

Texas EMS

Serving Texas Emergency Care Professionals



URBAN SEARCH AND RESCUE

Page 30

Texas EMS

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Some brochures are available on the web at
www.tdh.state.tx.us/hcqs/ems/emshome.htm.
 Download the originals and print your own brochures.

Amount ordered Description

_____ **"Ready Teddy" coloring book.** 16 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)

_____ *(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.** Not available at this time due to budget constraints.

_____ *(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.

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FEATURES

12 Texas EMS Conference 2000

Wondering about the great classes lined up for this year's conference? Here's all the info on who will speak and their topics, plus registration forms. Remember to get your registration in early for the preconference classes—they fill up fast! And our keynote speaker will keep you in, er, stitches: cartoonist and street medic Steve Berry leads off the conference.

18 Conference Workshops

Paul Tabor has put together a stellar lineup of workshops for 2000. Turn here for a listing of Texas EMS Conference 2000 workshops.

26 Texas EMS Salary Survey

One word: participate! The first year we had 119 responses; last year it jumped to 166. This year you can fax it, mail it or even fill it out on the web.

30 To the rescue

When urban disasters happen, Texas Task Force-1 is there to search through the rubble looking for victims. And with its new FEMA designation, the task force could be called out anywhere in the U.S. By Kelly HARRELL

34 Proper form

Do you have the latest information on the new DNR rules? This article talks about the most commonly asked questions—and answers.

45 The hot seat, Part II: Making your message clear under media scrutiny

Handling the media requires calmness and consistency, especially in the face of hostile questions. The first part of this article ran in the May/June issue. By JAMES J. ONDER, PhD

51 Texas EMS Awards

Do you know of an organization or individual who deserves recognition? It's time again to turn in nominations for Texas EMS Awards.

PREVENTION

50 Injury Prevention

A new report from the Institute of Medicine offers a vision of what injury prevention could—and should—become in the future. A September conference in San Antonio will explore what's coming in the field.

By KATE MARTIN, MEd

Texas EMS

M a g a z i n e

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Penny Workman

60 EMS Profile

Diana Bluntzer, ECA



ABOUT THE COVER: After tornadoes tore through Fort Worth in March, Texas Task Force-1 was called in to search for victims buried in the rubble of buildings.

CONTINUING EDUCATION

36 Cooling off: Heat-related illnesses

Earn 1.5 hours of medical emergency continuing education while learning how to keep your patients—and yourself—protected in the summer heat. By Jeff Rubin, PhD, EMT-I

Committee develops possible options for recertification

In case you haven't heard, I was offered—and have accepted—the position of bureau chief. It's going to be a challenge, and I need your help and your input. Please contact me (phone, email or regular mail) if you have suggestions, questions or concerns about any of the issues that our Bureau handles: the Governor's EMS and Trauma Advisory Council (GETAC), EMS personnel certification/licensure, EMS provider licensing, EMS/trauma systems development, *Texas EMS Magazine*, Texas EMS Conference, Ready Teddy, the web site, trauma facility designation, pediatric facility categorization, EMS/trauma system funding (including EMS Local Projects grants, 9-1-1 funds, tobacco endowment funds) or anything else you can think of.

We are once again conducting the Texas EMS salary survey and would like to have all of you participate. The first year we had 119 responses; last year, that increased to 166. A nice feature this year is that you will be able to fill it out on our website. Let's see if we can really increase our response rate. Results will be published in the January/February issue of this magazine.

The six standing committees for GETAC have been appointed. These are your representatives; please contact them to provide your input (contact information is on our website).

Recap of June 2 meeting

The first meeting of the EMS, Education and Medical Directors committees was held on June 2 in Austin. The purpose of the meeting was to begin addressing the motion regarding recertification of EMS personnel that was voted on by GETAC at its March 23 meeting. Approximately 60 people were in attendance. Dr. Ed Racht did an excellent job of moderating the meeting, checking frequently for concerns and verifying consensus. Consensus, in this setting, means that there was general agreement and no one voiced opposition to continue moving forward in that direction.

The group started by identifying the stakeholders who would have an interest in EMS recertification (see box). The consensus was that whatever method was established for recertification, it would have to "meet the needs of all stakeholders." The group then discussed what the EMS certification card really means. Consensus was that certification/recertification is an entry "ticket" for an individual, but that EMS certificants should be credentialed by their EMS provider and medical director to be able to actually "work on an ambulance." The group went on to agree that in very specific circumstances, if an EMS provider/medical director had a "TDH-approved" credentialing program, that program could suffice for recertification as one of the proposed recertification options.

(Continued, see **Bureau Chief** page 46)



KATHY PERKINS, CHIEF
BUREAU OF EMERGENCY
MANAGEMENT

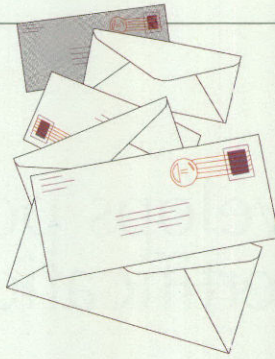
Stakeholders

- Patient
- Public/Citizens
- Medics - all levels (*affiliated/not affiliated with a Provider; affiliated with multiple Providers, etc.*)
- Providers - all types (*rural, volunteer, fire, corporate, governmental, hospital, etc.*)
- Medical Directors
- Educators
- State (TDH)
- Medical Community

Possible options for recertification

- Option 1: Focusing primarily on taking a pass/fail validated recertification exam. Sent to the Education Committee.
- Option 2: Focusing primarily on hours of content/subject specific EMS continuing education over four years. Sent to the EMS Committee.
- Option 3: Focusing primarily on meeting the requirements of the National Registry. Sent to the Education Committee.
- Option 4: Focusing primarily on a refresher course. Sent to the EMS Committee.
- Option 5: Focusing primarily on an EMS individual who works for an EMS Provider that has a TDH-approved credentialing program for its medics. Sent to the Medical Directors Committee.

