionals and peer support personnel from emergency services to provide a variety of crisis services for distressed emergency personnel. Training includes pre-incident education, defusings, demobilizations, significant other support and debriefings."

For further information, contact Donna Flinders at (806)791-2582.

Critical Incident Stress Debriefing Training Registration Form

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

South Plains;

Panhandle;

Permian Basin;

Check enclosed.

Mail this form and check to: **South Plains EMS, Inc.**

**SPEMS CISD
5211 Brownfield Highway #5
Lubbock TX 79407**

CISD training free to EMS personnel in South Plains, Panhandle, and Permian Basin; \$50 to others.

Local and Regional EMS News

Emergency physicians group names Kerns EMS director

The American College of Emergency Physicians located in Dallas appointed Donald E. Kerns director of the EMS department recently to direct ACEP's EMS-related activities. Kerns served as EMS director for the State of Iowa since 1984 and is a member of the board of directors of the National Association of State EMS Directors. His EMS career began in 1980 at Boone County Hospital in Boone, Iowa, where Kerns worked as an EMT.

ACEP represents more than 14,000 emergency physicians in its efforts to improve emergency medical care through continuing education, research, and public education.

It just ain't Texas

Speaking of relocating, James Davis has. Again. Davis is the PHR 1 staff member who left the Austin office in November to join PacMed in California. Davis loved the organization, he says, loved the street work, but it just wasn't Texas. Davis is back with PHR 1 in the Temple office.

Los Fresnos Open House

Los Fresnos Volunteer Fire Department held a Grand Opening and Open House of the new Emergency Services Building for the fire department and the Los Fresnos Ambulance Service.

American Trauma Society chooses violence as 1992 target

Prevention of violence will be the target for the 2,500-member strong American Trauma Society in 1992, according to

ATS member Kathy Perkins. Perkins, administrator of the bureau's EMS/Trauma Systems Development Program, attended the trauma society's Annual Meeting in Washington, DC, last month and visited with members of Congress' Texas delegation about trauma systems in Texas.

Texan Robert V. Walker, DDS, serves as president of the American Trauma Society. Individual memberships for EMS personnel are available for \$30. Contact 1-800-556-7890 for membership information.

Texas Society of EMTs joins up with Ready Teddy

Just in time for Ready Teddy's visit to Governor Ann Richards' office during EMS Week, the Texas Society of EMTs helped spiff up Texas' fuzziest paramedic. Thanks to our friends in the Society, Ready Teddy has a harder, more comfortable head and his satin jacket has been replaced by a more practical nylon jacket.

Ready Teddy has made more than 30 appearances since he first rappelled down the side of the Doubletree Hotel in Austin last September, and all of his alter egos have made suggestions about improving the mascot's costume.

Texas Society of EMTs is a professional association for EMS personnel, and the group sponsored Ready Teddy's visits with children in Midland and Odessa in October.

EMT and Paramedic of the Year

Awarded by Texas Association of EMTs at Texas EMS Conference, November 26, 1991.

Send nominations to Texas Association of EMTs, P.O. Box 1243, Leander, Texas 78641, attn: TAEMT Awards Committee. Deadline for nominations September 1, 1991.

TEMSAC

Advisory Council looks at child occupant protection, quality, accreditation, licensure

by Alana S. Mallard

David Prentice, MD, Chair
Houston
Paul H. Atkinson, DDS
New Boston
James Atkins, MD
Dallas
Guinn Burks
Crane
R. Donovan Butter, DO
San Antonio
Barbara Dorman, RN
Plainview
Fred Falkner
Fort Stockton
Barbara Gehring
El Paso
Joe Huffman
Dallas
Jay Johnson
Tulia
Leslie Madden
Boerne
Tommy Nations
Denton
Nancy Polunsky
San Angelo
Kenneth Poteete
Georgetown
Virginia Scott, RN
Houston
Faye Thomas
Corsicana
Josiah Tyson
Houston

At the May 3 meeting of Texas EMS Advisory Council, Medical Director Committee chair Dr. James Atkins urged the council to consider adopting rules requiring child safety restraints in emergency vehicles.

According to Atkins, four states have rules or laws which govern occupant protection systems for an uninjured child who must accompany an injured adult in an ambulance.

TEMSAC and four committees met May 2 and 3; the Executive Committee met earlier on April 24. Educators, adhoc Licensure, Medical Directors, and Public Information and Education committees met May 2 prior to the TEMSAC meeting. Approximately 60 people attended the meetings.

Accreditation, Quality

The controversial issue of paramedic training accreditation was again taken up by the Executive Committee because of what TEMSAC chair Dr. David Prentice called a "renewed focus and movement in EMS in the area of quality assurance."

Prentice charged the Educators Committee to review quality issues and report to TEMSAC at its fall meeting, and he charged the Providers Committee with looking at the issue of accreditation and returning with a report also at the fall meeting.

According to Prentice, basic fears that accreditation will drive up the cost of training and have a negative financial effect on EMS providers need to be dealt with head-on in the Providers Committee before the issue is ever referred to the Educators Committee.

Bureau Chief Gene Weatherall reported to TEMSAC that staff and the Executive Committee had studied the testing and certification process and determined that National Registry is not the solution at this time because the paramedic exam is "probably the best it's ever been right now." Weatherall said also that it may be cost effective to contract with a national exam service to administer the TDH certification exam in the future.

Several training sites in the state currently administer the National Registry test also, and some employers require National Registry certification along with TDH certification. In the Educators Committee report to TEMSAC, chair Joe Tyson said the group supported a national

testing service as long as Texas physicians continue to control test development. Getting student grades the day of the test would be one advantage of a testing service, according to Tyson.

Quality assurance, quality improvement, quality management -- by any name, the provider license rule 157.11 requires it with these words: "An EMS provider shall provide evidence of ... a run review process which shall consist of evaluation and action."

The Educators Committee called it quality management at their committee meeting and chair Joe Tyson asked Ernie Rodriguez of Corpus Christi Fire Department EMS to chair a subcommittee to develop guidelines for quality management.

Medical Directors Committee chair Dr. James Atkins reported that his committee was rewriting the automated external defibrillator rules for training to be in line with the new American Heart Association national standards. He reported also that the committee was looking at certification standards for AED operators outside the authority of TDH, such as police and health club employees.

Licensure

With input from everyone interested, Tommy Nations and the adhoc Licensure Committee will define licensure and scope of practice this summer. "Keep those comments coming," Nations said, "because we do need those ideas."

Members of TEMSAC not on the committee attended the Licensure Committee meeting the night before the council met and had these observations. Dr. Atkins: "Long term licensure with a little CE or short term licensure with no CE -- I think they've got problems with the system and licensure might solve those problems." Provider Committee chair Nancy Polunsky: "Testing seems to be a thorn in their sides."

TEMSAC meets again September 19 and 20 in Austin, Contact Harold Broadbent at (512) 458-7550 for information regarding location.

Sound off to TEMSAC

Texas EMS Advisory Council members want to know what you think about the issues facing EMS, and the best way to let them know your opinion is to write the chair of the appropriate committee.

Paramedic school accreditation - referred to Provider Committee, chair Nancy Polunsky, 2708 Briargrove Lane, San Angelo, Texas 76904, 915/949-3170.

Quality management - referred to Educators Committee subcommittee on quality management, chair Ernie Rodriguez, Corpus Christi Fire Department EMS, 209 S. Carancahua, Corpus Christi, Texas 78401, 512/880-3948.

Licensure - referred to adhoc Licensure Committee, chair Tommy Nations, 217 West McKinney Street, Denton, Texas 76201-4198, 817/566-8117.

Child occupant protection in ambulances - referred to Medical Directors Committee, chair James M. Atkins, 5323 Harry Hines Boulevard, Dallas, Texas 75235, 214/688-3777.

"November!! It's too late."

"Thanksgiving!!?? Everyone will have holiday plans."

"Texas EMS Conference?? Count on me, cause I'll be there!"

Texas EMS Conference '91

by Alana S. Mallard

We know. It's a change. A really, really BIG CHANGE. But we promise to make it worth your while. Again!! Great education in luxurious surroundings at a reasonable price has always been our goal for your state EMS conference and we're sure we will meet that goal for the sixth year.

We started a tradition of having our conference in September. "See you in September" replaced "Good-bye" at the end of long-distance telephone calls around here about this time every year. We chose September so we could bring attention to our profession in Texas during National EMS Week, we gave EMS Week awards during the conference, and we sponsored an EMS Week photo contest. It all fit into a cozy little EMS Week package.

Two things changed. One, we got too big for the hotels in Austin. Two, EMS Week moved to May. We knew after we read the exhibitors' evaluations last year that we had to find a place where all the exhibitors could be together with the ambulances inside, and we also knew that our conference in the fall would no longer be tied to EMS Week.

