

# Texas EMS

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in Austin

November 22-25

Texas EMS  
Conference '98



*Do you*

*Think Child Safety?*

*Page 30*

# Texas EMS

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Amount ordered Description

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

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

\_\_\_\_\_ "Don't Guess, Call EMS" brochure. A reprint of a Department of Transportation brochure updated with Texas photos and logo. Back panel listing of public health region offices and a "For more information, call" box. (EMS-013)

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

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

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

\_\_\_\_\_ "Who Who" Coloring Book. Activity book features 12 pages of injury prevention and EMS awareness tips by Who Who the safety clown. (EMS-022)

\_\_\_\_\_ (Updated) "I'm an EMS Friend" sticker. Ready Teddy in a 2-1/2 inch, 3-color sticker.

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

\_\_\_\_\_ Send a sample of all public information and education materials—a PIE pack. (limit 1)

\* Materials are limited to availability

### Mail or fax order form to:

Bureau of Emergency Management, Texas Department of Health,  
1100 West 49th Street, Austin, TX 78756-3199 or fax to (512) 834-6736.

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By PENNY WORKMAN

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By PENNY WORKMAN



COVER PHOTO: Ready Teddy waves to the camera at TDH's annual picnic while he teaches a young visitor about EMS.  
*Photo by Kelly Harrell*



## TEXAS DEPARTMENT OF HEALTH MISSION

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

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*To facilitate statewide, regional, and  
community systems that provide emergency  
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Editor's office: (512) 834-6700, 1100 W. 49th Street, Austin, Texas 78756-3199 or FAX (512) 834-6736.

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

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# Licensed paramedic rules to be finalized

By the time this issue of the *Texas EMS Magazine* is published we should be close to having final rules for licensed paramedic. We supported the creation of a licensed paramedic as a means of upgrading the education of paramedics in Texas. According to the new rule, college training will be required and by the year 2002 an individual will have to have an associate's degree in EMS to become a licensed paramedic. This will be a historic move for Texas EMS as this is the first time that college training will be required for EMS certification.

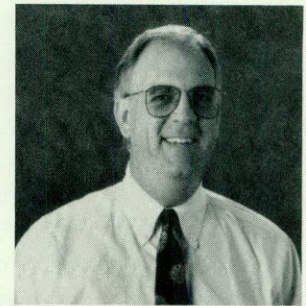
As usual there has been much discussion about this new licensed paramedic rule and I would like to discuss some of the more important points. First and probably most important, the fact that we have a licensed paramedic will not affect any other level of certification, including the current paramedic. We've heard rumors circulating that we will do away with Emergency Care Attendants or volunteers now that we have a licensed paramedic. The only purpose for establishing a licensed paramedic, from our perspective, is to recognize and encourage college education for paramedics. In the future we predict that the licensed paramedic will become the standard for many EMS organizations.

I would also like to bring your attention to an excellent document

written by George W. Hatch Jr., Chris Nollette and Ernie Whitener. This document was disseminated at the last meeting of the Emergency Health Care Advisory Committee and is titled *EMS and Education-What the Future Holds*. These guys have written an excellent paper about the future of EMS education. I would urge you to review this document as I think they have some great insight into the future. You will find their paper on the Internet at <http://www.onr.com/user/jjarvis/position1.htm>.

In their paper, they note that the Texas Higher Education Coordinating Board, in conjunction with educators across the state, is working to standardize the courses offered as part of an EMS associate degree curricula.

The point the authors make that struck me as being the most powerful is this: "If EMS personnel are to be looked upon as professionals, then a formal education is essential." As EMS education courses are offered around the state, I would urge EMS personnel to take advantage of them. I congratulate George, Chris and Ernie for submitting a very timely and accurate document regarding the future of EMS education. 🌻



GENE WEATHERALL, CHIEF OF THE BUREAU OF EMERGENCY MANAGEMENT

TEXAS EMS CERTIFICATIONS AS OF OCTOBER 6, 1998	
ECA	5,833
EMT	21,667
EMT-I	3,592
EMT-P	11,550
TOTAL	42,688
COORDINATOR	401
INSTRUCTOR	2,019
EXAMINER	2,352

# Letters



**To Texas EMS Magazine:** On July 21, 1998, paramedic Bryan Joseph Ledet left his shift and drove to his mother's home and picked up his 6-year-old brother Shaun for a fishing trip on Amon Carter Lake. The weather was hot and windy, and after fishing for a while, Bryan and Shaun decided to swim. Bryan took off his life jacket to swim, but placed a life jacket on Shaun and secured it. After a while, Bryan noticed they had drifted away from the boat. Bryan placed Shaun on his back and began to swim back to the boat. When he became too weak to swim with Shaun, Bryan told Shaun to stay there and he would swim to the boat and come back and get him. Bryan swam toward the boat but began to call out for help. Shaun heard Bryan calling for help, and also called for help. Residents on the water's edge heard the cries for help, and went to get a boat. By the time they got a boat to Shaun, Bryan had gone under. When Shaun was rescued, he was attempting to get his life jacket off, saying "If I can get this off I can get Bryan." (Shaun can't swim.) Bryan had fastened Shaun's jacket and tied the loose ends of the straps together, which kept Shaun from removing the jacket. Rescue workers, friends and family arrived to assist in the search for Bryan. Four dive teams assembled and worked together in the search. A team of three dogs were used to try to locate the area where Bryan might be. Along with fifteen boats, Careflite flew over, assisting in the search. On July 23, 1998, at 4:30 p.m., Bryan's body was recovered.

Bryan began working for Wise County Emergency Medical

Service as an EMT in 1991. He also became a flight medic for Careflite in May 1998. Bryan was an exceptional paramedic and enjoyed both of his jobs. Bryan was very caring and would sometimes go to the residences of patients he had transported on his days off to check on them or just to visit. Wise County has lost more than a paramedic. They have lost a dear friend. The funeral was anything but ordinary. Bryan was transported from the funeral home to the church in a Wise County EMS MICU, the ambulance Bryan worked on. The church was filled and several people had to stand outside the church. After the service, Bryan was placed in the ambulance and transported to the gravesite. The procession included law enforcement from every agency in Wise County, several fire department units and all of Wise County EMS personnel. Neighboring agencies assisted in covering the county for EMS during the funeral. At the gravesite, there was a prayer and then there were tones over the radio and a call for paramedic Bryan Ledet, "This is your final alarm, we wish you love and Godspeed." Then Wise County EMS employees joined with Careflite employees in placing their name tags on the casket and gave a guardian angel to Bryan's wife and mother.

We have lost a paramedic, but more important we have lost a friend. We also now know that Bryan Joseph Ledet is watching over us all and that someday we will be with Bryan again.

*Mike Putnam  
Decatur*

## The Call of My Life

By Bo Reger, EMT

The call of my life occurred Sunday, August 17th, 1997.

I was unable to save the patient  
As he now shines down on me from Heaven.

When I entered the room  
And saw his face,  
My heart immediately  
Began to race.

After an intense two minutes, he quit breathing,  
I no longer felt his pulse.  
With help some 15 minutes away,  
Matters began to look worse.

The minutes turned into hours,  
The adrenaline began to flow,  
As I tilted back his head,  
Opened his mouth and began to blow.

The repetition seemed endless,  
Compressions 15, breaths two,  
As I tried like hell to ignore the fact  
That his face was dark blue.

An eternity had passed,  
Now EMS was here to take over the call.  
They worked with all their hearts,  
We could see they gave their ALL.

The doctor and nurses  
Were awaiting his arrival  
To fight their best fight  
For this man's survival.

Forty minutes had passed  
With no signs of life,  
When the words, "call the call..."  
Came from the mouth of his wife.

At 13:17 that man died,  
As did a part of me.  
In my conclusion  
You will understand, you will see.

Later that day, his oldest son said to me,  
"You were trained by the best and worked on  
the best!!"  
As I replayed fighting for his life  
And pushing on his chest.

The reason this call was so important  
And I seem so bothered  
Is that Mark Reger was more than a patient;  
He was my friend, my teacher, and Mark  
Reger was my father.

*Educator Mark Reger was awarded EMS Educator of the Year posthumously at Texas EMS Conference '97. Bo read this poem during the awards ceremony. This year's award ceremony, including induction of four EMS personnel into the Hall of Honor, will begin at 11:45 a.m. on Tuesday, November 24.*

By John Rinard, BBA, EMT-P

## The benefits of being a 'whyner'

It's official! I have been officially diagnosed as a confirmed, dyed-in-the-wool "whyner." No, that's not whiner... and yes, there IS a big difference. I had my suspicions confirmed following a personality profile that was administered during a management training session. I was told that, among other things, I wanted to know "why" to many things.

Much to my relief, I have found out that there are many other people like me in the world. These are the folks that ask "why" to such things as:

Why are they constantly changing the rules?

Why can't we impress upon our local governmental entities the need to fully support EMS?

Why isn't there enough staff to do the jobs that are assigned?

Why can't we just work together to provide the best quality of patient care?

Why has nobody seen the real Santa Claus?

In general, I don't believe that a person who asks "why" is destructive to the process he is questioning if he asks the question in a constructive manner with the intent to create a positive change. After all, didn't the Wright brothers manage the first manned flight after asking, "Why can't man fly?" As a result of their questioning, we now have the ability to airlift patients by fixed wing aircraft or helicopters and transport them great distances in relatively short time periods so that they may

receive necessary medical interventions.

As I work towards a conclusion, I find myself asking the question "Why am I doing this?" I suppose that the answer lies in the fact that I hope everyone understands that the word "why" is a tool of change, and people should continue to ask the question. In some cases, a good answer may not be readily provided when that happens. Then it is time to rethink the policy or procedure.

---

*Paramedic John Rinard received his BBA from Corpus Christi State University in 1992. He is network coordinator for an emergency physician group in Bryan.*

### For Your Information....

**Q:** Whose responsibility is it to clean up after EMS?

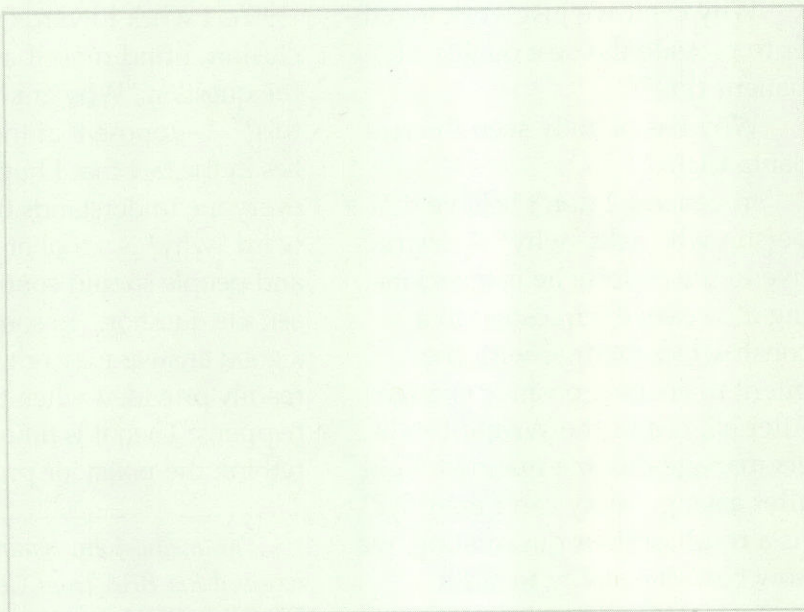
**A:** Why even ask this question? Doesn't everyone clean up after themselves? Do you remember the old days when we stuck used needles into the squad bench or cot cushions because EMS didn't use sharps containers? Do you know anyone who ever got stuck when checking the drug box because the last shift left dirty needles in it? Actually, we hear more and more concerns from citizens, health care providers

and other public safety agencies asking who's responsible for cleaning up after EMS. Most say it is the responsibility of the EMS provider. It makes sense that if the providers create the trash, they should pick it up. Imagine how you would feel if EMS worked a car crash in front of your home and after everyone left there were trash items laying in your yard. What if your child went out to look at what happened and picked up a bloody glove or a used needle and brought it to you and said "Momma, look what I found." You

wouldn't leave a loaded gun lying in the street; why would you leave your trash?

Today, many EMS providers have written policies that address scene cleanup. Some make it the total responsibility of EMS; others have created interagency policies that state the last medical responder on the scene (EMS, first responder, etc.) is responsible for clean-up. Address the issue now, don't wait. Remember to "Trash that Trash!" —Mark Huckaby

# On Duty



**With data gathered from all fifty states, a list of characteristics was developed that describes hardcore drunk drivers: they tend to have a high blood alcohol concentration (BAC); they are likely to repeat the behavior; and they are resistant to change.**

## Group takes aim at hardcore drunk drivers

A new program is taking aim at drivers who habitually drive drunk—and refuse to stop. The National Hardcore Drunk Driver Project, created by the distilled spirits industry's Century Council, provides resources to professionals who want to reduce the number of fatalities, injuries and damages caused by this

segment of the driving public.

Using data gathered from all fifty states, the group developed a list of characteristics that describes hardcore drunk drivers: they tend to have a high blood alcohol concentration (BAC); they are likely to repeat the behavior and are resistant to change; and they are most likely to be men between the ages of 25 and 45. For instance, although drivers

with EACs in excess of .15 make up only one percent of drivers on weekend nights, they account for 50 percent of the fatal crashes. And estimates indicate 35 to 40 percent of fatally injured drivers had a previous DWI conviction. According to the group's web site, the average BAC for Texas drivers arrested for DWI is .15. For more information, go to [www.dwidata.org](http://www.dwidata.org) or [www.centurycouncil.org](http://www.centurycouncil.org).



**December is  
3D Month**

December is National Drunk and Drugged Driving (3D) Month, a time when communities across the country join with the National 3D Prevention Month Coalition to conduct public awareness and enforcement campaigns to prevent impaired driving. The Coalition, a public-private sector partnership, provides a focus for communities interested in participating in National 3D Prevention Month by sponsoring national campaign activities. There are several resources available from the Coalition. The 1997 3D Exchange is a full-color newsletter highlighting last year's activities—perfect for planning this year's activities. One copy per request. Email [cliston@erols.com](mailto:cliston@erols.com). For a planning packet, fax your name, street address (no PO boxes), phone number and quantity desired to: 3D Program Orders, (202) 493-2062. For more info, visit 3D's web site at <http://www.3dmonth.org>.



## Know your car seat safety

More Texans are putting their children in car safety seats but 90 percent of the seats are being used incorrectly, according to Johnny Humphreys, director of TDH's SafeRiders Program. According to Humphreys, even small errors in the installation of the seat can leave children vulnerable to injury. If used properly, safety seats reduce the risk of death from traffic crashes by 71 percent for infants and 54 percent for toddlers. Common **errors** include:

- Safety seat is not secure after it's buckled in. Seat should not

move, but fit snugly.

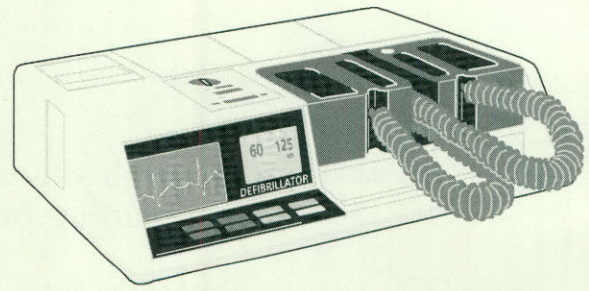
- Infant facing forward. Children under one year old or 20 pounds should face the rear.

- Infant seat not secured at 45 degree incline. You may have to use rolled up towels or blankets for support.

- Loose or incorrectly routed harness straps. Straps should be snug to the child's body.

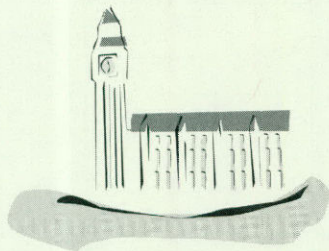
- Child in booster seat too soon. Booster seats should not be used until the child is 40 inches tall or weighs 40 pounds. Use a convertible safety seat until one of those limits is reached.

For more info, call SafeRiders at 800/252-8255.



## U.S. Senate targets medical manufacturers

Medical device manufacturers are not moving fast enough to identify devices that are not compliant with the Year 2000 computer glitch, according to Sen. Christopher Dodd, D-Connecticut. In September, Dodd released a 25-page list of names of manufacturers he says have not complied with the FDA's request for compliance information. The Y2K glitch has the potential for causing life-threatening problems if medical equipment shuts down on January 1, 2000. The FDA has reported that of the 1,935 companies whose products have date-dependent functions, nearly 1,000 had responded by the end of September. The Health Industry Manufacturers Association counters that the FDA's numbers don't take into account that subsidiary offices may have already complied through corporate headquarters but have not been counted. HIMA's web site is <http://www.himanet.com>.



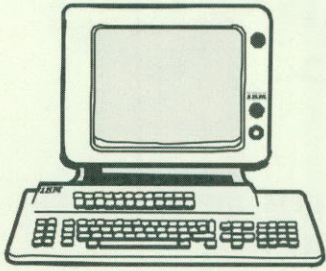
## Temple College launches paramedic education class

Temple College recently accepted students into its first paramedic class. While the program is new for the college, it's really a continuation of the successful program run

for more than ten years at Scott & White Hospital. The college will offer both paramedic certificates and AAS degrees in EMS technology. The curriculum was designed to allow current paramedics flexibility in meeting the requirements of the new paramedic license. Jeff Jarvis, MS, EMT-P, chairs the new program. Staff includes Leroy Vargas, Louis Gonzales and Diane Simpson, the new clinical coordinator. The college anticipates hiring an additional faculty member. For more information, visit the college's web site at <http://www.templejc.edu/ems>.

## Revised brochures available from TDH

TDH-EMS has revised two brochures that are now available. *EMS Questions and Answers about Citizen Participation* and *EMS—A System to Save a Life* have been updated and are available for order. See the inside front cover of this issue for more information.



## Injury web site lists new reporting rules

During the last legislative session, a state law was passed mandating that hospitals report traumatic brain injuries to TDH. The rules have been finalized and adopted by the Board of Health. For a summary of the rules, including public comments, go to <http://www.tdh.state.tx.us/injury/>.

## Center offers free info on cancer

The Texas Cancer Data Center provides free online cancer information on health professionals, facilities and services, cancer statistics, population and community resources. For more information, go to <http://tcdc.mdacc.tmc.edu>. The web site for the American Cancer Society is <http://www.cancer.org>.

## Other Web pages

Looking for a job? Try <http://www.emsjobs.com>  
The Coastal Bend RAC now has an Internet site: <http://www2.interconnect.net/nueces/rac.htm>  
The EMS Educators Association of Texas has a web site: <http://www.emseat.org>



## Fort Worth firefighting test may help female applicants

A new fitness test that measures endurance in addition to strength could increase the number of women who pass minimum requirements to join the Fort Worth Fire Department, according to an August 19 story in the *Dallas Morning News*.

The new test replaces a physical exam that tends to measure strength alone. The new test, which must be completed in 5 1/2 minutes, involves a series of exercises that includes hoisting a 44-pound bag up and down five flights of stairs, hauling a water-filled hose 100 feet and dragging a 175-pound dummy 75 feet. Currently, about 15 of the department's 700 firefighters are women.

## Rural Metro expands into Corpus Christi

Rural/Metro has expanded operation into Corpus Christi. Formed in May of 1998 under the direction of General Manager Hector Freixa, the Corpus Christi sector will operate in Nueces, Aransas, San Patricio, Kleberg, Jim Wells, Bee, Live Oak and Karnes counties. In addition to MICU service, Rural/Metro offers wheelchair van service.





## Texas Out-of-Hospital DNR Update

The following information affects only Out-of-Hospital DNR order and not any other advance directives. The Texas Out-of-Hospital Do-Not-Resuscitate Order (DNR) allows terminally ill persons to direct their physician, nurse or EMS professional to withdraw or withhold specific "life-sustaining" treatments in the event of pulmonary and/or cardiac arrest.

TDH requires all health care providers to have protocols in place that address DNR orders. (Directs personnel to honor the order, explains the process, documentation, etc.).

Patients are referred to their primary health care provider in order to obtain the DNR form. TDH now has new options for those health care providers who provide forms and/or identification devices to their patients.

Effective October 1, 1998, DNR forms and vinyl identification bracelets are available to health care providers from the Texas Medical Association in the following quantities:

### DNR form

- Single copy  
Packet of 20 or 50

### Hospital-style vinyl bracelet

- Single bracelet  
Packet of 20 or 50

### DNR form and hospital-style vinyl bracelet sets

- Packet with 1 form and 1 bracelet
- Packets of 20 forms and 20 bracelets
- Packets of 50 forms and 50 bracelets

For more information, contact: Texas Medical Association, Attn: DNR Orders, 401 West 15th Street, Austin, Texas 78701-1680, (512) 370-1306.

### Photocopying of blank forms

TDH now allows health care providers to make EXACT COLOR PHOTOCOPIES of the BLANK DNR forms for the patient or his or her representative to complete. Health care providers CANNOT accept photocopies of completed forms as evidence that a valid DNR order exists. In other words, when the health care provider (physician, nurse or EMS professional) arrives at the scene, only the original, completed Texas DNR form can be accepted (it must be the official form with original signatures) OR in absence of the form, the patient can be

wearing the Texas DNR white vinyl bracelet or the Texas DNR stainless-steel bracelet or necklace.

### Stainless steel ID device bracelets and necklaces

Patients or their representatives may order stainless-steel ID bracelets and necklaces directly from the manufacturer.

For more information contact: ID Services Inc., P O Box 1240, Mankato, MN 56002, (800) 533-8543 or fax (800) 440-6628.

For more information about DNR, contact TDH's Bureau of Emergency Management at (512) 834-6700 or write to 1100 West 49th Street, Austin, Texas 78756-3199.

## The Bureau of Emergency Management mourns the passing of this EMS friend

*Dan Kubiak, 60, passed away from heart disease on August 30, 1998, at his home in Rockdale from heart disease. A state senator, Kubiak supported emergency response personnel in many legislative discussions. He assisted in the passage of Senate Bill 385 in 1983, also known as the EMS Act of 1983, and sponsored bills that included death benefits for EMS personnel and capped lawsuit awards against volunteer fire and EMS departments. He is survived by several family members, including three children.*

### Answers to September/October '98 CE test

- |      |       |       |
|------|-------|-------|
| 1. C | 6. C  | 11. B |
| 2. B | 7. B  | 12. A |
| 3. B | 8. A  | 13. B |
| 4. B | 9. B  | 14. C |
| 5. C | 10. D | 15. D |

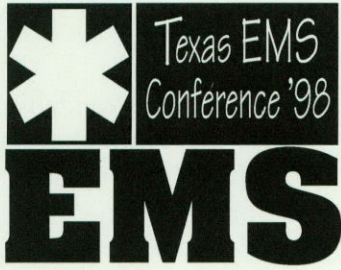
## Corrections

The colors on the 1998 EMS local projects map key in the September/October issue were reversed. The correct color key is:

Red signifies counties receiving TDH grants which included multiple counties.

Blue signifies counties receiving TDH grants.

In the same issue in the Point of View article, the correct date of Dee Seago's death was May 1, 1998. Eva Jo Scott works as a Certified Professional Public Buyer for the City of Beaumont. In her spare time, she works for Williams Medic-Aid as a paramedic.



# Texas EMS Conference '98

November 22-25, 1998

## Registration Form

*Note: Make a copy of this form for each additional registration—only one registration per form. Fill in the name exactly like you want your nametag to be printed. (Please type or print the information)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Level of Certification  ECA  EMT  EMT-I  EMT-P Other/Title \_\_\_\_\_

Do you make purchasing decisions for your firm?  yes  no

Do you subscribe to *Texas EMS Magazine*?  yes  no

For information call (512) 834-6700.  
Fax to (512) 834-6736.

**Mailed or faxed registrations will not be accepted after 11/1/98.**

(Bring registration to the conference; do not mail after 11/1/98)

MC  Visa Credit Card \_\_\_\_\_  
Card Holder \_\_\_\_\_ Card Exp. \_\_\_\_  
Signature of Card Holder \_\_\_\_\_

**No refund after 11/1/98**

Conference registration fee only \$100 at the door

Make check to: **Texas Health Foundation**  
Mail: Texas EMS Conference  
PO Box 142694  
Austin, Texas 78714-2694

**Sunday, November 22, 1998**

1:00 pm - 7:00 pm Registration-Convention Center  
3:00 pm - 7:00 pm **Exhibit Hall Opens-Welcome Reception**

**Monday, November 23, 1998**

7:00 am - 6:00 pm Registration-Convention Center

**Tuesday, November 24, 1998**

7:00 am - 5:00 pm Registration-Convention Center

	Amount
Conference Registration Fee	\$ 100
PreConference class fee included	+
Total Amount enclosed	\$

**Check or money order must accompany registration. Registration by fax will be accepted only if you are using a credit card. No refund after 11/1/98—There is a 9% administration fee if a refund is necessary.**

Official Use Only	Date Rec'd.	Check No.	Method of Pmt.	Amt. Rec'd.

# Texas EMS Conference '98

November 22-25, 1998

Austin Convention Center—Austin, Texas

- Choose from more than 100 excellent continuing education workshops over three days taught by the leaders in EMS in Texas. You'll learn the latest advances in prehospital patient care, as well as having the opportunity to brush up on the basics.
- Top-quality preconference classes such as a two-day high angle rescue class, a two-day cave rescue class, plus many of the favorites from past years.
- Learn about the latest in EMS technology in the 80,000 square feet of exhibit space filled with state-of-the-art information and products.
- Your chance to network with 2,500 of your EMS friends!
- Want to know if we received your registration? Visit our website at <http://www.tdh.state.tx.us/hcqs/ems/98conf.htm>.

## Important Notes:

- CE will only be given out immediately after a workshop.
- If you do not pick up your CE immediately after class, you will **not** be able to pick up the CE later.
- The workshops are filled on a first-come, first serve basis. If a class is filled when you arrive, you might be turned away. Have a second choice in mind.
- No one will be admitted late. If you arrive 10 minutes after class has started, you will not be admitted.

## How CE Works:

**Step 1** Each session has an assigned CE content area.

**Step 2** Pick up a CE form as you leave each session.

**Step 3** Write in your name and social security number on the top half of the CE form. This is your CE document; keep it for your records.

**Step 4** After the session, complete the bottom half of the form—the class evaluation.

**Step 5** Separate the two halves of the form and drop the bottom part into one of the evaluation boxes.

**Lost CE will not be replaced.**

## Agenda

### Sunday, November 22, 1998

- 1:00 pm - 7:00 pm Registration in Convention Center  
Inside Exhibit Hall
- 3:00 pm - 7:00 pm **Exhibit Hall Opens with Welcome Reception**

### Monday, November 23, 1998

- 7:00 am - 6:00 pm Registration - Convention Center Exhibit Hall
- 8:15 am - 9:30 am Opening Session  
Ballroom A-C
- 9:45 am - 10:45 am Workshop Breakouts  
Ballroom A, Rooms 4 - 10 (Third floor)
- 10:00 am - 6:00 pm **Exhibit Hall Open**
- 11:00 am - 12 noon Workshop Breakouts  
Ballrooms A-C, Rooms 4 - 10 (Third floor)
- 12 noon - 1:00 pm Lunch in Exhibit Hall
- 2:00 pm EHCAC, Ballroom A
- 2:00 pm - 3:00 pm Workshop Breakouts  
Ballrooms A-C, Rooms 4 - 10 (Third floor)
- 3:15 pm - 4:15 pm Workshop Breakouts  
Ballrooms A-C, Rooms 4 - 10 (Third floor)
- 4:30 pm - 5:30 pm Workshop Breakouts  
Ballrooms A-C, Rooms 4 - 10 (Third floor)

### Tuesday, November 24, 1998

- 7:00 a.m - 5:00 pm Registration in the Convention Center  
Inside Exhibit Hall
- 7:30 am - 8:30 am Early Bird Workshop Breakouts  
Ballrooms A-C, Rooms 4 - 10 (Third floor)

8:45 am - 9:45 am Workshop Breakouts  
Ballrooms A-B, Rooms 4 - 10 (Third floor)

10:00 am -11:45 am **Exhibit Hall Open**  
(closed during Awards Luncheon)

10:00 am -11:00 am Workshop Breakouts  
Ballrooms A-B, Rooms 4 - 10 (Third floor)

11:45 am -1:15 pm Awards Luncheon  
Exhibit Hall (Overflow seating in Ballroom C)  
(Exhibit Hall open immediately after  
Awards Luncheon)

1:15 pm - 5:00 pm **Exhibit Hall Open**

2:00 pm - 3:00 pm Workshop Breakouts  
Ballrooms A and B, Rooms 4 - 10 (Third floor)

3:15 pm - 4:15 pm Workshop Breakouts  
Ballrooms A-C, Rooms 4 - 10 (Third floor)

4:30 pm - 5:30 pm Workshop Breakouts  
Ballrooms A-C, Rooms 4 - 10 (Third floor)

5:00 pm **Exhibit Hall Closes**

**Wednesday, November 25, 1998**

8:30 am - 9:30 am Workshop Breakouts  
Ballroom A-C, Room 6

9:45 am - 10:45 am Workshop Breakouts  
Ballroom A-C, Room 6

11:00 am - 12 noon Workshop Breakouts  
Ballroom A-C, Room 6

**Conference Adjourns**

**Conference Hotels**

Hyatt \$70/\$95  
(Host Hotel)  
(512) 477-1234

Radisson \$70/\$95  
(512) 478-9611

Four Seasons \$95/\$105  
(512) 478-4500

Embassy Suites \$110/\$120  
(512) 469-9000

Marriott Capitol \$70/\$85  
(512) 478-1111

Omni Hotel \$70/\$95  
(512) 476-3700

Sheraton \$70/\$95  
(512) 480-8181

*Rates listed are single/  
double*

Attendees: Want to know if we received your registration? Visit the Texas EMS Conference website at <http://www.tdh.state.tx.us/hcq/ems/98conreg.htm> or for information call (512) 834-6700.