Letters



To Texas EMS Magazine: I would like to say to Eastland Memorial Hospital EMS and all of the crew (Todd Barnes and Kelly Fron), thank you for the fine job you did when you responded to a call involving my family. Richard Bird, you deserve a special thank you for the way you handled the situation. I owe you an apology in that once I saw you get out of the ambulance, I could no longer function as a paramedic and became the feared hysterical mother. Todd, the paramedic in the back of the ambulance while we awaited First Flight from Abilene, was excellent in the way he took care of my daughter, as was his professionalism and attitude. Thank you also to the chopper crew for allowing me to fly with you.

I know sometimes EMS can be a thankless job, so I wanted to make sure that everyone knew what a fine job Eastland EMS and the Gorman Fire Department did in this incident.

*Melody Graham EMT-P
Gorman*

To Texas EMS Magazine: Paramedic Chip Pierce died on January 1, 2000, while returning home from a patient transfer, in a wreck that critically injured his partner. Two weeks later, his partner, Laura Maxwell, attended her first night of EMT-I class at Roberson EMS Training Academy in Alice. Even after emergency surgery, days in

intensive care and the beginning of a long and painful road to recovery, Laura had insisted on confronting her fears and returning immediately to EMS.

Wendy Garner, lead instructor for the EMT-I course, said Laura's courage was an inspiration to her classmates, the Academy staff and everyone she came in contact with.



Wendy said: "Her drive and determination brought out the best in all of us. Her will to succeed led her and her fellow students to the TDH testing site in April, where every one of them passed the exam."

Laura's dedication to EMS came from her desire to emulate her partner, whose love for patient care continues to motivate her. "Chip would have wanted me to continue in his footsteps and never give up," Laura said.

Laura is now enrolled in the EMT-P completion course and is back working at her chosen profession. Her experience should send a message to all caregivers. In spite of the struggles we go through in life, returning to the things we love can be the best medicine for a broken body ...and a wounded spirit.

*Jay Garner, LP
Alice*

**JEMS
TECHNOLOGY 2000**

Imagine the Possibilities

November 16-18, 2000

Austin, Texas

**Are you an EMS
Technologist?**

If the answer is yes, you need to attend EMS Technology 2000.

If the answer is no, but you want to be, then you really need to attend.

Preliminary Topics:

- Current hardware in use today
- Software for the field, such as patient tracking, data collection, etc.
- Designing your own programs from OEM software
- Cellular use in the field
- Data collection and how to make use of it
- CD vs. DVD vs. Internet training for primary and remedial education
- Web and virtual education

To place your name on the priority mailing list for the conference brochure, please contact:

JEMS Communications

**1-800-266-5367
www.jems.com**

More than medicine

By Jim Majorowski,
EMT-P

Consider this: The ambulance runs Code 3 until paramedics reach their destination. They have arrived first on the scene.

Medics notice the door to the house is open. On their way through the front lawn, they walk through shards of broken glass. Their minds are focused on saving lives, so they continue into the house and notice two men down. The scene is difficult to stomach, even for the most seasoned paramedic. Fortunately these paramedics are focused—focused on saving the life of one or both victims. After assessing both, they realize only one is still alive. The other is in cardiac arrest. Furniture is overturned throughout the living room, and it's possible a struggle ensued before a man's life was taken. The dead man is lying too close to the man they need to save, so the paramedics carefully move the body in order to begin their work on the patient in distress. The patient is soon stabilized. The paramedics are relieved that they've saved another life.

It's another job well done. Wrong. It's a job that has ruined any chance for law enforcement, medical examiners or other crime-solvers to successfully determine what happened at this address. And the paramedics don't even realize it.

Though the scenario may seem extreme, the problem is very real. At any given time, a potential crime scene somewhere in the United States is being desecrated because paramedics have not been properly trained in preserving the scene. The reason is simple: paramedics are all about medicine, and the training is intense

in this ever-changing world of health care. The focus for paramedics is on saving *lives*, not solving *crimes*.

To them, the preservation of *life* is key, not the preservation of the *scene*.

It's a concept that's got to change. And it's a change that isn't hard to achieve. While medicine is obviously first and foremost in our curricula, we need to teach future paramedics that forensic preservation is yet another integral part of the teamwork necessary at any potential crime scene.

Now consider this: *In another town, a dispatcher receives a similar call to the one discussed earlier. Once again, this team of medics is first on the scene. Paramedics note the scene: An open door, broken glass strewn about. They neither touch nor step on any potential evidence. Once inside the home, the medics realize one man is in desperate need of attention, while the other is obviously dead. Medics quickly perform their duties without disturbing the lifeless body lying only inches from their work. They are still aware of their surroundings and are absorbing as much information as possible to better communicate to local law enforcement once they arrive on the scene.*

The patient's life is saved, and without jeopardizing any potential evidence necessary for law enforcement.