The November 25, 26, and 27 date is the product of three bureaucracies trying

to find three days they could work together. We needed three days at Palmer Auditorium for the exhibitors, and the same three nights at a hotel within walking distance where we could also have a banquet for 1,000 people, and we had to keep the conference registration at \$50 and the hotel room at \$55.

We have made the best possible deal for our sixth annual Texas EMS Conference, and we are excited about recognizing 25 years of EMS in Texas during the conference. You won't want to miss it. And we don't want to miss seeing you. So plan to do your turkey and dressing and giblet gravy at the last possible minute **after** you get home from Texas EMS Conference '91.

On the next few pages you will see a registration form, an agenda, a call for EMS awards nominations, the rules for a photo contest, and a listing of the 1990 exhibitors. Again this year the registration fee is \$50 for an individual registration. The exhibitor registration is \$450. Our exhibit area can accommodate 100 exhibitors, so after you send in your conference registration, call some of the folks you do business with and make sure they are planning to attend the conference.

We start the conference Monday morning with James Page, the publisher of **JEMS** magazine who is our keynote speaker. Then two of your favorites, Houston's Dr. Paul Pepe and DPS Lt. Mark Warren, will present general sessions.

- November 25, 26, 27

The exhibit area at Palmer Auditorium will be open from 1pm to 5pm on Monday with demonstrations going on inside. Tuesday and Wednesday continental breakfast will be served in the exhibit area; you'll find coffee, tea, and soft drink breaks in the exhibit area throughout the day Monday, Tuesday, and Wednesday; and plan to attend a Tuesday night reception for EMS Awards winners in the exhibit area.

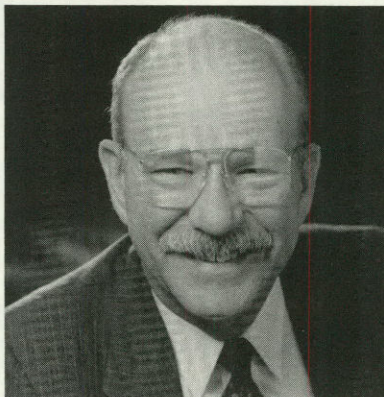
All day Tuesday we'll do educational tracks at Palmer Auditorium with a break for our Awards Luncheon at the Hyatt Regency. Educational tracks on Tuesday include Pediatric Emergencies, Trauma, Medical, Communications, Quality Management, and Rescue Survival -- you'll be able to choose five workshop breakouts of the thirty offered on Tuesday. Tuesday at the Awards Luncheon Gene Weatherall says we're "going to hand out awards like candy!" to recognize doers during our 25 years of Texas EMS.

We are setting up a medical/legal panel for the Wednesday morning general session and we close the conference with a look at the next 25 years -- including a time capsule. The closing session ends before lunch Wednesday.

Really, folks, don't miss this one. Call the Hyatt Regency and make your room reservation, send your check to the Texas Health Foundation, then get ready for Texas EMS Conference '91 - an exhibitor and educational showcase!

See you in November.

Texas EMS Conference '91 Austin, Texas



**November 25, 26, 27
Palmer Auditorium
and Hyatt Regency
Hotel**

Jim Page - Excellence in EMS

Hear James O. Page, publisher of JEMS magazine, talk about EMS excellence at the Texas EMS Conference, November 25, 1991, at Palmer Auditorium in Austin.

Jim Page, the publisher and editor-in-chief of JEMS began his EMS career in 1957 as a rescue firefighter and first-aider. Since then, he has become a lawyer, author, television writer, EMS administrator in four states and a fire chief in the Los Angeles area. Jim Page brings three decades of national EMS experience to our 25th anniversary celebration of EMS in Texas.

**Sponsored by
Texas Department of Health,
Bureau of Emergency Management,
Texas Health Foundation, and
Texas EMS Messenger**

Texas EMS Conference '91

25 Years of EMS in Texas

November 25, 26 and 27

Austin, Texas

Palmer Auditorium on Town Lake

\$50 Registration -- 14 hours CE

Please print or type

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Employer Name _____

Level of Certification or Licensure _____

Phone: Home _____ Work _____

Make check payable to: Texas Health Foundation

Mail form and payment to: Texas EMS Conference
P.O. Box 26399
Austin, Texas 78755-0399

Hotel Information

Make hotel room reservation at Hyatt Regency Austin (\$55 single/\$65 double) by calling 512/477-1234.

Sponsored by
Texas Department of Health, Texas Health Foundation and Texas EMS Messenger
For more information call (512) 458-7550

Texas EMS Conference '91

Preliminary Agenda

Preconference Activities

Saturday and Sunday, November 23 and 24		
8:00am	-	5:00pm Instructor Training(TBA)
8:00am	-	5:00pm PHTLS Course (TBA)
Sunday, November 24		
8:00am	-	5:00pm Coordinator Update (TBA)
1:00pm	-	6:00pm EMS Golf Tournament (TBA)
3:00pm	-	7:00pm Registration, Hyatt Regency
7:00pm	-	8:30pm Welcome Reception, Hyatt Regency

Conference Activities

Monday, November 25		
7:00am	-	8:00am Registration, Palmer Auditorium
8:00am	-	8:30am Open Session and Welcome - Gene Weatherall
8:30am	-	9:30am Keynote Address - James Page
9:45am	-	11:00am Clinical Issues in EMS - Paul Pepe
11:15am	-	12:30pm Verbal Judo - Mark Warren
12:50pm	-	1:00pm Official Opening of Exhibit Area
1:00pm	-	5:00pm Exhibit Area Open
1:30pm	-	2:30pm Demonstration in Exhibit Area
3:30pm	-	4:30pm Demonstration in Exhibit Area
6:00pm	-	8:00pm 25th Birthday Celebration

Tuesday, November 26		
7:00am	-	8:00am Continental Breakfast, Exhibit Area
8:00am	-	9:00am 6 Workshop Breakouts
9:00am	-	9:15am Refreshment Break, Exhibit Area
9:15am	-	10:15am 6 Workshop Breakouts
10:15am	-	10:30am Refreshment Break, Exhibit Area
10:30am	-	11:30am 6 Workshop Breakouts
12:05pm	-	2:30pm Awards Luncheon at Hyatt Regency
3:00pm	-	4:00pm 6 Workshop Breakouts
4:15pm	-	4:30pm Refreshment Break, Exhibit Area
4:30pm	-	5:30pm 6 Workshop Breakouts
5:30pm	-	7:00pm Reception honoring EMS Award winners

Wednesday, November 27		
7:00am	-	8:00am Continental Breakfast, Exhibit Area
8:00am	-	9:00am Medical Legal Panel
9:15am	-	9:30am Refreshment Break, Exhibit Area
9:30am	-	10:30am Medical Legal Panel (continued)
10:30am	-	10:45am Refreshment Break, Exhibit Area
10:45am	-	11:45am The Next 25 Years - Time Capsule
11:45am	-	11:55am Drawing for Teddy Bear Fundraiser and Adjourn

Workshop Tracks on Tuesday include Pediatric Emergencies, Trauma, Medical, Quality Management, Rescuer Survival, and Communications. Five workshop breakouts in each track will be taught.

1991 EMS Awards

Each year the Texas Department of Health recognizes outstanding achievement in the EMS field.

Recipients are chosen from nominations made by EMS personnel, organizations, or individual citizens. Nominations should be no more than 5 pages typed or printed. Each nomination should also have a cover letter which lists:

1. Category for which nomination is being made;
2. The name of the individual or organization being nominated; and
3. The name of the individual or organization submitting the nomination (include complete address and daytime phone number).

You may include letters of support from people or organizations who know the nominee's accomplishments.

The nomination package should describe the significant accomplishments for which the nominee should be considered as a recipient.

Deadline for nomination is September 1, 1991. An EMS organization may nominate itself. You must submit 5 copies of your nomination to:

1991 EMS Awards
Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

If you have any questions, contact Steve Hosford at (512) 458-7550. Winners will be announced at Texas EMS Conference '91 during the Awards Banquet on November 26, 1991.

Deadline for nominations is September 1, 1991.

Awards are divided into the following categories:

EMS Educator Award honors a state-certified EMS Instructor or Course Coordinator who has advanced EMS education in Texas.

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for either a BLS or an ALS service in Texas.

EMS Administrator Award honors an administrator, researcher, or manager on the local, city, county, COG, or State level who has made a positive contribution to EMS.

Public Information Award honors an EMS group or individual for outstanding achievement in public education, injury prevention, or health promotion.

Citizen Award honors a private citizen for heroic lifesaving act or unique advocacy of EMS.