**1998 Texas EMS Photography Contest entry form**

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

Employed by \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Mail to:** Jan Brizendine, Texas Department of Health  
1100 W. 49th Street, Austin, TX 78756-3199.

**Deadline for entering: November 8, 1998**

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

form on this page, tape it to the back of your photograph, and mail your entry to: Texas EMS Photo Contest, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756-3199. Judges will select winning photographs based on artistic composition, originality, visual appeal, and good patient care.

- The Texas Department of Health will keep all photo entries and will have the right to publish entries in TDH publications. The photographer's name will be printed along with the photo. Ownership of the negative will remain with the photographer.
- Winning categories and prizes:  
One grand prize winner from all photos—\$100 and a plaque  
Two first place winners (one color and one black and white)—each wins \$75 and a plaque  
Second place—\$50 and a ribbon  
Third place—\$25 and a ribbon  
Honorable mention—\$15 and a ribbon

**Photo Contest Rules**

- Anyone is eligible; no entry fee is required.
- Entries must be received **no later than November 8, 1998**. Winners will

be announced at the Texas EMS Conference, November 22-25, 1998.

- Unmatted prints **8x10 inches** or **5x7 inches** may be submitted in color or black and white. Fill out the entry

## M O N D A Y

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)	
8:15 am - 9:30 am BAXTER LARMON, PHD INITIAL PATIENT APPROACH <i>Preparatory</i> BALLROOMS A—C											
9:45 a.m. - 10:45 a.m.	Shook, MD Pediatric Medical Emergencies <i>(Special Pts)</i>			Educators Track Coker/ Cason Paramedic Curriculum Update <i>(Additional)</i>	Rodriguez Quality Improvement: Just Do It! <i>(Additional)</i>	Burns What if your Patient has Four Legs? <i>(Special Patients)</i>	Meyer A Good Death & How to get One <i>(Additional)</i>	Lawrence Rashes & Lesions: Problem or Not? <i>(Medical)</i>	J. Rubin PhD Physiology & Management of Chemical Burns <i>(Trauma)</i>	Mailman MD Dive Injuries <i>(Medical)</i>	
11:00 a.m. - 12:00 a.m.	Van Ness MD Diagnosis & Management of Seizures <i>(Medical)</i>	Salter/ Beeson Gravida Who? Para What? <i>(Special Pts)</i>	Ayres, Jr. JD Current De- velopments in Claims Against EMS <i>(Additional)</i>	Barnes Teaching Clinical Decision Making <i>(Additional)</i>	Tapia The Survival Protocol. . . What the Rush Really Means to You <i>(Additional)</i>	Aguilar Domestic Preparedness for Counter Terrorism <i>(Trauma)</i>	Villers Trends in Cardiac Research <i>(Cardio)</i>	Trauma Nursing Track Gutierrez Preventing Transport Violations <i>(Additional)</i>	Yates Beans & Bruits: Oh, What a Thrill <i>(Medical)</i>	Sirbaugh DO Pediatric Respiratory Failure <i>(Special Pts)</i>	
2 p.m. - 3 p.m.	Larmon PhD Myths of Assessment <i>(Prep)</i>	EHCAC		Ayres, Jr. JD, Clinchy, PhD & Gandy, JD Mock Trial <i>(Additional)</i>	Jarvis/ Voskamp Implement- ing the WECM <i>(Additional)</i>	Waites ICS & MCIs: Whose on First? <i>(Additional)</i>	Wuertz HIV Post Exposure Prophylaxis <i>(Medical)</i>	Stevenson Bloaters & Puffers: COPD in Review <i>(Medical)</i>	Eichhorn Critical Incident Stress Management <i>(Additional)</i>	Hinson Advanced Drug Calculations <i>(Preparatory)</i>	Criddle Trauma Dynamics: How Things Break <i>(Trauma)</i>
3:15 p.m. - 4:15 p.m.	Simonson DO Shock: Does it Really Exist? <i>(Prep)</i>	EHCAC		[Continued from above] <i>(Additional)</i>	Van Meurs Clinical Problem Solving <i>(Additional)</i>	Charpentier/ Nelson Open Records & EMS Run Sheets <i>(Additional)</i>	Epley Airway: Basics & Beyond <i>(Prep)</i>	Anderson Women & Heart Disease: The Silent Epidemic <i>(Cardio)</i>	Neethling Pediatric Traumatic Brain Injury <i>(Special Pts)</i>	Hooks Dangerous Marine Life <i>(Medical)</i>	Salter Assessment & Mgmt of Chest Trauma <i>(Trauma)</i>
4:30 p.m. - 5:30 p.m.	Bolleter The Realities of Pain Control <i>(Prep)</i>	EHCAC		Coll Hepatitis C: The Latent Threat <i>(Medical)</i>	Nolette/Cole Teaching to the Genius of Each Student <i>(Additional)</i>	Atha How to Get your Degree Without Ever Setting Foot in a Classroom <i>(Additional)</i>	Pickard Child Sexual Abuse: They're Waving Red Flags <i>(Special Pts)</i>	Madigan Care of the Intoxicated Trauma Patient <i>(Trauma)</i>	Flanagan History of Flight Nursing in Texas <i>(Additional)</i>	Atwell Retrograde Intubation: An Advanced Airway Alternative <i>(Preparatory)</i>	Voskamp Setting New Dimensions in Stroke Manage- ment <i>(Medical)</i>

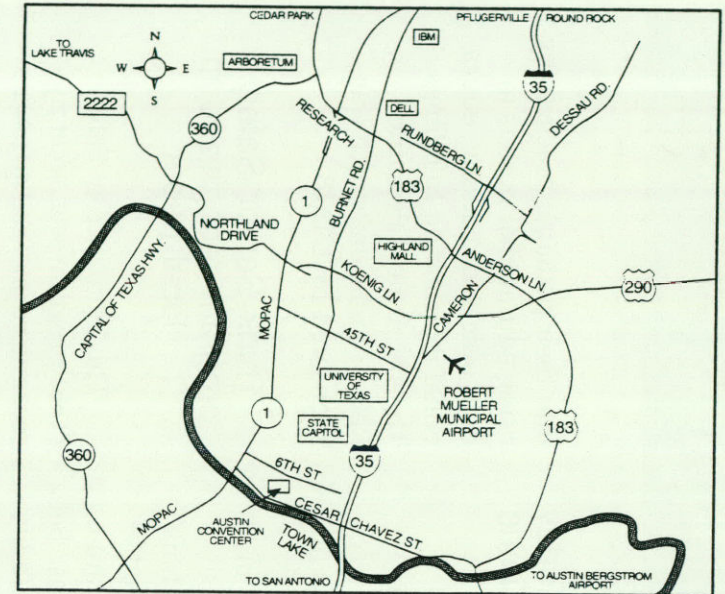
## T U E S D A Y

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)
7:30 a.m. - 8:30 a.m.	Genzel, MD Pre-Cardiac Arrest Care & Resuscita- tion ( <i>Cardio</i> )	Racht, MD Playing Well with Others. . . ( <i>Additional</i> )	Pearse Diabetes for Dummies ( <i>Medical</i> )	<b>Educators Track</b> Bolleter Speaking Easy ( <i>Additional</i> )	Rodriguez Managed Care & EMS ( <i>Additional</i> )	Dodson Think Child Safety: A Community Approach . . . ( <i>Special Pts</i> )	Stipetic Mgmt of Pit Viper Envenoma- tions ( <i>Medical</i> )	Anderson ABGs Made Easy ( <i>Medical</i> )	Berg Pharmacology for the New EMT Curriculum ( <i>Preparatory</i> )	Wright/ S. Warren Trauma Designation & You ( <i>Trauma</i> )
8:45 a.m. - 9:45 a.m.	Racht, MD To Board or Not . . . New Concepts. . . ( <i>Trauma</i> )	Phillips Seizures & Convulsions ( <i>Medical</i> )		Gandy, JD Legal Concerns for EMS Educators ( <i>Additional</i> )	Lanier, Jr. Dead Medics Don't Care & They Tell No War Stories ( <i>Additional</i> )	Majorowski Patient/Scene Assessment ( <i>Prep</i> )	DeLorenzo MD Tactical Emergency Care ( <i>Additional</i> )	K. Rubin Acute Renal Failure ( <i>Medical</i> )	Lockman Antidotes: Savior or Devil? ( <i>Medical</i> )	Genzel, MD Post Onset Cardiac Stabilization ( <i>Cardio</i> )
10 a.m. - 11 a.m.	Bolleter What Arnold Never Told You ( <i>Additional</i> )	Lawrence Multi- Agency Response to Acts of Terrorism ( <i>Trauma</i> )		Sharp Wellness: What's Required/ Needed ( <i>Additional</i> )	Rodriguez Risk Mgmt: Don't Let EMS Cost an Arm & a Leg ( <i>Additional</i> )	George, MD Changing Concepts in the Acute Mgmt of Severe TBIs ( <i>Trauma</i> )	Neff Thrombo- lytics in Acute Ischemic Brain Attack ( <i>Medical</i> )	White The Autonom- ic Nervous Sx & Emergency Medicine ( <i>Preparatory</i> )	Gandy, JD Prehospital Case Studies ( <i>Prep</i> )	Genzel, MD EMS at Mass Gatherings ( <i>Additional</i> )
2:00 p.m. - 3:00 p.m.	DeLorenzo MD Chem/Bio Weapons Toxicology ( <i>Medical</i> )	Yates Mgmt of Psychiatric Emergen- cies ( <i>Special Pts</i> )		Pickard Politics of CISM. . . ( <i>Additional</i> )	Swatzyna Psychological Trauma: The Human Response ( <i>Special Pts</i> )	Madigan Diabetic Emergencies ( <i>Medical</i> )	Phillips Mgmt of Cardiogenic Pulmonary Edema ( <i>Cardio</i> )	Frey Drug Calcula- tions for the Mathematical- ly Challenged ( <i>Preparatory</i> )	Taylor Delayed Transport/ Wilderness Medicine ( <i>Additional</i> )	Hinson TBI: Drunk or Just Stupid? ( <i>Trauma</i> )
3:15 p.m. - 4:15 p.m.	Moore, MD Hypothermia in the Trauma Pt ( <i>Trauma</i> )	Haschke, Beeson, & Salter Managing the Difficult Airway	Genzel, MD Advanced Concepts for the Veteran Paramedic ( <i>Prep</i> )	Liles PMS in EMS ( <i>Additional</i> )	Charpentier Americans With Disabilities Act & EMS Hiring ( <i>Additional</i> )	Clinchy PhD Pediatric Pts Ain't So Scary ( <i>Special Pts</i> )	Villers Toxicology: Principles & Case Studies ( <i>Medical</i> )	Stadthagen 12 Lead ECG ( <i>Cardio</i> )	Rubin, PhD Roles & Re- sponsibilities at HazMat Incidents ( <i>Medical</i> )	Lockman The Ten Most Lethal Overdoses ( <i>Medical</i> )
4:30 p.m. - 5:30 p.m.	Harbert Even More Lizards, Gomers & Grandparents ( <i>Special Pts</i> )	[Continued from above] ( <i>Prep-2 hrs</i> )	Voskamp 1997 National Asthma Guidelines ( <i>Medical</i> )	Glenn Crisis Intervention 101 ( <i>Special Pts</i> )	Eaddy/ Etheridge, Jr. Getting Medics Comfortable with Research ( <i>Additional</i> )	Lemley/ Almaguer DWI: EMS Role & Re- sponsibility ( <i>Medical</i> )	Gandy, JD TrueStories from the Lawyer Patrol ( <i>Additional</i> )	[Continued from above] ( <i>Cardio</i> )	Neff Meningococ- cemia: Not Just Another Rash ( <i>Medical</i> )	Wuertz Drug Resist- ant Organ- isms' EMS Impact ( <i>Medical</i> )



## WEDNESDAY

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 6 (322)
8:30 a.m. - 9:30 a.m.	<b>Capt. M. Warren</b> No Right Way to do a Wrong Thing <i>(Additional)</i>	<b>Perez</b> Shots Across Texas <i>(Medical)</i>	<b>Frey</b> Spaces of Death: Why Rescuers Die in Confined Spaces <i>(Trauma)</i>	<b>Riley/Hendricks</b> Customer Service in EMS <i>(Additional)</i>
9:45 a.m. - 10:45 a.m.	<b>Bolleter</b> Because My Heart Tells Me So <i>(Cardiovascular)</i>	<b>Glenn</b> Critical Incidents in Communications <i>(Additional)</i>	<b>Monahan/Gray</b> CPAP: An Alternative to Airway Management. . . <i>(Medical)</i>	<b>Charron</b> Volunteer Issues <i>(Additional)</i>
11:00 a.m. - 12:00 p.m.	<b>Gonzalez, Jr.</b> Allergic Reactions <i>(Medical)</i>	<b>Click</b> Kids in Crisis: Sickle Cell Disease <i>(Special Pts)</i>	<b>Wilkerson</b> Do We Really Need to Immobilize Everyone? <i>(Trauma)</i>	<b>Majorowski</b> Tactical Medicine: Republic of Texas Standoff <i>(Additional)</i>



### Directions to the Austin Convention Center

#### Coming from north on I-35

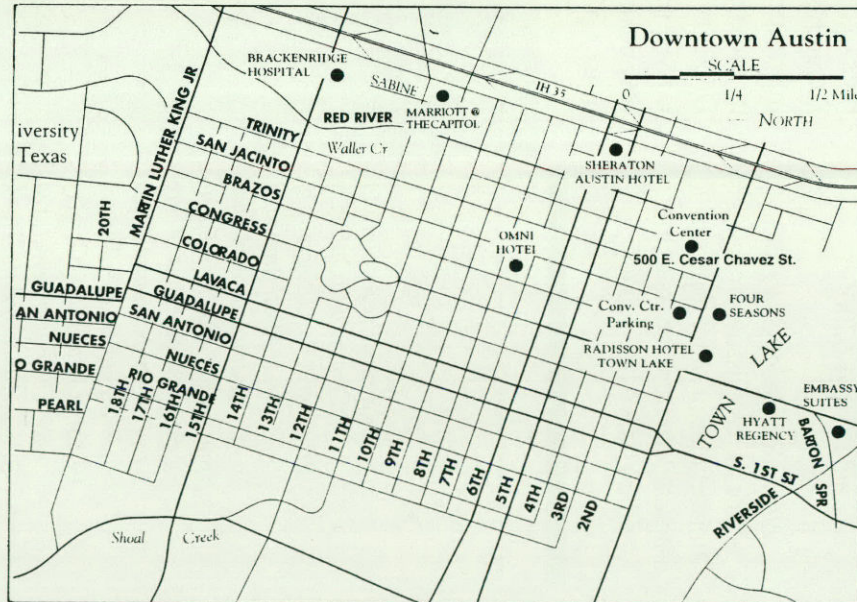
Exit on 8th Street, turn right on 1st Street (East Cesar Chavez Street); the convention center will be on the right. Enter the Texas EMS Conference registration area at the convention center entrance at 3rd Street and Trinity.

The Austin Convention Center parking garage is at 1st Street (East Cesar Chavez Street) and Brazos Street; the entrance is on Brazos Street.

#### Coming from south on I-35

Exit on 1st Street and go left under I-35; the convention center will be on the right. Enter the Texas EMS Conference registration area at the convention center entrance at 3rd Street and Trinity.

The Austin Convention Center parking garage is at 1st Street (East Cesar Chavez Street) and Brazos Street; the entrance is on Brazos Street.



Attendees: Want to know if we received your registration? Visit the Texas EMS Conference website at <http://www.tdhs.state.tx.us/hcqs/ems/98conreg.htm>

## Is your EMS service mentioned in Local and Regional EMS News?

It needs to be! Are you planning a fundraiser? A training class? A public education program? Do you have new people on board? Have you elected new officers?

Send your news to:  
Texas EMS Magazine  
Kelly Harrell, Editor  
Bureau of Emergency  
Management  
1100 West 49th Street  
Austin, Texas 78756-3199  
(512) 834-6700

We welcome letters to the editor on EMS issues, magazine articles or other topics of interest. We print letters to the editor as we have space.

## UTMB and Ready Teddy show TCS at a pediatric conference

During a June pediatric conference in Galveston, Ready Teddy and the Injury Prevention and Community Outreach Program at the University of Texas Medical Branch in Galveston promoted the Think Child Safety program to pediatricians and other health care workers from around Texas. Set up in the convention area, a life-size Ready Teddy encouraged attendees to "Play It Safe" with a message in a cartoon "balloon" above his head. The bear's injury prevention messages can be changed for different events. Dr. Gary Kesling, with the UTMB program, spoke with physicians about incorporating injury prevention information

into their pediatric practices by using educational posters in their offices and adding educational information to billings. The 47<sup>th</sup> Annual Pediatric Review and Conference was sponsored by UTMB.

## Think Senior Safety program recognized in local paper

The Think Senior Safety (TSS) program was recently recognized in *The Paris News* for its efforts in providing fans to the elderly during the summer months. An offshoot of the Think Child Safety program, TSS strives to reduce injuries and deaths in local communities associated with an aging population. Activities of the program included installation of smoke alarms

*The Injury Prevention and Community Outreach Program at the University of Texas Medical Branch in Galveston promoted child injury prevention to pediatricians and other health care workers from around Texas during the 47<sup>th</sup> Annual Pediatric Review and Conference. Their display featured information about the Think Child Safety program and a life-size Ready Teddy.*



## LOCAL AND REGIONAL EMS NEWS



*Five Texas paramedics received the Star of Life Award from the American Ambulance Association. Pictured with U.S. Senator Phil Gramm are, from left, award recipients Eric Silva, Brad Redden, Cory Jeffcoat and Christine Saucedo.*

and soliciting box fan donations for the elderly, and educating seniors about preventing injuries in the home.

### **Texas paramedics receive AAA award**

In May, five Texas paramedics were among 138 EMTs and paramedics to receive the Star of Life Award from the American Ambulance Association during a ceremony held in Washington, D.C. Award recipients were Eric Silva, EMT-P, of Bryan; Brad Redden, EMT-P, of Grand Prairie; Cory Jeffcoat, EMT-P, of Sour Lake; Christine Saucedo, EMT-P, of El Paso; and Elaine Tyler, EMT-P, of Hitchcock. While in Washington, D.C., the award recipients met with U. S. Senator Phil Gramm to promote EMS awareness.

### **Students in McLennan County learn first-hand about EMS**

McLennan Community College recently held a two-week class to teach children in grades 4-9 about medical and traumatic emergencies. Taught by Steve Morimoto, MS, EMT-I; Steve Anderson, NREMT-P; MCC paramedic students; and Polli Williams, RN, EMT-P, 17 youngsters were taught the importance of 9-1-1, CPR, vital signs and patient assessment, bandaging and splinting, triage, and dealing with mass casualty incidents. The class visited Hillcrest Baptist Medical Center Emergency Department, where they talked with William Daney, MD, and emergency room technicians. They then toured a Scott & White MediVac helicopter, where they learned how the care

given by air ambulance crews differs from care given by ground ambulance crews.

### **Luling EMS sponsors summer safety symposium**

Luling EMS sponsored a summer safety symposium last summer. The symposium encouraged children of all ages to have a fun and safe summer with information about water safety, camping safety and motorcycle and bicycle safety. The group gave away two donated bicycles and helmets.

### **First responders get donated nametags, rescue vests**

The Heart of Texas RAC (TSA-M) donated standardized name tags and rescue vests to all

## LOCAL AND REGIONAL EMS NEWS



*Seventeen young people spent two weeks learning about CPR, 9-1-1 and emergency care skills last summer. The class, taught by McLennan Community College, offered students a look at the real world of medical and traumatic emergencies.*

participating HOTRAC first responder groups who didn't have uniforms and name tags. Name tags, color-coded to match skill levels, and fifty rescue vests were distributed to the area first responders. Rural/Metro - Waco contributed its SB102 money to assist in the purchase of the name tags and rescue vests.

### **CCFD/EMS, Shots Across Texas give shots to local children**

Corpus Christi Fire Department/EMS participated in a health fair held at one of its fire stations in April. Agencies participating in the health fair along with CCFD/EMS were DARE, Texas Healthy Steps, Shots Across Texas and the Safe Kids Coalition, which brought immunizations, literature on anti-drug programs, stickers,

fire hats and free bicycle helmets to children attending the fair. Ambulance and fire truck tours were available and McDonald's and Dairy Queen donated food. Fire and EMS personnel baked cookies for people attending the event.

### **STCC holds scenarios for EMS students**

South Texas Community College EMS program, in McAllen, held a 'scenario' day for all EMS certification levels in April. Twelve scenes were simulated to increase the students' familiarity with real-life situations. Paramedic students were mixed with intermediate and EMT students to develop leadership and patient care skills. Area providers who participated in the simulations were Valley AirCare, American Medical Response, Valley EMS, Pro

Medic EMS and Eginburg Volunteer Fire Department.

### **Austin holds safety camp for area children**

Approximately 400 Austin area children ages 9 and up participated in a safety camp sponsored by Austin FD, Austin EMS, Austin PD and Austin Parks and Recreation Department. The camp focused on fire safety, water safety, bicycle safety, CPR, personal safety and alcohol awareness. Many of the focus areas involved getting participants wet, keeping the attendees cool in the summer heat. The opening ceremony for the camp featured a mock collision with fire, EMS, police and StarFlight units responding. Most of the children were enrolled in community recreation programs.

# LOCAL AND REGIONAL EMS NEWS

## LEAP donates GPS equipment to regional EMS agencies

The Lifestar Education Assistance Program helped donate 63 hand-held Global Positioning System devices to the EMS providers in its service area. Lifestar, an air ambulance service based in Amarillo, serves 26 Texas Panhandle counties, and northeastern New Mexico, southeastern Colorado, southwestern Kansas and the Oklahoma Panhandle. The service operates in primarily rural areas with few prominent landmarks, major roads or intersections. Other agencies contributing to

the purchase of the GPS devices were TSA-A RAC, Northwest Texas Healthcare System, Inc., the annual "Pediatrics in the Panhandle" symposium, t-shirt and hat sales, and donations from individuals.

## Child's save underscores value of bystander CPR

The *Austin American-Statesman* recently reported an emergency run that illustrated the importance of bystander care and public education. In June, a 15-month-old girl wandered into the back yard and fell into a small pool of water. She was found lifeless, floating in the

water. Her aunt called 9-1-1 and began CPR. The child is now the picture of health, and Austin EMS crews partially credit her survival to the initial CPR given by her family.

## Tyler telecommunications specialist recognized in newsletter

The August issue of *The East Texas Transmitter* included a report of how telecommunications specialist Larry May assisted a 9-1-1 caller in removing a potentially dangerous driver from the road. A woman had called 9-1-1 because she was following a car that was being



Community members learn about water safety, camping safety, motorcycle and bicycle safety during a summer safety symposium sponsored by Luling EMS.

## LOCAL AND REGIONAL EMS NEWS

driven erratically by an elderly female who seemed to be disoriented and kept driving into oncoming traffic. A Tyler police officer pulled over the vehicle and found the driver too disoriented to drive. The driver's daughter was called to pick her up. The report also credits telecommunications specialist Gale Hightower for assistance with this call.

### NWSCA starts SAED program in Northwest Harris County

The Northwest Security Coordinator's Association has announced that the Harris County Sheriff's Department (HCSD) and Cypress Creek EMS

Association are working together to place semi-automatic external defibrillators on several sheriff deputies' vehicles. Funded by the communities around the FM 1960 corridor in Houston, HCSD will pay for the training time of the deputies and CCEMSA will assist in training the deputies on the SAEDs. For more information about the program and its development, take a look at NWSCA's web page, <http://www.texasnetwork.com/nwsca>.

### EMS administrator honored

Lee Sweeten, EMS regional director for Public Health Region 8, received a "My Boss

is a Patriot" award in September from the National Committee for Employer Support of the Guard and Reserve. Sweeten was honored in recognition of his support of employees who serve in the reserve forces.

### NEHCVEMS Inc. participates in National Night Out

In August, Northeast Hays County Volunteer EMS participated in the National Night Out in Buda. Ready Teddy, along with EMTs Christi Park, Camille Eckholm and Dale Cote, visited several blocks parties throughout the night, answering questions about EMS and promoting EMS awareness and injury prevention.



*Ready Teddy, aka Mike Webel, and Northeast Hays County VEMS member Christi Park speak with people in the Buda community during National Night Out. NEHCVEMS participated in the national event while promoting injury prevention and EMS awareness.*

# LOCAL AND REGIONAL EMS NEWS

## Texas Department of Health EMS Offices

**Bureau of  
Emergency Management**  
1100 West 49th Street  
Austin, Texas 78756-3199  
(512) 834-6700

**Public Health Region 1**  
Terry Bavousett  
P.O. Box 60968, WTAMU Station  
Canyon, Texas 79016  
(806) 655-7151

Denny Martin  
1109 Kemper  
Lubbock, Texas 79403  
(806) 744-3577

**Public Health Regions 2 & 3**  
Jimmy Dunn  
1351 East Bardin Road  
P. O. Box 181869  
Arlington, Texas 76096-1869  
(817) 264-4404

Jerry Bradshaw  
4309 Jacksboro Hwy, Suite 101  
Wichita Falls, Texas 76302  
(940) 767-8593

Andrew Cargile  
1290 S. Willis, Suite 100  
Abilene, Texas 79605  
(915) 690-4410

**Public Health Regions 4 & 5**  
Jim Arnold  
1517 W. Front Street  
Tyler, Texas 75702-7854  
(903) 533-5370

**Public Health Region 6**  
C. Wayne Morris  
5425 Polk Street, Suite J  
Houston, Texas 77023  
(713) 767-3333

**Public Health Region 7**  
Rod Dennison  
2408 S. 37th St.  
Temple, Texas 76504-7168  
(254) 778-6744

**Public Health Region 8**  
Lee Sweeten  
1021 Garner Field Road  
Uvalde, Texas 78801  
(830) 278-7173

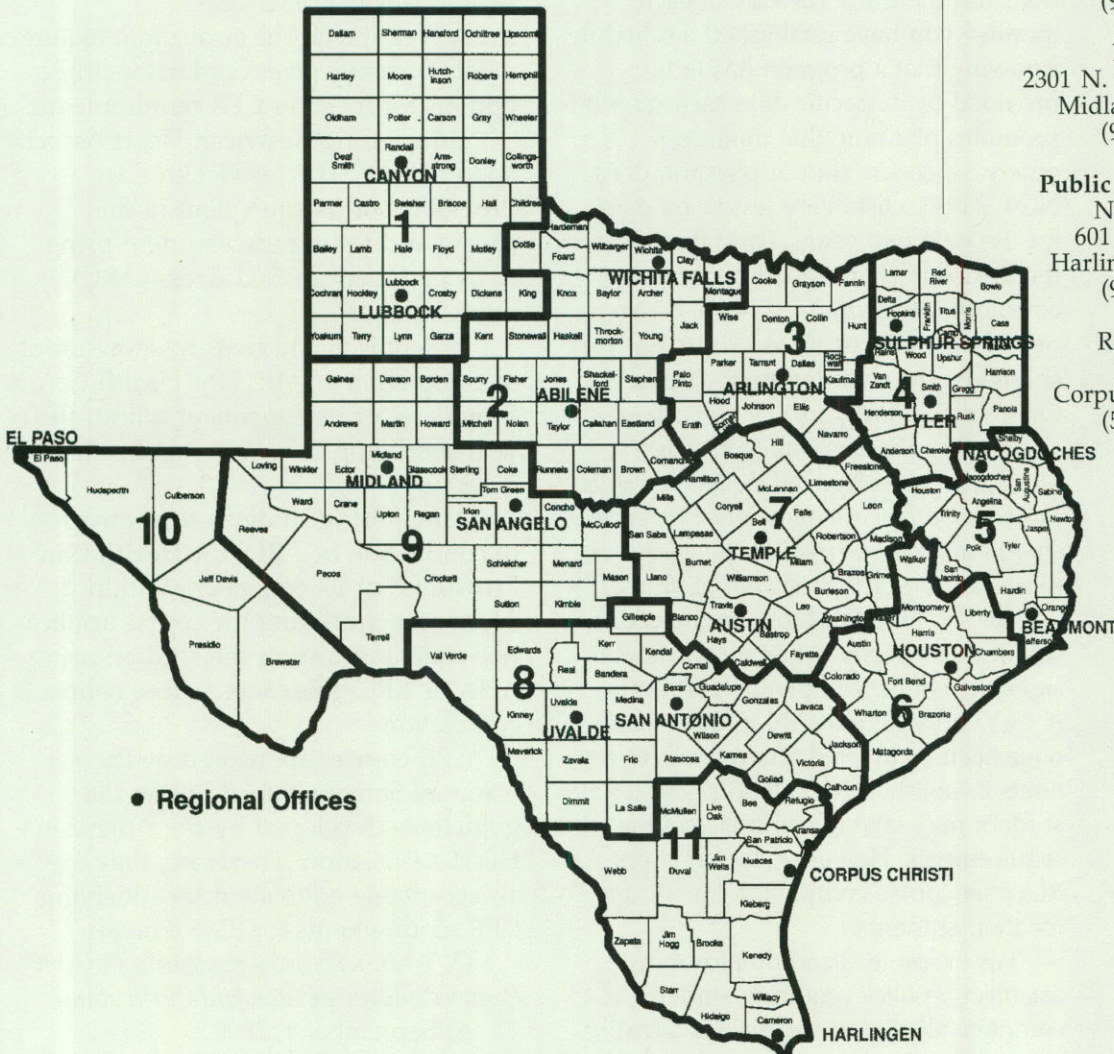
Steve Hanneman  
Fernando Posada  
7430 Louis Pasteur  
San Antonio, Texas 78229  
(210) 949-2050

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

Leland Hart  
2301 N. Big Spring, Ste. 300  
Midland, Texas 79705  
(915) 683-9492

**Public Health Region 11**  
Noemi Sanchez  
601 W. Sesame Dr.  
Harlingen, Texas 78550  
(956) 423-0130

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



By  
Neil Coker, BS,  
EMT-P

## Frequently asked questions about EMS Education

Neil Coker is the state EMS training coordinator. Call him at (806) 743-3218 or email him at ALHNBC@TTUHSC.EDU

**Q:** *I'm trying to prepare an application for an On-going CE Program. I don't understand how I can schedule everything for two years in advance and at the same time tie our CE program to our QI program. What do I do?*

**A:** The intent of asking for a schedule is to assure that the sponsor has an organized plan for developing and delivering programming. If the application states "continuing education sessions will be taught from 1800-2100 hours on the third Tuesday of each month," you have established a schedule. Knowing that a program has to be provided by a specific date each month promotes planning that might not otherwise occur. Your application does NOT have to list every lesson by date for the next two years. This takes away the flexibility that a good continuing education program must have. It also negates the effects of the QI process that should be the foundation of a service's On-going CE Program.