It's a simple process, really. And it's one we all need to commit to, for our fellow law enforcement personnel and for the justice of our patients.

Paramedic Jim Majorowski is a special project coordinator with Lubbock County EMS and a certified peace officer.

We need to teach paramedics that forensic preservation is necessary at any potential crime scene.

AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

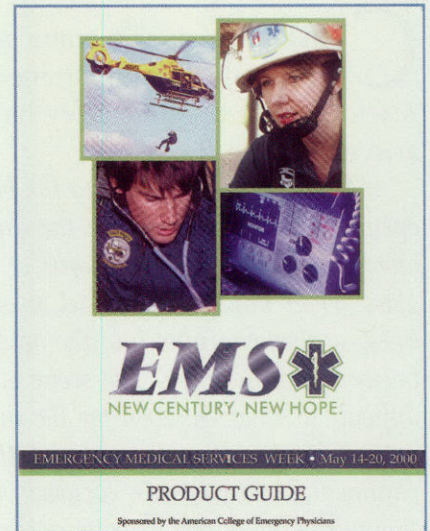


Deliver a baby? File the birth certificate

If you've ever delivered a baby, you know it's an experience of a lifetime. Did you know that you, the birth attendant, are responsible for filing the certificate of birth for the newborn? Texas Vital Statistics statutes state that the physician, midwife or attendant at birth must file the certificate within five days of the event. For a Vital Statistics' booklet on how to complete a birth certificate, email Steven Elkins at steven.elkins@tdh.state.tx.us or go to the Bureau's web site at www.tdh.state.tx.us/hcqs/ems/emshome.htm.

Jury awards \$800,000 in cardiac death at New Orleans ball

The family of a 55-year-old man who died after going into cardiac arrest at a 1994 masked ball has been awarded nearly \$800,000 by a New Orleans jury. The jury found that Tulane Hospital and Clinic, which provided EMS for the convention center, failed to meet the standard of care when the only nurse on duty responded with a wheelchair, oxygen and medication—but no defibrillator. The defibrillator was in a room about 100 feet from where the man collapsed. Since the event, policy at the convention center requires personnel to bring defibrillators to the scene.

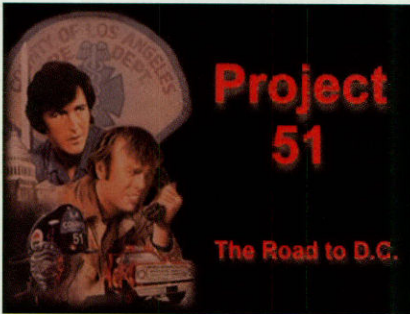


EMS Week packet features Austin

Did the people on the front of the ACEP National EMS Week Product Guide look familiar? Of the four pictures featured, two were medics from the Austin/Travis County EMS System, and one was a picture of the StarFlight helicopter. We always knew Texas medics were best.

Provider compliance guidelines available soon on web site

Wondering how to comply with the new rules pertaining to provider licensure? Help is on the way. A handbook to help providers comply with the new rules will be available soon from regional offices and on the web. Check the Bureau web site after August 1.



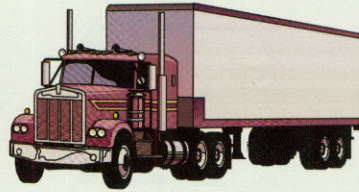
Emergency? Calling Squad 51 again

Are you one of the thousands of medics who grew up watching Johnny and Roy save the day on *EMERGENCY!!*? The Smithsonian Institution officially recognized the important part this TV series played in the history of modern EMS by accepting the original restored memorabilia and equipment into the National Museum of American History during EMS Week. The television series, which ran from 1972-78, raised public awareness about emergency medical services and helped create the demand for on-site medical treatment. The show also spawned a whole new generation of medic-wannabes, who grew up watching the crew of Squad 51. For more info, go to the web site at www.squad51.org.

CE ANSWERS FOR MAY/ JUNE '00

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

Texas leads nation in truck crash deaths



Texas led the nation in truck-related crash deaths in 1998 for the third year in a row. A report released in December by the Citizens for Reliable and Safe Highways (CRASH) said Texas had 477 deaths in 1998; California was second with 378. Texas also ranked first in the number of children killed in truck crashes with 56 deaths. The numbers are directly related to the number of roads, population and increased congestion on roadways, the group says. CRASH was also critical of the trucking industry's campaign to warn drivers to stay out of a trucker's 'no-zone' or blind spot because sometimes that is impossible in traffic.

Rural job? Paramedics apply here

The Center for Rural Health Initiatives is again sponsoring HealthFind, an event that brings together health professionals and rural health representatives from across Texas looking to fill health care jobs. The event, which resembles a job fair, takes place September 16 and 17 in Austin. The cost is \$100 for paramedics and \$65 for paramedic students. For more information or a registration packet, call Bob Moore toll-free at 877/839-2744 or email him at bobmoore@crhi.state.tx.us. The Center also sends out a monthly list of job opportunities in rural communities to medics who request it.