Private Provider Award honors a

privately-owned commercial organization which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Public Provider Award honors an organization operated by a county, municipality, tax-based hospital, or state or local government agency which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Volunteer Provider Award honors an organization staffed by volunteers which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

1991 Texas EMS Photography Contest

The American College of Emergency Physicians came up with a marvelous idea for EMS Week this year. Though EMS Week is past, we want to keep the team theme going a bit longer by using "The Team That Cares" idea for our 1991 Texas EMS Photography Contest.

EMS is a team that cares. Dispatchers, EMTs, paramedics, first responders, emergency physicians, medical directors, emergency nurses, flight crews, fire-fighters, educators, rescue teams, and administrators -- we need them all to care for the lives of the people we serve.

As varied as the EMS team members are, so are the situations. Whether you're starting a line on a multi-trauma patient, consoling a survivor, telling the kids good-bye as you start

your 24-on shift, taking a call in the dispatch center, or doing a Ready Teddy injury prevention program for first-graders, you're part of "The Team That Cares."

So let's celebrate our team that cares. Challenge yourself to capture in photography the spirit that is "The Team that Cares."

All entries in the 1991 Texas EMS Photography Contest will be displayed in a special "The Team that Cares" exhibit November 25, 26, and 27 at Texas EMS Conference '91 in the Palmer Auditorium Exhibit Area. Some entries may be selected for publication in the Texas EMS Messenger and in educational brochures published by the Bureau of Emergency Management. Photographers will receive photography credit and complimentary copies.

The Rules (This format worked for Parade Magazine; I think it's clear enough for us.)

- Anyone is eligible.
- No entry fee is required.
- Entries must be received **no later than November 1, 1991**, and the winners will be announced at the Texas EMS Conference, November 25-27, and in the January 1992 issue of the **Texas EMS Messenger**.
- Unmatted prints **8x10 inches** or **5x7 inches** may be submitted, in color or black-and-white. Fill out the entry form on this page, tape it to the back of your photograph, and mail your entry to Texas Department of Health, Bureau of Emergency Management, 1991 Texas EMS Photography Contest, 1100 W. 49th Street, Austin, Texas 78756. Every photograph must be identified with an entry form taped to the back of the photograph.
- Entries become the property of Texas Department of Health, Bureau of Emergency Management and will not be returned.
- Three grand prize winners will receive \$100 each and an award certificate and fifteen honorable mention winners will receive award certificates. Judges will select winning photographs based on artistic composition, originality, visual appeal, and consistency with the theme "The Team that Cares."

1991 Texas EMS Photography Contest Entry Form

Photographer's
Name _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____

Deadline for entering: November 1, 1991

Tape this form to the back of photograph entry.

Mail to: Texas Department of Health, Bureau of Emergency Management, 1991 Texas EMS Photography Contest, 1100 W. 49th Street, Austin, Texas 78756.

For more information contact Alana Mallard 512/458-7550.

1990 Texas EMS Conference Exhibitors

AA Emergency
P.O. Box 920952
Houston TX 77292
713/957-1215

ACS Communications
250 Technology Circle
Scotts Valley CA 95066
408/438-3883

ALS Medical Products
4630 E Elwood Suite 10
Phoenix AZ 85040
800/445-4257

**American Academy
Orthopaedic Surgeons**
222 South Prospect Ave
Park Ridge IL 60068
708/698-1663

Armstrong Medical
P.O. Box 181051
Dallas TX 75218
800/323-4220

**Austin Emergency Medical
Services**
15 Waller Street
Austin TX 78702
512/469-2071

Braun Industries, Inc.
4702 Deer Point Dr
Spring TX 77389
713/288-7574

California Medical Products
1901 Obispo Ave
Long Beach CA 90804
213/494-7171

Cardiotronics
3015 Cartwright
Missouri City TX 77459
713/261-1146

Collins Ambulance Sales
P.O. Box 635
Mansfield TX 76063
817/477-2455

**Cook-Ft. Worth Children's
Medical Cntr.**
801 Seventh Avenue
Fort Worth TX 76104
817/885-4282

Cowman & Associates
Route 1 Box 2458
Giddings TX 78942
512/253-6604

Creative Switching Design
1304 Langham Ck Ste 226
Houston TX 77084
713/379-1600

Critical Care Products
7042 Alamo Down Pkwy #450
San Antonio TX 78238

Critical Care Products
10675 Sorrento Valley #200
San Diego CA 92121
619/457-5505

**Dallas Fort Worth Intl.
Airport**
P.O. Drawer 610687
Dallas/Ft. Worth TX 75261
214/574-5545

Dixie USA
7800 Amelia Road
Houston TX 77055
713/688-4993

Dyna Med Corp
6300 Yallow Drive
Carlsbad CA 92009
619/438-2511

**Eagle Emergency Ambulance
Sales**
923 KCK Way, Suite C
Cedar Hill TX 79105
214/291-9251

Emergency Medical Update
P.O. Box 11380
Winslow GA 98110
206/842-9775

EMS Testing
Texas Dept. of Health
1100 West 49th Street
Austin TX 78756
512/458-7550

Ferno
70 Neil Way
Wilmington OH 45177
513/382-1451

First Medic
11810 115th Ave NE
Kirkland WA 98034
206/820-7144

First Response
4788 Hwy 42
Ellen Wood GA 30049
404/361-3310

Frazer, Inc.
P.O. Box 741369
Houston TX 77274
713/772-5511

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Huntsville TX 77342
409/294-2755

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Austin TX 78765
512/926-3966

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512/458-7550

**Volunteer Firemens Ins.
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Austin TX 78704
512/447-6631

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Houston TX 77054
800/344-9415

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145 Winthrop Road
Chester CT 06412
203/526-9504

Board opens trauma system rule comment to hospitals, EMS

T T A C

The Trauma Technical Advisory Committee met three times over a recent six week period to finish recommendations on trauma system rules for consideration at the June 2 Texas Board of Health meeting. At that Board meeting in El Paso Board members recommended that all Texas hospitals be invited to comment on the rules at a July 10 meeting.

The July 10 meeting in Austin at the Texas Department of Health will be open to organizations and individuals with an interest in the development of a Texas trauma system -- hospitals, EMS, municipalities, physicians, emergency nurses, EMTs, paramedics, rehabilitation centers. The meeting is scheduled for 1:00 pm in the Board Room on the 7th floor of the Moreton Building, 1100 W. 49th Street.

Although two bills aimed at funding a Texas trauma system were introduced, no funding for Texas' trauma system was approved by the Legislature during its

regular session which ended May 27.

When the Legislature reconvenes July 8 to consider funding issues, a trauma system funding bill may be reintroduced.

Having rules in place for a statewide trauma system will qualify Texas for federal funds under HR 1602, the Trauma Care Systems Planning and Development Act of 1990. HR 1602 authorizes a total of \$48 million to the states according to an 80/20 percent population/geographic size ratio. State match requirements range from no match in year 1, a dollar for dollar match in year 2, to three-to-one match in the third and final year of funding.

For more information on the draft rules or the July 10 meeting, contact Kathy Perkins at (512)458-7550. Copies of the draft trauma rules are available from the Bureau of Emergency Management and will be available at the meeting.

— Alana S. Mallard

Texas Trauma Quiz

What exactly is trauma, and why should we be concerned?

Trauma is described as any physical injury. We should all be concerned because it is the number one killer in Texas of people aged 1-44, and the fourth leading cause of death for all ages. It kills an average of 18 Texans every day or 6,540 annually as a result of unintentional injuries (accidents). If you add intentional injuries (suicides and homicides), the total jumps to 30 per day or 10,699 per year for Texas compared to 94,500 in the United States. Moreover, Texas trauma deaths cause the loss of nearly 300,000 years of potential life each year.

What causes trauma?

Accidents, such as motor-vehicle crashes, falls, poisonings, drownings, burns, suffocation, and firearms, are the leading causes of unintentional trauma and account for about three-fourths of all injuries. It is projected that in 1991 there will be a total of 358,200 injuries to Texans of which 71,640 will be urgent or severe. Of these injuries, one out of seven injured will die.

— Adapted by Steve Hosford

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Tyler
Jay Johnson, exofficio
Tulia





This story is intended to illustrate current philosophy and accurately reflect current AHA protocol with respect to First Responder use of AEDs.

Better Living **Through [⚡]Electricity**

by Donald J. Gordon, MD, PhD

It was seven o'clock on the evening of January 24, 1991 as 43-year-old Ted Sellars, a moderately overweight trial lawyer, had just finished a big meal of steak and potatoes. It had been an exhausting and stressful day. As he was crushing out his after dinner cigarette, he began to feel a little nauseated, and then for a few seconds experienced a sinking and weak feeling. He headed for the bathroom. As Ted climbed the stairs he became increasingly aware of a bubble-like expanding pressure in his chest and a mild tingling down the inside of his left arm. On the back of his neck, his hair felt cool and he realized that he had broken out in a cool sweat. He reached the door to his bathroom and the walls seemed to fall away from him. He clutched his chest, fell against the bathroom door, then slumped to the floor with a thud.