**Q:** *Does the time limit to take the certification exam begin on the last day of the classroom portion of a course or on the day a student completes all course requirements and receives a course completion certificate (CCC)?*

**A:** The time limit to take the certification exam begins when a coordinator signs the course completion certificate (CCC) verifying that ALL requirements have been completed. There are NO limits established by TDH on how long a student may take to complete course requirements. However, coordinators MAY set course completion time limits for their students.

For example, a coordinator may establish a policy requiring students to complete all clinical and field internship

requirements within a given number of days after the course final examination. If the student does not meet this requirement, the coordinator can choose not to issue a CCC. However, once the CCC is signed, the student then has 180 days to complete the certification exam and any retests, regardless of how long he/she took to meet the coordinator's requirements.

**Q:** *Will National Safety Council CPR satisfy the cardiopulmonary resuscitation requirements for EMS courses?*


**A:** Yes, it will. The curriculum requirements currently give coordinators three options for meeting CPR requirements:

1. Including American Heart Association (AHA) "BLS for Health Care Providers" or its equivalent in the course and testing each student using AHA or American Red Cross (ARC) guidelines; or
2. Requiring students to show proof of completion of "BLS for Health Care Providers" or its equivalent within the year preceding the course application date; or
3. Requiring students to show proof of completion of "BLS for Health Care Providers" or its equivalent within the 24 months preceding the course application date and testing the student using AHA or ARC guidelines before course completion.

CPR courses sponsored by the National Safety Council follow the guidelines developed by the American Heart Association. Therefore, they are an acceptable equivalent for satisfying CPR requirements for EMS courses.

**Q:** *When will Texas implement the 1998 Paramedic National Standard Curriculum?*

**A:** September 1, 2000.

 **EMS Fact:**  
Approximately 30% of all drinking drivers arrested for DWI have previously been arrested and sanctioned. —*The Century Council*



By  
Linda Reyes

## Frequently asked questions about EMS Standards

Medical Standards on Motor Vehicle Operations Division (MSMVO) became a part of the EMS Standards team last year. This Frequently Asked Questions column is to introduce you to the functions of the MSMVO or Medical Advisory Board (MAB) and inform you of a possible role you can play.

**Q:** *What is the Medical Advisory Board?*

**A:** The Medical Advisory Board (MAB) is the body of physicians and optometrists established under authority of Texas Civil Statutes, Article 6687b, to advise the Texas Department of Public Safety (DPS) regarding the driving capability of persons with medical limitations. MAB physicians review the medical histories of driver licensees and applicants according to standard guidelines. They make recommendations to DPS on whether drivers receive or retain their license. EMS Standards' staff members provide support, facilitate the MAB meetings, maintain case records and report board recommendations to the Department of Public Safety (DPS). Recently, the MAB has been directed to medically evaluate persons for eligibility for a license to carry a concealed handgun.

**Q:** *As an EMS certificant, medical director, firm administrator or educator, why should MAB interest me?*

**A:** You can help MAB play a larger role in the prevention of trauma from motor vehicle crashes. If MAB and DPS are successful in keeping off the road those who have medical disor-

ders that adversely affect their driving, your load may be lessened and the roads and highways of Texas will be safer. EMS personnel should inform their medical director or law enforcement officer at the scene of a crash when it appears a medically-impaired driver has contributed to an MVA. Physicians and law enforcement officers can directly report cases to DPS or MAB. If your medical director is not aware of the referral process, he or she should contact Jack Edwinston or Nancy Karr at (512) 834-6700 for more information. Medical directors, EMS instructors, coordinators and Regional Area Council (RAC) training coordinators could serve as leaders to educate others locally.

**Q:** *What are some of the medical conditions that may preclude someone from receiving or keeping his or her license?*

**A:** There are too many to specifically name here, and the level of severity plays an important role. The board reviews conditions that fall under the headings of general debility, cardiovascular diseases, neurological disorders, psychiatric disorders, alcohol-induced problems, drug-induced problems, metabolic diseases, musculoskeletal defects and eye defects.

For more information about the MAB program visit our internet site at: <http://www.tdh.state.tx.us/hcqs/ems/mabhome.htm>

November/December 2000  
CE Summary Report Due

*If your certification expires  
in November or December  
2000, your CE summary  
report is due now.*

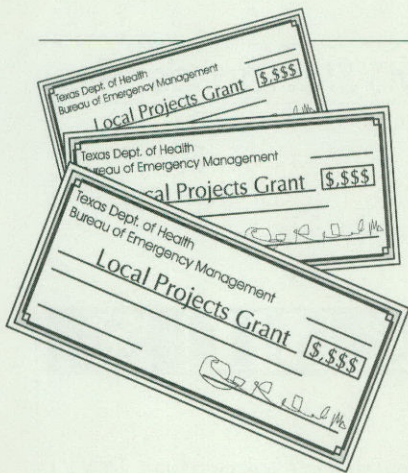
EMS Standards  
Internet certification  
verification now on our  
web site: <http://www.tdh.state.tx.us/hcqs/ems/certqry.htm>

Certification verification  
phone line: (512) 834-  
6769; Fax number:  
(512) 834-6736

Web home page  
address: <http://www.tdh.state.tx.us/hcqs/ems/stndhome.htm>

Policies may be  
viewed on the Internet  
at: [www.tdh.state.tx.us/hcqs/ems/policies.htm](http://www.tdh.state.tx.us/hcqs/ems/policies.htm)

Email:  
[emscert@ems.tdh.state.tx.us](mailto:emscert@ems.tdh.state.tx.us)



# Local Projects grant program distributes \$1.5 million to EMS

**D**uring the last legislative session, the state legislature appropriated \$3.55 million to be distributed over two years to Texas EMS. This year the bureau received 256 proposals representing \$4,790,032 in requested funds. The available \$1,509,317 was distributed to 171 awardees and funded 22 ambulances, 51 AEDs, 20 GPSs, 36 monitor-defibrillators, more than 40 certification and training courses, four RACs and two provider associations. These grants will enable EMS firms throughout Texas to upgrade their services, improve their patient care capabilities and

reduce response and scene times.

Any non-profit licensed EMS providers, registered first responders, and EMS education agencies may apply for funds through a request for proposal procedure. Funds may be requested to purchase vehicles, durable medical equipment, training and prevention projects. The anticipated *Texas Register* publication date for the Request for Proposal is January 1999. Proposals will be due **April 5, 1999**.

Questions? Contact Terri Vernon at 512/834-6700 or e-mail [terri.vernon@tdh.state.tx.us](mailto:terri.vernon@tdh.state.tx.us)

**84-East Volunteer Fire Department**, Palestine, \$1,892 for Spinal Equipment, Oxygen Bottles, Regulators, Bags, Stokes Stretcher and Rescue Rope

**Abernathy EMS**, Abernathy, \$5,637 for a Monitor Defibrillator

**Anderson County First Responder Association, Inc.**, Palestine, \$8,066 for Backboards, Oxygen Equipment and Patient Safety Straps

**Archer City Ambulance Service**, Archer City, \$35,000 for an Ambulance

**Associated Ambulance Authority**, Clarendon, \$6,250 for a Monitor Defibrillator

**Balmorhea Volunteer Ambulance Service**, Balmorhea, \$3,969 for a Mobile Radio, Hand Held Radios, Vital Signs Monitor, Splints, Oxygen Equipment and Portable Suction Equipment

**Beeville EMS**, Beeville, \$25,000 for an Ambulance

**Bells/Savoy Community Emergency Services**, Bells, \$35,000 for an Ambulance

**Big Country Critical Incident Stress Man-**

**agement Team**, Abilene, \$480 for Pagers  
**Big Country EMS Providers Organization**, Abilene, \$36,099 for Emergency Medical Technician Completion Training, Monitor Defibrillators, Suction Equipment, Vital Signs Monitor, Pulse Oximeter, Kendrick Extrication Device, Splints, Stair Chair and a Lifepak 12

**Big Country Regional Advisory Council, Inc.**, Abilene, \$8,100 for Advanced Cardiac Life Support Training, Pediatric Advanced Life Support Training and Prehospital Trauma Life Support Training

**Big Spring**, Big Spring, \$2,400 for Emergency Medical Technician - Paramedic Training

**Blackjack VFD**, Hearne, \$426 for Oxygen Equipment and Suction Equipment

**Blum VFD and EMS**, Blum, \$2,478 for an Automated External Defibrillator and a Pulse Oximeter

**Bogata Fire & Rescue**, Bogata, \$3,250 for an Automated External Defibrillator

**Boonsville and Balsora Fire Depart-**

**EMS Fact:** A law enforcement officer dies in the line of duty somewhere in the U.S., on average, every 57 hours.  
 —Concerns of Police Survivors (COPS)

- ment, Bridgeport, \$3,660 for Pagers, Radios, Oxygen Equipment and Oxygen Regulators
- Borden County EMS**, Gail, \$1,350 for Emergency Medical Technician - Paramedic Training
- Brazos County Precinct 4 Fire Department**, Bryan, \$1,983 for Extrication Equipment
- Brazos Valley Regional Advisory Council**, Bryan, \$32,475 for Global Positioning Systems, Monitor Defibrillators, Backboards, Regulators, Laryngoscopes, Kendrick Extrication Devices, Spider Straps and Fracture Kits
- Brewster County Ambulance Service**, Alpine, \$8,163 for a Computer and Satellite Communication System
- Briar Oaks VFD, Inc.**, Burleson, \$4,983 for an Automated External Defibrillator
- Brownsville EMS**, Brownsville, \$7,200 for Advance Cardiac Life Support Training and Basic Trauma Life Support Training
- Burnet EMS**, Burnet, \$7,005 for Adult and Child Manikins, a Rhythm Simulator, an IV Arm, Adult and Child Airway Trainer, Advance Life Support Manikins, Crico/Pneumo Simulators and an Automated External Defibrillator
- Camp County EMS, Inc.**, Pittsburg, \$6,305 for Ambulance Stretchers
- Canyon Lake Area - Comal County EMS**, Canyon Lake, \$35,000 for an Ambulance
- Carlsbad VFD**, Carlsbad, \$1,297 for Pediatric Immobilization Equipment
- Carolina Cove VFD DBA Thomas Lake Road VFD**, Riverside, \$877 for a Pulse Oximeter
- Cedar Park Fire Department**, Cedar Park, \$3,580 for Automated External Defibrillators
- Central Texas Trauma Council**, Belton, \$50,107 for Emergency Medical Technician-Basic Training, Advanced Cardiac Life Support Training, Basic Trauma Life Support Training, a Global Positioning System, Head Blocks, Automated External Defibrillators, Monitor Defibrillators, a Fracture Pack, Splints, an Kendrick Extrication Device, Backboards, Portable Suction Equipment, Spider Straps, a Bag Valve Mask and Automated External Battery Packs
- Channelview VFD**, Channelview, \$1,750 for Advanced Cardiac Life Support Training
- Children's Hospital of Austin**, Austin, \$2,643 for a Computer, Broselow Tapes, an IV Foot and Advanced Life Support Maniken
- China Springs VFD and Rescue Service, Inc.**, China Spring, \$2,275 for Backboards, a Stretcher and an Automatic Blood Pressure Cuff
- Cisco EMS**, Cisco, \$4,308 for a Global Positioning System and Extrication Equipment
- City of Crane**, Crane, \$35,000 for an Ambulance
- City of Graham**, Graham, \$1,750 for an Automated External Defibrillator
- City of Happy**, Happy, \$2,400 for an Automated External Defibrillator
- City of Orange Fire Department**, Orange, \$1,998 for an Automated External Defibrillator
- City of Pampa**, Pampa, \$7,148 for Pacing Units to Upgrade Defibrillators and a Monitor Defibrillator
- City of Roanoke - EMS Division**, Roanoke, \$5,149 for a Monitor Defibrillator
- City of Stephenville**, Stephenville, \$630 for Stair Chairs
- Cleburne Fire Department**, Cleburne, \$1,158 for a Stair Chair, Oxygen Equipment and Regulators
- Cleveland EMS**, Cleveland, \$7,400 for a Monitor Defibrillator and a Pulse Oximeter
- Coryell Memorial Hospital EMS**, Gatesville, \$3,975 for a Monitor Defibrillator
- Cresson VFD, Inc.**, Cresson, \$539 for a Backboard, Backboard Straps and Safety Straps
- Crockett County EMS**, Ozona, \$1,267 for Splints, Spinal/Cervical Equipment, Broselow Tapes, Pedi Seats and Kiddie Litters
- Crosbyton Clinic Hospital EMS**, Crosbyton, \$2,940 for Radios, Pagers and Automatic Ventilator
- Crossroads / Cornett VFD**, Hughes Springs, \$1,825 for Radios
- City of Crystal City**, Crystal City, \$2,622 for Pagers, Traction Splints, a Kendrick Extrication Device, a Stair Chair and Portable Suction Equipment
- De Leon Hospital EMS**, De Leon, \$33,600 for an Ambulance
- Dean Dale VFD**, Wichita Falls, \$1,050 for Pagers
- Dickens County Ambulance Service**, Dickens, \$35,000 for an Ambulance
- Eagle Pass Fire Department**, Eagle Pass, \$5,380 for Suction Equipment, a Pulse Oximeter, Splints, Backboards, Oxygen Equipment, Laryngoscope Blades, a Glucometer and Restraint Straps
- East Bernard EMS**, East Bernard, \$695 for Portable Suction Equipment
- Elmwood VFD**, Palestine, \$4,025 for an Automated External Defibrillator
- Everman EMS**, Everman, \$8,000 for monitor-defibrillator
- Faith Community Hospital EMS**, Jacksboro, \$4,082 for IV Pumps, an Automatic Ventilator and Stair Chairs
- Fisher County Hospital EMS**, Rotan, \$35,000 for an Ambulance
- Frio County EMS**, Pearsall, \$10,000 for Monitor Defibrillators
- Friena EMS**, Friena, \$35,000 for an Ambulance
- Frontier Ambulance Corporation**, Morton, \$1,475 for a Computer
- Fruitvale VFD**, Fruitvale, \$1,897 for Pagers, Radios and an Encoder
- Gainesville Fire Department**, Gainesville, \$2,900 for Air Bags
- Galena Park Fire Department - EMS**, Galena Park, \$5,992 for Automated External Defibrillators and Automatic Ventilators
- Geronimo VFD**, Geronimo, \$3,228 for Emergency Medical Technician - Basic Training, Global Positioning Systems, Oxygen and Suction Equipment and Oxygen Regulators
- Groom Volunteer Ambulance Service**, Groom, \$6,536 for a Repeater, Radios, Pagers, Control Station, a Paging Terminal and an Antenna
- Harker Heights Fire Department**, Harker Heights, \$4,000 for Auto Vehicle Locators
- Harmony Consolidated VFD, Inc.**, Big Sandy, \$2,490 for Emergency Medical Technician - Basic Training, Pagers and Radios
- Harrison County First Responders**, Marshall, \$2,389 for Backboards,

- Blood Pressure Cuffs, Traction Equipment, Kendrick Extrication Device, Suction Equipment, Stethoscopes and Vacuum Splints
- Heart of Texas Regional Advisory Council**, Waco, \$15,506 for Advanced Cardiac Life Support Training, Basic Trauma Life Support Training, Automated External Defibrillators, Vital Signs Monitors and a Pulse Oximeter
- Henderson Memorial Hospital EMS**, Henderson, \$3,500 for a Monitor Defibrillator
- Hereford EMS**, Hereford, \$7,000 for Emergency Medical Technician - Paramedic Training
- Hollywood Park Volunteer Firefighter's Association**, Hollywood Park, \$1,810 for an Automated External Defibrillator
- Hopkins County Memorial Hospital EMS**, Sulphur Springs, \$4,944 for Automated External Defibrillators
- Howe VFD**, Howe, \$1,891 for an Automated External Defibrillator
- Hudson VFD First Responders**, Lufkin, \$4,001 for Emergency Medical Technician - Basic Training, BVM Resuscitators, Oxygen Cylinders, Traction Equipment, Pedi-Pac Equipment, Kendrick Extrication Devices, Spider Straps, Splint Kit, Head Immobilizers, Backboards and Quick Release Straps
- Hughes Springs VFD - First Responders**, Hughes Springs, \$1,050 for Radios
- Hughes Springs Volunteer Ambulance Service**, Hughes Springs, \$2,761 for Automated External Defibrillators
- Hull Daisetta Volunteer Ambulance Service**, Hull, \$4,980 for an Automated External Defibrillator
- Huntsville - Walker County EMS**, Huntsville, \$8,500 for a Monitor Defibrillator
- Imperial Volunteer EMS**, Imperial, \$35,000 for an Ambulance
- Iredell VFD**, Iredell, \$3,252 for Emergency Medical Technician - Basic Training, Radios, a Kendrick Extrication Device, Traction and Spinal Equipment and Suction Equipment
- Jacksonville Fire / EMS Department**, Jacksonville, \$35,000 for an Ambulance
- Jeff Davis County Ambulance**, Fort Davis, \$4,701 for a Monitor Defibrillator
- Jim Hogg County EMS / DBA Quality Care Ambulance Service**, Hebbronville, \$35,000 for an Ambulance
- Keene VFD**, Keene, \$8,195 for an Automated External Defibrillator
- Kenefick VFD 1st Responders**, Dayton, \$2,475 for Radios
- Kent County EMS**, Jayton, \$1,750 for Emergency Medical Technician - Basic Training
- Kerrville Fire Dept. EMS / Kerr County First Responders**, Kerrville, \$6,590 for Automated External Defibrillators
- King County EMS, Inc.**, Guthrie, \$2,343 for a Pulse Oximeter with Probes and a Stretcher
- Kinney County EMS**, Brackettville, \$5,138 for Emergency Medical Technician - Intermediate Training
- LaBelle Fannett VFD**, Beaumont, \$4,438 for Radios, Pagers, a Pulse Oximeter Pediatric Clip, Hydraulic Rescue Tools
- Lake Palestine East VFD**, Bullard, \$1,892 for an Automated External Defibrillator, a Battery, a Fax Modem and an Oxygen Regulator
- Leroy VFD**, Leroy, \$1,949 for Traction Equipment, Backboards, Scene Lights and Safety Straps
- Liberty Fire Department**, Liberty, \$2,550 for an Automatic Ventilator
- Liberty-Eylau VFD / EMS**, Texarkana, \$2,222 for a Stokes Basket, Spine Boards, an Airbag, a Stretcher and Oregon Spine Splints
- Lifestar Education Assistance Program**, Amarillo, \$4,205 for a Global Positioning System
- Lilbert-Looneyville VFD**, Cushing, \$872 for Spinal/Cervical Equipment, Tanks and Regulators
- Lone Pine VFD**, Palestine, \$1,192 for Emergency Medical Technician - Basic and Intermediate Training, a Global Positioning System and Suction Equipment
- Manvel EMS**, Manvel, \$2,138 for a Computer and a Crisis Manikin
- Marfa City / County Ambulance Service**, Marfa, \$830 for Pulse Oximeters
- Mason County EMS**, Mason, \$5,051 for Emergency Medical Technician - Paramedic Training
- Mason County VFD**, Mason, \$2,699 for Radios, a Global Positioning System, Battery Chargers and Batteries
- McGregor Volunteer EMS**, McGregor, \$2,074 for a Global Positioning System, Oxygen Equipment and Extrication Equipment
- Menard Emergency Services, Inc.**, Menard, \$4,000 for Emergency Medical Technician - Basic Training
- Merkel EMS**, Merkel, \$6,744 for Radios, an Automated External Defibrillator, Pulse Oximeters, a Kendrick Extrication Device, Regulators, Backboards and Spider Straps
- Moody Volunteer EMS**, Moody, \$2,546 for a Pulse Oximeter, Laryngoscope Blades and Handles and an Ambulance Stretcher
- Nacogdoches County EMS**, Nacogdoches, \$2,250 for Pre-hospital Trauma Life Support Training
- Nixon-Smiley Area Ambulance Association**, Nixon, \$6,846 for Automated External Defibrillators and Oxygen Equipment
- Noonday VFD**, Tyler, \$8,238 for Extrication Equipment
- Normangee Volunteer EMS, Inc.**, Normangee, \$4,390 for Emergency Medical Technician - Intermediate Bridge Training, Radios and Pagers
- Nortex Regional EMS Provider's Association**, Electra, \$21,125 for Emergency Medical Technician - Basic, Intermediate and Paramedic Completion Training
- North Cherokee County VFD**, Troup, \$7,538 for Extrication Equipment
- North Hays County EMS Systems, Inc.**, Dripping Springs, \$9,299 for an Automated External Defibrillator
- Northwoods VFD**, Clarksville, \$5,435 for Radios, Pagers, Backboards and Straps, Cylinders and Regulators
- Nueces County Rural Fire District #4**, Robstown, \$35,000 for an Ambulance
- O'Donnell Volunteer EMS**, O'Donnell, \$5,750 for Extrication Equipment
- Odessa Fire Department**, Odessa, \$3,198 for Advance Cardiac Life Support Training, Pre-hospital Trauma Life Support Training and a Cadaver Lab
- Olney EMS**, Olney, \$14,491 for

- Emergency Medical Technician - Basic Training, Automated External Defibrillators and an Extrication Device
- Ora Volunteer Fire and EMS Department**, Huntington, \$2,211 for a Kendrick Extrication Device, Traction Equipment, Tanks and Regulators, Safety Straps and Padded Board Splints
- Parker County Medical Assist Team**, Weatherford, \$9,885 for Automated External Defibrillators
- Pettus-Tuleta VFD**, Tuleta, \$4,414 for Radios and Pagers
- Possum Kingdom Westlake Volunteer EMS**, Graham, \$2,433 for Pagers
- Preston Volunteer Emergency Services, Inc.**, Pottsboro, \$8,998 for an Automated External Defibrillator
- Prosper Fire Department**, Prosper, \$2,370 for an Automated External Defibrillator, Spinal/Cervical Equipment and a Head Immobilizer
- Quad-City VFD and EMS**, Oilton, \$7,493 for Extrication Equipment
- Reagan County**, Big Lake, \$35,000 for an Ambulance
- Red Oak VFD**, Red Oak, \$6,217 for Emergency Medical Technician - Basic Training, Pagers, an Automated External Defibrillator, a Pulse Oximeter, Backboards and a Laryngoscope
- Rising Star Volunteer Fire Fighters Association**, Rising Star, \$6,230 for Emergency Medical Technician Training, Pagers, Backboards and Harnesses, Oxygen Bottles, a Glucometer and Oxygen Regulators
- River Crest - Redland VFD**, Lufkin, \$3,491 for Emergency Medical Technician Completion Course, Kendrick Extrication Devices, Splints, Spinal/Cervical Equipment, Oxygen Equipment, Board Splints, Straps, Blood Pressure Cuffs and a Traction Splint
- Riverside VFD & First Responder Group**, Riverside, \$2,457 for Emergency Medical Technician - Basic Training, Backboards, Oxygen Equipment and a Laryngoscope
- Rural EMS, Inc.**, Point Blank, \$35,000 for an Ambulance
- Saint Jo VFD**, Saint Jo, \$2,201 for a Radio, Pagers and a Stair Chair
- San Angelo Fire Department**, San Angelo, \$7,813 for Advanced Cardiac Life Support Training, Pre-hospital Advanced Life Support Training, Basic Trauma Life Support Training and Pre-hospital Basic Trauma Life Support Training
- San Saba County EMS**, San Saba, \$35,000 for an Ambulance
- Saragosa Mission Volunteer Ambulance Service**, Saragosa, \$4,016 for Emergency Medical Technician - Basic Training
- Seminole EMS**, Seminole, \$35,000 for an Ambulance
- Seymour / Baylor County EMS**, Seymour, \$35,000 for an Ambulance
- Shive VFD / First Responders**, Hamilton, \$1,314 for a Radio and Pagers
- Slocum VFD & First Responders**, Grapeland, \$1,649 for Radios, Splints, Oxygen Equipment and Air Splints
- South Randall County Hospital District**, Palo Duro Hospital EMS, Canyon, \$35,000 for an Ambulance
- Southeast VFD**, Houston, \$4,750 for a Monitor Defibrillator
- Southern Hill County EMS, Inc.**, Hubbard, \$3,014 for Radios and Pagers
- Spearman EMS Association, Inc.**, Spearman, \$9,100 for a Monitor Defibrillator
- Stamford EMS**, Stamford, \$35,000 for an Ambulance
- Stephens County EMS**, Breckenridge, \$1,825 for an Automatic Ventilator
- Sutton County EMS**, Sonora, \$2,948 for an Automated External Defibrillator
- Texas Airline Inc.**, San Antonio, \$11,145 for Spinal/Cervical Equipment
- Town of Pecos City**, Pecos, \$4,000 for Extrication Equipment
- Tri - County EMS, Inc.**, Ingleside, \$5,139 for a Monitor Defibrillator and Pulse Oximeters
- Tyler Fire Department**, Tyler, \$3,703 for Automated External Defibrillators
- Val Verde Regional Medical Center EMS**, Del Rio, \$6,561 for a Repeater System
- Vega VFD and Ambulance Service DBA Vega EMS**, Vega, \$9,541 for Radios, a Monitor Defibrillator, Vital Signs Monitor and a Pulse Oximeter
- Ward Memorial Hospital EMS**, Monahans, \$4,000 for a Monitor Defibrillator
- Waskom VFD / EMS, Inc.**, Waskom, \$2,910 for a Kendrick Extrication Device, Backboards, Bottles and Regulators, Airbags and Rescue Equipment
- Wayside Emergency Team, Inc.**, Wayside, \$7,453 for Radios, a Global Positioning System, Rescue Equipment, Air Bag System and Lights
- Weatherford College**, Weatherford, \$5,455 for Continuing Education
- Webb County**, Laredo, \$3,500 for Emergency Medical Technician - Basic Training
- Wells EMS - First Responders**, Wells, \$2,970 for Emergency Medical Technician - Basic Training, Pagers, Global Positioning Systems, Kendrick Extrication Devices and Spinal Equipment
- Weslaco Fire / EMS Department**, Weslaco, \$3,200 for Emergency Medical Technician - Paramedic Training, Kendrick Extrication Devices and Oxygen Equipment
- West Coke County EMS**, Robert Lee, \$717 for a Global Positioning System and Spinal/Cervical Equipment
- Westlake VFD - EMS**, Dayton, \$5,135 for a Monitor Defibrillator
- Westside VFD / 1st Responders**, Palestine, \$1,027 for a Kendrick Extrication Device, Backboards, Regulators and a Streamlight
- Whitewright EMS**, Whitewright, \$8,000 for a Monitor Defibrillator and a 12 Lead Class
- Willacy County EMS, Inc.**, Raymondville, \$35,000 for an Ambulance
- Wimberley EMS Systems Inc.**, Wimberley, \$7,998 for a Monitor Defibrillator
- Winkler County EMS**, Kermit, \$3,500 for Emergency Medical Technician - Paramedic Bridge Training
- Winona VFD**, Winona, \$1,898 for an Automated External Defibrillator
- Wise County EMS**, Decatur, \$4,368 for Spinal/Cervical Equipment
- Wood County Sheriff's Posse**, Quitman, \$3,646 for Automated External Defibrillators and a Global Positioning System
- Yoakum County**, Plains, \$35,000 for an Ambulance
- Zavalla VFD**, Zavalla, \$1,725 for Pagers

By Penny Workman

**I**n the small Texas town of Paris, an eight-year-old girl had just climbed off a school bus when a gust of wind blew papers out of her hands. As she climbed under the bus to retrieve them, the driver closed the doors and pulled forward. Caught under the wheels, the girl later died of injuries. From that and similar tragedies came the motivation for a new injury prevention program: Think Child Safety.