Laidlaw posts a \$1.46 billion loss

It's a tough time for private ambulance companies. Mirroring Rural/Metro's bumpy ride, Laidlaw Inc. posted a \$1.46 billion loss in the second quarter as it devalued its Safety-Kleen waste services unit and health care division in the U.S. On May 17, the company missed a \$22.95 million interest payment, saying it would be deferred. Laidlaw, a bus operator based in Canada, owns American Medical Response. The company announced last fall that it was looking for buyers for Safety-Kleen and for its health care division, which includes AMR and EmCare, a physician management service provider.

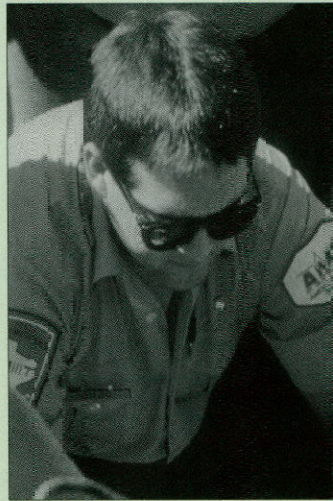


San Francisco's 9-1-1 system fails

San Francisco's 9-1-1 dispatch system failed for nearly an hour on May 1, giving emergency callers a busy signal. It was the second time in two days that the system had failed. The problem was traced to a switch failure at the telephone company. Dispatchers kept track of emergency calls that got through with pencil and paper. After about an hour, the calls were rerouted to another station. It is unclear how many calls went unanswered during the interruptions.

Search renews for recalled cedar chests after more near-suffocations

The U.S. Consumer Product Safety Commission, along with The Lane Co., is calling for a renewed search for cedar chests to replace the locks. In 1996, Lane recalled 12 million chests with lids that automatically latch shut when closed following reports of six children suffocating inside the chests. There has subsequently been another suffocation death and two near-fatalities. To see a photo of the recalled chest or other information on recalled products, go to www.cpsc.gov. Click on 'Consumer' for a list of all press releases and product recalls.



Federal agency lists outlook for EMS professionals

The Bureau of Labor Statistics has excellent information about employment and wages for EMTs. According to the federal government, the median income for EMTs is \$20,290 a year. Median income means that 50 percent of workers earn less than the median, and 50 percent earn more. At the low and high ends of the scale, 10 percent of EMTs earn less than \$12,710, while 10 percent earn more than \$34,480. How does Texas rank? We won't know unless you fill out the annual salary survey. See page 26 for a copy of the survey or go to our web site to download it. We need to hear from you!



Trauma systems cut deaths after ten years

Trauma systems do work, according to an article in the *Journal of the American Medical Association*. Researchers found that ten years after trauma system implementation, mortality due to traffic crashes begins to decline; in about 15 years, mortality was reduced by about eight percent, even after adjusting for factors such as the introduction of traffic safety laws.

The study included 22 states that had set up or had existing trauma systems from 1979 through 1995. Although car crash deaths fell nationwide, after 15 years the death rate was about eight percent lower in states with trauma systems. For a complete look at the article, go to <http://jama.ama-assn.org>. Click on past issues; then go to the April 19, 2000, issue.

Virginia county tries new approach to recruitment

Like most volunteer EMS organizations, Hanover (County) EMS in Virginia has had trouble attracting volunteers willing to staff the ambulances. Although the service advertised frequently, the ads were always produced in-house by EMS staff. Last year the group decided to invest in a professional campaign to boost membership, image and awareness. The program included newspaper ads, t-shirts, banners and assorted print materials. While the campaign boosted recruitment, the numbers still fell a little shy of the goals. However, the organization saw an explosive increase in EMS awareness. For information about this campaign, email Chris Leonard, volunteer membership coordinator, at jcleonard@co.hanover.va.us.

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LIVES
LAST NIGHT.
WHAT DID YOU DO?**



Volunteer Today. Call 800-363-3399. HANOVER EMS

**PURE
ADRENALINE.
NOW AVAILABLE WITHOUT
A PRESCRIPTION.**



Volunteer Today. Call 800-363-3399. HANOVER EMS

City ordered to pay \$800,000 to Houston EMT

The City of Houston was ordered in April to pay at least \$800,000 to a Houston Fire Department EMT after the city ignored an arbitration agreement covering overtime policy, according to the *Houston Chronicle*. The EMT challenged the department's procedure for assigning overtime based on a supervisor's decision and rank rather than performance. The arbitrator ruled that the fire department must create a computer program that assigns overtime by weighing factors such as performance and seniority. That type of system is already used to assign overtime to paramedics. The medic challenged the policy after he was denied a chance to work overtime.

Associations launch new web sites



The Richardson Fire Fighters Association has launched a web site at www.rffa.net. Look for the Austin EMS Employees Association at www.aemsea.com.



Rebecca Campuzano-Salcido was named vice chair of the injury prevention committee.

Call for committees gets a big response

GETAC committee chairs asked for nominations. Plenty came forward. Here are the number of people who submitted their names for each committee: Medical Directors, 23; Pediatrics, 34; Injury Prevention, 42; Trauma Systems Development, 74; Education, 76; and EMS, 94.

The committee chairs also made several nominations during the selection process. Those numbers are not included in these counts.