“Great,” he thought, “Ted’s gone and had a full arrest on me! Sure hope I remember to do CPR right!”

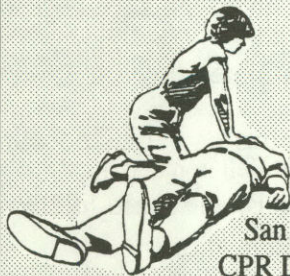
His cousin Phil, who had been staying with him and heard the fall, called out, “Ted, are you all right?” but was answered only by silence. Phil hurried up the stairs and found Ted sprawled on his back, making irregular snoring and rattling breathing noises. Phil completed a CPR course two weeks earlier at the local Red Cross Chapter and feared the worst. Ted was unarousable. Phil felt for his cousin’s radial pulse. Finding only clammy sweat, he palpated the carotid pulses which were beating very rapidly. Phil then tilted Ted’s head back slightly until his breathing seemed less labored and rolled him on his left side. There was no one else in the house with him, so Phil decided to quickly use the telephone and call for help.

The phone had one of those big 9-1-1 stickers on it and, after a few seconds, his call was answered by the Leon Valley Police Department EMS 9-1-1 operator/dispatcher. After the operator determined that EMS was needed, the call was

switched to a San Antonio EMS paramedic call-taker. Rapidly verifying the location data and the call-back phone number on his Bexar Metro E-9-1-1 screen with Phil, the call-taker inquired as to the nature of the problem. In a rush, Phil stated, “It’s my cousin, Ted, he ... he fainted... or something!? Send help, quick!”

The call-taker calmly replied, “Is he unconscious? Is he breathing?” Phil took a deep breath and answered, “He looks very pale, I can’t wake him up, and he was having trouble breathing. I moved him so that he could breath easier, ... but, uh, ... he may have stopped breathing by now!!! His neck pulse was real weak and fast ...and he felt cold and clammy. Hurry, send help!! Heart attacks run in his family!!”

The call-taker paramedic depressed his “X” key which automatically transferred the information on his terminal screen to the EMS dispatcher’s screen for action. He then requested the patient’s age and



CPR -A lifesaving link

On March 30, several organizations in San Antonio conducted a CPR Day, and trained approximately 1,000 citizens in adult CPR. CPR classes are standard training programs done by EMS groups for citizens, but generally in smaller sized groups.

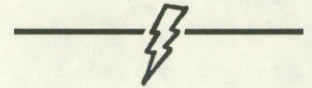
The 1991 CPR Day was the first mass training conducted in San Antonio and because of its success will be repeated in 1992, according to University of Texas Health Science Center’s Joe Peters, one of

the organizers. The training was free to the public, and those who successfully completed the training received a CPR Day card.

Armstrong Medical Industries provided free Actar manikins from their “9-1-1 squadron,” requiring only the purchase of lungs for the manikins at \$22 per 100 lungs. The 20 percent of the trainees who wanted CPR certification tested on actual manikins as required by American Heart Association and American Red Cross.

Peters said the San Antonio organizations began working on CPR Day last October and

About 10 compressions later, two young men rushed through the open front door. "We're from the Helotes Fire Department, did you call for EMS?"



sex, and also stated, "Sir, the paramedics are already on the way. We are also sending the First Responder EMTs of the Helotes Area Volunteer Fire Department. They are only a few minutes away. Do you know CPR? Can I give you any instructions on CPR?"

Phil, now a little more reassured and calmed but still concerned about his cousin upstairs, said, "No, I just finished a course two weeks ago. He did breath a bit easier when I did a head-tilt, but, ... I better get back to him. Thanks, tell those guys to hurry." Not waiting for another word, he quickly replaced the phone in its cradle, turned on the outside house lights, opened the front door, and ran back up the stairs to his cousin.

Ted had developed cyanosis around his lips and neck and was no longer making breathing noises. Phil rolled him over on his back. Kneeling at Ted's side, Phil bent down and did the "look, listen, and feel" step he had been taught by placing his ear and cheek near Ted's open

mouth and watching for chest and diaphragm motion. He detected no air movement or chest motion.

Carefully pinching Ted's nostrils closed, Phil sealed his mouth over Ted's as he gently and slowly blew into Ted's mouth twice, mentally counting "one-thousand-one, one-thousand-two." He remembered his CPR instructor telling him it was necessary to do this to avoid blowing air into the patient's abdomen and distending it. Out of the corner of his eye, he could see Ted's chest rise and he could feel his breaths going into Ted's lungs.

He then felt for the carotid pulse where he had found it earlier. As he counted off, "one-thousand-one, one-thousand-two, one-thousand-three, one-thousand-four, one-thousand-five, one-thousand-six, one-thousand-seven...", Phil felt no carotid pulse. "Great," he thought, "Ted's gone and had a full arrest on me! Sure hope I remember to do CPR right!"

Phil was into his seventh repetition of

for the public

overcame some unusual obstacles — such as needing 11,000 square feet of carpeting for the exhibit hall floor where the training was held. By the Tuesday before CPR Day no donation of carpeting was in sight, and every lead the organizers followed had fallen through. At the last minute someone remembered that the Family Motor Coach Association met the week earlier and had left behind 8 rolls of astroturf. It did a fine job for CPR Day.

To promote CPR Day, three press conferences were held at Red Cross headquarters, and organizers appeared on morning television talk

shows. Southwestern Bell donated a CPR hotline for call-in registrations and local TV stations donated time for public service announcements. Organizers provided free child care for parents taking the training where Texas Department of Health's Ready Teddy showed up to hand out coloring books to the kids.

For information on organizing a mass training or CPR Day in your community, contact Joe Peters at (512)699-6074.

— by Alana S. Mallard



“No spontaneous pulse or respirations without CPR, ... let’s continue CPR. I’ll manage the airway. Scott, you better get the AED set up.”

15 compressions and two breaths, when he heard the whoop of a siren at the front of the house. About 10 compressions later, two young men rushed through the open front door and into the house. One of them called out, “We’re from the Helotes Fire Department, where are you, did you call for EMS?” Phil called back and directed them up the stairs. He noted that they both had blue shirts with patches on them. One of them asked, “When did he arrest?”

The tall slender EMT carried a bottle of oxygen and a large fishing tackle box. He said, “I’m Robbie Mikel; this is Scott. We’re here to help. Continue your chest compressions while I assess CPR.” The other young man, Scott Hockaday, was shorter, had blond hair and carried a small blue cloth-covered box about the size of a laptop computer.

Robbie, an EMT-Intermediate, began asking about Ted as he assessed CPR by feeling for the patient’s carotid pulse. After a few seconds, he stated, “Good

pulse with CPR, stop CPR.” After another few seconds he stated, “No spontaneous pulse or respirations without CPR, ... let’s continue CPR. I’ll manage the airway. Scott, you better get the AED set up.”

Robbie ripped Ted’s shirt open, exposing his chest, and instructed Phil to continue with compressions as Robbie repositioned the head, placed an airway, and began ventilations with a bag-valve-mask with the 100 percent oxygen. He continued questioning Phil about Ted, and encouraged Phil to do five compressions between each ventilation.

Scott, a young, yet seasoned, EMT-Basic, had enthusiastically participated in a four-hour Texas Department of Health-prescribed Automated External Defibrillator training course given by his medical director only two weeks earlier. The doctor left the AED and a patient simulator at the station for a few extra weeks until the Helotes Area Volunteer Fire Department’s own unit was scheduled

First responders link

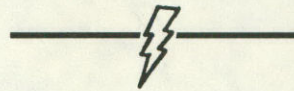
The Bexar County First Responder Network encircles greater San Antonio to provide quick response in a medical emergency to most areas of the county. So far, 28 county volunteer fire departments are members of the network which provides medical control, quality assurance, and education.

With a population nearing the million and one quarter mark, San Antonio finds itself logging 60,000 EMS runs a year through the San Antonio Fire Department EMS. In some parts

of the county transport times are 25 and 30 minutes. The first responders provide a lifesaving link for many critically ill in San Antonio’s advanced life support EMS system.

Bexar County Hospital District funds the first responder network through The University of Texas at San Antonio Health Science Center’s Emergency Medical Technology Program headed by Donald J. Gordon, MD, PhD. Gordon serves as the network’s Medical Director and Dr. Donovan Butter is the Assistant Medical

The loud, charging tone was reaching a peak, and the box was beginning to beep loudly, announcing, "STAND BACK STAND BACK," as its red panel lights were flashing, "SHOCK ADVISED."



to arrive. Perhaps the medical director left the AED at the station because he lived nearby, or perhaps he left it there because he wanted all of the volunteers to see the unit. Whatever the reason, Scott had been training for just this sort of opportunity to do something really definitive in saving a life. He had practiced three or four times a day with the patient simulator; he was ready. The words from Robbie to set up the AED put his training and practice into action.