"The Think Child Safety (TCS) program was started after the loss of nine children in Lamar County during a six-month period from late 1988 to early 1989," says Stewart Dodson, a paramedic for North Lamar-Paris EMS and program coordinator for the TCS program. Nationally, unintentional injuries are an epidemic for all ages and the numbers are rising, especially for children. This year, it is estimated that approximately 500 young Texans, and approximately 7,000 children nationally under the age of 14 will die from unintentional injuries. One in four children—eight million—will be injured seriously enough to require medical attention. Unintentional injuries are the leading killer of children and the leading cause of child hospitalization. Each year, more children ages 0-14 years die from unintentional injuries than all childhood diseases combined.



## Do you Think



Stewart Dodson of Paris EMS teaches a group of children about safety at a TDH picnic. Paris EMS launched the first Think Child Safety program in 1989. Photo by Susan Warren



One of the benefits of Think Child Safety is that the safety message is passed on to the next generation. Here, a former TCS student makes sure her baby displays the safety message. Photo by Stewart Dodson

### *Think Child Safety means safety for all*

The premise of the TCS program is simple. The program teaches children of all ages good safety practices while continuously reminding the entire community to be more aware of childrens' safety. TCS has three main components. **Educating high school students to teach safety and injury prevention** allows the community to tap into a willing and available resource: high school juniors and seniors. The high school students in turn teach injury prevention to the elementary students and carry these teachings into adulthood and on to their children. "The high school students become more aware of safety and then pass that knowledge on down to their children, while elementary students grow up in a safety awareness atmosphere. The community overall sees a decrease in the number of injuries and deaths due to preventable incidents," Dodson says.

**Community involvement** allows individuals, groups, agencies, industries, businesses and organizations to give back to their communities by becoming partners in the TCS program. Partners donate resources, and in return are offered injury prevention seminars and use of TCS' distinctive logo. Dodson stresses that everyone in the community can be involved in this program.

"This is one of the few times when health care and non-health care interests can sit at the same table and work towards a community goal," Dodson says. Involvement ranges from volunteering time, to donating printing, to including TCS themes in regular mailouts, to simply showing support for the program by displaying the TCS logo in offices or on vehicles. The **Mobile Safety Vehicle (MSV)** program gives children an easily identifiable "safe zone," staffed by trustworthy adults trained to render aid. To qualify as a MSV, a vehicle must be affiliated with an organization or company, have two-way communications, be marked with the company name and the large "Think Child Safety - Mobile Safety

# Child Safety?



A child examines Andy the Ambulance, who helps teach children about staying healthy and safe as part of the Think Child Safety program. Photo by Stewart Dodson

Many companies have made their fleets into Mobile Safety Vehicles to help increase the safety awareness in their community. The "Slow - Think Child Safety" road signs remind drivers to be watchful for children. Photo by Stewart Dodson



Vehicle" logo, and be staffed with personnel trained in basic first aid and in initiating the 9-1-1 system. Sponsoring companies must allow employees to stay with the child until emergency assistance arrives. The MSVs bring together different interests from all over the community. "Communities have many responsible agencies, such as municipal and county departments and utility companies, who are willing to help," Dodson says, "but their presence simply hasn't been seen as part of the emergency system and they haven't been asked to participate."

The City of Paris embraced the TCS program early on, and now communities across the state have picked it up. The program has appeared from way out west in Seminole, to Texarkana in the piney woods, to Galveston on the gulf coast. In addition, Dodson has fielded inquiries from many more communities and companies, including

major utility companies that want to make their entire fleets Mobile Safety Vehicles.

One of the best things about TCS is that the program can be designed to fit any budget and support doesn't have to come in the form of money. A little creativity helps. While in some communities companies donate money to the program, in other communities, companies donate other resources: newspaper space or printing for flyers, volunteer time, or just vocal support of TCS. Ed Gregory, Seminole EMS, who started TCS in Seminole, says, "Sometimes getting a financial donation is difficult, because several other groups are competing for the same donations. But most companies are willing to donate other resources, once convinced that money is not the only thing the program needs." He has found that some companies prefer to support the program through displaying the logo and allowing the employees to wear TCS shirts on casual days.

TCS can be started as a new program, as it was in Seminole. TCS can also fit within the frameworks of existing injury prevention program. Don

Are you interested in your own Think Child Safety program?

*Think Child Safety Manual*

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Texas Department of Health  
1100 West 49th Street  
Austin, Texas 78756-3199

Contact Jennifer Hurst for more information at (512) 834-6700 or FAX (512) 834-6736.



The distinctive Think Child Safety - Mobile Safety Vehicle logo adorns a Seminole EMS ambulance. Seminole EMS, in Seminole, began participating in the Think Child Safety program in early 1998 and has recently begun working with Hobbs, New Mexico, to begin the program in New Mexico. Photo by Ed Gregory



Burris, training/safety officer with Plainview Fire/EMS, says that when he first heard about the program, he brought it back to Plainview city and county officials and began to work TCS into the existing fire prevention education program. He says the best thing about TCS is the children's excitement for TCS because it's "their" program and can be set up to let them participate in their own health and safety. "When folks are starting up this program, they think it'll be harder than it really is," Burris says. "Just look at it simply, do it and ask around for free materials."

Lee Richardson, chair of Public Safety Committee of Trauma Service Area-E (Abilene), has bigger plans. He is working within the Big Country TSA to begin a RAC-wide TCS initiative. Richardson has been challenged by multitudes of issues, organizations and people, but finds rewards in seeing the communities come together for the common good through safety awareness education. He cites this example of communities working together: Methodist Hospitals of Dallas, along with Duncanville FD, DeSoto FD and Cedar Hill FD, are partnering to develop TCS in southern Dallas County. As someone who's presently working on implementing the program through a wide area, Richardson suggests to anyone looking to begin the TCS program to "find a group of strong supporters and let them help you disseminate the information."

Still, some people might believe that starting this program would be too hard for them and their community. Others wonder if the program will benefit their community since there doesn't seem to be a problem. Others are just not sure that the benefits to their community make the program worth the effort. For them, Gregory has a brief piece of advice: "Just do it."

# Think Senior Safety

Senior citizens are the second largest age group affected by preventable injuries, behind children ages 1-6. Think Senior Safety (TSS), an offshoot of Think Child Safety, concentrates on preventing injuries and deaths among seniors. TSS emphasizes that, like children's safety, the safety of senior citizens is everyone's responsibility. The goal is to complete a 'circle of protection' around every person.

complete a 'circle of protection' around every person.

"Think Senior Safety is a total, cumulative effort to provide a circle of protection for every person in the community," Stewart Dodson says. "This program allows seniors to take an active role in protecting their health and the health of others in their community."



active role in protecting their health and the health of others in their community."

Building on the premise of the Think Child Safety program, TSS recruits community 'partners' who share an interest in the health and safety of communities. The program combines community involvement with constant safety reminders targeting the community's elderly population.

Recently, TSS had 180 donated smoke alarms placed in the homes of indigent elderly who were raising children in the house. Volunteers who installed the smoke alarms included high school students, their grandparents and fire personnel. Other projects include a home checklist that informs people about fall prevention, medication administration, gun safety and fire prevention. —Penny Workman



(Top photo) Participants in the Think Senior Safety program gave fans to elderly individuals during the heat wave this past summer. The Think Senior Safety program strives to reduce preventable injuries and deaths in the elderly.

(Bottom photo) The Think Senior Safety program has blossomed in Paris over the past year. Students participating in the program volunteer their time to help seniors and children. Photos by Stewart Dodson

By David Phillips, BS, EMT-P

ILLUSTRATION PHOTO  
BY ANNELIES SCHLICKENRIEDER

# Pneumonia and respiratory distress in the elderly patient



## Case Presentation

Your medic unit is dispatched to a local nursing home for a "difficulty breathing" call. As you enter the patient's room, you hear the sounds of severely labored breathing. You are looking at an 82-year-old female patient lying supine in a hospital-style bed. The patient's eyes are open, but she does not look or respond to you calling her name. Her airway is patent (open and clear). Her breathing is labored and noisy, with a rate of about 48 per minute. She has a rapid and weak radial pulse. Her skin feels warm and very moist. You also note a Foley catheter and bag in place with dark cloudy urine in the bag.

Getting a history of the present ill-

ness proves challenging. The nursing home aide relates that the patient has been treated for a urinary tract infection (UTI) for the past few days, but she is not sure when the dyspnea started. A family member who visited today, but had not seen the patient for several weeks, requested that EMS be called because of the patient's respiratory distress. The patient's past medical history includes dementia, multiple CVAs, a previous MI, congestive heart failure, COPD and non-insulin dependant diabetes. Her medication list is long, but key components include Lanoxin, Lasix and cefoperazone, which your handy pocket medication guide tells you is a 3<sup>rd</sup>-generation cephalosporin antibiotic often used for UTIs.

You tell your partner to give high concentration oxygen via a non-re-breather (NRB) mask while you continue your assessment. The patient's breath sounds reveal heavy "congestion," both rales and rhonchi, through most of her chest with distinct "patches" of heavier congestion in some areas.

Vital signs and diagnostics reveal the following:

- **Vital signs** - BP 86/50, P 164 and irregular, R 48 and labored, T 103.5 tympanic.
- **ECG** - Atrial fibrillation with uncontrolled ventricular response. Occasional uniform PVCs are seen.
- **Pulse oximeter** - The pulse oximeter has trouble reading accurately, but when it does give you a "green light", it indicates an SpO<sub>2</sub> of 82-84

Paramedic David Phillips earned a bachelor of science degree in education with an emphasis in biology and health. He has 19 years of EMS experience and is currently the EMS manager for the City of Beaumont.

percent while on O<sub>2</sub> via NRB.

- **Blood glucose** - Blood glucose by finger stick gives a value of 308 mg/dl.

Ventilating the patient with a bag-valve mask (BVM) and high-flow oxygen, you move the patient to your stretcher and to your ambulance unit. You place an oral airway, which the patient tolerates with no resistance. You successfully orally intubate the patient and a few milliliters of thick, yellow sputum returns through the ET tube, which you suction out with difficulty. You then initiate an IV of normal saline. The patient still has extremely labored respirations with fulminant "wet" sounds and congestion heard without a stethoscope. Your partner begins to reach into the medication cabinet and says, "I guess you need the Lasix. How much do you want?" Your transport time to the hospital is about 15 minutes. What do you do now?

### Background

The average age of the population in the United States is increasing as the "baby boomer" generation reaches its golden years.<sup>1</sup> Additionally, one of the changes brought by managed care health delivery systems is that patients are discharged from in-patient hospital care earlier and "sicker" than they were a few years ago.<sup>2</sup> These two factors mean that EMS personnel now see more elderly patients than ever, and these patients are often sicker than they were even as recently as ten years ago.

Respiratory distress is a frequent complaint for which EMS personnel are called. However, it is often one of the more challenging, and certainly one of the most life-threatening, problems that EMS treats. The fact that the paramedic-level treatment of some acute respiratory problems are mutually exclusive of each other adds to the complexity of these cases. Mistakenly treating a severe pneumonia patient with your CHF protocol, for example, can result in significant harm to that patient.

### Common Respiratory Problems in the Elderly Patient

Respiratory problems represent a large percentage of the emergency conditions for which the elderly patient is seen by both EMS and the hospital emergency department. In fact, respiratory problems account for two of the top ten most common medical emergencies in the elderly patient.<sup>3</sup>

The most common respiratory emergencies seen in the elderly are (in order): congestive heart failure/acute pulmonary edema, pneumonia and exacerbation of chronic obstructive pulmonary disease (COPD). Together, these three diseases represent about 15 percent of the total emergency department visits for elderly patients.<sup>4</sup>

CHF and exacerbation of COPD are important diseases for EMS personnel to understand and be able to effectively treat. Both of these diseases require considerable space to discuss adequately. In this article, we will concentrate on pneumonia but will briefly discuss CHF and COPD so that we can relate those diseases to the focus of this article.

### Assessment of Congestive Heart Failure and Cardiogenic Pulmonary Edema

While there are several mechanisms and pathophysiologies that can result in pulmonary edema, the most common (and the primary concern for EMS personnel) is congestive heart failure (CHF).

### Pathophysiology

CHF resulting in pulmonary edema is primarily caused by cell death

### Objectives

At the conclusion of this article, the reader should be able to:

- Describe the history and physical assessment findings of the patient suffering from: Pneumonia, Cardiogenic pulmonary edema and Exacerbation of chronic obstructive pulmonary disease (COPD).
- Correctly differentiate, based upon patient history and physical assessment, between pneumonia, cardiogenic pulmonary edema, and exacerbation of COPD.
- List the BLS and (if appropriate for the student's skill level) ALS treatments for pneumonia.
- Describe why differentiation between respiratory pathologies is important (paramedic level only).
- List the correct parameters to be used to determine oxygen delivery methods and dosages for respiratory patients.
- List the medications that may be indicated in the treatment of the pneumonia patient (paramedic level only).

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and damage (infarct) to the left ventricle of the heart. This infarct results in a mismatch in the "pumping pressures" of the right and left ventricles. The right ventricle now pumps more blood into the lungs than the left ventricle can pump out into the systemic circulation. This causes a pressure "backup" in the vascular system of the lungs.

Most of the time, patients who suffer from CHF compensate for this increased pressure in the pulmonary vasculature without having any significant amount of fluid pushed into the alveoli. The CHF patient employs a wide range of compensatory mechanisms to handle the increased pressure, such as dilating the lung capillaries as much as possible and even allowing some of the pressure to back up into the heart itself, resulting in dilation and enlargement of the heart (cardiomegaly).

EMS will generally only be called to see a CHF patient when some event overwhelms these compensatory mechanisms and causes large amounts of fluid to be pushed into the alveoli, which in turn produces significant dyspnea and shortness of breath. This event may be a new (acute) myocardial infarction, an episode of angina or myocardial ischemia, an episode of acute hypertension, or simply increased venous return to the patient's heart when lying down at night.

In summary, we can see that CHF resulting in pulmonary edema is essentially a chronic condition resulting from a heart attack (myocardial infarct), often quite old, in which some circumstance has changed and resulted in an acute decompensation. Thinking of CHF pathophysiology in these terms can be very helpful in recognizing and differentiating it from other diseases.

#### Patient Presentation for CHF

*Past medical history* - The CHF patient will typically have a history of heart problems, though not necessarily an MI. The patient has probably had previous episodes of acute pulmonary edema, so ask about this in terms appropriate for the patient ("Have you ever had problems with fluid on your lungs?").

*Home medications* - CHF patients will usually be on some sort of diuretic. The patient is also likely to be on digitalis (Lanoxin) and a potassium supplement (because furosemide causes depletion of potassium).

*History of the present illness* - Typically, the patient will relate one or more of the following:

- **sudden onset** of dyspnea, when the edema overwhelmed the patient's compensatory mechanisms.
  - **nighttime or early morning onset**, because the patient was lying down.
  - **preceding event such as angina/ chest pain or exertion**, such as climbing up stairs. A common presentation is a patient who had an episode of chest pain with some dyspnea, where the chest pain was relieved by rest or even nitroglycerin, but the dyspnea has persisted.
- Physical exam* - Common exam findings include:
- **obvious dyspnea**, with an increased respiratory rate and a prolonged expiratory phase.
  - **jugular vein distention and pedal edema**.
  - **acute hypertension** (significant hypotension may indicate pulmonary edema in the setting of cardiogenic shock).
  - **atrial fibrillation**, due to dilation of the heart (if the patient is on digitalis, however, this may be masked or controlled).

- **thin, frothy sputum** (if the patient has a productive cough), possibly even stained pink by red blood cells which have been pushed into the alveoli along with the edema.

**Breath sounds** should also be examined on all respiratory distress patients. One must be cautious, however, in using breath sounds as the primary tool for differentiating CHF, COPD and pneumonia. All three diseases frequently present with rales, rhonchi and wheezes. The key differences in the breath sounds between the CHF patient and the COPD or pneumonia patient are that with the CHF patient, the material we are listening for in the chest is *very thin* edema. In contrast, the material we are listening for in COPD and pneumonia is generally thicker, less mobile mucous.

We've heard that "all that wheezes is not asthma." We should add another phrase to the EMS dialect as well: "All that sounds wet is not CHF!"

When listening to the breath sounds, sit the patient upright if possible. In CHF patients, one should expect the following findings when auscultating the chest:

- decreased breath sounds and/or rales in the bases, gradually improving as one moves up the chest (the thin edema will move to the bottom of the chest via gravity when the patient sits up).
- wheezes are possible, probably in the superior areas of the chest
- an even (bilateral) distribution of the silence, rales, and/or wheezes, without "patches" of noise.

### Assessment of Exacerbation of COPD

Chronic obstructive pulmonary disease (COPD) is generally considered to include emphysema and chronic bronchitis. One thing to remember is that COPD patients are al-

ways sick with their disease; they are at least slightly short of breath and otherwise symptomatic every minute of their lives. EMS is generally only called to see the COPD patient when the disease has significantly worsened.

### Pathophysiology

COPD is the result of extended exposure of the patient's bronchi and alveoli to some sort of inhaled toxin, almost always cigarette smoke. This exposure results in:

- **destruction of cilia in the patient's bronchioles**, which normally move trapped bacteria and other potentially harmful agents out of the lungs. These agents now stay in the bronchi, leading to constant infections and damaging the bronchiole tubes. The damaged bronchi become "clogged" easily with mucous and do not function well, decreasing the patient's ability to bring air in and out of the lungs. This is the "chronic bronchitis" component of COPD.
- **direct injury to the alveoli**, resulting from enlargement of the airspaces in the bronchioles, accompanied by destructive changes in the alveolar walls. These alveoli do not allow gasses, specifically oxygen and carbon dioxide, to pass through easily and also do not dilate and contract (to assist with air movement) as well as do healthy alveoli. This results in low oxygen and high carbon dioxide levels in the blood and "trapped" air in the lungs. This is the "emphysema" component of COPD.

### Patient Presentation

**Past medical history** - The patient (or family) will probably relate a history of chronic lung problems. It is very common, however, for the patient (or family) to use the phrase

From left to right: albuterol, terbutaline, liquid acetaminophen, caplet acetaminophen.



“asthma” instead of COPD, emphysema or bronchitis. In reality, these patients rarely have true asthma; they may use that term because they do not understand the other terms or do not wish to deal with the negative social attitudes associated with COPD.

*Home medications* - Typical home medications include bronchodilators such as albuterol or metaproterenol (inhalers or nebulized), theophylline and a steroid such as methylprednisone.

*History of the present illness* - The patient will typically relate a gradual worsening of their dyspnea, usually following an upper respiratory infection (URI). They may also relate that their cough has become more productive, and their sputum has changed from clear to either yellow or green.

*Physical exam* - Common exam findings include:

- **obvious dyspnea**, although if the patient waited quite a while before calling EMS, it is not uncommon for the patient to present with a normal or decreased respiratory rate due to exhaustion.
- **normal or elevated blood pressure and heart rate.**
- **productive cough**, usually resulting in thick, purulent sputum.
- **rhonchi, wheezes and rales** on auscultation of breath sounds. Typically, these sounds will be found in “patches” in the chest and not evenly distributed. They will also change if the patient coughs.
- the patient will also often have a barrel chest, with **markedly developed respiratory accessory muscles (especially the strap muscles of the neck).**

#### Assessment of the Pneumonia Patient

The term “pneumonia” means an inflammation of the alveoli, interstitial tissue and bronchioles of the lungs due to infection by bacteria, viruses or other pathogenic organisms, or the irritation of the alveoli by chemicals or other

agents, such as oil, radiation or drugs. There are basically two types of pneumonia: aspiration and infectious. Aspiration pneumonia occurs when the patient inadvertently “breathes in” a substance into the lungs, such as water or food. Aspiration pneumonia does not adhere to the assessment markers we will discuss in the following section; however, it is usually readily apparent due to history and presentation.

#### Pathophysiology

Infectious pneumonia can be either bacterial or viral. Although the airway and lungs are far from sterile, normally the organisms which are found in the healthy lung are of no threat to the patient because of their nature (relatively benign) and/or numbers (relatively few). In the pneumonia patient, the lung now contains either a significant number of very harmful organisms or a very high population of “normal” bacteria.

Contrary to what your mother may have told you, you don’t get pneumonia from exposure to wet and cold conditions or exposure to temperature changes. In fact, pneumonia is a difficult disease to contract if one is relatively healthy. Healthy lungs have excellent mechanisms for “clearing” bacteria and viruses and keeping those organisms that remain in the lungs under control. Therefore, we generally only see infectious pneumonia in patients who have a significant predisposition to the disease.<sup>5</sup> Typical factors which can lead to pneumonia include:

- immunosuppression, similar to that seen in cancer patients receiving chemotherapy.
- immune disorders, such as AIDS.
- underlying lung disease, especially COPD.
- swallowing disorders, which make the patient very prone to aspiration (the aspirate, in turn, makes infec-

#### EMS Fact:

Ejection from a cargo area during a collision was the major cause of injury for pickup truck passengers. —NHTSA

tion much more likely).

- chronic immobility, which reduces the "clearing" efficiency of the lungs and allows organisms to establish themselves in the lung tissue.

Infectious pneumonia causes problems for our patients through three mechanisms. These are:

- **Direct (mechanical) obstruction** of the bronchi and alveoli, thereby reducing tidal volume and gas exchange. The organisms, their byproducts, and the mucous and material produced by the body to combat the organisms combine to physically block the bronchial tubes and bronchioles of the patient's lungs.
- **Bronchoconstriction** in response to the bacteria and their byproducts. Many of the bacteria produce substances which are irritating to the tissue of the bronchi. In response to this irritation, the bronchioles sometimes constrict, much like the response seen in patients suffering from asthma or a severe allergic reaction. This constriction reduces the patient's ability to move adequate volumes of air in and out of the lungs.
- **Generalized sepsis and shock.** The bacterium causing pneumonia often spreads into the patient's blood stream where it attacks and damages other organs. The bacterium also gives off substances that cause the blood vessels to dilate, leading to severe hypotension and shock.

Pneumonia is a very serious illness, especially in the elderly patient. Most studies place the mortality rate of elderly pneumonia patients at between 30 percent and 50 percent.<sup>6,7,8</sup> There are very few diseases with such a high mortality rate. Indicators of a critically ill patient secondary to pneumonia include:

- decreased mental status.
- respiratory rate of greater than 40 or less than 12.

- shock or hypotension<sup>9</sup>.

Patients with these signs or symptoms should receive aggressive treatment and be transported promptly.

### Patient Presentation

*Past medical history*-The patient will probably have some underlying disorder (as described above) causing susceptibility to pneumonia. It is extremely unlikely for an otherwise healthy patient to acquire infectious pneumonia.

*Home medications* -EMS personnel may find antibiotics which the patient was taking for an upper respiratory infection. The patient is very likely to be on medications for their other health problems which placed them at risk for pneumonia.

*History of the present illness* -The patient will usually have suffered from an upper respiratory infection that gradually worsened.

In some patients, the infection source will actually be elsewhere in the body, with the bacteria eventually migrating to the patient's lungs. Common sources for this mechanism of pneumonia include urinary tract infections and decubitus ulcers (bed sores).

*Physical exam*-The pneumonia patient will typically present with:

- **dyspnea and shortness of breath.**
- **chest wall pain**, which worsens when the patient coughs or takes a deep breath.
- **fever.**
- **normal or low blood pressure, and increased heart rate.**
- **productive cough**, usually of thick, purulent sputum.
- **breath sounds that will often be diminished** at the site of the actual infection. There will also probably be **rhonchi, rales and possibly even wheezes.** In some patients, a pleural "rub" may also be heard. These sounds will typically appear in "patches", not evenly distributed.



Clockwise from left: Bag-valve mask device, endotracheal tube, "whistle tip" for assisting with blind nasal intubation, saline "bullet" for endotracheal suctioning, and "Med-drafter™" device which allows administration of nebulized medications through BVM.

## Differentiation of Pneumonia, COPD and CHF

Why is it important to differentiate accurately among these diseases? Actually, it is only an issue when paramedic-level treatment is involved. At the basic or intermediate level, the treatment for these three respiratory problems are very similar and relatively safe. However, the paramedic who inadvertently administers furosemide (Lasix) to a pneumonia or COPD patient, in the mistaken belief that the patient is suffering from acute pulmonary edema, runs a significant risk of worsening the patient's status.

Pneumonia patients who receive vasodilators (such as nitroglycerin) and diuretics (such as furosemide), the typical EMS protocol for CHF, may have as much as a 500 percent increase in morbidity and a 100 percent increase in mortality.<sup>10,11</sup>

Although it is not always easy, one can usually differentiate between these three diseases. Table 1 shows some helpful markers to use to separate these common respiratory problems.

### Treatment of Pneumonia

**Goals** for our treatment of pneumonia can be summarized as follows:

- Improve oxygen levels by increasing inspired oxygen concentrations.
- Decrease carbon dioxide levels by improving ventilation.
- Reduce respiratory "work" to prevent exhaustion, acidosis and hypoglycemia.
- Manage associated problems, primarily dehydration, fever and hypoglycemia.

**BLS treatment** should include:


- **Basic airway maneuvers** to ensure the patient has an open and clear airway. This will include a simple "head tilt, chin lift" maneuver, if needed. If the patient's mental status is decreased to the extent that

he or she may not be able to maintain an open airway without help, the EMS provider should place a basic airway adjunct such as a nasopharyngeal or oral airway. Secretions and sputum should be kept clear from the airway via oral suctioning.

- **Oxygenation and ventilation.** Pneumonia patients who show signs of significant dyspnea or who complain of shortness of breath should receive high concentration oxygen. This includes those patients with a history of COPD. Patients who are very dyspneic may need to be ventilated with a bag-valve mask device (BVM). Some indicators for oxygen administration selection are listed in table 2.
- **Positioning.** It seems so simple, but we often do not consider the position in which we place our patients. Instead of the "default" supine position, the pneumonia patient should be placed sitting up in high Fowler's position whenever possible. If the patient is hypotensive, then place the patient in a left lateral recumbent position. Both of these orientations will help the patient ventilate better and reduce airway problems from secretions. If you are ventilating the patient via the BVM, you may have to place the patient supine in order to properly manage the airway and mask seal.

**ALS treatment** should include:

- **Endotracheal intubation** if the patient's mental status, respiratory effort or oxygenation status does not improve with oxygen therapy. Intubation may allow you to suction some material from the lungs, especially if the patient coughs. Instilling small amounts (1 - 2 ml) of normal saline (such as from the "saline bullets" used by respiratory therapists) may improve your abili-

 **EMS Fact:** More than one-third of pedestrians 16 years old or older killed in traffic crashes are intoxicated. —NHTSA



ty to clear the thick exudate from the patient's lungs.

- **IV fluids.** The pneumonia patient is typically dehydrated. The administration of IV fluids will also help "loosen" the thick mucous in the lungs, improving the patient's ability to clear that material by coughing. Pneumonia patients who show signs of hypovolemia, hypotension or shock should receive aggressive IV fluid resuscitation.<sup>12</sup> Normal saline is the preferred solution, although lactated Ringer's is also considered acceptable.<sup>13</sup> Seriously ill pneumonia patients should receive large (250 - 350 ml) IV fluid boluses with total fluid volume to be titrated to achieve an adequate systolic blood pressure along with a normal or near-normal heart rate. Advanced EMS personnel must be careful not to be misled by the "wet" sounds heard in the patient's chest; it is probably not pulmonary edema and IV fluids are very unlikely to precipitate pulmonary edema in these patients.<sup>14</sup>
- **Vasopressors** may be needed for the patient in septic shock in addition to IV fluids. Septic patients often have profound hypotension (systolic blood pressures less than 70 mm Hg) which is unresponsive to IV fluids. These patients may require dopamine and/or norepinephrine to combat such severe shock.
- **Advanced diag-**

**nostics**, including ECG, pulse oximetry and blood glucose. Elderly pneumonia patients are at high risk for significant cardiac dysrhythmias, so early and constant **cardiac monitoring** is essential. **Pulse oximetry** can be used to help determine the patient's oxygenation status. **Blood glucose** should be measured on all pneumonia cases, as these patients are very prone to hypoglycemia secondary to decreased food intake and the increased metabolic demands of fighting an infection.

- **Medications** which may be indicated for the pneumonia patient include: **Bronchodilators**, such as albuterol or terbutaline. These medications are indicated in the dyspneic pneumonia patient who displays signs of bronchoconstriction (e.g., wheezing). **Acetaminophen**, for fever. Although there is some evidence that fever may actually be helpful in combating infection, very high temperatures (greater than 103° F oral)

**Table 1**

**Differentiation clues among CHF, COPD and pneumonia**

Assessment Component	CHF findings	COPD findings	Pneumonia findings
Onset	Sudden, night/early morning OR preceding event	Gradual, associated with preceding URI	Gradual, associated with some infection (UTI, URI, etc)
Temperature	Normal	Normal or fever	Fever
Sputum	None or frothy	Thick, purulent (yellow or green)	Thick, purulent (yellow or green)
History	Cardiac	COPD	COPD, previous pneumonia episodes, immune compromise
ECG	A-fib	Varies	Varies
BP	Elevated	Normal or increased	Normal or decreased

may be dangerous, especially in the elderly patient.<sup>15</sup> Acetaminophen is easily given and begins to reduce the patient's fever quickly. Acetaminophen may be administered orally in liquid or capsule/caplet form. If available in the appropriate form, acetaminophen may also be given rectally. The typical dose is 15 mg/kg. **Dextrose or glucose**, IV or oral, should be given to those patients with low blood glucose levels (less than 80 mg/dl in the adult). Consider the administration of **thiamine** if the patient has evidence of severe malnutrition or chronic alcohol abuse.