Texas EMS Conference 2000

*November 19-22, 2000
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 care, and have the opportunity to brush up on the basics.
- Your chance to network with 2,500 of your EMS friends!
- Top quality preconference classes such as a two-day search and rescue class and two EMS and terrorism classes, 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.

Agenda

Sunday, November 19, 2000

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

Monday, November 20, 2000

- 7:00 am - 6:00 pm Registration in the Convention Center in Palazzo
- 8:15 am - 9:30 am Opening Session Ballroom A-C with cartoonist/paramedic Steve Berry
- 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 Ballroom A-C, Rooms 4-10 (Third floor)
- 12 noon - 1:00 pm Lunch on Exhibit Hall
- 1:00 pm - 3:00 pm GETAC, Ballroom B
- 2:00 pm - 3:00 pm Workshop Breakouts Ballroom A and C, Rooms 4-10 (Third floor)
- 3:15 pm - 4:15 pm Workshop Breakouts Ballroom A and C, Rooms 4-10 (Third floor)
- 4:30 pm - 5:30 pm Workshop Breakouts Ballroom A and C, Rooms 4-10 (Third floor)

If you have questions, please call us at (512) 834-6700 or visit our web site at <http://www.tdh.state.tx.us/hcqs/ems/00conf.htm>

Other groups' conference activities:

New Paramedic Curriculum Sponsored by EMS Educators Association of Texas. Call Diane Quintanilla at (254) 298-8562. Begins Friday, November 17.

EMS Educators Association of Texas Meeting. Call Neil Coker at (254) 298-8565.

Texas Ambulance Assoc. Call Ron Beaupre at (972) 417-2878.

EMS Association of Texas. Call Ron Haussecker at (979) 277-6267.

BTLS Board Meeting. Call Nancy Davis, TCEP, at (512) 306-0605.

TCEP's Medical Director's Committee Meeting. Call Nancy Davis, TCEP, at (512) 306-0605.

Texas Association of Air Medical Services. Call Allen Helberg at (214) 956-0707.

Tuesday, November 21, 2000

- 7:00 am - 3:00 pm Registration in the Convention Center in Palazzo
7:30 am - 8:30 am Early Bird Workshop Breakouts
Ballroom A-C, Rooms 4 - 10 (Third floor)
8:45 am - 9:45 am Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor)
9:00 am - 11:45 am Exhibit Hall Open (closed during Awards Luncheon)
10:00 am - 11:00 am Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor)
11:45 am - 1:15 pm Awards Luncheon Exhibit Hall
(Exhibit Hall open immediately after Awards Luncheon)
1:15 pm - 3:00 pm Exhibit Hall Open
2:00 pm - 3:00 pm Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor)
3:00 pm Exhibit Hall Closes
3:15 pm - 4:15 pm Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor)
4:30 pm - 5:30 pm Workshop Breakouts Ballroom A-C, Rooms 4-0 (Third floor)

Wednesday, November 22, 2000

- 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

Come early for the JEMS Technology Conference and stay for Texas EMS Conference. See page 6 for Technology Conference details.

Ride out with Austin EMS

Want a chance to ride out with an urban service that responds to about 60,000 calls per year? Austin EMS is offering ride-outs at no charge during the conference. Different times are available. Sign up at the Austin EMS booth beginning Sunday on a first-come, first-served basis. Bring dark pants and shoes and a white, collared shirt. Call Warren Hassinger at (512) 469-2060 or email him at warren.hassinger@ci.austin.tx.us.

Conference hotels

Hyatt (<i>Host Hotel</i>)	\$70/95 (512) 477-1234
Radisson	\$70/100 (512) 478-9611
Four Seasons	\$110/150 (512) 478-4500
Omni Hotel	\$70/110 (512) 476-3700
Sheraton	\$70/90 (512) 480-8181
Embassy Suites	\$115/124 (512) 469-9000
Marriott Capitol	\$62/62 (512) 404-6946
Rates listed are single/double.	

Texas EMS Conference 2000

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.

\$95 before November 1
\$110 after November 1

First Name _____ Last Name _____
(Please type or print)

Address _____ City _____

State ____ Zip _____ Phone _____

e-mail address: _____

Registration information (512) 759-1720
Credit card registration fax to (512) 759-1719

For general information call (512) 834-6700
<http://www.tdh.state.tx.us/hcqs/ems/00conf.htm>

PRECONFERENCE CLASSES

If you are taking a preconference class, check the Preconference Class Title

- | | | |
|---|--|--|
| <input type="checkbox"/> \$75 Domestic Preparedness Training/Responder (Sat.) | <input type="checkbox"/> \$35 AED Class (Sat.) | <input type="checkbox"/> \$55 (Sunday) Cadaver Lab
Number time preferences 1,2,3
8:30 11:00 2:30 |
| <input type="checkbox"/> \$130 Domestic Preparedness Training/Provider (Sun.) | <input type="checkbox"/> \$175 Advanced Medical Life Support | |
| <input type="checkbox"/> \$20 Helicopter Safety & Packaging (Sat.) | <input type="checkbox"/> \$125 Search & Rescue | |
| <input type="checkbox"/> \$125 High Angle Rescue | <input type="checkbox"/> \$45 Moulage | |
| <input type="checkbox"/> \$125 Cave Rescue | <input type="checkbox"/> \$60 Clown Kollege | |
| <input type="checkbox"/> \$45 EMS Managing Hazardous Materials | | |