The medical director certified him as an AED operator in accordance with Texas Department of Health Rule 157.31. These guidelines outline the procedure and standard curriculum for training and certification of state-certified emergency health care providers as AED operators. The director also published a protocol, an algorithm, and a memo authorizing the AED operators of the Helotes Area VFD to operate the AED, all in accordance with Texas Law 22 TAC Sections 197.1-197.4. The instructions conformed closely

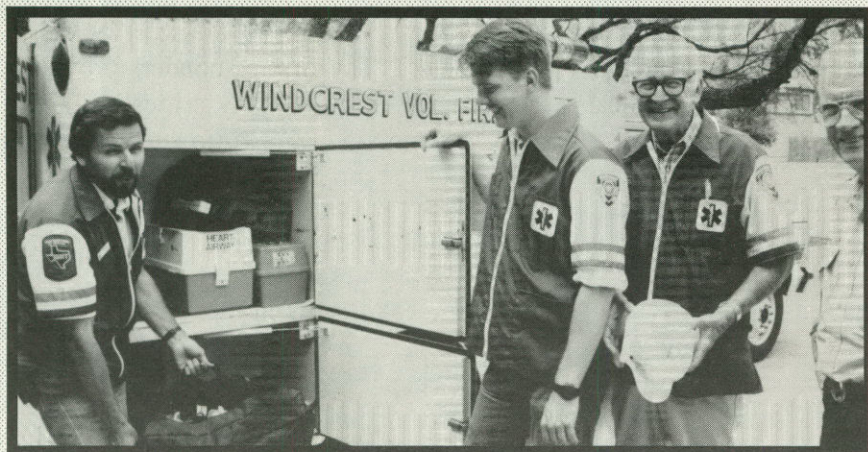
with the American Heart Association's concept of early defibrillation and recommendations on AED use by first responders.

Scott placed the unit next to Ted's left ear and unzipped the AED case. While CPR continued, Scott ripped open the envelopes containing the large electrode pads and snap-connected the AED cables to them. After wiping Ted's chest dry with a paper towel from the pocket in the carry case, he placed the red cable's pad over the cardiac apex on the left chest, and the white cable's pad to the right of the sternum just at the nipple line. The dual function, monitor and defibrillator diaphoretic electrode pads stuck just fine.

He then pushed the button which turned on the AED and ordered Robbie and Phil to "stop CPR, stand clear!" as the little AED face lights blinked on.

Scott pushed the "Analyze" button and the AED's speaker announced, "ASSESSING -- HANDS OFF."

public and EMS



Windcrest Fire Department, one of 26 members in the Bexar County First Responder Network, receives medical control, education, and supplies through the Bexar County Hospital District - funded program. Chief Tom Winn, left, also serves as the network's president.

continued on page 22



A minor miracle seemed to have occurred. Ted's heart muscle again contracted effectively. No more than two and one-half minutes had elapsed since the volunteers arrived.

Scott quickly recited, "We have a 42-year-old male who has been down for about 5 minutes, has no previous heart history, has a positive family history of heart attacks, has received effective bystander CPR, and we have activated the AED at 1912 hrs, Wednesday, February 10, 1991." A tape recorder is built into every AED to facilitate medical control and to record resuscitation events. Scott was using the machine to record his history and physical findings.

As he finished his narrative, the loud, charging tone emitted from the AED was reaching a peak, and the box was beginning to beep loudly, announcing, "STAND BACK STAND BACK," as its red panel lights were flashing "SHOCK ADVISED."

Scott, with his finger on the "Shock" button, looked around the patient, stating, "Clear the patient, shocking now." With that, he pressed the button.

Ted's body jerked and arched slightly in response as the AED announced, "SHOCK DELIVERED," and the panel

lights indicated that it had returned to an analyzing mode, as it again announced, "ASSESSING -- HANDS OFF."

Scott also ordered, "Stand clear, don't touch the patient." The AED just sat there for what seemed an eternity but in less than six seconds, a rising tone was again heard emanating from the little beige box, and after six or seven seconds, its lights again showed, "SHOCK ADVISED." Scott repeated his, "Clear the patient, shocking now," warning. Again he pushed the "Shock" button.

Again Ted's body jerked as 200 Joules of electrical energy coursed through his chest and the muscle cells of his heart. This charge had done the trick. A sufficient mass of myocardial cells had been depolarized. Due to effective and early bystander CPR, there was still enough energy in these heart cells to allow them to automatically resynchronize and contract in a coordinated fashion. A minor miracle seemed to have occurred. After a few irregular beats, like a cold car engine, the beat was irregular, but it pumped

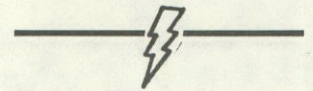
Director.

Ron Hilliard, a paramedic and RN in UTHSC-SA Emergency Medical Technology Program, works with the network members to provide continuing education. "In our chart audits and field evaluations we discover any weak areas," Hilliard said, "and we train to those areas." Typically, a continuing education presentation will include two hours of didactics and one hour of skills review. One month the CE program was on head injuries and near drownings, another month, Hilliard presented abdominal assessment and physical review.

Training is not limited to first responders in Bexar county or to Bexar County First Responder Network members. Hilliard and Butter are looking at expanding training into the areas south and west of San Antonio in some very innovative ways -- perhaps with cable TV, teleconferences, correspondence courses, or a mobile teaching laboratory. Long-range plans include a week-long EMS symposium in 1993.

Fire departments in the network receive Emergency Care Attendant training for their members at no cost, and are paid a nominal amount by the hospital district for supplies used in patient care calls.

Robbie was about to call his medical director for further orders when he heard the approaching siren of the San Antonio EMS MICU ambulance.



blood. Ted's heart muscle again contracted effectively, sustaining his life with the precious flow of oxygen-rich blood.

No more than two and one-half minutes had elapsed since the volunteers arrived. Now the AED was in its monitoring mode and would only warn the rescuers if it again detected the absence of a pulse. Robbie took over directing patient care. He assessed that Ted had an irregular heart rate of 120 and a palpable carotid pulse; however, Ted was not making any respiratory effort and was totally unresponsive. Robbie directed Scott to begin bag-valve-mask rescue breathing for Ted.

Scott went over in his mind what he would have done if Ted had not responded to the second shock from the AED. He recalled the American Heart Association algorithm which he had on a card. (See figure 1 on page 24) He also remembered what his medical director had told him again and again about the importance of monitoring the patient, not just watching or depending on a machine. He

was glad that the AED had resynchronized the patient's heart and that Robbie, an EMT-I, was there to assume control of the scene.

Robbie ordered Scott to leave the AED hooked up because he remembered that 25 percent of those who are defibrillated go back into ventricular fibrillation. He also knew that the shocks delivered were to be counted as part of the ACLS ventricular fibrillation algorithm protocol. He encouraged Scott to continue Ted's respiratory support at 12 to 20 breaths per minute while he worked on starting an intravenous line. He was about to call the medical director for further orders as he applied the IV tourniquet to the patient's arm, when he heard the approaching wailing siren of the San Antonio EMS MICU ambulance.

Robbie quickly slipped the IV catheter in, hooked up the D5W line, released the tourniquet, and set the drip rate to keep open, his medical director's standing order for these situations.

The San Antonio paramedic team

One member of the Bexar County First Responder Network, Windcrest Fire Department in northeast Bexar County, began running first responder calls for San Antonio Fire Department in 1974, according to Fire Chief Tom Winn. He is a supporter of this organization which helps fire departments hesitant at first to answer medical calls. "Five years ago we began as ECAs, then went on to EMT training," Winn said. Now Windcrest boasts 1 ECA, 9 EMTs, 2 EMT-Intermediates and 1 paramedic; three of the EMTs live within 100 feet of the fire station.

In 1990 when the network was first organized, only Leon Valley Fire Depart-

ment and Windcrest had automated external defibrillators. Today seven fire department first responder groups are trained to use AEDs. San Antonio Fire Department has placed 59 AEDs in service, one on each engine and in each district officer's truck. Ninety-five percent of the San Antonio firefighters are EMT certified and receive AED training as part of their EMT training.

The Bexar County First Responder Network meets quarterly, and the Bexar County Firefighters Association has formed a First Responder EMS Committee.