Vasodilators and diuretics should not be used in the patient suffering from acute pneumonia, regardless of the presence of fulminant "wet" breath sounds! These medications, such as nitroglycerin and furosemide, can cause serious harm to the pneumonia patient. Remember: *All that sounds wet is not CHF!*

## Conclusion

Armed with our new knowledge concerning respiratory emergencies in the elderly patient, let us return to our case presentation:

Your partner is reaching for the furosemide, and asking how much you want drawn up. Do you give Lasix to this patient? Is this CHF, exacerbation of COPD or pneumonia?

If we apply some of the tests that we have discussed in this article, we can summarize our patient's condition as follows:

**Onset** - Although the history of the present illness is somewhat unclear in this patient, the presence of an active, poorly controlled **urinary tract infection** is a strong clue.

**Temperature** -The patient is **febrile**.

**Sputum**-The patient produces **thick, purulent** sputum through the ET tube.

**History**-This patient has history components which would support any one of the three possibilities (CHF, COPD and pneumonia).

**ECG**-The patient displays **atrial fibrillation**.

**Blood pressure**-The patient is significantly **hypotensive**.

Summarizing these findings, we see that although atrial fibrillation is usually associated with CHF and the patient's past medical history is of little help, the vast majority of the assessment components point to **pneumonia and sepsis** as our primary differentials in this case.

Therefore, our case should conclude as follows:

You turn to your partner and say, "No, no Lasix. I think this is probably pneumonia. Run that IV wide open." You instill a small amount of normal saline into the patient's ET tube, "bag" the patient vigorously, and suction out a large amount of yellow sputum. The patient's respiratory "noises" decrease somewhat after that, and her SpO<sub>2</sub>

**Table 2**

### Indicators for Various Oxygen/Ventilation Delivery Modes

Device/flow	Patient Condition
Nasal cannula 2-6 l/min	Patient has normal mental status (relative measure; normal mental status <i>for that patient</i> ) AND Dyspnea and/or shortness of breath (SOB) is resolved with this oxygen rate.
Non-rebreather 8-15 l/min	Patient has altered mental status OR Dyspnea and/or SOB not resolved by nasal cannula.
BVM 10-15 l/min	Patient has poor tidal volume (little or no breath sounds below nipple line) OR Respiratory rate < 12 or > 40 (unless mental status good) OR Dyspnea and/or SOB not improved adequately by NRB or patient has severely decreased mental status.

reading climbs to 93 percent. You administer 0.25 mg of terbutaline subcutaneously. Once enroute to the hospital, you continue to infuse IV saline in 250 ml boluses until the patient's blood pressure reaches 106 mm Hg systolic with a heart rate of 88. Her SpO<sub>2</sub> is now 97 percent and she is beginning to reach toward the ET tube as you arrive at the hospital. You deliver the patient to the ED staff in much better shape than the

condition in which you found her.

Severe pneumonia in the elderly patient is a common emergency facing EMS personnel today. It is an extremely dangerous condition for the patient, with mortality rates as high as 50 percent. With careful attention to assessment and history clues, EMS personnel can successfully recognize this illness and provide treatment that can significantly improve the patient's outcome.

### 1.5 hours of CE/Special Patient-Geriatric

1. Which of the following sets of assessment findings are likely to be associated with exacerbation of COPD?
  - A. Sudden onset of dyspnea at night, acute hypertension, thin "frothy" sputum.
  - B. Gradual worsening of dyspnea following an upper respiratory infection, thick yellow sputum.
  - C. Chest wall pain which worsens with coughing, thick green sputum.
  - D. Sudden onset of dyspnea following an argument and emotional upset, tingling and numbness to the face.
2. Which of the following are true regarding the etiology of pneumonia?
  - A. Pneumonia is often caused by exposure to temperature extremes, especially cold.
  - B. Healthy patients can contract pneumonia if they allow themselves to get a "chill" after being wet.
  - C. Pneumonia is caused only by bacteria.
  - D. Pneumonia is usually only found in patients with some other underlying illness which makes them predisposed to pneumonia.
3. When assessing a patient with respiratory distress, breath sounds:
  - A. Can be misleading since many respiratory problems are associated with similar breath sounds.
  - B. Are the primary tool which should be used to determine what is wrong with the patient.
  - C. Are very specific; "wet" sounds mean CHF, wheezing means asthma, and rhonchi mean pneumonia or COPD.
  - D. Should not be used at all except to complete the documentation required by the medical director.
4. Which of the following signs or symptoms are considered indications that a pneumonia patient is critically ill?
  - A. Decreased mental status.
  - B. Respiratory rate of greater than 40 or less than 12.
  - C. Shock or hypotension.
  - D. All of the above.
5. The severely dyspneic pneumonia patient with a history of COPD should receive oxygen via:
  - A. Nasal cannula at 2 - 4 l/min so as not to cause respiratory arrest secondary to the patient's "hypoxic drive".
  - B. Non-rebreather or BVM at high flow depending upon the patient's clinical status.
  - C. Simple face mask at 6 l/min to best "balance" the patient's oxygen needs against the COPD problems.
  - D. Non-rebreather at 4 - 6 l/min.
6. What position should the pneumonia patient be placed in, assuming his/her blood pressure is at least 120 mm Hg systolic and he/she is receiving oxygen via a non-rebreather mask?
  - A. High Fowler's position (sitting up at more than 70°).
  - B. Low Fowler's position (sitting up at less than 70°).
  - C. Supine (flat) on the cot.
  - D. Trendelenburg position.
7. When auscultating breath sounds on a suspected CHF patient, what is the best position in which to place the patient?
  - A. Left lateral recumbent.
  - B. Right lateral recumbent.
  - C. Sitting up in high Fowler's position.
  - D. Lying supine.
8. Which of the following are true regarding respiratory emergencies in the elderly patient?
  - A. Pneumonia carries a mortality rate as high as 33 percent - 50 percent in elderly patients.
  - B. Respiratory problems are relatively rare in elderly patients.
  - C. The most common respiratory problems seen in the elderly are pulmonary embolus, asthma, and pneumonia.
  - D. All of the above.

9. Acute CHF and pulmonary edema are primarily caused by:
- Sodium overload and chronic hypertension.
  - Excessive fluid intake or overhydration.
  - Immobility, especially long periods of lying supine.
  - An overloaded heart

10. Which of the following are true regarding the "history of present illness" in respiratory patients?
- Exacerbation of COPD is associated with gradual worsening of dyspnea, following an upper respiratory infection.
  - Cardiogenic pulmonary edema is associated with sudden onset, often at night.
  - Pneumonia is generally seen only in patients with some underlying predisposition for the illness, and is associated with gradual onset.
  - All of the above.

**Advanced life support (Intermediate and Paramedic) questions 11-20**

11. IV fluids must be given very cautiously and conservatively to an elderly pneumonia patient, since those patients are at high risk to develop CHF from the IV fluids.
- True
  - False

12. Which of the following are true regarding advanced airway management of the patient suffering from severe pneumonia?
- Intubation should be avoided unless the patient is in respiratory arrest in order to minimize cross-infection from the ET tube.
  - Endotracheal suctioning, via the ET tube, may be helpful in clearing some of the infiltrate material from the lungs.
  - Instilling small amounts of saline into the ET tube may improve the provider's ability to suction the patient.
  - Both B and C.

13. Which of the following represents the best regimen for administering IV fluids to a severely dehydrated pneumonia patient?
- IV of D<sub>5</sub>W at TKO rate to minimize the risk of fluid overload.
  - IV of normal saline with 250-350 ml boluses titrated to effect.
  - IV of lactated Ringer's at TKO rate only.
  - IV of 0.45% (½ normal) saline with a rapid 1000 ml infusion.

14. You have a patient suffering from what appears to be severe pneumonia. The patient is unconscious (normally she is awake and verbal) and in marked respiratory distress. Her blood pressure is 92/50, pulse rate is 124, respiratory rate is 10, and pulse oximeter (SpO<sub>2</sub>) reading is 80% on O<sub>2</sub> via NRB mask. She has a history of COPD. Which of the following is the best option for providing ventilation and oxygenation to this patient?

- Remove the NRB and place the patient on a nasal cannula at 4 l/min, since she is obviously suffering respiratory "shut down" from the high-flow oxygen.
- Continue with the current therapy, since an SpO<sub>2</sub> of 80% is actually very good for a COPD patient.
- Initiate BVM ventilations with 100% O<sub>2</sub> and prepare to intubate the patient as soon as possible.
- Initiate BVM ventilations but do not intubate the patient, since she has pneumonia and COPD.

15. The pneumonia patient with marked dehydration and fulminant chest "congestion" on auscultation should receive which of the following IV fluid administration regimens?

- IV normal saline in 250 - 350 ml boluses, titrated to resolve the dehydration symptoms.
- IV normal saline in very small doses (less than 100 ml boluses), since the patient has chest congestion.
- IV normal saline at TKO or an injection/saline "lock" only.
- None of the above.

**Paramedic questions**

16. Which of the following ECG rhythms is most closely associated with a history of CHF?

- Sinus rhythm with a bundle branch block.
- Atrial fibrillation.
- Sinus bradycardia.
- Any underlying rhythm, with frequent ventricular ectopy (PVC's).

17. Bronchodilators are not indicated for the elderly pneumonia patient with respiratory distress, because of the possibility of cardiac problems.

- True
- False

18. Severely hypotensive patients suffering from sepsis and pneumonia may require:

- Large volumes of IV fluids.
- Dopamine.
- Norepinephrine.
- All of the above.

19. You have a 68-year-old male with significant dyspnea. He relates a history of CHF, COPD and diabetes. He states that the dyspnea started about 5 days ago, but has gotten much worse over the last 2 days. He is coughing up thick yellow sputum. His blood pressure is 118/68, pulse is 96, and respiratory rate is 32. His breath sounds reveal diffuse "wet" sounds, both rales and rhonchi, more pronounced in the left lower lobe. Advanced treatment for this patient should include:

- IV normal saline with 250 - 350 ml boluses.
- IV saline boluses AND furosemide 40 mg IV.
- IV at TKO only AND furosemide 40 - 80 mg IV.
- IV at TKO only.

20. Other medications that may be indicated for patients suffering from pneumonia include:

- Acetaminophen, if febrile.
- Dextrose, if hypoglycemic.
- Nitroglycerin, if hypertensive.
- Both A and B.



This answer sheet must be postmarked by December 19, 1998

CE Answer Sheet *Texas EMS Magazine*

Name \_\_\_\_\_ SSN \_\_\_\_\_

Certification Level \_\_\_\_\_ Expiration Date \_\_\_\_\_

Organization \_\_\_\_\_ Work Phone \_\_\_\_\_  
area code

Address \_\_\_\_\_ City \_\_\_\_\_  
street

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
area code

**Note: Due to the cost of processing CE, each answer sheet must be accompanied by a check or money order for \$5, made out to UT Southwestern.**

For TDH CE credit, mail your completed answer sheet with a **check or money order for \$5 made out to UT Southwestern to:**

Debra Cason, RN, MS  
EMS Training Coordinator  
The University of Texas  
Southwestern Medical Center  
5323 Harry Hines Boulevard  
Dallas, Texas 75235-8890

You will receive your certificate for 1.5 hours of CE about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

**Answer Form**


Check the appropriate box for each question.

- |                                 |                             |                             |                             |                                      |                                 |                             |                             |                             |
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| 1. a. <input type="checkbox"/>  | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | A<br>d<br>v<br>a<br>n<br>c<br>e<br>d | 11. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 2. a. <input type="checkbox"/>  | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |                                      | 12. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 3. a. <input type="checkbox"/>  | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |                                      | 13. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 4. a. <input type="checkbox"/>  | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |                                      | 14. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
| 5. a. <input type="checkbox"/>  | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |                                      | 15. a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> |
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**Did you enclose your \$5 check or money order?**

## Smoking facts

- The risk of oral cancer is up to 50 times greater for a person who chews tobacco.
- A pack-a-day smoker takes 70,000 "shots" of nicotine a year
- The active smoker retains 90 percent or more of the inhaled mainstream smoke, which contains more than 4000 chemicals; 43 will cause cancer.
- Smokeless tobacco contains high quantities of sugar. This sugar mixed with the plaque on your teeth forms acids that eat away the tooth's enamel.
- Emissions from one cigar is equal to the carcinogens of three cigarettes.  
—TDH Office of Tobacco Prevention and Control

 **EMS Fact:** Ninety percent of child fire-related deaths occur in homes without working smoke detectors. —National Safe Kids Campaign

# Tobacco habits in EMS present conflicting messages

By Barry Sharp, MSHP, EMT, CHES

*In a small East Texas town, a firefighter reaches down to pick up a piece of wood that only two hours before had been the front porch of a mobile home. Grabbing the wood, the firefighter lifts the end which is still smoldering toward his face, lighting a cigarette. He then throws the wood back on the remains and douses it with water. The firefighter continues doing overhaul and putting out hot spots, all the while inhaling the same gases that he protected himself from with an SCBA just a few hours before.*

EMS professionals in both the red trucks and the white trucks preach the need for safety. Safety from dangerous situations. Safety from hazardous conditions. Safety in lifting, safety in pulling, safety in standing and safety in sitting. However, many continue a practice that is unsafe and threatens the very lives of those our communities count on for protection.

Many in the emergency services use tobacco products.

While we may not be as brazen as that East Texas firefighter described above (a true story from 1983), there are the telltale signs around the stations...coffee can ashtrays located outside the doors, soda cans turned into spit cups, crumpled boxes of cigarettes in the trash. The signs are there. Not only can we see them, but the public we serve sees them as well.

This article is not meant to preach the hazards of using tobacco. We've all heard the message that tobacco kills. We've all heard, and/or taught in CPR classes that smoking is a leading risk factor for heart disease. We all know that tobacco use, both smoked and spit tobacco, is related to a host of cancers and that it can influence other diseases ranging from diabetes to Alzheimer's.

We also know that tobacco is responsible for more deaths annually than fires, DWI crashes, homicide, suicide, drugs, AIDS, auto collisions and alcohol combined.

We've also heard of the associated non-health hazards of smoking, ranging from discolored teeth and smelly clothes/cars/homes to lower productivity at work. We know about the hundreds and even thousands of dollars an individual spends in a year to support the tobacco habit. This is nothing new.

What is new is the evidence that has recently come to light in written materials released during trials against the tobacco industry. The industry has been doing everything it can to maintain and expand its customer base, from putting additives in cigarettes to lacing spit tobacco with fiberglass and fiberboard particles designed to make small cuts in the user's mouth, allowing faster absorption of the nicotine.

While the media images produced by the tobacco industry may not directly cause someone to light up, it does promote the image that smoking is sophisticated, cool, macho and the "in" thing to do, an image that can motivate a young person to try their first puff or dip.

What this article hopes to convey is that health care providers who will counsel their patients to take measures to prevent another heart attack, e.g. take their blood pressure medication, stop smoking, exercise, etc., while using tobacco themselves are presenting the public with a conflicting message: Do as I say and not as I do.

Firefighters who will spend hours drilling their rookies about the need to wear bunker gear and air packs when going into a burning building filled with burning, toxic gases sometimes don't have a second thought about firing up a cigarette and inhaling burning, toxic gases directly into their lungs after the drill. Again, do as I say and not as I do.

The reasons people begin using tobacco are many, but the reasons they continue using can be boiled down to a nicotine addiction or a social addiction to groups whose main link is the use of tobacco. So if you do

use tobacco, stop for a second and think about when, where and why you use tobacco. Then think about steps you can take to disrupt those patterns. For instance, hang out with non-smokers, or reach for gum or carrot sticks instead of a smoke or dip. When you are ready to quit, make a commitment to see it through. When you do quit, realize that nicotine is a drug and that there will be withdrawal. Don't hesitate to get help if you need it. Your local office of the American Cancer Society, TDH or your own physician should be able to help with resources.

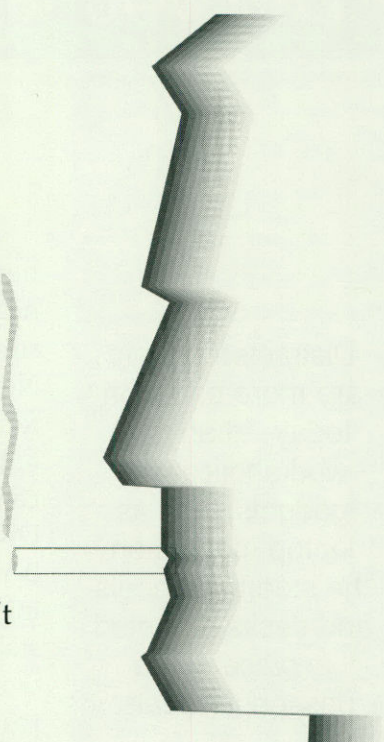
If you don't use tobacco, don't start. (And don't gloat to your friends who do; instead, be a friend when they try to quit.)

As public safety leaders, we are held out as role models in our communities, particularly to the children who wave at the fire truck or ambulance when it passes by, and to those who are following us into our profession. With all those eyes on us, shouldn't we take the tobacco bull by the horn and change from "do as I say and not as I do" to "do as I do."

*For more information, contact the American Cancer Society at 1-800-ACS-2345, the Texas Department of Health's Office of Tobacco Prevention and Control at 1-800-345-8647 or your local physician.*

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Barry Sharp is a certified health educator with the Bureau of Chronic Disease Prevention and Control at the Texas Department of Health and a senior firefighter/EMT with Travis County Fire Control in Austin.



Distracted drivers are more common today—thanks to workaholics with gadgets such as laptop mounts on the steering wheels and desks mounted in place of the passenger seats.

Employers are beginning to consider helping employees balance work and family—a survey showed that parents said it was easier to call in sick for a day than ask their employers for two hours off to be with their child.

**F**ewer Americans die from heart attacks now but the number of heart attacks suffered has increased since 1987. A study released in the *New England Journal of Medicine* found that deaths from heart attacks fell 28 percent in men and 31 percent in women from 1987 to 1994. During those same years, the number of whites and black men suffering first heart attacks remained stable while the number of black women suffering first heart attacks rose by seven percent. Researchers attribute the decrease in deaths to increased awareness of a heart attack's early signs and better treatment for people once they have had a heart attack—not better prevention. From *San Antonio Express-News*, "Heart-disease treatment gets ahead of prevention," by Katherine Webster, September 24, 1998.

**M**ore employers are beginning to consider helping employees balance work and family interests after seeing declining productivity and the unexpected results of a recent national survey. The survey showed that parents said it was easier to call in sick for a day than ask their employers for two hours off to be with their child. From *Austin American-Statesman*, "Focusing on child care," September 25, 1998.

**M**ummies more than 1,700 years old show that ancient peoples might have had ulcers. Stool samples from nine Cabuza tribe mummies, found in northern Chile, tested positive for *Helicobacter pylori*, the bacterium thought to cause up

to 90 percent of ulcers. This documents the oldest finding of *H. pylori*. Scientists are now looking to see if the bacterial strains found today are the same as those 1,700 years ago. From *USA Today*, "A prehistoric tummy ache," by Anita Manning, September 23, 1998.

**D**istracted drivers can be found more commonly today, thanks to the ingenuity of specialty gadgets retailers targeting workaholics. Among these specialty gadgets are laptop mounts on the steering wheels and desks mounted in place of passenger seats. The National Highway Traffic Safety Administration has called for more detailed information to be taken at wreck sites to study how distracted drivers affect traffic. From *The Wall Street Journal*, "Steering Wheels Are Lap Desks in Scary Mobile Offices," by Sara Kehaulani Goo, September 23, 1998.

**A**ntibacterial soaps may actually be encouraging the problems that they are supposed to be solving. Researchers have found that the antibacterial agent triclosan works by inhibiting the formation of cell walls in *E. coli*, instead of acting like a biocide, such as alcohol, which dissolves the cell walls of bacteria. Now, some researchers are debating on how the prolific use of antibacterial agents might cause bacterial mutation, thus producing bacteria resistant to triclosan. From *USA Today*, "'Antibacterial' soaps may create new problems," by Anita Manning, September 22, 1998.



Only one in four patients who smokes receives information about how to quit smoking during a visit to the family doctor, even among patients seen for tobacco-related health problems, according to a study of family physicians. The study also found that only one percent of all patients received information about protecting nonsmokers from tobacco smoke. Reasons offered as to why doctors don't offer counsel on smoking cessation more often are: it will take too much time; their advice will be seen as nagging; and supportive smoking cessation programs aren't available. The researchers found that counseling smoking patients to stop would add only 11 minutes to a typical workday. From *Houston Chronicle*, "One smoker in four gets doctor's advice on quitting, study indicates," September 18, 1998.

Nasal spray vaccines might be more effective at fighting the flu than the traditional injected form of the vaccines. Findings of the nasal spray vaccine's second year of testing found that the vaccine was 93 percent effective in preventing influenza and provided protection against ear infections associated with the flu for 98 percent of the 1,358 children participating in the study. The vaccine was even shown to provide protection against a flu virus not included in the vaccine. Researchers are vaccinating children as a means of protecting the general public, since children get the flu at school and are more likely to pass it to others in the household. Licensing for the nasal spray flu vaccine could occur as early as 2000. From *Houston Chronicle*, "Nasal spray vaccine found to fight

more strains of flu," by Ruth SoRelle, September 28, 1998.

Preliminary data suggests that, as of August 21, 1998, record high temperatures in Texas resulted in more than 120 heat-related deaths this year. Seventy of these deaths were Texas residents, four of which were work related. U.S. Immigration and Naturalization Service reported that 51 foreign nationals died along the Texas/Mexico border. From 1979 through 1995, 2,792 deaths in the U.S. were attributed to excessive heat exposure due to weather conditions. In Texas, the heat typically lasts from early May through September. From *Disease Prevention News*, "Heat-Related Mortality: Texas, 1998," September 28, 1998.

Diets in America typically include 20 percent more vegetables than they did 25 years ago, but most of the veggies in today's diet are of the fried variety. Potatoes make up half of the servings of vegetables consumed by Americans, with 25 percent of that being french fries. A recent study showed that Americans have made improvements in eating habits between 1970 and 1995 but need to eat even better to reduce cancer risks. The government's Healthy People 2000 program recommends that people eat three to five servings of vegetables and two to four servings of fruit a day. The study found that in 1994, Americans ate 3.6 servings of vegetables and 1.5 servings of fruit a day. From CNN Interactive, "Americans eat their vegetables – as long as they're french fries," September 30, 1998, <http://cnn.com>

Preliminary data suggests that, as of August 21, 1998, record high temperatures in Texas resulted in more than 120 heat-related deaths.

Nasal spray vaccines might be more effective at fighting flu than traditional injected form of vaccines—testing found that the vaccine was 93 percent effective in preventing influenza.

Recent studies by federal auto safety experts are looking at human factors that cause collisions, such as using mobile phones while driving, driving while drowsy and running red lights.

Women stroke sufferers in Texas are less likely to get the latest stroke treatments, because they aren't getting to the hospital quickly enough. This may be partly because women generally live longer than men and may be alone when they have a stroke.

**W**omen stroke sufferers in Texas are less likely to get the latest stroke treatments because they aren't getting to the hospital quickly enough and the time window for treatment is closed by the time they are treated. A Houston researcher has found that women take 46 percent longer to get to the hospital and 49 percent longer to be seen by a doctor than their male counterparts, even though, in Texas, women are 61 percent more likely to die from stroke than men. He believes that the common misconception that stroke is a disease of men might be the reason women take longer to be seen by a doctor. He also speculates that the delays for getting to the hospital might result from women generally living longer and thus being alone when they have a stroke. The doctor's study also showed that people arriving at the hospital in an ambulance were seen by a doctor more quickly and that primary care physicians slowed people from getting to the hospital by 63 percent. From *Houston Chronicle*, "Study says women often treated late for strokes," by Ruth SoRelle, August 25, 1998.

**P**eople waiting for a heart transplant will soon have another option. The Food and Drug Administration recently approved two models of an experimental heart pump for use in individuals awaiting a heart transplant and at risk of imminent death. The implanted pumps, known as ventricular assist devices, temporarily do the diseased heart's work, doubling the chances that the patient lives long enough to receive a donor heart. The implanted pumps allow the patients to wait for a donor heart

at home, instead of staying hooked up to machines in hospitals, and have worked so well that some patients who had been at death's door returned to work or other normal activities. Doctors are now studying the implications of long-term use of the implants versus transplants. From CNN Interactive, "FDA approves heart pump for patients awaiting transplants," September 30, 1998, <http://cnn.com>

**D**river behavior is being targeted by federal auto safety experts. Federal traffic regulators, such as the National Highway Traffic Safety Administration, and car makers are focusing on human factors behind collisions as the traffic fatality rate appears to be leveling off for the first time in 30 years. Recent studies looked at using mobile phones while driving, using seat belts, driving while drowsy and running red lights, and focused researchers on how driver behavior can contribute to crashes. Many officials contend that drops in the fatality rates up to now have been the result of the many safety features that are now standard equipment on vehicles. Some safety experts are calling for more aggressive ticketing from law enforcement agencies to help lower the fatality rate even more. Some researchers are looking at driver behavior to find why teenage drivers are less likely to wear seat belts than any other age groups. In 1996, drivers aged 15 to 20 accounted for approximately one-fourth of all vehicle passenger fatalities. From EMS list-serv, "Feds push new car safety feature - a better driver," by Kenneth Cole, May 27, 1998.

# Two-year continuing education Emergency Suspensions

The following is a list of EMS personnel with certification expiration dates of 4/2000 and 5/2000, who have been emergency suspended for failure to comply with the two-year continuing education (CE) reporting requirement mandated in EMS Rule §157.38, Section k.

EMS personnel who are emergency suspended will be promptly reinstated when they complete the required CE hours and submit the completed CE Summary Report form to TDH. The CE Summary Report form will be accepted by mail or by fax at (512) 834-6736, or you can hand-carry it to your local public health region office. An official notice of reinstatement will be mailed to EMS personnel who comply with the CE requirement prior to their expiration date.

Though the emergency suspension may extend to the expiration date of the certificate, names

will appear in this magazine for only one issue. Providers should require presentation of the original reinstatement document (with water mark) from the employee who has been emergency suspended and claims to be reinstated. No notice of reinstatement will appear in the *Texas EMS Magazine*.

Current certificate status is available on the internet at: [www.tdh.state.tx.us/hcqs/ems/certqry.htm](http://www.tdh.state.tx.us/hcqs/ems/certqry.htm). The page is directly linked to our live database so information is up-to-the-minute.

Due to press deadlines, names may appear in the magazine after personnel are reinstated.