**Preconference registration
deadline October 6, 2000.**

Total Preconference Class Fee \$ _____

Mailed registrations will not be accepted after 11/1/2000

No refund after 11/1/2000

MC Visa AmExprss Credit Card No. _____
Card Holder _____ Card Exp. ____ ____
Signature of Card Holder _____

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

\$110 registration at the door

Sunday, November 19, 2000

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

Monday, November 20, 2000

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

Tuesday, November 21, 2000

7:00 am - 3:00 pm Registration-Convention Center

Check or money order must accompany registration. Registration by fax will be accepted only if you are using a credit card. No refund after 11/1/2000—There is a 17% administration fee if a refund is necessary.

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

Make check to: Texas EMS Conference
Mail: P.O. Box 100
Hutto, Texas 78634

Texas EMS Conference 2000

Exhibitor Registration Form

Included in the exhibitor registration:

- Two full registrations to the conference, \$50 for each additional registration
- Access to any of the 100 workshops
- Lunch for Monday and Tuesday
- Canvas conference bag
- Listing in our conference program (if application and money received before 10/15)
- One six-foot table, two chairs, and carpeted aisles
- 24-hour security in the Exhibit Hall

Call 512/834-6700 ext. 2364 or 834-6748 for exhibitor information.

To see an exhibit hall floorplan visit <http://www.tdh.state.tx.us/hcqs/ems/00floor.htm>

If paying by credit card, you may fax your completed registration to: **Fax 512/759-1719**

SPONSORED BY TEXAS DEPARTMENT OF HEALTH AND TEXAS HEALTH FOUNDATION

(Information used for name badge - please type or print)

T E X A S E M S C O N F E R E N C E 2 0 0 0 — E X H I B I T O R R E G I S T R A T I O N F O R M

Firm Name _____

Address _____ City _____

State Zip _____ Phone _____ FAX _____

E-mail _____ Type of business/
Address _____ products _____

Please be specific—this determines what kind of company you are placed next to.

(Note: Two representatives per exhibit space are included in the registration fee. Additional representatives are welcome and will be charged \$50—please include this amount in your check total. If you have more names, staple a printed or typed list to the back of this form.)

Last Name	First Name	Title/Certification
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

MC Visa AmExprss Credit Card No. _____

Card Holder _____ Card Exp _____

Signature of Card Holder _____

Make check payable to: **Texas EMS Conference**

Mail to:
Texas EMS Conference
P.O. Box 100
Hutto, Texas 78634

If paying by credit card, you may fax your completed registration to: **Fax 512/759-1719**

No refund after 11/1/00

Number booths & extra reps.	Amount enclosed
Regular Booths _____	\$ _____
Vehicle Booths _____	\$ _____
Extra reps. (\$50 each)	\$ _____
Add \$100 to the total after 10/1/00	
	\$ _____
Total	

Exhibit hall floorplan <http://www.tdh.state.tx.us/hcqs/ems/00floor.htm>

Booth location request: write in booth number(s), all efforts will be made to honor booth choices.

- 1st choice** _____
- 2nd choice** _____
- 3rd choice** _____
- 4th choice** _____

Let us choose for you _____

<p>REGULAR BOOTH</p> <p>(1) 10X10 regular booth.. \$600 each</p> <p>(2) 10X10 booths \$575 each</p> <p>(3 or more) \$550 each</p>	<p>VEHICLE BOOTH</p> <p>(1) 20X20 vehicle booth .. \$650 each</p> <p>(2) 20X20 booths \$600 each</p> <p>(3 or more) \$550 each</p>
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Official Use Only	Date Rec'd.	Check No.	Method of Pmt.	Amt. Rec'd.

Texas EMS Conference 2000

Preconference Classes

Saturday classes

Domestic Preparedness Training: Responder Awareness

4-hour class, \$75, Hyatt
1 pm - 5 pm

CE Category: Medical

Public safety personnel, including EMS, are the front-line individuals who will be responding to terrorism events. This introductory class will train responders to be able to recognize terrorism events and prepare to treat those affected by the event, including themselves. This class is limited to 45 students. For more information contact Mike Berg at (512) 473-9591 or email him at michael.berg@co.travis.tx.us

Helicopter Safety and Packaging

4-hour class, \$20, STAR Flight Hangar
(Meet at Hyatt at 8:15 a.m.)
9am - 1pm

CE Category: Additional

In this class co-sponsored by Austin/Travis County's STAR Flight, San Antonio's AirLife and Scott & White's Medivac, learn the basics of safe ground operations and patient packaging for helicopter transport. This class will cover what factors to consider when choosing a landing zone, how to secure a landing zone, and how to operate safely around the aircraft. It will also cover special considerations when packaging patients for helicopter transport. Students will have an opportunity to participate in hands-on exercises. Lunch and transportation will be provided. Limited to 25 students. For more information contact Colleen Stark at (512) 236-6463 or email at colleen.stark@co.travis.tx.us.