— Alana S. Mallard



Ted returned home to begin his recuperation and rehabilitation on the eighth day following his collapse.

hastened into the house with all their gear. Ron Binks, one of the bystander Helotes Area Volunteer Fire Department volunteers had radioed that a full arrest was in progress and per protocol a second EMS unit had been started towards Helotes.

Robbie turned the scene authority over to the paramedics, and explained what had happened and what he and Scott had done. Robbie then assisted the paramedics, whom he had worked with during his EMT-I internship training. Working as a team, they intubated Ted to gain full control of his airway which still showed an absent reflex. The AED remained attached to Ted.

Meanwhile, the other San Antonio EMS paramedic contacted the on-line cardiologist at Medical Center Hospital for further orders and canceled the EMS back-up MICU. The Helotes Volunteer Fire Department First Responders had done a superb job and had requested to accompany the patient, in assistance to the San Antonio EMS paramedic crew. It was readily evident that the Helotes volunteers

had given Ted a chance he might not have had otherwise. Their availability had also worked to allow the second MICU to remain in the city ready for another emergency, and conserved staffing. But the medical rescue was not over at this point.

The patient's pulse had dropped to 50 and his color was becoming noticeably paler. Ted still required full ventilatory support and was making no respiratory effort. The on-line medical control cardiologist approved the paramedic request to administer 1 mg. of atropine through the intravenous line.

San Antonio paramedics Roger Santos and Ruben Cabello knew that Helotes would need to keep their AED. They thanked Robbie and Scott for the use of their instrument as they hooked the patient up to their own monitor/defibrillator. As they began the Code III ride to Medical Center, Ted's heart rate came up to 115 beats per minute and he had a palpable blood pressure of 90 mm Hg.

Medical Center Hospital received the patient six minutes later as he began

Figure 1

American Heart Association Recommended AED Protocol

1. CPR until AED attached and activated, cease all patient contact
2. Analyze, defibrillate up to 3 times (200-200-360J) with no CPR between shocks
3. Check pulse, CPR for 1 minute, check pulse
4. Analyze, defibrillate up to 3 times (360J) with no CPR between shocks
5. Consider transport:
Case one with hospital less than 15 minutes away, CPR and transport.
Case two with hospital more than 15 minutes away or ACLS less than 15 minutes, repeat set of 3 stacked shocks, 360 J, until VF gone, CPR between sets of 3 stacked shocks.

Patient must be 12 years old or more than 90 lbs. Use caution in wet environment or explosive environment; in case of hypothermia or arrest due to trauma; with nitroglycerine patches, pacemakers, or automated internal defibrillators.

The chain of survival: early access, early CPR, early defibrillation, early advanced cardiac life support.

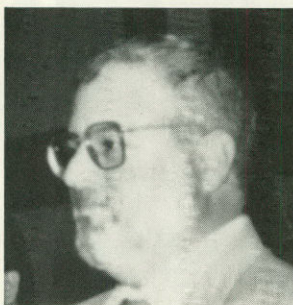


fighting the endotracheal tube. Three days of intensive care evaluation and rest in the coronary care unit was followed by four additional days in the hospital for further cardiac testing and drug therapy. Ted returned home to begin his recuperation and rehabilitation on the eighth day following his collapse. His tests revealed that he had indeed suffered an acute myocardial infarction.

Had it not been for the chain of medical care he received, he would not be alive today. That chain of survival began with *EARLY ACCESS* via enhanced 9-1-1 which rapidly routed the call for help to EMS paramedic call-takers who offered to give on-line CPR instructions. Ted's cousin had taken citizen CPR and quickly recognized what needed to be done and administered life sustaining *EARLY CPR*, the second link in the chain. The First Responders, who had trained with the advanced cardiac life support provider Paramedics and were partners in the EMS system, provided the third link in the chain through their application of *EARLY*

DEFIBRILLATION with the automated external defibrillator. Finally, the paramedic level of advanced care provided the *EARLY ADVANCED CARDIAC LIFE SUPPORT* link, to provide important resuscitation medications and to stabilize and rapidly transport the patient to a follow-on definitive care facility. The chain of survival functioned well for Ted who is alive and back at work and a full supporter of the total EMS System.

This scenario is an actual 1991 case resulting in a cardiac arrest survivor. The patient identifying data has been altered but the case illustrates an actual good outcome which occurred because all of the links in the chain of survival were present. The concept of early CPR and early defibrillation are extremely vital to making an impact on the thousands of people who die prematurely and perhaps unnecessarily each year of sudden cardiac death. Automated external defibrillators represent a technology that is here, that is now, and that needs to be exploited to the fullest benefit of the people we serve in EMS.

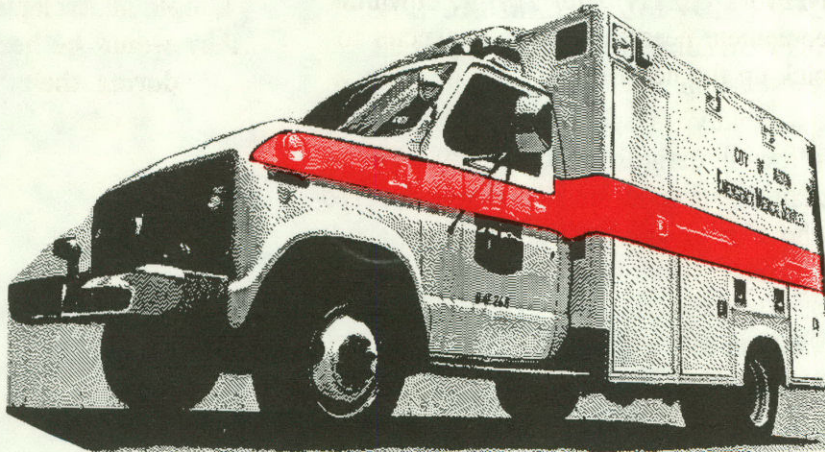


Dr. Gordon is Program Director of the University of Texas Health Science Center-San Antonio Allied Health Science School's Emergency Medical Technology Program, and is Associate Professor in Anesthesia and Orthopaedics in the UTHSC-SA's Medical School. He is EMS Medical Director for the San Antonio Fire Department EMS Division, the Leon Valley EMS, and the 28 organizations of the Bexar County First Responder Network. Dr. Gordon is also an ACLS National Faculty member from Texas and a member of the Texas

ACLS Affiliate ACLS Advisory Council. He serves as chairman of San Antonio Metropolitan Health District Injury Control Board, the CPR Day Taskforce, and the San Antonio Chapter of the American Red Cross Community Health Services Committee. He is also a member of the Editorial Boards of the AAOS Your First Response in Emergency Care and the Fifth Edition of Emergency Care and Treatment of the Sick and Injured, the Orange Book.

In The drivers seat

by *Lori McClure*



Place yourself in this hypothetical situation. You are dispatched to XYZ hospital to transfer a patient to a nursing home. On arrival at the hospital, you stop at the desk to inquire about the patients exact location. The clerk gives you the requested information. As you are about to walk away, she picks up the phone and calls the floor to let the nursing staff know "the ambulance drivers are here." You feel your blood begin to boil. There! Somebody has gone and done it again - she called you an ambulance driver!

Maybe you could bite your tongue and let it roll off your back, but not this time. You give her an education and let her know you're an EMT, NOT an ambulance driver. As you walk away, you don't even notice the look of perplexity on her face as she baffles over how the ambulance got to the hospital if neither you nor your partner are ambulance drivers.

If you spend any time at all in EMS, sooner or later this scenario will play out for you if it hasn't already. How you negotiate this situation really depends on your attitude regarding the label "ambulance driver."

The term itself can be traced back to the infancy of emergency medical technol-

ogy when ambulance crews could do little more than throw their patient inside the ambulance and drive like crazy to the hospital.

Through the years, tremendous progress has been made in prehospital technology and training allowing us to perform treatment in the field which can indeed make the difference between life and death for the people we serve. While these skills are crucial, no skill surpasses the importance of the expertise of the ambulance operator/driver.

Yet, we continue to equate the term "ambulance driver" with an insult, as though it somehow lessens our ability to perform as an EMT. Quite the contrary, your performance behind the wheel is just as much a part of patient management as if you were actually in the back of the ambulance performing hands-on care.

The operator/driver of an ambulance is charged with providing a safe, smooth, low forces ride which permits the medic to provide medical care in the back. High speed transportation is rarely necessary and always high risk. The noise, stopping, starting, and jerking can frighten the patient, disrupt ongoing treatment, aggravate certain conditions sufficient to cause death or disability, and endanger the life of everyone on the road. The skills necessary to drive an ambulance are not something that automatically come with a drivers license, but with training, education and practice. So when you hear the words "ambulance driver" don't view it as an indignity, for just as it takes every slice to make a pie, it takes a wide range of skills to be a quality EMT.