Texas Department of Health

Emergency Medical  
Services Rule

## §157.38, Section k

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

## Correction

The suspensions for September/October should **not** have included:

#17441, Dennis Loth, Fredericksburg, EMT-P

#7440, Jason S. Waldvogel, The Woodlands, EMT-P

## Feburary 2000 Emergency Suspensions

55767	JEFFERY	ALEXANDER	HOU	EMT-P
51038	DARREN	BLANKENSHIBEEVILLE		EMT-P
43804	JERRY	BRADSHAW	ELECTRA	EMT-P
33320	BILLY	CAIN	HEARNE	ECA
42305	GARY	CAMPBELL	CROWLEY	EMT
2068	SUSANNE	CRIMM	SAN ANGE	EMT
25971	STEVEN	DIETER	EL PASO	EMT
43554	VERNON	ESCLOVON	NEDER	EMT
36643	RICHARD	HERNANDEZHOU		EMT-P
16471	DAVID	JOHNSON	FERRIS	EMT
16451	CHARLES	LASTRAPES	CORPUS	EMT
38084	ALLEN	LAWRENCE	HUNTSVILLE	EMT-I
42856	DAVID	LOYACANO	HUMBLE	EMT
53365	PATRICIA	MILLS	FORT WORTH	EMT-P
39901	JOHN	MOSELEY	KYLE	EMT-P
48029	CODY	NEWMAN	WATAUGA	EMT-P
20765	RONALD	PATTERSON	EL PASO	EMT
31087	GREGORY	PATTY	SELMA	EMT
56534	ALMON	PRESTON	STINNETT	EMT-P
51631	SHERRY	ROSE	MATADOR	ECA
30208	TONY	ROSE	MATADOR	EMT
45656	DAVID	TEMPLETON	LYTLE	EMT
28993	HECTOR	TORRES JR	ALVIN	EMT-P
8532	EDWARD	WHALEN	CYPRESS	EMT
19077	MELLISSA	ZIPP	SAN A	EMT-I

## April 2000 Emergency Suspensions

1656	DEBRA	ABBOTT	EL PASO	EMT	100565	CHRISTO	BOREL SR	NACOG	ECA
28360	VELIA	ALARCON	EL PASO	EMT-I	100732	GREGORY	BORGMAN	HENRIETTA	ECA
21492	KATHY	ALEXANDER	HOU	EMT-P	84314	MICHAEL	BOTTORFF	LITTLE ELM	EMT
100564	RUSTI	ALLEN	NACOG	EMT	44232	GARY	BOUNDS	KAUFMAN	EMT-P
100595	ANITA	ALVAREZ	RICHMOND	ECA	31407	JOHNNY	BOWERS	WACO	ECA
86646	GWENDO	AMOX	GARLAND	ECA	101058	DEANA	BOYD	BOGATA	ECA
100404	GARY	ANDERSON	DALLAS	ECA	59330	JOHNNY	BOYKIN	PRAIRIE VIEW	EMT-I
100634	SHIRLEY	ANZALDUA	AMARILLO	EMT	18595	JAMIE	BOZEMAN	SAN ANGE	EMT
85693	ANDREW	ASHWORTH	WARREN	ECA	100625	WENDELL	BRADFORD	BAYTOWN	ECA
100810	KIMBERLY	BACHMAYER	THRALL	ECA	6379	DOUGLAS	BRAND	LEAGUE CITY	EMT
72109	RANDALL	BAGGETT	TEXARK	ECA	100751	JASON	BRAWNER	HONDO	EMT
100823	JASON	BAKER	HOU	ECA	100733	JOE	BROCK	HENRIETTA	ECA
73323	ROBERT	BARNABA	SPRING	ECA	18729	BRIAN	BROOKS	AMARILLO	EMT
7177	PATRICK	BARNES	VICTORIA	ECA	100783	JENNIFER	BROUSSARD	HOU	EMT
100935	ELIUD	BARRERA	LAREDO	ECA	22206	BELINDA	BROWN	BRECK	EMT-I
3216	DONALD	BARTON JR	CRANDALL	EMT-P	100542	TERRY	BROWN	BRAZORIA	ECA
49723	JAMES	BEAR	HOU	ECA	50000	JOHN	BROXSON	THORNDALE	ECA
93433	ALLEN	BECK	HOU	ECA	83582	XIOMARA	BRUMLEY	MENARD	EMT
36462	KENNY	BELSHER	DIANA	EMT	100958	TANYA	BRYANT	C CHRISTI	EMT
100779	GRACE	BENEDICK	PT LAVA	EMT	66509	HOWARD	BRYELS JR	LEWISVILLE	ECA
48367	CHARLES	BERGH	DRIP SPGS	EMT	100704	AUDRA	BUCKALEW	COL CITY	EMT
942	DEBRA	BISSELL	HEMPHILL	EMT-I	98383	TIMOTHY	BUCKLEY	DEL RIO	EMT-P
93730	MARK	BLACK	DALLAS	ECA	100780	RONALD	BUDDEMEIER	VICTORIA	EMT
100582	LINDA	BLACKMON	MISS CTY	ECA	1854	DUANE	BUERK	PFLUGERVIL	ECA
6962	MARK	BLACKNER	HOU	EMT	100406	JOSHUA	BURMAN	SAN A	EMT-P
58411	JULIE	BOCANEGRA	ROUND R	EMT-I	15695	VICKIE	BURNETT	DALLAS	EMT-P
38048	CHRIS	BODIFORD	AXTELL	EMT	17041	DONALD	BUSHA	BAY CITY	EMT
100865	HUGO	BOEHM	BOERNE	ECA	98674	ROBERT	BUTLER	NACOG	EMT

# Emergency Suspensions

27980	JAMES	BYFORD	CRANDALL	EMT-P	100273	TEMPIE	HILLHOUSE	ETOILE	EMT	100955	DAVID	PHILIPP	BOERNE	EMT
100852	JENNIFER	CABELLO	SUGAR LAND	EMT	100078	JOHN	HILTON	HARLINGEN	EMT-P	58790	HUNTER	PIRTLE	WHITEHOUSE	EMT
40088	LARRY	CALLAWAY	HOU	EMT-I	76470	SANDY	HOLLUMS	C CHRISTI	EMT-P	12050	DONALD	PLUNK	FOUKE	EMT-I
56498	CASEY	CAMERON	HOU	EMT	101038	CRAIG	HOOKS	AMARILLO	EMT	100834	DELAINE	POE	BRADY	EMT
77285	JESUS	CASTANEDA	HARLINGEN	EMT	100717	PATTY	HOPKINS	STRAWN	ECA	100835	LEVI	POOL	SONORA	EMT
100969	BEATRICE	CASTILLO	C CHRISTI	EMT	100556	V	HOPPING	MEMPHIS	EMT	11240	NEIL	PRICE	MESQUITE	EMT-P
100461	DENNIS	CERRONE	WOODLANDS	EMT	43282	PHYLLIS	HOWARD	BUCHAN DAM	EMT-P	31237	P	PRICE	MARBL FALLS	EMT-I
37207	SIDNEY	CLARK	GREENVILLE	EMT-P	101098	MARY	HOWE	SPRING	EMT	38765	RONALD	PRICE	FARMERSVILLE	EMT
60031	JOHNDALE	CLAYTON	PT ARTHUR	EMT-I	93929	DYLAN	HOWZE	AUSTIN	EMT-P	100435	KAREN	PRINCE	SAN A	EMT
97464	PAMELA	CLOPTON	CEDAR PARK	ECA	100748	JIM	HUMPHREY	HENRIETTA	ECA	101051	JACK	QUIPP	SAN A	EMT
100658	ROSEAN	CLUM-CORDING	NGLEY C CHRISTI	EMT	100497	MATTHE	HUNT	HOU	ECA	50082	GEORGE	RAATZ	AUSTIN	ECA
53027	BRAD	COLE	LAKE DALLAS	EMT-P	86574	EURE	HUNTER	DALLAS	ECA	100561	BERTHA	RAMIREZ	SIERRA BLA	ECA
78063	BILLY	COLEMAN	FARMERSVILL	ECA	100656	JOANNE	INGMIRE	ARANS PASS	EMT	5336	MICHAEL	RAY	SENECA	EMT-P
100762	RODNEY	COLEMAN	AZLE	EMT	89360	CHAD	IRVIN	SAN A	ECA	42893	ROXANN	REEVES	WEBSTER	EMT
76832	CHRIS	CONRAD	PFLUGERVILL	EMT	29857	KATHLYN	JACKSON	HUNTINGTON	EMT-P	100687	CYNTHIA	RIBBLE	AUSTIN	EMT
35088	EDDIE	COOK	CHILDRESS	ECA	100893	JOE	JACKSON JR	GREENVILLE	EMT	101065	WILLIAM	RICHARDSO	CLARKSVILLE	ECA
78071	JAMES	COOK	CHANNELVIE	EMT	59221	JUDI	JENKINS	RICHARDSON	EMT-P	21940	ARCHIE	RISON JR	VICTORIA	ECA
77777	JOSEPH	CORDELL	MANOR	ECA	100111	MARION	JOHNSON	ROUND R	EMT-P	100769	MIKE	ROBERTS	HENRIETTA	ECA
88533	JAMES	COWGER	BEEVILLE	EMT	71702	VICKY	JOHNSON	BARTLETT	EMT	100836	DARLA	RODDIE	BRADY	ECA
100825	CHARLES	CRAWFORD	COMMERCE	EMT	32833	LISA	JONES	AMARILLO	EMT-P	74406	JERRY	RODGERS	FARMERSVILL	ECA
46669	TOM	CROW	FORT WORTH	EMT	101023	CARLOS	JUAREZ	HARLINGEN	EMT	101066	GARRY	ROLF	M PLEASAN	EMT
101076	WILLIAM	DALE	DICKINSON	EMT	93841	GEORGE	KELLARD	EDINBURG	EMT-I	33896	PETER	ROSENBERG	FT WORTH	EMT
73577	GLEN	DANIELS	PASADENA	EMT-I	100749	LORENA	KELLEY	HUNTSVILLE	EMT	18507	ANA	ROUSH	EL PASO	EMT-P
29762	STEVEN	DAVIS	POTH	EMT	69391	KELLY	KENNEBECK	C CHRISTI	EMT-P	43787	TERRY	RUIZ	HOU	EMT-P
92517	LINDA	DELA TORRE	SAN BENITO	EMT-P	100569	CARRIE	KENNER	NACOG	ECA	95989	WILLIAM	RUPLEY	DRIFTWOOD	EMT-I
100936	DANIEL	DIAZ	LAREDO	EMT	100546	WENDY	KIDDY	KATY	EMT	101081	CYNTHIA	RUSSELL	MAGNOLIA	EMT
91004	JUAN	DIAZ	IRVING	EMT	7436	HAZEL	KING	EVERMAN	EMT-P	79016	ROBERT	RUSSELL	EMORY	ECA
63670	MORRIS	DICKS	HOU	ECA	43062	TERRY	KING	KELLER	EMT	100429	TIMOTHY	RYAN	BEDFORD	ECA
50487	CHAD	DISMUKES	SAN A	EMT-P	86219	YVONNE	KIRK	MAURICEVILL	EMT	85398	CHARLES	SADLER	GREENVILLE	ECA
50862	MARY	DOOLEY	HOU	EMT-I	59444	GARY	KIRKPATRICK	HONEY GRV	EMT	100960	PABLO	SALINAS	C CHRISTI	ECA
17412	MELANIE	DORSEY	CLIFTON	EMT-I	100591	MATTHE	KOKOSKA	ROSENBERG	ECA	101126	OMAR	SAMEE	HOU	EMT
2241	BRENDA	DOSTER	HOU	EMT-I	93339	BRYANT	LAUGHLIN	BAYTOWN	ECA	100356	RITA	SANCHEZ	PASADENA	EMT
100692	ASHLEIGH	DOUGLAS	WATAUGA	EMT	76861	JOY	LAWRENCE	GRANBURY	EMT	100735	TERESA	SANCHEZ	MONTGOM	EMT
100736	CHARLES	DOYLE	WICH FALLS	ECA	35856	JOSE	LEAL	LAREDO	EMT	99450	JEANNA	SANDERS	QUITMAN	EMT-I
54425	JAMES	DRESCHER	JUSTIN	ECA	91810	ADALBER	LEDESMA	AUSTIN	EMT	101026	RHONDA	SANGO	TULSA	EMT
25601	WAKEND	DUNLAP	COAHOMA	EMT	100880	RONALD	LEE	C CHRISTI	ECA	50087	CLYDE	SAUL	AUSTIN	ECA
100853	LAWRENC	DUNN	ANGLETON	ECA	100882	ERIC	LEETON	C CHRISTI	ECA	40210	VERNON	SCHNEIDER	JR BRAZORIA	ECA
100679	KELLY	DYESS	AUSTIN	EMT	100682	TIMOTHY	LIGTVOET	THRALL	ECA	100689	KIMBERLY	SCHULTZ	AUSTIN	EMT
100567	AMY	EARL	MARSHALL	EMT	597	MARTIN	LOPEZ	SAN A	EMT-I	100518	STEVEN	SEILER	HOU	EMT
100709	MONICA	EHL	BLACKWELL	EMT	100558	MARIO	LOYA	FT HANCOCK	ECA	15131	MICHAEL	SESSIONS	AUBREY	EMT-P
100768	CHRIS	ELLIS	ARLINGTON	EMT	90274	RICHARD	LUNSFORD	ORANGE	ECA	25152	JOHNNIE	SHELTON	AMARILLO	EMT
100623	N	ESQUIVEL	DEER PARK	EMT	100416	MICHAEL	LYDAY	CELESTE	ECA	90984	STANLEY	SHEPPARD	LAK JACKSON	ECA
27325	ROY	ESTES	MANSFIELD	EMT-I	9965	MARQ	MANNING	MARSHALL	EMT	71332	ROBERT	SHIFLET	HOU	ECA
70594	CHARLES	EVANS	CUMBY	ECA	100965	NICK	MANRIQUEZ	JR PECOS	EMT	52346	DANNY	SIDES	AUSTIN	ECA
100681	THOMAS	EVANS	PFLUGERVILL	ECA	100894	KENNETH	MARTIN	DADDO MILLS	EMT	15612	JIMMY	SIDES	AUSTIN	ECA
15119	JOE	EVERETT	CARROLLTON	EMT	83598	MARGARI	MARTINEZ	RIO HONDO	EMT-P	50385	CHARIS	SILHAN	SPRING	EMT
74797	CORI	FERGUSON	CORSICANA	EMT	30171	ADOLFO	MARTINEZ JR	LAREDO	EMT-P	6113	DALE	SIVLEY	THE COLONY	EMT-P
28446	DAVID	FERGUSON	CELINA	EMT-P	100420	LUTHER	MCARN	DALLAS	ECA	6506	RHONDA	SIVLEY	ASHDOWN	EMT-I
100890	STEVEN	FLEMING	COMMERCE	EMT	101043	MARK	MCCULLAR	PAMPA	EMT	100575	LANA	SKINNER	DE BERRY	EMT
100941	EDNA	FLORES	LAREDO	ECA	99766	SASHA	MCDANIEL	SPRING	EMT	100864	PARICK	SLOAN	CLINT	EMT
52484	TOMMY	FORGUE	HOU	EMT	100403	BEVERLY	MCGLASSON	DENVER CTY	EMT	46776	CYNTHIA	SMITH	HORSE BAY	EMT-I
1238	SUSAN	FORNOFF	HEWITT	ECA	100683	JAY	MCGRANAHAN	HORSESH	EMT	86478	MARY	SMITH	DENVER CITY	EMT
100712	CYNTHIA	FRAZIER	BRECK	EMT	100883	JACQUEL	MCKENNA	C CHRISTI	ECA	100944	PAUL	SMITH	LAREDO	ECA
9127	MARY	FREITAG	ALVIN	EMT-P	100764	JAMES	MCMILLION	HENRIETTA	ECA	100899	TERENCE	SMITH	ARLINGTON	EMT
100636	PRISCILLA	GALLEY	WELLINGTON	EMT	89293	TOBIN	MCNELLIS	GREENVILLE	ECA	100563	JUANITA	SNYDER	SIERRA BLACA	ECA
25149	GILBERT	GARZA	AMARILLO	EMT	100559	ANA	MENDOZA	VAN HORN	ECA	100530	CODY	SOLOMON	FORT WORTH	EMT
57277	JOSE	GARZA	MISSION	EMT	100684	SCOTT	MENTZER	PFLUGERVILL	ECA	100839	C	SPARKS	ELDORADO	EMT
100863	BOBBY	GAWLIK	ROBSTOWN	ECA	9552	KENNETH	MESECHER	HOU	EMT	19938	MERRY	SPARKS	GRUVER	EMT-I
39302	BRIAN	GLENN	DENTON	EMT-P	100660	CARLOS	MEZA	C CHRISTI	EMT	52720	KEITH	SPEARS	HUOTES	EMT-P
68356	DAN	GOMEZ	ANDREWS	EMT	100747	SARI	MIETTINEN	HUMBLE	EMT	31425	JAMES	SPRINGER	COLLSTATION	EMT-I
100794	JANE	GONZALES	BROWNFIELD	EMT	57479	ROBERT	MILLER	BRYAN	EMT-I	100653	MARK	STANUSH	C CHRISTI	EMT
41201	MARK	GOODE	VAN	EMT-P	100895	VIRGINIA	MILLER	SUL SPRINGS	EMT	11578	PERRY	STILES	WATAUGA	EMT
52978	JEFFERY	GORDON	PARIS	EMT	87147	DONALD	MITCHELL	GREENVILLE	ECA	101029	DANIELLA	STOCKTON	HOU	EMT
32614	TERENCE	GOSEY	HOU	EMT	42284	DOUGLAS	MOORE	LONGVIEW	EMT	100610	LORI	STOKER	NAVASOTA	EMT
1310	CHARLES	GRAVELY	SACHSE	EMT-P	100942	SERGIO	MORENO	LAREDO	ECA	60746	CARLA	STOVALL	SAN A	EMT
101067	SHARON	GREER	BOGATA	ECA	100896	ERIC	MORRIS	BEN FRANKLI	EMT	101073	CAROLYN	STRAWN	BOGATA	ECA
90065	HOLLY	GREGORCYK	CUERO	EMT	101044	TRACY	MORROW	AMARILLO	EMT	100579	CHAD	STRONG	SPRING	EMT
39354	NICKEY	GRIMES	MIDLND	EMT	100897	LEAH	MOSELEY	COMO	EMT	101131	THOMAS	STROPS	WOODLANDS	EMT
100876	ROBERT	HALBROOK	C CHRISTI	ECA	100869	MICHAEL	MOSMAN	SAN A	EMT	23057	SANDRA	STROUD	WACO	ECA
100586	APRIL	HALL	SUGAR LAND	ECA	69374	MADELEI	MOSS	JOHN CITY	EMT-P	44281	JAMES	SUGGITT	WALLER	EMT-P
30665	RONALD	HALL	MESQUITE	EMT-P	36599	RICKEY	MURPHREE	MESQUITE	EMT-P	101083	R	THEBAULT	HOU	EMT
100875	BRETT	HALLORAN	SAN A	EMT	12698	JOHN	NICHOLS JR	CLEVELAND	EMT-P	52013	BRENT	THIBODAUX	BAYTOWN	EMT
85727	CHARLES	HAMILTON	LITTLE ELM	EMT	47982	PATRICIA	NIEMTSCHK	THORNDALE	ECA	100738	JAMES	THOMAS JR	LUBBOCK	EMT
100879	BOBBY	HARRELL	C CHRISTI	ECA	100885	RICHARD	O'BRYANT	C CHRISTI	ECA	96071	MICHELLE	TILLER	KATY	EMT
19044	LYRAE	HARRINGTON	S SPRINGS	EMT-P	77903	SANDRA	ORELLANA	HOU	ECA	80208	PAMYLA	TILLMAN	CHANNELVIE	EMT
100065	SERENA	HARRINGTON	C CHRISTI	EMT-P	80197	CYNTHIA	ORTON	DEER PARK	EMT	17811	WILLIAM	TIPTON	LUFKIN	EMT
100555	KENDALL	HARRIS	WELLINGTON	EMT	20202	TRAVIS	OSBORNE	SONORA	EMT	100576	JAMES	TOBIAS	CUSHING	ECA
90945	MATTHE	HARRIS	JOSHUA	EMT-I	64370	M	OST	HOU	EMT	100760	RICHARD	TODD	COLLEYVILLE	EMT
100697	DONALD	HARRIS III	FORT WORTH	EMT	73	KELLY	OVERTON	COAHOMA	EMT-P	15393	CLIFTON	TOMPLAIT	HOU	EMT-P
22949	STUART	HARSTROM	MESQUITE	EMT-P	63188	PETER	PAGE	GREENVILLE	ECA	100632	STEPHEN	TOTH	FLORESVILLE	EMT
45494	LOUIS	HAVARD	LUFKIN	EMT	61834	STACEY	PALESCH	HARK HGHTS	EMT-P	10703	LARRY	TOUPS	BAYTOWN	ECA
100428	CLIFFORD	HAWKINS	VICTORIA	ECA	101121	ARTHUR	PADEDES	HOU	ECA	100328	BETH	TRAINOR	GEORGETOW	EMT
82168	GREGORY	HAWLEY	FRISCO	ECA	100424	DENNIS	PARK	RICHARDSON	ECA	3165	JAMES	TURLEY	WILLOW PAR	EMT-P
63756	GLENN	HAWORTH	STAFFORD	ECA	41838	REGINAL	PARRISH	HOU	EMT	100901	CHRISTOP	TURLINGTON	RICHARDSO	EMT-P
22302	CONNIE	HAYNES	NACOG	EMT-P	100685	STEVE	PARRISH	PFLUGERVILL	ECA	89929	JUAN	VALDEZ	MCALLEN	EMT
59913	KARL	HAYWOOD	AUSTIN	EMT	100767	E	PATRID	LAKESIDE CTY	ECA	84655	ALICIA	VASQUEZ	UVALDE	EMT
59912	KIMBERLY	HAYWOOD	AUSTIN	EMT	100551	CLEON	PAYTON JR	ANDREWS	EMT	55942	GARY	VAUGHN	HOU	EMT
101070	CARROLL	HEATH	DOUGLASS	ECA	91526	MERLE	PENDLETON	LOME OAK	ECA	38845	JESUS	VEGA	HOU	EMT
100433	NATASHA	HEGWER	SAN A	EMT	77496	IRMA	PEREZ	SEMINOLE	EMT	100945	MARIO	VIDAURRI JR	LAREDO	ECA
100716	DALE	HEMSTALK	ABILENE	EMT-P	100426	RICHARD	PEREZ	IRVING	ECA	20198	WILLARD	WAGNER	MENARD	EMT
59582	GRACE	HERRERA	VAN HORN	ECA	36583	RUSTY	PERKINS	FORT WORTH	EMT-P	100727	TODD	WAINSCOTT	STRAWN	ECA
100698	DOROTHY	HIBLER	FORT WORTH	ECA	86349	CHRISTO	PERRY	DALLAS	EMT-P	100795	GLENDA	WALKER	NACOG	ECA
1389	PETER	HICKS	MERKEL	EMT-I	53484	RILEY	PETERSON	HOU	EMT	92916	MATTHE	WALLIS	HOU	EMT
100434	DALE	HILDEBRANDT	VICTORIA	EMT-I	100469	TINA	PEWITT	POST	EMT	100903	WILLIAM	WARREN	SEAGOVILLE	ECA

# Emergency Suspensions

100872	JAMES	WATTS	FORT WORTH	ECA	12161	CHRISTOP	BROWNING	BRIDGE CITY	EMT-P	76677	ADAM	FULLER	LUFKIN	EMT-I
83376	REGINA	WEAKS	BRYAN	EMT-I	101738	NELSON	BRUMLEY	WINONA	ECA	101832	AMY	FUNSTEN	TUMWATER	EMT
100714	MARILYN	WHITAKER	IRVING	ECA	8528	JACK	BYRCE	FRIENDSWOO	EMT	101230	D'ANDRE	GADBERRY	DALLAS	EMT
51865	JACQUELI	WHITE	SMITHVILLE	EMT-P	101829	AARON	BUCY	JACKSONVILL	EMT	100343	GEORGE	GALINDO JR	BEAUMONT	ECA
97978	LISA	WHITE	CIBOLO	EMT-I	49342	ROBERT	BURG	SAN A	EMT	100479	KRISTINA	GALUSHA	ANGLETON	EMT
59598	CHRISTOP	WHITEHEAD	LUBBOCK	EMT	101778	WILLIAM	BURNS	FORT WORTH	EMT	101102	CYNTHIA	GARCIA	SAN A	EMT
39664	JOHN	WILLIAMS	BENBROOK	EMT-P	72552	STACEY	BUSHONG	FRANKSTON	EMT-I	101103	GLORIA	GARCIA	SAN A	EMT
100729	MELISSA	WILLIAMS	MINGUS	ECA	101779	CASSAND	BYRD	COLL STATIO	EMT	89868	JUAN	GARCIA	ZAPATA	ECA
100789	RICHARD	WILLIAMS	HUNTSVILLE	EMT	101319	WESLEY	BYRD	WOODLANDS	EMT	101415	LISSEA	GARCIA	AMARILLO	EMT
48677	BELINDA	WILLIAMS-ROSS	HOU	EMT	95361	JAMES	CABINESS	HOU	ECA	73469	MICHAEL	GARCIA	C CHRISTI	EMT-P
42585	CLARENC	WILLIS	SPLENDORA	EMT-I	14510	BILLY	CAIN	HEARNE	ECA	10853	RENE	GARCIA	SAN BENITO	EMT-P
95238	SUNDAY	WILLIS	LITTLE ELM	EMT	101279	KARIN	CAIN	CONROE	ECA	101042	WILLIAM	GARNER	SEGUIN	ECA
100690	BRETT	WILSON	AUSTIN	EMT	101447	CARRIE	CALDWELL	OMAHA	EMT	33171	ROBERTO	GARZA JR	HOU	EMT
59421	DIANE	WILSON	HONEY GRVE	EMT	100584	EUGENE	CALKINS	MANVEL	ECA	54021	TERAESA	GENDRON	SAN A	EMT-P
100957	ANDREW	WITT	HOU	EMT	101115	PATRICK	CAMPBELL	ALVORD	ECA	101233	ARTHUR	GEORGE	DALLAS	EMT
101133	PAULA	WOHNOUTKA	LA PORTE	EMT	101436	HARRY	CAPACETTI	EL PASO	ECA	100554	RICHARD	GIBBS	MEMPHIS	EMT
6591	BRENDA	WOOD	GALVESTON	EMT-P	100797	BARBARA	CAREY	ROWLETT	EMT	101120	RONALD	GILBERT	WICHIT FALLS	ECA
76876	STEPHEN	WOOLBRIGHT	ROCKWALL	ECA	101815	BRIAN	CARNETT	MIDLAND	EMT	14299	ANTHON	GILCHREST	HOU	EMT-P
51102	BILL	WOOLSEY	CARLSBAD	EMT-P	24189	ARBELIA	CARRASCO	ODESSA	EMT-P	101596	DIANE	GILMORE	POINT BLANK	EMT
19898	FRED	WORLEY	EMORY	ECA	37849	MARK	CASE	ELKHART	EMT-P	100321	MARY	GILSTRAP	ABBOTT	EMT
7490	WILLIAM	YANEZ	DE BERRY	EMT	101506	STEPHEN	CASSLE	JACKSBORO	EMT	101105	KELLY	GLASS	SAN A	EMT
9643	BEVERLY	YOUNG	FORT WORTH	EMT-P	18642	EVA	CASTANEDA	WEBSTER	EMT	20509	WELDON	GLIDDEN	DICKINSON	EMT
12354	CRAIG	YOUNTS	SAN ANGE	EMT-P	101867	JO	CASTILLO	TAFT	ECA	101818	KELLY	GOEBEL	MIDLAND	EMT
48137	NANCY	ZIESE	TERLINGUA	EMT-I	100948	MARIA	CHAPA	ZAPATA	ECA	38019	CARLOS	GOMEZ	IMPERIAL	EMT
59336	RICHARD	ZIMMERMAN JR	CUERO	EMT	92112	JASON	CHASTAIN	JACKSONVILL	EMT	38025	CRUZ	GOMEZ	GOLDSMITH	EMT
					101721	BRANDO	CHAUOMONT	MCALLEN	EMT	101315	DAVID	GOMEZ	DALLAS	EMT
					101343	KENNETH	CHEATHAM	PORTLAND	ECA	96031	AARON	GOODWIN	BEN WHEEL	EMT-I
					101281	STACEY	CHENE	WOODLANDS	ECA	101416	GREGORY	GOODWIN	AMARILLO	EMT
					59862	TRACY	CHEVALIER	HOU	EMT-I	100397	DONNY	GOWIN	QUITMAN	ECA
					13470	DANA	CHILDRESS	FRITCH	EMT	101096	THOMAS	GRAHAM	NEW CANEY	EMT
					46701	KIRK	CHITTY	ODEM	EMT	72408	MARK	GRIFFIN	SHERMAN	EMT
					101732	THERESA	CLARK	AMARILLO	EMT	101733	AMBER	GRIFFITH	HEREFORD	EMT
					69686	STEVE	CLOWER	MIDLAND	EMT	101181	DONALD	GRIGG	SANTA FE	ECA
					59655	MADELEI	COCHRANE	HOU	EMT-I	101957	JOYCELYN	GRIGSON	ANGLETON	EMT
					56078	MICHELLE	COLLINS	COLDSPRINGS	EMT-P	43589	ARTHUR	GUERRERO	RICHMOND	ECA
					101265	PAUL	COMER	WACO	EMT	8611	VIRGINIA	GUILD	BORGER	EMT
					101631	DEBBIE	CONLEY	ODESSA	EMT	101236	TIM	GUSHWA	DALLAS	EMT
					14742	LISA	CONNOR	ARLINGTON	EMT	97520	JENNIFER	GUSIC	MISS CITY	EMT
					101318	SANTOS	CONTRERAS	JR COL CITY	EMT	21572	ISRAEL	GUTIERREZ	ZAPATA	ECA
					100460	MONROE	COOPER	FRIENDSWOO	EMT	101437	RAUL	GUTIERREZ	EL PASO	ECA
					101052	DUANE	CORTES	IRVING	ECA	62997	BARRY	HALE	COPP COVE	EMT-I
					98452	RENE	CORTEZ	RIO HONDO	EMT	101834	ROCKY	HALE	MALAKOFF	EMT
					101427	DAVID	CRAIGHEAD	TROPHY CLUB	EMT	100777	STACIE	HALL	SAN A	EMT
					26380	CHERYL	CRANE	AUBREY	EMT-P	100544	FRANCIS	HALPHEN	HOU	ECA
					60013	JEROME	CRANE	GRAND SALIN	EMT-P	76418	JUDY	HANEY	STRAWN	ECA
					101848	DAVID	CROSS	STRATFORD	EMT	15102	KIMBERLY	HARDWICK	CONWAY	EMT-P
					8251	DEWEY	CROSSLAND	MIDLAND	EMT-P	77094	FRANKLIN	HARRIS	PORTLAND	EMT-P
					101079	GARY	CROWELL	CHARLOTTE	EMT	55152	KATE	HARRIS	TEXAS CITY	EMT
					75046	SHANNA	CROWSEY	BARTLETT	EMT	58494	LISA	HARRIS	FORT WORTH	EMT-P
					58908	BRENT	CRUMBAKER	WATAUGA	EMT-P	101077	MICHAEL	HARRIS	HOU	ECA
					72145	REGINA	CRUZ	STINNETT	EMT	35512	RAHN	HARRIS	TYLER	EMT-P
					101782	CHRISTOP	DAHLQUIST	BRYAN	EMT	101283	JANE	HARRISON	HOU	ECA
					101197	JOHN	DAVIDSON	HUMBLE	ECA	100492	RICHARD	HAWKINS	STOCKDALE	EMT
					101602	EDWARD	DAVILA	EL PASO	EMT	100799	ANTHON	HEARN	HOU	EMT
					101977	AMI	DAVIS	WICHIT FALLS	ECA	17723	JOSHUA	HEILIGER	SUGAR LAND	EMT
					101886	JUSTIN	DAVIS	EL PASO	EMT	37724	RUTH	HELMERS	IMPERIAL	EMT
					100613	ALBERTO	DE LOS SANTO	COLL STA	EMT	101456	ALICIA	HENDERSON	SUL BLUFF	EMT
					101266	AMY	DEARSING	CONWAY	EMT	101671	NORMA	HENDERSON	EL PASO	EMT
					101227	JAIQUITA	DEATON	DALLAS	EMT	59796	CHARLOT	HENSON	SHEPHERD	EMT
					101449	ADAM	DECKER	SALTILLO	EMT	101608	LAURA	HERNANDEZ	EL PASO	EMT
					21471	KEVIN	DEESE	HOU	EMT	101222	DANIEL	HEUP	SAN ANGE	EMT
					101171	MICHAEL	DEL CASTILLO	AUSTIN	EMT	101785	CHRISTOP	HEVERMAN	LUFKIN	EMT
					101783	SALLY	DELIK	COLMESNEIL	EMT	101743	JAMIE	HIETT	WINONA	ECA
					101587	GERALD	DEROUEN	POINTBLANK	EMT	101836	HARVEY	HILL	WHITEHOUSE	EMT
					101219	ERIN	DILLON	SAN ANGE	EMT	49743	PAUL	HILTON	DECATUR	EMT-P
					94280	AISSA	DORSETT	C CHRISTI	EMT	100952	HEATHER	HINER	HOU	EMT
					101282	LAURA	DUGEY	AUSTIN	EMT	100649	LAWRENCE	HOAGLAN	HEWITT	EMT
					101472	LISA	ECKENRODE	LAGO VISTA	EMT	56947	JONNIE	HODGES	SONORA	EMT
					101980	ROGER	EINHAUS	WICHITA FLLS	ECA	101269	ROBERT	HOEHNE	ROUND R	EMT
					40068	ALLEN	ENDSLEY	PASADENA	ECA	101285	DEVON	HOGUE	DALLAS	ECA
					101981	DANIEL	ENOX	WICHITA FLLS	ECA	101270	MICHELLE	HOHNE	ROUND R	EMT
					101338	RONNIE	ESCOBEDO	SAN A	EMT	57948	WINSTON	HOLLAND	ALVIN	EMT-P
					101119	DIANA	ESTRADA	WICHITA FLLS	ECA	58504	LOIS	HOLT	AMARILLO	EMT-I
					45481	JOYCE	EVERETT	BARNHART	EMT	101857	WILLIAM	HOLT	DUMAS	EMT
					100627	CHERYN	EXLEY	BEASLEY	EMT	80999	GARLAND	HORELICA	MILANO	EMT
					101590	JADA	FABER	LUBBOCK	EMT	52030	DIANNE	HORNAK	COLUMBUS	EMT
					100305	ARIEL	FALCON	DEL RIO	ECA	4747	JAY	HORTON	SAN MARCOS	EMT
					3799	RANDY	FARRELL	MERCEDES	EMT-P	15721	REX	HOSKINS	DECATUR	EMT
					100645	JASON	FARRELL	TROY	EMT	91850	SHEILA	HOUSE	ESTELLINE	EMT
					15243	JOSEPH	FICHERA	LA MARQUE	EMT	10750	RICHARD	HOWSER	SAN MARCOS	EMT
					18420	JEFFERSON	FIELDS	KERMIT	EMT	101151	CARL	HUCKABY	FRIENDSWOO	ECA
					101339	AUGUST	FISHER	DEVINE	EMT	101124	MICHAEL	HUDSON	WICHITA FAL	ECA
					101855	JEFFERY	FLETCHER	DUMAS	EMT	23515	BRADLEY	HUFNAGLE	CANYON	EMT
					101450	TERRI	FOLMAR	WUNNSBORO	EMT	101252	JANICE	HUGHES	CANYON	ECA
					39235	GUILLER	FONSECA	C CHRISTI	EMT-P	7312	MICHAEL	HUMBIRD	COLUMBUS	EMT
					100798	RONALD	FOREST JR	CARROLLTON	EMT	32595	MICHELLE	HUMIL	EL PASO	EMT-P
					101229	CAROLYN	FOSTER	DALLAS	EMT	101239	SAMUEL	HUNTER	DALLAS	EMT
					101349	DUANE	FOSTER	PORTLAND	ECA	100800	ELIZABETH	INGISON	DALLAS	EMT
					76266	DALAINA	FRANCIS	PALESTINE	EMT-I	6137	SHELBY	IRWIN JR	BOY CITY	ECA
					77199	DONNA	FRANK	VENUS	EMT-I	101647	BRENDA	JACKSON	ODESSA	EMT
					100486	KATHY	FRANNSEN	BAYTOWN	EMT	40461	LARRY	JACOBS	DENISON	EMT
					100342	BRIAN	FREDERICK	NEDERLAND	ECA	101942	DAVID	JARAMILLO	HOU	EMT
					101314	DEBORAH	FRIEDRICH	DALLAS	EMT	100588	SHANKAR	JAYARAMAN	HOU	ECA
					101351	EDWARD	FRITZ	PORTLAND	ECA	101943	JINA	JENNETTE-RICHMOND	SPG	EMT