Setting up an AED Program

4-hour class, \$35, Hyatt,
2 pm - 6 pm

CE Category: Additional

Automatic external defibrillators are becoming more common as people become aware of their life-saving potential for cardiac arrest victims. The American Heart Association has a goal of a defibrillator responding on every medical call in the country by 2004, and public-access defibrillation is a

rapidly growing component of that goal. This workshop explores medical, technological, financial, legal and other aspects of creating and maintaining an AED program. Does not assume prior training in any of those areas. Limited to 30 students. For more information, page Jeff Rubin at (512) 802-0333 or email him at jrubin@mail.utexas.edu.

Saturday/Sunday classes

High Angle Rescue

16-hour class, \$125,
8 am - 5 pm

Austin Fire Department training tower and cliffs at a greenbelt
(Meet at the Hyatt at 7:15 am)

CE Category: Prep-4, Trauma-6.5,
Med-5, Spec Pt- .5

Learn the basics of high angle rescue in this comprehensive two-day introductory course. Participants will have hands-on training in rappelling, hauls/lowers, basic knots, anchors, patient assessment and patient packaging. This class will fill up fast. This class will award 16 hours of CE and includes all necessary equipment except personal helmets (fire okay) and leather gloves. If you are afraid of heights, this class is not for you - you will be hanging on ropes 80 feet in the air at times. Strictly limited to 25 students. Lunch, a t-shirt and transportation included. For more information, please contact Rod Dennison or Mike Foegelle at (254) 778-6744 or email them at rod.dennison@tdh.state.tx.us or mike.foegelle@tdh.state.tx.us or email John Green at john@roperscue.com.

Cave Rescue

16-hour class, \$125,
8 am - 5 pm

Whirlpool Cave

Goat Cave

(Meet at the Hyatt at 7:15 am)

CE Category: Prep-4, Trauma-6.5,
Med-5, Spec Pt- .5

Learn the basics of cave rescue in this strenuous, physically demanding introductory cave class provides lots of hands-on training in patient assess-

ment, patient packaging, hauls/lowers - all while underground in some of Austin's caves. This class will award 16 hours of CE. All necessary equipment is provided except leather gloves and knee pads. Since you will be crawling through tight spaces in the dirt and mud, this class is not for anyone claustrophobic or who minds getting muddy. Strictly limited to 25 students. This class will fill fast so sign up early. Lunch, a t-shirt and transportation included. For more information, please contact Rod Dennison or Mike Foegelle at (254) 778-6744 or email them at rod.dennison@tdh.state.tx.us or mike.foegelle@tdh.state.tx.us or email John Green at john@roperscue.com.

EMS Managing Hazardous Materials

16-hour class, \$45, Racisson
8 am - 5:30 pm

CE Category: Medical

Come and see how EMS can respond to a hazmat incident in this hazardous materials class designed specifically for EMS responders. 16 hours of CE. Class limited to 50 students. Call Louis Berry at (512) 834-6700 or email him at louis.berry@tdh.state.tx.us for more information.

Klown Kollege

12-hour class, \$60, Hyatt
8:30 am - 5 pm; 9 am - 3 pm

CE Category: Additional

Learn to be a safety clown from the Victoria FD Klown Brigade in this class, which awards 12 hours of CE. The second day, you'll get hands-on experience in putting on skits in the conference exhibit hall. Strictly limited to 15 students. For information, write emayer@victoriatx.org or call Elaine Mayer at (361) 572-2780.

Search and Rescue

16-hours, \$125, Hyatt and park
8 am - 5:30 pm

CE Category: Additional

This course will provide individuals with an in-depth look and hands-on practice in search and rescue and will introduce many of the challenges in lost/missing people, natural and man-made disasters and other search and rescue situations. Class is strictly lim-

Texas EMS Conference 2000

Preconference Classes

ited to 30 students. Participants will receive a t-shirt. Half of this class will be outside, so participants will need comfortable and protective clothing that is weather-appropriate; water; compass; notebook; and pen. Wear sturdy hiking shoes. Included will be a section on the use of K-9s in the SAR environment. Please do not bring your K-9s to this class. Lunch will be provided on Sunday only. For more information, page Deborah Burns at (800) 409-6967 or email her at burnsems@inu.net.

Advanced Medical Life Support

16-hours, \$175, Hyatt

8 am- 5:30 pm

CE Category: Medical

This course offers a practical approach to adult medical emergencies. After an introduction on assessment and airway management, the class will review the pathophysiology and presentation of common medical complaints including shock, dyspnea, chest pain, altered mental status, acute abdominal pain, gastrointestinal bleeding and seizures. The class moves from complaint-based initial assessment to field diagnosis and management of immediately treatable underlying diseases. On the basis of the information given about each patient, the student is challenged at various points during each case to identify and manage life threats, form a field impression of the underlying etiology and determine appropriate treatment. This class offers an interactive approach with live patient assessments to integrate classroom knowledge with a hands-on approach of the medical patient. Strictly limited to 25 students. For more information, contact Anne McGowan at (936) 229-1780 or email her at abm@hlkn.tamu.edu.

Coordinator Class

13-hour class, \$185, Hyatt

Saturday 12 - 6 pm

Sunday 8 am - 4 pm

NO CE

This course is intended to train Course Coordinators for Texas. Participants will be selected through a competitive application process.