Lori McClure is an EMT-I and Operator/Driver Instructor with P&S Ambulance in Houston. This article first appeared in *The Safety Siren*, March 1991.

Did You Read...

The Communicator December 1990/January 1991, *EMS Region III, New Mexico*, "What Does The Star Of Life Mean?"

It is a six-barred cross with a serpent wrapped around a staff to signify the staff of Asclepius, who was the son of Apollo. As the myth goes, Apollo was a Greek mythological figure and the god of light, truth, and prophecy. Asclepius learned the art of healing from a centaur named Chiron. Zeus, King of gods, was afraid of Asclepius' knowledge because he was afraid it would make men immortal. Zeus then struck down Asclepius with a thunderbolt.

Asclepius later became a god-like figure, and people believed if they slept in his temples, they would be healed during their dreams.

In 1973, Leo R. Schwartz, Chief of the EMS Branch, National Highway Traffic Safety Association, designed the insignia to be used solely for emergency medical technicians and their equipment and vehicles.

Idaho EMS Responder Fall 1990.

Idaho EMS has the first Mobile Interactive Unit (MITU) in the nation. The MITU will soon be visiting communities with advanced life support units to deliver continuing education using interactive video-disc learning stations. Each learning station consists of a computer unit, video-disc player, touch-screen monitor, and associated electronics.

The interactive videodisc approach to EMS training offers the potential to very realistically simulate situations and have EMS personnel react to them, much like the airline pilot who learns in a flight simulator.

Government Technology, Volume 4, Number 2, February 1991.

The nation's largest business television company, Wescott Communications,

launched a network expressly for fire departments and emergency rescue services. The new network works in tandem with Wescott's Law Enforcement Television Network (LETN) with satellite downlink equipment necessary for the agencies to pick up the network.

The fire and emergency rescue services network broadcasts ten hours of training, news and information via satellite each week. Carl Wescott, founder and chairman of the Texas-based communications company, promised that firefighters and rescue personnel will find the network's training and information informative. "New programs will be produced every week, enabling those people who work in fire and emergency services to benefit from the latest techniques in saving lives and reducing property losses," he said.

More information is available by calling Wescott Communications, 214/417-4911. There is a monthly subscription fee.

Focus on Emergency Medical Services, *New Mexico*, Vol. 9, No. 1, January 1991, "Charting Errors."

The following list was provided by a hospital nurse and represents actual notes taken from patient charts.

- * The left leg became numb at times and she walked it off.
- * Skin: Somewhat pale but present.
- * If he squeezes the back of his neck for 4 or 5 years it comes and goes.
- * Coming from Detroit, Michigan, this man has no children.
- * She was treated with Mycostatin oral suppositories.
- * Father died in his 90's of female trouble in his prostate and kidneys.
- * Both the patient and the nurse herself reported passing flatus.
- * On the 2nd day the knee was better and on the 3rd day it had completely disappeared.
- * By the time she had been admitted to

People believed if they slept in the temple of Asclepius, they would be healed during their dreams.

The fire and emergency rescue services network will broadcast ten hours of training, news and information via satellite each week.

EMS units equipped to take and transmit 12 lead EKGs were able to cut down treatment times by as much as 90 minutes.

The probability of survival for those patients with the most severe injuries was increased two and a half times when a paramedic or person of higher certification was present with the EMS unit, regardless of transport time.

the hospital her rapid heart had stopped and she was feeling much better.

- * Patient has chest pains if she lies on her left side for over a year.
- * The pelvic examination will be done on the floor.

On the Scene, Pittsburgh Research Institute, Fall 1990, Vol. 2, No. 2. "Do Prehospital Factors Affect Inpatient Outcomes?"

It is a popularly held belief that the time from injury to definitive care and that EMS crew certification have important influences on trauma patient outcomes. Analyzed was the impact of emergency medical services on the outcome of trauma patients for the calendar year 1987. "It was found that when adjusted for all potential risk factors, the total elapsed prehospital time for those patients transported by ambulance did not significantly influence the inpatient length of stay, nor the likelihood of that patient living or dying. This analysis held true across all time interval segments, both under and over an hour, and for major trauma patients, as well as non-tertiary trauma patients. These results may have been impacted by the lack of variability in the data since nearly all of the injured patients (91%) arrived at hospitals within the golden hour."

Regarding the level of certification of the attending EMS unit's personnel: "The presence of a paramedic or attendant of higher certification was shown to have a considerable influence on those patients identified as having tertiary injuries. When adjusted for other contributing factors, the probability of survival for tertiary trauma patients (those with the most severe injuries) was increased two and a half times when a paramedic or person of higher certification was present with the EMS unit, regardless of transport time."

For less complex injury patients, however, the presence of specially certified crew members was shown to have no

appreciable influence on the eventual outcome of the patient.

Copies of the complete study may be obtained for \$15 by contacting Pittsburgh Research Institute, Fifth Avenue Place, Suite 1711, Pittsburgh, PA 15222, or call 412/255-7824.

The Florida EMS Newsletter Winter 90/91.

In Florida all EMS services are required by statute to have a quality assurance program.

Hillsborough Community College-Plant City Florida campus offers a Paramedic to Registered Nurses Transition course.

On August 1, the Miami Fire Department became one of the first fire departments in the country to do 12 lead EKGs in the field. Research conducted at Cincinnati and Seattle has proven that EMS units equipped to take and transmit 12 lead EKGs were able to cut down treatment times by as much as 90 minutes.

Rural Health Reporter, Spring 1991 "Rural Health Factline."

- In 1989, 3.03 million Texans, or 19 percent of the state's population under 65, lacked health insurance. Forty three percent 1.29 million, of the uninsured have incomes below poverty.
- Another 3.73 million Texans are underinsured and cannot pay the difference between what they are billed and what insurance pays.
- 87 percent of the uninsured in Texas are in working families.
- Two out of five farmers will suffer a serious accident in their lifetime.
- Texas leads the nation in teen-age pregnancies for girls 15 and under.
- More than 40 percent of Texas children lack basic immunizations.
- 62 percent of the 10,000 Texans diagnosed with AIDS since 1988 have died.
- Rural Texans are more likely to live in poverty and have limited access to health care than urban Texans.

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

Dear Gene:

While the personnel who make Panhandle EMS System work deserve all due credit for building and maintaining a regional EMS System, they do not have the only such system in Texas. (re: "From This Side" by Gene Weatherall, April 1991).

Immediately to the south of the Panhandle, the member agencies of the South Plains Emergency Medical Services System (SPEMS) maintain a functioning regional system which serves 16 counties.

SPEMS provides its member services with medical control, quality assurance/case review services, a regionwide communications system, standardized run report forms, and standardized protocols for each level of certification. SPEMS also works cooperatively with Texas Tech University Health Sciences Center's EMS Program to provide initial and continuing education through outreach into the 16 county service area, as well as adjoining area of the Panhandle and Permian Basin. Last year over 800 persons received training.

SPEMS recently obtained grant funding through the health department to support the development of Critical Incident Stress Debriefing Teams for the South Plains, Panhandle, and Permian Basin; to develop a DWI Awareness Program, and to offer EMS Management Training through TTUHSC. SPEMS also has received a grant from the Lubbock Area Foundation to build a library of continuing education materials for use by area training officers.

A regional disaster plan and mutual aid system have recently been put into place, and a region wide EMT-Defibrillator program is under development.

We have a great deal of respect for the accomplishment of our neighbors to the north, but we believe that you should extend "equal time" to Texas' other regional EMS system. You have an open invitation to visit the South Plains and see firsthand what is being accomplished here.