## May 2000 Emergency Suspensions

101736	JOLENE	ABBITT	TEXARK	EMT	101736	JOLENE	ABBITT	TEXARK	EMT
101826	CHARLES	ADAMS	FRANKSTON	EMT	101826	CHARLES	ADAMS	FRANKSTON	EMT
100361	JOHN	ALANIZ	MERCEDES	EMT	100361	JOHN	ALANIZ	MERCEDES	EMT
101261	RYAN	ALDIS	IRVING	EMT	101261	RYAN	ALDIS	IRVING	EMT
61100	ROBERT	ALFARO	EDINBURG	EMT-P	61100	ROBERT	ALFARO	EDINBURG	EMT-P
59341	CYNTHIA	ALLEN	AUSTIN	EMT-P	59341	CYNTHIA	ALLEN	AUSTIN	EMT-P
4388	ERNEST	AMMON	CAMERON	EMT	4388	ERNEST	AMMON	CAMERON	EMT
46198	WILLIAM	ANDERSON	FARMVLE	EMT-P	46198	WILLIAM	ANDERSON	FARMVLE	EMT-P
101883	JULIA	ANDRESS	EL PASO	EMT	101883	JULIA	ANDRESS	EL PASO	EMT
101730	KELLY	ANTHONY	CANYON	EMT	101730	KELLY	ANTHONY	CANYON	EMT
59356	MICHAEL	ARENT	HARLINGEN	EMT-P	59356	MICHAEL	ARENT	HARLINGEN	EMT-P
101256	DAVID	ARMSTRONG	FARMVLE	EMT	101256	DAVID	ARMSTRONG	FARMVLE	EMT
101851	MICHAEL	ARNOLD	DUMAS	EMT	101851	MICHAEL	ARNOLD	DUMAS	EMT
101400	KERRI	AVEDON	ARLINGTON	EMT	101400	KERRI	AVEDON	ARLINGTON	EMT
60922	SHEILA	AVERY	GROVETON	EMT	60922	SHEILA	AVERY	GROVETON	EMT
31038	JAIME	AYALA	SAN JUAN	EMT-I	31038	JAIME	AYALA	SAN JUAN	EMT-I
100947	STEVEN	AYALA	ZAPATA	ECA	100947	STEVEN	AYALA	ZAPATA	ECA
101011	JAMES	BAILEY	GND PRAIR	ECA	101011	JAMES	BAILEY	GND PRAIR	ECA
101304	KRISTEN	BAILEY	IRVING	ECA	101304	KRISTEN	BAILEY	IRVING	ECA
17799	MARILYN	BAKER	TEXAS CITY	EMT	17799	MARILYN	BAKER	TEXAS CITY	EMT
101465	DAVID	BARNES	LEANDER	EMT	101465	DAVID	BARNES	LEANDER	EMT
49677	JAMIE	BARNES	AUSTIN	EMT-P	49677	J			

# Emergency Suspensions

59819	CHRISTOP	JOHNSON	ODESSA	EMT-I	50177	LAURA	MORALES	AMARILLO	EMT-P	101234	SHAWN	SCHLUETER	SAN ANGE	EMT
10119	MATTHE	JOHNSON	SANTA FE	EMT	100949	MARIA	MORALES	ZAPATA	ECA	101213	TRACI	SCHNEIDER	ST JOSEPH	EMT
100989	NATALIE	JOHNSON	SANTA FE	EMT	33609	SHERI	MORALES	LAMESA	EMT-I	100622	MICHAEL	SCHLEINER	BRYAN	EMT
12001	RICHARD	JOHNSON	HUTTO	EMT	100650	DAVID	MORELAND	BELTON	EMT	61149	ROBERT	SCHRELLER	HOU	EMT
31222	WILLARD	JOHNSON JR	ANGLETON	EMT	39855	CESAR	MORIN	HOU	EMT-I	76705	JASON	SCHWARTZ	HOU	EMT
79128	RHONDA	JOHNSON-DUNCAN	WALLE	EMT	66214	LATRISA	MORRIS	WINNSBORO	EMT	100638	KATHLEE	SCOTT	COLL STA	EMT
37406	KENNETH	JOINER	TEXAS CITY	EMT	100954	DAWSON	MOYERS	BAYTOWN	EMT	101639	KYLE	SEATON	IRVING	EMT
101075	JON	JONES	DALLAS	ECA	100646	MARGAR	MUEHLSTEIN	WACO	EMT	100804	NABEEL	SHABOUT	FORT WORTH	EMT
101786	MICHAEL	JONES	LONGVIEW	EMT	101149	HOLLY	MUNSINGER	HOU	ECA	34556	JANEY	SHANNON	HILLTOP LAK	ECA
101210	RICHARD	KABAT	FRANKLIN	ECA	101186	VANCE	MURPHY	TEXAS CITY	ECA	101873	SHARI	SHELBURNE	PORTLAND	EMT
100599	DAWN	KANNEGIETER	SAN A	EMT	76286	DAVID	NABORS	AMARILLO	EMT	66549	JOE	SHELBY	NEW BOSTON	EMT
101240	JAMES	KAPANTAIS	DALLAS	EMT	72840	RICHARD	NARES	HARLINGEN	EMT-P	5175	RYAN	SHEPARD	ARLINGTON	EMT-P
6118	JENNIFER	KECK	GALVESTON	EMT-P	101675	RAFAEL	NAVARRETTE	EL PASO	EMT	101409	JASON	SHIRA	FARNSWORTH	EMT
101945	AMY	KEENER	MAGNOLIA	EMT	101762	HOLLY	NEALY	LATEXO	EMT	101430	JUSTIN	SIFFORD	TROPHY CLUB	EMT
101839	MARK	KENNEY	TYLER	EMT	101289	ROBERT	NEANDER	LEWISVILLE	EMT	101214	PETER	SINGER	WINDER	EMT
101182	DANA	KEY	HOU	ECA	101563	THOMAS	NESKOVA	MOULTON	EMT	101512	CHARLES	SIRMONS JR	HOU	EMT
30703	RANDY	KIESCHNICK	ROUND R	EMT	101211	BRIAN	NEWSOME	GRAPEVINE	EMT	101246	JANE	SLATER	DALLAS	EMT
101145	TRAVIS	KIME	BRNWOOD	EMT	57896	KHOI	NGUYEN	GARLAND	EMT-P	101757	GERALD	SMITH	FLINT	ECA
56225	JEROME	KING	IRVING	ECA	9041	CHARLES	NICKERSON	AMARILLO	EMT	101758	KENNETH	SMITH	WINONA	ECA
100589	SUSAN	KING	ROSENBERG	ECA	3678	EDWARD	NICOL	COLLEYVILLE	EMT	101235	MELISSA	SMITH	SAN ANGE	EMT
101893	BRENDA	KIRBY	CANYON	EMT	101357	DONALD	NITZKE	PORTLAND	ECA	79208	JAMES	SNYDER	ROSEBUD	EMT
100590	M	KIRKPATRIC	BELLAIRE	ECA	101358	REBECCA	NITZKE	PORTLAND	ECA	101422	CURTICE	SPENCER	AMARILLO	EMT
101251	JEFFREY	KOPP	AUSTIN	EMT	71771	DARON	NOTTER	DENISON	EMT	66863	PATRICIA	SPORK	LONGVIEW	EMT-I
54796	KEVIN	KOPPLINGER	SAN A	EMT-P	100652	CHRISTAL	O'DELL	C CHRISTI	EMT	85523	TODD	STACK	LONGVIEW	EMT
1855	JOSEPH	KRAMER	SAN A	EMT	85140	ROBERT	ODUM	SAN ANGE	EMT-I	47994	MELVIN	STAHL	AUSTIN	ECA
65733	ANDREW	KRANZ	GOODFEL AFB	EMT-I	4356	KERRI	OEHLEKERING	TEMPLE	EMT	101759	FREDDIE	STANMORE	JR QUEEN CTY	EMT
37187	KAREN	KUPSA	LEAGUE CITY	EMT	100619	THOMAS	OLSON	TYLER	EMT	101423	MICHAEL	STENNETT	AMARILLO	EMT
101609	TARA	LADNER	EL PASO	EMT	101591	GARY	O'NEILL	POST	EMT	101176	NICOLE	STRINGER	KILLEEN	EMT
101750	CHARLOT	LAFFERNEY	WINONA	ECA	46998	ENRIQUE	ORTIZ	SAN ANGE	EMT-I	101263	CAMILLA	SULLIVAN	ROANOKE	ECA
21121	MITCHELL	LAMB	JOSHUA	EMT	77469	ROBERT	ORTIZ	EL PASO	EMT	82267	FRANK	SYLESTINE	LIVINGSTON	EMT-I
28952	REGINA	LANSFORD	PORT ARTHUR	EMT-I	36940	BILLY	OTIS	JEFFERSON	EMT	91717	MICHAEL	SZWARC	HALLETTSVILL	EMT
101902	HEATHER	LARSON	WAXAHACHIE	EMT	101676	MIGUEL	OVANDO	EL PASO	EMT	101410	JOSE	TARANGO	SPEARMAN	EMT
101734	BRETT	LAWLER	AMARILLO	EMT	101429	MICHELE	OWSLEY	ROANOKE	EMT	17624	SUE	TAYLOR	SAN ANGE	EMT
100617	JOANNA	LEAL	COLL STATIO	EMT	101507	PRESTON	PARROTT	AUSTIN	EMT	1881	TIMOTHY	TAYLOR	JOHNSONBUR	EMT-P
82766	JOEL	LEE JR	HUNTSVILLE	ECA	16106	TIMOTHY	PARSONS	MINGUS	ECA	101695	TISHA	TAYLOR	EL PASO	EMT
14466	VICTORIA	LEOS	NE BRAUNFEL	EMT	101258	PETE	PASLEY	MESQUITE	EMT	75160	JAMES	TEDDER IO	PORTLAND	ECA
29559	ANTONIO	LERMA	EL PASO	ECA	26655	JIMMY	PATTERSON	MIDLAND	EMT	82589	JUAN	TENORIO JR	HOU	EMT
56214	JOHN	LIDDELL	HOU	EMT-P	99054	MARK	PATTON	BIG SANDY	EMT-I	101798	JOSEPH	TERREBONNE	LA VERNIA	EMT
98286	CLIFTON	LINDE	MIDLAND	EMT-I	101193	KEVIN	PAYNE	HOU	ECA	101140	JENNIFER	TERRY	SAN A	EMT
100373	ANGEL	LOPEZ	LA FERIA	EMT	85559	BUDDY	PEARCE	ODESSA	EMT-P	34379	DUANE	THIELEMANN	LAMARQUE	EMT
101184	MONICA	LOPEZ	HOU	EMT	12523	TOMAS	PEREZ III	BROWNSVILLE	EMT-P	101311	JON	THOMPSON	IRVING	ECA
77083	ALFREDO	LOPEZ JR	C CHRISTI	EMT-P	46818	CLARE	PETRU	SHINER	EMT	54394	KATHY	THRASH	TEXHOMA	ECA
47803	MICHAEL	LOWE	ARLINGTON	EMT	77583	WILLIAM	PETRU	MOULTON	EMT	101300	ANGELIN	TIEKEN	HENDERSON	EMT
47906	GABRIEL	LOZANO	SAN ANGE	EMT-I	101298	NICOLE	PFROMMER	DALLAS	ECA	101247	KRISTI	TIPS	DALLAS	EMT
80986	WILLIAM	MACK KEEN	SAN A	EMT-I	15092	WILLIAM	PHILLIPS	BAY CITY	ECA	69605	MARY	TOEPPERWEIN	COLUMBUS	EMT
81727	DAVID	MACE	HOU	ECA	24172	GARY	PIERCE	PILOT POINT	EMT	53985	TIMOTHY	TOLLEFSON	GARDENDALE	EMT-P
234	IRENE	MACK	SPRING	ECA	101359	REBECCA	PIERCE	PORTLAND	ECA	15013	CHRISTOP	TORRES	HOU	EMT
101150	MATTHE	MAGGIOLINO	LANCASTER	EMT	101275	SCOTT	PITTMAN	DALLAS	EMT	9844	JESSIE	TORRES	AUBREY	EMT
28245	TODD	MAHAR	AZLE	EMT	70864	TOBY	PITTMAN	KERMIT	EMT-I	37812	MICHAEL	TRASK	STAFFORD	EMT
101125	MICHAEL	MAHONEY	WICHITA FAL	ECA	39702	PAUL	PLATT	BAYOU VISTA	ECA	44987	DAVID	TRAYLOR	FORT WORTH	EMT-P
78	KELLYA	MALLON-DANDIGNAC	AUS	EMT-I	101244	CARLOS	PLIEGO	CARROLLTON	EMT	100640	DAVID	TUCKER	COLL STA	EMT
101146	NANCY	MALLORY	STRAWN	ECA	100223	CARLA	POWELL	KILGORE	EMT-I	101713	SHARON	TURNER	TERLINGUA	EMT
91328	CHRIS	MARETKA	AUSTIN	EMT	101952	DYRON	POWELL SR	KINGWOOD	EMT	100594	KRISTINA	TYAMAGOND	HOU	ECA
87816	JAY	MARKS	FORT WORTH	EMT	58968	PATRICK	PUTMAN	GARLAND	EMT	100647	MICHELLE	URBAN	KILLEEN	EMT
101618	LUZ	MARQUEZ	FABENS	EMT	36908	PHILLIP	RAGLIN	MESQUITE	EMT	101819	MICHO	URIAS	MIDLAND	EMT
100778	CHRISTOP	MARTIN	SAN A	EMT	101515	JESSE	RAMEL	FORT WORTH	EMT	76340	KRISTIN	VANDERARK	PLANO	EMT
14570	LEON	MARTIN	HOU	EMT	86531	MIGUEL	RAMIREZ	EL PASO	EMT-I	101276	CHARLES	VANHOUDEN II	CHANUTE	EMT
40842	CELESTI	MARTINEZ	EL PASO	EMT	101748	CANDICE	RATCLIFF	WHITEHOUSE	ECA	101303	EMILY	VARNELL	VICTORIA	EMT
75355	JUAN	MARTINEZ	ZAPATA	ECA	101843	DANIEL	REDFERN	TYLER	EMT	101627	ANABELL	VASQUEZ	EL PASO	EMT
101496	DAVID	MASON	ROUND R	EMT	60310	JOEL	REED	FRIENDSWOO	EMT	49147	SHELLEY	VICKERY	SUL SPRINGS	EMT-I
32884	JACKIE	MATSINGER	PECOS	EMT	101309	RYAN	REED	LEWISVILLE	ECA	150	JOSEPH	VIGLIOTTA	LONGVIEW	EMT-P
100801	DENEE	MAYEY	DALLAS	EMT	101137	LISA	REGINO	SAN A	EMT	73187	LAURA	VILLARREAL	EL PASO	EMT-I
11568	JAMES	MAYNARD III	LEAGUE CTY	EMT-P	75744	STEVEN	RESSLER	TUSCOLA	EMT-P	101511	CHARLEEN	VINCENT	RICHARDSON	EMT
101868	PAMELA	MAYORGA	SAN A	EMT	101361	KENNETH	REUE	C CHRISTI	EMT	61735	MARK	VON BARGEN	AUSTIN	EMT
101500	DANIEL	MCCAIG	CHINA SPG	EMT	91326	STEVEN	RHAME	ARP	EMT-P	8578	JUSTIN	WADLEY	GUYMEN	EMT-P
101307	SONYA	MCCAN	HOU	EMT	100621	BRETT	RICHARDS	DALLAS	EMT	101141	FREDERIC	WAITES	SAN A	EMT
101441	JAMES	MCCARTHY	EL PASO	EMT	101253	SHARLA	RICHARDSON	CANYON	EMT	23307	DARREN	WALLIS	TERLINGUA	ECA
57372	DARREN	MCCAWLEY	BROWNSBOR	EMT	100950	RAFAEL	RIOJAS III	LOPENO	ECA	947	LARRY	WALRATH	ROUND R	EMT
101167	MICHAEL	MCCLUNG	EULESS	ECA	39775	ARNULFO	RIVAS	PECOS	EMT	101354	JENNIFER	WALTER	COLL STA	ECA
101888	FRANN	MCDANIEL	EL PASO	EMT	101871	RUBEN	RIVERA	TAFT	EMT	101312	NELSON	WALTER	DALLAS	ECA
101305	LARA	MCKENZIE	BRENHAM	EMT	67846	AARON	RIVERS	ELK CITY	EMT-I	101804	WHITNEY	WARRICK	LIVINGSTON	EMT
88774	DAMIAN	MCKEON	LUFKIN	EMT-P	100654	CYNTHIA	ROBERTS	SCHERTZ	EMT	101461	TAMMY	WEDEKING	EMORY	EMT
75707	JESS	MCKNIGHT	CELINA	EMT	101138	KELLY	ROBERTS	SAN A	EMT	101805	LUCY	WEEKS	NACOG	ECA
101869	TAMMY	MCLAURIN	SINTON	EMT	66203	ROBERT	ROBERTS-JOLLY	HOU	EMT-I	101807	VERNIE	WEEKS	NACOG	ECA
101754	JON	MCLEAN	PALESTINE	EMT	89730	JOHN	ROBERTSON	COLL STA	EMT	77252	CHERYL	WHEELER	PROSPER	EMT
101790	RUSTIN	MCLEROY	HUNTINGTON	EMT	101294	DENIECE	RODRIGUEZ	KILLEEN	EMT	84901	AMANDA	WHITE	WINNIE	EMT
101984	GARY	MEADOR	DECATUR	EMT	101293	BRIAN	ROGERS	DALLAS	ECA	22487	JENNY	WHITE	CAMERON	EMT
27814	JOHN	MEINERS	AUSTIN	EMT-I	60953	MELISSA	ROGERS	ODESSA	EMT	101666	MICHAEL	WHITE	ODESSA	EMT
100787	BEVERLY	MERLOSE	COLL STATIO	EMT	100379	ALVARO	ROJAS	BROWNSVILLE	EMT	54635	TORI	WHITE	MARTINDALE	EMT
101292	KRIS	MEREDITH	MESQUITE	ECA	101816	ANTONIE	ROMANO	MIDLAND	EMT	101249	DAVID	WHITWORTH	CEDAR HILL	EMT
101620	FRANK	MERRILL	EL PASO	EMT	101987	DALTON	ROSINBAUM	WICHITA FAL	ECA	101132	GEORGE	WIEST JR	WICHITA FAL	ECA
101291	MICHELEMESA	HUNTSVILLE	ECA	EMT	90920	CHARLES	ROYALL	LOCKHART	EMT	31161	ROBERT	WILBURN	ANGLETON	EMT
101841	JAMES	MEYER	TYLER	EMT	101692	WARREN	RUIZ	EL PASO	EMT	87111	ANGELA	WILLIAMSON	COLL STA	EMT
154	SEAN	MILLER	PORT ISABEL	EMT-P	101749	CESAR	SAENZ	PALESTINE	EMT	10033	TIFFIN	WILSFORD	HOU	EMT
82875	CYNTHIA	MILLIKEN-ACEVES	ARLING	EMT	47492	FRANKIE	SAINZ	ELGIN	EMT-P	9248	SHANNO	WISEMAN	ROUND R	EMT-P
101791	ALICE	MILLS	GLADEWATER	EMT	91921	JESUS	SALAZAR	SAN YGNACIO	ECA	101095	STEVEN	WITT	SPRING	EMT
26823	WAYNE	MILTON	SANTA FE	EMT	101301	ANAMARI	SALINAS	DALLAS	EMT	101696	BRYAN	WONG	EL PASO	EMT
63865	YVONNE	MITCHELL-SCHNEIDE	DAVI	EMT	101363	GABRIEL	SALINAS	C CHRISTI	EMT	78774	PATRICK	WOOD	BRADY	EMT-I
101889	DAVID	MOLINA	EL PASO	EMT	101624	YVONNE	SANCHEZ	EL PASO	EMT	20206	BILLY	WOOLDRIDGE JR	TEXAS C	EMT
101290	ANDREA	MOLINARO	HOU	ECA	100357	LLOYD	SANDEFER	LUMBERTON	ECA	54038	ALAN	WYSUPH	ROUND R	EMT
101504	WILLIAM	MONTAGUE JR	DRIFTWOO	EMT	101625	JAMES	SANDERS	EL PASO	EMT	3166	ARNOLD	YBARRA	BAY CITY	ECA
100990	EMILIO	MONTES	SAN A	EMT	88476	CYNTHIA	SANTIAGO	EL PASO	EMT-I	101278	CHRISTIN	YELLE	COLUMBUS	EMT
101419	CANDICE	MOORE	AMARILLO	EMT	82511	CARLOS	SARABIA	EL PASO	EMT-I	101892	IRASEMA	YGLECIAS	EL PASO	EMT
54912	MARK	MOORE	WAXAHACHIE	EMT-P	100283	CHARISA	SAUNDERS	POWDERLY	EMT	101143	SANDRA	ZIMMERMAN	SAN A	EMT

## Disciplinary Actions

\* **ACS Ambulance**, Lancaster, Texas. Suspension of EMS Provider license for twelve months through August 11, 1999. EMS Rule 157.19(c)(1)(A), failure to stock drugs as prescribed on medical director drug list.

**Advanced Cardiac & Trauma EMS**, Weslaco, TX. Administrative penalty of \$1,000. EMS Rule 157.19(c)(1)(A), failure to comply with provider license requirements in 157.11, equipment.

**Aguilar, Carlos**, Galena Park, Texas. Twenty-four months probation of EMT-Paramedic certification through July 22, 2000. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

\* **Althaus, Gary John**, Waco, Texas. Twenty-four months probation of EMT certification through September 23, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony convictions.

**Alvarez, Ismael J.**, Houston, Texas. Downgrade of EMT-Paramedic certification to EMT certification. EMS Rules 157.51, failure to follow EMS standards of care in the management of a patient.

**Askey, Sherrie Wall**, Fort Worth, Texas. Twenty-four months probation of EMT certification through July 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

**Ayers, Melanie Dawn**, Houston, TX. Twelve months probation of EMT certification through April 10, 1999. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

**Ballard, Pattie Love**, Aransas Pass, TX. Twenty-four months probation of EMT certification through April 3, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

\* **Belt, Lea Ann Taylor**, Fort Worth, Texas. Twenty-four months probation of EMT certification through September 3, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

\* **Bennett, Glenda Sue**, Port Lavaca, Texas. Twenty-four months probation of EMT-Intermediate certification through September 29, 2000. EMS Rules 157.51(b)(27), failure to complete CE requirements in a timely manner.

**Big D EMS, Euleless**, Texas. Administrative penalty of \$250. EMS Rule 157.19(c)(1)(A) covering additions of a vehicle to the fleet without approval.

**Blankenship, Kennie**, Houston, TX. Two years probation of EMT-paramedic certification through April 7, 2000. EMS Rule 157.51 (b)(2), failure to follow medical director protocols.

**Boswell, Bart Paul**, Houston, TX. Four years probation of EMT-Paramedic certification through October 17, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor convictions while certified.

**Botello, Gilbert III**, Galveston, Texas. Emergency suspension of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirements.

**Boyd, David A.**, Granbury, TX. Three years probation of EMT certification through August 9, 1999. EMS Rule 157.51(a)(1), imminent danger to the public health or safety.

\* **Bright, Katrina**, Brazoria, Texas. Decertification of EMT certification. EMS Rules 157.51(b)(9), representation that one is qualified at any level than their current certification.

**Brooke, Brian**, Waco, TX. Emergency suspension of EMT-Paramedic certification. EMS Rules 157.51 (a)(1), imminent danger to health and safety.

\* **Brooks, Jeffery Sterling**, Onalaska, Texas. Twenty-four months probation of EMT certification through August 18, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

\* **Brown, Kelly James**, Kilgore, Texas. Thirty-six months probation of EMT certification through September 1, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

**Burns, Terry**, Buffalo Gap, TX. Emergency suspension of ECA certification. EMS Rule 157.51 (a)(1)(B), failure to complete CE requirements, falsification of 2-Year CE Summary.

\* **Campbell, Danny E.**, Red Oak, Texas. Decertification of EMT-Paramedic certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirement.

**Carroll, Kevin Wayne**, Natalia, TX. Thirty-six months probation of EMT-Paramedic certification through May 13, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

**Collins, Anita Robin**, Big Lake, TX. Twenty-four months probation of EMT-Intermediate certification through March 4, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

**Corbel, Louis Adrein**, Brownsville, TX. Five years probation of EMT-Intermediate certification through May 3, 2000. EMS Rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

**Crain, Gregory E.**, Palo Pinto, Texas. Decertification of EMT certification effective June 4, 1998. EMS Rule 157.44(c) and Texas Revised Civil Statutes Annotated, Art. 6252-13c, §4(e), felony convictions while certified.