*Neil Coker,
Director, Emergency Medical Program
Training Coordinator, South Plains EMS System*

*Next month
First of 2 issues
on EMS educa-
tion*

*Paramedic
subscales*

*Coordinator cut
scores*

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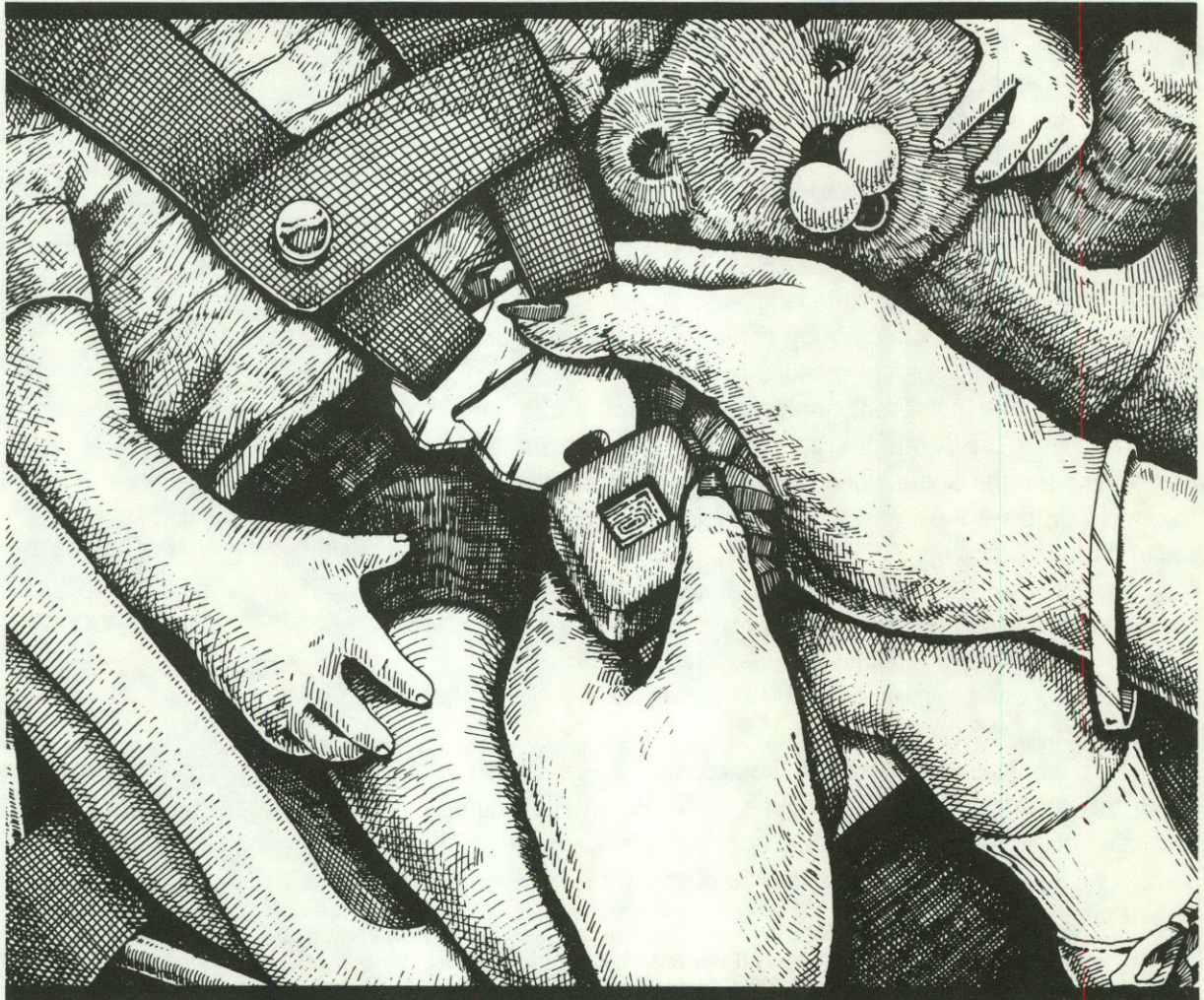
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Car safety for kids.

Sometimes, in order to show your love, you have to show restraint. Safety seat and seatbelt restraint.

Safety seats and seatbelts save lives. They also save suffering, anguish and pain. Each year, hundreds of children not wearing seatbelts, or who are improperly restrained in safety seats are injured or killed. You should always closely follow the manufacturer's instructions for the proper use and installation of safety seats. Failure to do so can result in unnecessary injuries to your child.

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American College of
Emergency Physicians

Around The State

Grant Writing Workshops, in Odessa, July 22 & 23; Glen Rose, July 24 & 25; New Braunfels, July 26 & 27; Tyler, July 31 & August 1; and Angleton, August 2 & 3. Need a new EMS vehicle? Communication equipment on vacation, permanently? No defibrillator? Garage and office burned last week? Consider private foundations that provide funds to worthwhile nonprofit 501(c)(3) organizations.

Maximum of 40 participants available on a first come, first serve basis and costs \$85 per participant. Contact Michelle with the Texas Historical Commission at 512/463-6092.

August 9-11, 1991, **Specialty Rescue Training**, Vertical Rescue I. UTHSC-SA. Vicky Smith 512/699-6074.

August 7-9, 1991, **Injury in New Mexico Conference**. Clovis Community College. 1-800-421-1433.

August 10-11, 1991, **Critical Incident Stress Debriefing training course**. Sponsored by Cypress Creek EMS. \$65. Contact David Chapman 713/440-5122.

September 6-8, 1991, **Specialty Rescue Training**, Swiftwater Rescue I. UTHSC-SA. Vicky Smith 512/699-6074.

September 7, 1991. **When Every Minute Counts**, Beaumont, TX. Contact Air Rescue, P.O. Drawer 1591, Beaumont, TX 77704. 409/839-5620.

September 19-20, 1991, **Texas EMS Advisory Council meeting**, contact Harold Broadbent 512/458-7550.

October 17-19, 1991, **Specialty Rescue Training**, Vertical Rescue II. UTHSC-SA. Vicky Smith 512/699-6074.

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

December 5-6, 1991, **Texas EMS Advisory Council meeting**, contact Harold Broadbent 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.

Executive director: Major Texas metro area. Experience as EMS educator preferred, strong interpersonal skills essential. Prior managerial experience required. Resume and salary requirements to: P.O. Box 25069, Dallas, TX 75225.

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

Executive director: Volunteer EMS in Harris County, Texas. Manage daily operations. 25k(+). Resume (mark confidential) to E. Ortega, P.O. Box 2521, Suite 3752, Houston, Texas 77252-2521.

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

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.

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.

Job Opening: Hi-Tech Stat Ambulance service. Immediate part-time/full-time openings for quality drivers holding EMS certification. Jim Becka, 713/790-9002.

Coordinator EMS continuing education division. Texas certification as a paramedic required. Experience as a teacher required. \$25,000/benefits. Send completed application to Personnel Office, McLennan Community College, 1400 College Drive, Waco, TX 76708.

For Sale: 1985 Ford Type III, 80,000 miles. \$15,000. Beaumont Road Vol. Fire Department. 713/458-1048.

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

For Sale: Wheel Coach ambulance. 903/723-5285.

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

For Sale: 1988 Collins Type II Ambulance. ALS equipped. Almost new LifePak 5 monitor, defibrillator, and support station. 713/977-1414.

For Sale: 1990 Ford First Response Type II Ambulance, 52,000 miles. Wrecked (roll-over) \$12,500. John Anderson. 512/491-5900.

For Sale: 1984 Chevrolet Atlantic Type I Modular Ambulance, \$12,000; 1981 Ford EVF Type II, \$8,000; 1979 Ford Prestige Type II, \$6,000; All three units have new engines. Must sale. Mike 915/837-7471/leave message.

For Sale: 1984 Type I walk-through Wheel Coach. 1985 Type II van Wheel Coach. Both units are offered with all BLS and ALS equipment. Units ready for patient use. These units are immaculate with low mileage, new tires. 512/786-3873.

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. LifePac 5 monitor, defibrillator. Uniden 800-Trunking radio, 3 units including base station. Cannon 400F copier. Assorted ambulance equipment. 713/623-2253.

For Sale: 1982 Collins Type II Ford Ambulance. Delbert 806/874-3515.

For Sale: 1987 Ford Type I Select ambulance. New paint, good condition. David Cleveland. 409/294-0949.

*Susan and her application processing partner handle more than
15,000 certification applications every year*

Don't call us, we'll call you



It's not that EMS Certification Program's Susan Kollath doesn't want to hear from you. It's just that those calls asking about test scores and whether or not you passed your EMT exam really eat into the time she needs to process your applications for EMS certification. Susan and her application processing partner, Calvin Blackman, are both trained as ECAs. They divide up the state when it comes to checking over your certification applications and together they handle more than 15,000 applications every year.

Susan, a University of Oklahoma graduate with a psychology degree and graduate degree in business, has been processing applications in the EMS Division for 8 years. Over those years she has had to be combination mind reader and counselor when it came to inaccurate or late forms. When applicants send in their paperwork with less than 30 days before the test date, Susan said you may have to schedule a later test date if your application is late. That is especially true, she said, when there are errors on the application form.

Send in your application for certification or recertification early, advises Susan, and make sure the information on your application is correct and complete. Birthdates on the application are sometimes entered with the current year rather than the birth year. Oops. And sometimes people don't answer the felony conviction question accurately. Double oops. If you change your address during your certification period, please tell us with a change of address card, because the computer kicks out a recertification letter when it gets close to your certification expiration time.

Besides processing personnel certification applications, Susan also processes provider licensing applications and special reports using certification data. But if you need help with your application for certification or recertification, check with your Course Coordinator. Calling Susan will just slow down the process.

When she's not EMSing, Susan likes to read mysteries and biographies and watch movies.

— by Alana S. Mallard

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