**Creech, Hugh Lanier Jr.**, Corpus Christi, TX. Two years probation of EMT certification through July 23, 1999. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

**Curry, Elizabeth Anne**, Athens, TX. Decertification of EMT-Paramedic by reciprocity effective May 4, 1998. EMS Rule 157.51(b)(5), failure to comply with the terms of a probation.

\* **Daniell, Barbara K.**, Canton, Texas. Decertification of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-year CE requirement.

**Delgado, Frank J.**, Austin, TX. Two years probation of EMT-Paramedic certification through May 4, 2000. EMS Rule 157.51(b)(22), obtain any benefit to which he is not entitled by ... fraud.

**Dixon, David John**, Haltom City, Texas. One year probation of EMT-Intermediate reciprocity certification through July 9, 1999. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

\* **Docis, Paul**, League City, Texas. Decertification of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-year CE requirement.

\* **Duarte, Richard**, San Antonio, Texas. Twenty-four months probation of EMT-Paramedic certification through September 8, 2000. EMS Rules 157.44 and 157.51(b) (16) and (c), convicted by military justice while certified.

**Elmore, Lyle Alan**, Quanah, Texas. Probation of EMT certification through September 30, 2000. EMS Rules 157.51 (b)(26) and (c) and 157.44(c), falsification of application; felony conviction.

**EM-CARE Ambulance Inc.**, McAllen, Texas. Administrative penalty of \$10,000. EMS Rule 157.19(c)(1)(A), failure to comply with provider license requirements - liability insurance.

\* **Evans, Lechia Diane**, Hull, Texas. Twelve months probation of EMT-Intermediate recertification through September 22, 1999. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

\* **Farrar, Kenny Robert**, Watauga, Texas. Decertification of EMT-Paramedic. EMS Rules 157.51(b)(23)(27), failure to complete CE requirements.

**Fox, Chadwick Clay**, Lago Vista, Texas. Emergency suspension of EMT certification effective June 18, 1998. EMS Rules 157.51(a)(1)(A), reason to believe conduct of certificant creates an imminent danger to the public health or safety.

**Garcia, Julian Javier**, Weslaco, TX. Twenty-four months probation of EMT certification through March 24, 1999. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.


**Gault, Shelley Wells**, Corpus Christi, TX. Four years probation of EMT certification through November 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction and misdemeanor convictions.

\* **Gerik, Paula Jean**, Morton, Texas. Decertification of

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

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

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

 **EMS Fact:** The amount of alcohol in a person's body is measured by the weight of the alcohol in a certain volume of blood. This is the blood alcohol concentration, or BAC. —NHTSA

 **EMS Fact:** In 1996,

if every passenger front seat occupant had buckled up, an additional 9,754 deaths could have been prevented. —*NHTSA*

ECA certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirement.

**Goins, David**, Lufkin, TX. Three years probation of EMT-Intermediate certification until July 31, 1999. EMS Rule 157.51 (2)(A), failure to follow EMS standards of care in the management of patient.

**Graham, Robert W.**, San Antonio, Texas. Twenty-four months probation of EMT-Paramedic certification through July 15, 2000. Health and Safety Code 773.041(b), a person may not practice as any type of EMS personnel unless the person is certified.

**Griffith, Donald**, Lawn, TX. Emergency suspension of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete CE requirements, falsification of 2-Year CE Summary.

\* **Hall, Troy Thomas**, Synder, Texas. Decertification of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirement.

\* **Hamlyn, William T.**, Houston, Texas. Decertification of EMS Instructor and Examiner certifications. Nine months Probation of EMT-Paramedic certification through April 23, 1999. EMS Rules 157.64(a)(2)(G), compromise of the department approved course examination process.

**Henry, Douglas A.**, Kirbyville, TX. Four years probation of EMT-Paramedic certification through February 5, 2002. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

**Herring, Ronald J.**, Mansfield, Texas. Decertification of EMT-Intermediate certification effective June 12, 1998. EMS Rules 157.38(i)(3) and 157.51(b)(27), failure to comply with an audit of continuing education hours and failure to complete continuing education requirements.

**Hicks, Kelly Marie Valentich**, Dallas, Texas. Twenty-four months probation of EMT-Paramedic certification through July 10, 2000. EMS Rules 157.44, 157.51(b)(16)(24) and (c), misdemeanor convictions while certified.

**Hippe, Terri J.**, Flint, TX. Twenty-four months probation of EMT-Paramedic certification through August 31, 1999. EMS Rule 157.51 (b)(2), failure to follow EMS standards of care in the management of a patient.

**Hitt, Jeffrey L.**, Winona, TX. Twelve months probation of EMT-Paramedic certification until December 3, 1998. EMS Rule 157.51(b)(1), failure to follow EMS standards of care.

\* **Hoffman, Heath Clinton**, Palacios, Texas. Twenty-four months probation of EMT certification through September 22, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

**Hoffma, Anthony John**, Corsicana, Texas. Decertification of EMT certification effective June 1, 1998. EMS Rules 157.51(b)(16) and (24), misdemeanor conviction while certified and failure to give the department full and complete information upon request.

\* **Howard, Jesse A.**, Austin, Texas. Decertification of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirement.

**Hudspeth County Sheriff's Department**, Sierra Blanca, Texas. Twelve months probation of provider license through June 12, 1999. EMS Rule 157.11(d)(1)(A), failure to have 2 EMS certified personnel on an ambulance, when in service.

\* **Jackson Jr, Joe Max**, Greenville, Texas. Decertification of EMT certification. EMS Rules 157.51(b)(11), inappropriate possession of medications and supplies of employer.

**Jones, Ronald Ray**, Fort Worth, Texas. Twelve months probation of EMT certification through June 4, 1999. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction while certified.

\* **Jordan, Richard Todd**, Friona, Texas. Decertification of EMT certification and revocation of probation effective September 16, 1998. EMS Rule 157.51(b)(5), failure to comply with the terms of a probation.

**Kelley, Necil L.**, Anahuac, Texas. Decertification of EMT certification effective June 12, 1998 EMS Rules 157.38(i)(3) and 157.51(b)(27), failure to comply with an audit of continuing education hours and failure to complete continuing education requirements.

**Leaumont, Mark Stephen**, Bonham, Texas. Emergency suspension of EMT-Intermediate certification effective

June 5, 1998. EMS Rule 157.51(a)(1)(A), reason to believe conduct of certificant creates an imminent danger to the public health or safety.

\* **Levelland EMS**, Levelland, Texas. Administrative penalty of \$750. EMS Rule 157.19(c)(1)(A), failure to have ALS units staffed with at least one Intermediate or Paramedic.

**Mancillas, Corrine Alethea**, El Paso, Texas. Twenty-four months probation of EMT certification through June 30, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

**Martin, Jason Todd**, Austin, TX. Two years probation of EMT-Intermediate certification through October 20, 1999. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

**Martin, Kevin Lee**, Center, Texas. Denial of application for EMT-Intermediate certification and decertification of EMT certification effective June 4, 1998. EMS Rules 157.44, 157.51(b)(16), (24) and (28) and (26) and 157.53, misdemeanor conviction while certified, failure to give the department full and complete information upon request and abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

**Mason, Laura Ruth**, Tyler, Texas. Emergency suspension of EMT-Paramedic certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirements.

**Massegee, Tommy Doyle**, Grand Prairie, TX. Four years probation of EMS certification through March 12, 1999. EMS Rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

\* **McCammon, Robert S.**, Texas City, Texas. Decertification of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirement.

**McMahon, Jeremy Edward**, Garland, Texas. Twenty-four months probation of EMT certification through July 22, 2000. EMS Rules 157.44, 157.51(b) and (c) 157.53, misdemeanor conviction.

**McQueen, Gerda**, Briggs, TX. Probation and voluntary downgrade to EMS certification through May 31, 1999. EMS Rule 157.51(2)(A) & (B), old rules, failure to follow EMS standards of care.

**Menchaca, Frank T.**, San Antonio, Texas. Twelve months probation of EMT recertification through June 10, 1999. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

\* **Middleton Sr., Chad Randall**, Allen, Texas. Decertification of EMT-Paramedic certification effective September 16, 1998. EMS Rules 157.44, 157.51(b)(16), (24) and (27), misdemeanor conviction while certified, failure to give the department full and complete information up request and failure to complete continuing education requirements.

**Miller, Robert Scott**, Lockhart, Texas. Twenty-four months probation of EMT-Paramedic certification through June 4, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction while certified.

**Morris, Brain J.**, Corpus Christi, TX. Twelve months suspension of EMT-Paramedic certification through March 24, 1999. EMS Rules 157.51(b)(1), (2) and (25), failure to administer medications and/or treatments in accordance with medical director's protocols.

**Myer, Bobby Wayne**, Haskell, TX. Twenty-four months probation of Emergency Care Attendant certification until December 3, 1999. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.

\* **Nelson, Michael Wade**, San Angelo, Texas. Decertification of EMT-Paramedic certification and revocation of probation effective September 1, 1998. EMS Rules 157.51(b)(5), failure to comply with the terms of a probation.

\* **Neuwirth III, Robert D.**, Oakhurst, Texas. Decertification of EMT-Paramedic certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirement.

**Pack, Stephen Todd**, Sweetwater, TX. Two years probation of EMT-Paramedic certification through July 30, 1999. EMS Rules 157.51(b)(26) and (c), falsification of application for EMS Personnel certification.

\* **Parks, JoAnne**, Lumberton, Texas. Decertification of EMT certification effective July 14, 1998. EMS Rules 157.51(b)(16) and (24), misdemeanor conviction while



certified and failure to give the department full and complete information upon request.

**Parkhill, Kimberly**, Mart, TX. Probation of EMT-Intermediate certification to July 30, 2000. EMS Rules 157.51(a)(1), imminent danger to health and safety.

**Patlan, Shelia**, Carrizo Springs, Texas. Decertification of EMT certification. EMS Rule 157.51(b)(22), obtains any benefit to which not otherwise entitled by fraud or misrepresentation while in the course of duties as an EMS certificant.

**Pearson, Michael Ray**, Huffman, TX. Twenty-four months probation of EMT-Intermediate recertification through April 15, 1999. EMS Rule 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

**Perez, Paul**, El Paso, TX. Twelve months probation of EMT certification through May 3, 1999. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

**Petty, Travis Wade**, Killeen, TX. Twenty-four months probation of EMT-Paramedic certification through February 9, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

\* **Ramos, Vincent Web**, San Pedro, California (previously Killeen, Texas.) Decertification of EMT certification and revocation of probation effective September 8, 1998. EMS Rules 157.51(b)(5), failure to comply with the terms of a probation.

**Ramsey, Donald Dean III**, Portland, TX. Four years probation of EMT certification through January 15, 2002. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

**Ransonette, Kathleen Doretta**, Dumas, TX. Twenty-four months probation of EMT certification through October 31, 1999. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

\* **Ray, James Lonnie**, Houston, Texas. Twelve months probation of EMT certification through July 14, 1999. EMS Rule 157.51(b)(1), failure to follow EMS standards of care in the management of a patient.

\* **Richardson, Bill H.**, Bryan, Texas. Decertification of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirement.

**Riley, John Irvin**, Smithville, TX. Twelve months probation of Emergency Care Attendant certification through November 4, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

**Rogers, Gary Keith**, Lovelady, TX. Decertification of EMT-Intermediate certification effective May 4, 1998. TX Revised Civil Statutes, Art. 6252-13c, §4(e) and EMS rules 157.44 and 157.51(b)(16), felony conviction while certified.

**Romo, Michael F.**, Houston, Texas. Twenty-four months probation of EMT-Paramedic recertification through May 28, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

**Rubio, Cruz**, Port Lavaca, Texas. Emergency suspension of ECA certification. EMS Rule 157.51(a)(1)(B), failure to complete 2 year continuing education requirements.

**Rural/Metro**, Abilene, Texas. Administrative penalty of \$250. EMS Rule 157.19(c)(1)(A), equipment violation.

**Rutland, Harold Dean**, Sonora, TX. Probation of EMT certification through April 30, 2000. EMS Rules 157.51(26), falsification of an application for EMS personnel certification.

**Sexton, Derek Jason**, Maxwell, TX. Twenty-four months probation of EMT certification through December 2, 1998. EMS Rules 157.44(c), 157.51(b) and (c) and 157.53, felony conviction.

**Shoemaker, Donald Wayne**, Lake Jackson, TX. One year probation of EMT-Intermediate certification through November 9, 1998. EMS Rule 157.51(b)(1), failure to follow EMS standards of care in the management of a patient.

**Skelton, Richard Lee**, McGregor, TX. Three years probation of ECA certification through January 24, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony convictions.

**Smith, Cassandra**, Pensacola, Florida. Two year probation of EMT-Paramedic certification through March 25, 2000. EMS Rule 157.51(b)(2), failure to follow medical

director protocols.

\* **Smith, Christopher Anthony**, Arlington, Texas. Decertification of EMT-Paramedic certification and revocation of probation effective September 1, 1998. EMS Rules 157.51(b)(5), failure to comply with terms of a probation.

**Smith, Tracy D.**, Kingsbury, TX. Twenty-four months probation of EMT certification through July 23, 1999. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

**Sowell, Dana**, Buffalo Gap, Texas. Twenty-four months probation of ECA certification through June 12, 2000. EMS Rule 157.51(b)(27), failure to comply with continuing education requirements in 157.38.

\* **Sparks, Robert Damon**, Brady, Texas. Twenty-four months probation of EMT certification through September 3, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction and misdemeanor convictions.

**Stewart, Roger**, Grapevine, Texas. Emergency suspension of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirements.

\* **Taylor, Jeff**, Houston, Texas. Twelve months probation of EMT-Paramedic certification through August 11, 1999. EMS Rule 157.51(b)(1), failure to follow EMS standards of care in the management of a patient.

\* **Tellez, Guadalupe**, La Pryor, Texas. Twelve months suspension of EMT certification through August 28, 1999. EMS Rule 157.51(b)(1), failure to follow EMS standards of care in the management of a patient.

\* **Texas West Ambulance**, Midland, Texas. Administrative penalty of \$1,000. EMS Rule 157.19(c)(1)(A), failure to report additions to vehicle fleet.

**Thorpe, Michael Ray**, Brenham, Texas. Twenty-four months probation of EMT-Paramedic certification through July 20, 2000. EMS Rules 157.51(b)(1), failure to follow EMS standards of care in the management of a patient.

**Tru-Care Ambulance Service**, Houston, Texas. Revocation of provider license. EMS Rules 157.11(m)(17), failure to notify the department of change of status and location.

**Veal, Paul Douglas**, Wichita Falls, Texas. Six months probation of EMT-Paramedic certification through February 4, 1999. EMS Rules (old) 157.51(2)(X), failure to give the department full and complete information, upon request, regarding a confirmed violation of the Health and Safety Code Chapter 773.

\* **Walton, Brenda L.**, Lufkin, Texas. Decertification of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirement.

**Wamsley, John Martin**, Liberty Hill, TX. Twenty-four months probation of Emergency Care Attendant certification through January 23, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

**Ward, Gary Peter**, Houston, Texas. Emergency suspension of EMT-Paramedic certification effective April 1, 1998. EMS Rule 157.51(a)(1)(A), reason to believe conduct of certificant creates an imminent danger to the public health or safety.

\* **Warner, Marcia Ann**, Kingwood, Texas. Decertification of EMT certification. EMS Rule 157.51(a)(1)(B), failure to complete 2-Year CE requirement.

**Weatherford, Rowdy Lee**, Mart, TX. Emergency suspension of EMT-Paramedic certification. EMS Rules 157.51(a)(1), imminent danger to health and safety.

**Weinheimer, Rex Joseph**, Stonewall, TX. Four years probation of Emergency Care Attendant certification through September 30, 1999. EMS Rule 157.44(b)(1) and (c), and 157.53, misdemeanor convictions.

**Wingard, Glenn Ray**, Oakwood, Texas. Emergency suspension of ECA certification effective May 14, 1998. EMS Rule 157.51(a)(1)(A), reasonable cause to believe conduct of certificant creates an imminent danger to the public health or safety.

\* **Woodall, Dale Bradley**, Houston, Texas. Emergency suspension of EMT-Paramedic certification. EMS Rule 157.51(a)(1)(A), imminent danger to public health or safety.

\* THESE LISTINGS ARE NEW THIS ISSUE. DENIALS, REVOCATIONS, AND ADMINISTRATIVE PENALTIES WILL BE PRINTED IN THREE CONSECUTIVE ISSUES. SUSPENSIONS AND PROBATED SUSPENSIONS WILL BE PRINTED UNTIL SUSPENSION OR PROBATION EXPIRES.

# MEETINGS AND NOTICES

## CALENDAR

November 12-14, 1998. **Advanced Vertical Rescue.** Call Polli Williams, McLennan Community College-Waco, 254/299-8591.

November 24, 1998. **ACLS Prep Course.** Texas Tech University Health Sciences Center, El Paso Campus. Contact Gloria Soto, 915/ 771-0296.

December 1 & 3, 1998. **ACLS Course.** Texas Tech University Health Sciences Center, El Paso Campus. Contact Gloria Soto, 915/ 771-0296.

December 9, 1998. **Immunology From AIDS to Z.** Contact Kathy Jordan, Texarkana College, at 903/838-4541, ext. 382.

December 11-12, 1998. **Basic CISM Course.** 16-hour. Liberty, Tx. \$35, includes two workbooks and other hand-out materials. Contact: Charlene Zimmerlee at 409/298-9005 for information. Curriculum approved by the International Critical Incident Stress Foundation (ICISF) and the Instructor has been ICISF trained.

February 11-14, 1999. **The 19<sup>th</sup> Annual International Disaster Management Conference.** St. Petersburg Bayfront Hilton, St. Petersburg, Florida. Contact 800/ 766-6335.

### Deadlines and information for meetings and advertisements

**Deadline:** Meetings and notices must be sent in six weeks in advance. After the pages of this magazine have completely gone through editorial, design and layout, the magazine goes to the printshop to get printed (a 15-working-day process), then on to our mailing service (a 4-day process), and then to the post office to get mailed out. Please send in your calendar items six weeks in advance to make the next issue.

**Cost:** Calendar items are run at no charge. Calendar items run in the meeting section until just prior to the meeting or class. Classified ads run for two issues unless we are notified to cancel the ad.

**Fax or mail:** Calendar items can be faxed to 512/834-6736 or mailed to *Texas EMS Magazine*, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199. Call 512/834-6700 if you have a question about the calendar section.

### Fax items for this section to 512/834-6736

There is not a charge to run items in the meetings and notices section.

## Jobs

**Medcom Operator, Paramedics:** Rural/Metro Ambulance - South Texas has openings in Houston. Competitive wages and benefits, 401K, stock options, paid CE. Contact Les Campbell at 281/ 876-2273 or fax resume to 281/876-3230. +

**Paramedics:** Hopkins County Memorial Hospital District has 3 openings for full-time paramedics. Competitive wages and benefits. Forward resume or application to Hopkins County Memorial Hospital, 115 Airport Road, Sulphur Springs, TX 75482. +

**Paramedic:** International health services company looking for adventurous paramedic for rotating 28-day assignments in remote sites. Spanish speaker encouraged. Assignments involve remote emergency, occupational medicine duties. Competitive salary, travel and lodging paid. Fax resume to 713/ 521-7655. +

**EMT, EMT-I, Paramedic, NAEMD:** Northwest EMS in Tomball is accepting applications. Competitive salaries, benefits. Full/part-time. Call 281/ 351-8269. +

**Paramedic:** City of Beaumont EMS has full/part-time openings for paramedics. 3<sup>rd</sup> city service with excellent equipment and protocols. Require TDH paramedic, ACLS and BTLs or PHTLS. Contact City of Beaumont Human Resources at 409/ 880-3777, ask for Rebecca Sutton. +

**ECA, EMT, EMT-I, Paramedic, dispatchers:** Med-Star Ambulance is hiring full/part-time positions in San Antonio and Corpus Christi. Private ambulance and 9-1-1 service. Competitive wages. Call 210/ 649-2196 for information. +

**EMT, EMT-I, Paramedic, dispatchers, wheelchair van drivers:** Life Line Universal Transport, Inc., in Cypress, has full/part-time positions available. Competitive wages, excellent benefits. Call 281/ 970-2273 for appointment or fax resume to 281/ 970-1726. +

**EMT, EMT-I, Paramedic, dispatchers:** Med-Care EMS is accepting

applications. Competitive wages and benefits, multiple shifts, advancement opportunities. Mail resume to Med-Care EMS, 1050 N. Sugar Rd, Pharr, TX 78577 or call 956/ 782-6060. +

**EMT-I, Paramedic:** Hiring for positions with MICU level city/county EMS. 9-1-1 and transfer. Send resume to Human Resource Dept. Stephens Memorial Hospital, 200 South Geneva, Breckenridge, TX 76424, or call 254/ 559-2241.

**Firefighter/paramedic:** Harker Heights FD has openings for firefighter/paramedic. Minimum qualification paramedic, can train as firefighter. Competitive salary, benefits. Call City of Harker Heights Personnel Dept. At 254/ 699-2301 or Harker Heights FD at 254/ 699-2688. +

**EMT, EMT-I, Paramedics:** Hiring for full/part-time positions at United Ambulance in Houston. Benefits. Call United Ambulance at 713/ 771-4222 or fax resume to 713/ 771-8449. +

**EMT, EMT-I, Paramedic:** Emerald Ambulance Service is accepting applications for full/part-time positions in Baytown and Beaumont. Competitive wage, good benefits, education reimbursement. Fax resume to 281/ 420-0354, mail to Human Resources Dept., P. O. Box 2611, Baytown, TX 77522 or call 281/ 428-2367. +

**Paramedic:** International health services company looking for paramedic for rotating 28 day assignments in remote sites. Duties include emergency and occupational medicine. Knowledge of Spanish is encouraged. Competitive salary, travel and lodging paid. Fax resumes to 713/ 521-7655. \*

**Paramedic:** Calhoun County EMS is currently accepting applications for 1 paramedic position. Salary \$24,000; residency required. Excellent equipment, protocols and benefits. Contact Henry Barber/Carl King, 216 E. Mahan St, Port Lavaca, TX 77979, 512/ 552-1140. \*

**Paramedics:** Acadian Ambulance and Air Med Services is hiring nationally registered paramedics for ground ambulance and offshore operations. Excellent benefits package. Contact Human Resources at 800/ 259-3333 or www.acadian.com. \*

**EMT, EMT-I, Paramedic:** Alpine EMS/WTAS is accepting applications for full-time positions for expanding BLS/MICU-capable service providing city/county 9-1-1, hospital transfers. Contact Mike Scudder at 915/ 837-3028

# MEETINGS AND NOTICES

or send resume to Alpine EMS/WTAS, P.O. Box 338, Alpine, TX 79831.\*

**Paramedic/Firefighter:** City of New Braunfels is accepting applications for paramedic/firefighter. Salary starts \$26,000. Posting closes September 11, 1998. For more information contact City of New Braunfels Personnel Office, P.O. Box 311747, New Braunfels, TX 78131, 830/ 608-2100.\*

**Paramedic:** Gillespie County EMS in Fredericksburg, a 9-1-1 and transfer service, is seeking a full-time paramedic. Competitive salary, benefits. Send resumes or pick up application at 100 S. Nimitz Pkwy, Fredericksburg, TX 78624.\*

**EMT, EMT-I, Paramedic:** Prime Care Ambulance is accepting applications for EMT, EMT-I, paramedics. Excellent benefits, flexible hours, overtime and hiring bonus. Contact 713/ 521-1424.\*

**EMT, EMT-I, Paramedic:** Needed for expanding private service in Houston area. 48-60 hour weeks, company-paid health insurance, weekly call bonuses, quarterly profit sharing, salary starting at \$25,000. Send resume to Thomas Ambulance, Troy Peeples, 4527 Spring Cypress Rd, Spring, TX 77388.\*

**Paramedics:** MedStar, Fort Worth, is hiring full-time paramedics. 9-1-1 and non-emergency. Sign-on bonus. Send resume to Annette Hawkins, 3010 S. Grove, Fort Worth, TX, 76104, 817/927-4491 office, 817/ 927-4493 fax.\*

**EMT Coordinator:** City of Garland FD is accepting applications for EMT Coordinator. Five years experience as a certified paramedic, one year in EMS education and an Associate degree in a health-related field required. Salary range \$14.71-24.31/hour. For application, call 972/ 205-2475 or go by City of Garland Personnel Department, 200 N. Fifth St., Garland, TX 75040.+

**EMT, EMT-I, Paramedic:** American Medical Response has openings for EMTs, EMT-Is, and paramedics. Competitive wages, excellent benefits. Call 888/ AMR-HIRE.\*

**Paramedics:** Harker Heights FD has openings for firefighters and firefighters/paramedics. Competitive salary. Contact Harker Heights City Hall, Personnel Department, 254/ 699-2301.\*

**EMTs, EMT-Is, paramedics, dispatchers, non-med wheelchair van drivers:** Life Line Universal Transport, Inc., has full-time and part-time positions available. Competitive wages, excellent benefits. Fax resume to 281/ 970-1726 or call 281/ 970-2273.+

## FOR SALE

**For Sale:** Legend Air mobile air conditioning system. 1 year full part/labor warranty, ozone safe, under \$1800. For information and demonstrations contact Tim Hicks at 972/240-5729.+

**For Sale:** (1) 1986 diesel Ford Type I ambulance and (2) diesel Ford 1991 Type 2 ambulances. Call Charles Bryan, Emerald Medical Services, 281/ 837-8375.+

**For Sale:** CPR manikins, new and used. CPR supplies, airways, manikin face shields, face pieces, parts. Manikin maintenance cleaning and repairs. Rental manikins available. Contact: Ron Zaring, Manikin Repair Center, Houston, 281/484-8382 or FAX 281/922-4429.\*

**For Sale:** CPR manikins. Used Chris Cleans and Resusci Annes. Contact 972/ 276-4156.\*

**CE available:** Tech\*Star EMS Education offers on CE classes. Call 254/ 968-6960.\*

**For Sale:** New Type I and III Road Rescue ambulances, Type II Leader ambulances. For information, contact Art Seely, District Sales Manager, Rescue Safety Products Inc., 220 W. Parkway, Denton, TX, 76201, or call 800/481-4490.\*

**CE available:** TDH-approved C.E.s available to meet the needs of your department. Contact FIRE-EMS Education at 903/415-0333.\*

**Ambulance Billing:** L&M Billing, a

24/7 billing company with 10 years experience, can do electronic billing for Medicare, Medicaid and private insurance. Contact 830/276-3432.\*

**Ambulance Billing:** Electronic billing, paramedic workshops, electronic trauma registry, month-end financial reports reconciliation, with full service billing package. No start-up cost/fees. Payments are mailed directly to provider. Contact Alexander Consulting, Inc, at 888/991-9444 or [www.arconsultants.com](http://www.arconsultants.com)\*



November 22-25, 1998

Texas EMS  
Conference '98

Austin Convention  
Center  
Austin, Texas

+ This listing is new to this issue.

\* Last issue to run (If you want your ad to run again please call 512/834-6748.)

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

**Placing an ad?** To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: *Texas EMS Magazine*, 512/834-6736 or send to *Texas EMS Magazine*, 1100 West 49th, Austin, TX 78756-3199. Ads will run in two issues and then be removed.

**Moving?** Let us know your new address—the post office may not forward this magazine to your new address. Use the subscription form in this magazine to change your address, just mark the change of address box and mail it to us or fax your new address to 512/834-6736. We don't want you to miss an issue!

**Renewing your subscription?** Use the subscription form in this magazine to renew your subscription and mark the renewal box.

# EMS Profile: *Salado Volunteer Fire Department*



**Name of Service:** Salado Volunteer Fire Department

**Number of Personnel:** At this time, the Salado Volunteer Fire Department has an all-volunteer staff of four paramedics, one EMT and three ECAs.

**How Many Years in Service:** The SVFD began a first responder in October of 1991.

**Number of Units and Capabilities:** The SVFD maintains a fleet of five vehicles, one of which is a 1996 Inter-

*Salado Volunteer Fire Department were winners of the First Responder of the Year award in 1997. Front row from left, Brian Campbell, Mike Merritt, and Mark DePoy; back row, Gene Weatherall, chief, Bureau of Emergency Management; Lanell Cambell, EMS Coordinator; Wayne Rutherford, chief; Ready Teddy; and Texas Health Commissioner William R. Archer III, MD.*

national Medium Rescue unit, fully equipped with a semi-automatic defibrillator (Lifepak 300) and a hydraulic rescue tool.

**Number of Calls:** From January 1, 1997, through December 31, 1997, the SVFD responded to a total of 241 calls for service. That includes 138 emergency medical calls and 14 rescue calls.

**Current Projects:** The department has several new programs it's working on at this time. One is a junior firefighter program that is only open to high school seniors. Another one is a classroom CPR and first aid class in conjunction with the regular health class at the high school. And of course, the department has had an EMS Week function yearly for the last three years. The program the department is most proud of is done once every three years, a DWI awareness drill held at the school just prior to spring break. This involves local EMS, law enforcement and air medical units at a staged incident. It is followed by an indoor presentation. Doing the program every third year is set as a goal so that it does not get too routine, yet every student has the opportunity to see it at least once before graduation day. 🍀

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

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Rate Paid  
At Austin,  
Texas