Limited to 25 attendees. No CE will be awarded. TDH regional offices will be accepting applications until July 15. Attendees will be selected by August 1 and sent invoices. In order to confirm registration, the fee must be submitted to TDH no later than September 15, 2000. Lunch will be provided on Saturday only. Class includes a workbook that will be mailed to participants after fees are submitted. Participants must pass a pre-test on the workbook material prior to 10/31/00 to be able to continue in the workshop. (No refunds for failing grades.) For information on the course and evaluation criteria, and for copies of the course credentialing requirements and the application, contact your regional office. Offices are listed on page 24 of this magazine.

Pediatric Education for Prehospital Professionals (PEPP)

13.5-hour class, \$175, Hyatt

8 am - 5 pm

CE Category: Special Patient

This course is intended to train a cadre of PEPP Course Coordinators for Texas. Participants will be selected through a competitive application process. Limited to 50 attendees. Registration includes PEPP student and instructor manuals. TDH will be accepting applications until August 1, 2000; attendees will be selected by August 31, 2000. In order to confirm registration, the fee must be submitted to TDH no later than September 29, 2000. For information on the course and evaluation criteria, and for copies of the course credentialing requirements and the application, go to <http://www.tdh.state.tx.us/hcqs/ems/Eemscepp.htm> or call 512/834-6700, ext. 2348.

Sunday classes

Domestic Preparedness Training: Technician Course

8-hour class, \$130, Austin Convention Center

8 am - 5 pm

CE Category: Medical

Public safety personnel, including EMS, are the front-line individuals

who will be responding to terrorism events. This intensive class is designed as an eight-hour training program that will allow emergency personnel to respond to acts of nuclear, biological and chemical terrorism. Lunch included. Strictly limited to 24 students. For more information contact Mike Berg at (512) 473-9591 or email him at michael.berg@co.travis.tx.us

Moulage

4-hour class, \$45, Austin Convention Center

1 pm - 5 pm

CE Category: Additional

Learn the basic concepts of disaster makeup using simple, easily purchased materials. Techniques covered include bruising, lacerations, burns, penetrating injuries and types of terrorism injuries. Wear old clothes that can get ruined! This popular class, which fills fast, awards 4 hours of CE. Students will receive a moulage kit. Class limited to 30 students. For information on class content, call Lee Sweeten at (830) 278-7173 or email him at lee.sweeten@tdh.state.tx.us.

Cadaver Lab

2-hour class, \$55, Austin Convention Center

8:30 am - 10:30 am

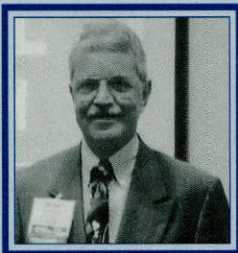
11:00 am - 1:00 pm

2:30 pm - 4:30 pm

CE Category: Preparatory

This two-hour course, co-sponsored by Scott & White Hospital and Temple College EMS Professions Department, will use a female cadaver (requested) to teach basic anatomy, with a special focus on the extremities. This class awards two hours of CE. On the registration form, number time preferences 1,2,3; assignments will be made on a first-come, first-served basis. Each class is limited to 40 students. No class assignments will be made without payment received. You will receive a confirmation with your class time listed. For more information on class content contact Call Diane Quintanilla, Temple College, at (254) 298-8562.

Some of last year's workshop presenters in action:



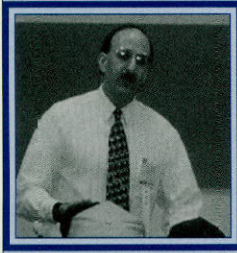
Richard A. Clinchy, III, PhD, EMT-P



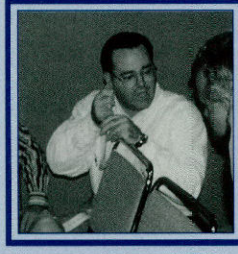
Stewart Dodson, EMT-P



Edward M. Racht, MD



Jeff Rubin, PhD, EMT-I



Shawn Salter, NREMT-P, LP



James H. "Red" Duke, MD



Carol L. Wright, RN, CEN

Texas EMS Conference 2000

Maj. J. Kevin Bailey, MD

1. Smoke Inhalation Including Carbon Monoxide Poisoning and Cyanide
2. Emergency Burn Care

Cheryl K. Bakhtiari, EMT-P

Health and Fitness for Fire and EMS Personnel

Kenya Ballard, RN, EMT-P / Neil Laws, EMT-P

Customer Service: An Essential for EMS
[Mgmt Track]

Jeff Beeson, RN, NREMT-P

1. Back to the Basics
2. Platelets: Do They Matter to Me?

Mike Beimer, MBA, RN, CEN, LP

Recipe for Effective Leadership [Mgmt Track]

Steve Berry, BA, EMT-P

1. Humor in Your Practice
2. The Hole Story: the Implications of Body Piercing
3. What Do You Mean He's Dead?

Scott Bolleter, EMT-P

1. A Reason for Being
2. Strike a Cord
3. Without Thought
4. The Medical Here and Now

Jacqueline D. Brock, RN, MSN, CCRN

Non-operative Management of Abdominal Trauma: Implications for Nursing
[Nursing Track]

John Buckley, LP

A Survey of Ethics for the Paramedic: What Is the Right Thing to Do?

Deborah Burns, LP

What if Your Patient has Four Legs?

Alice Bybee

Patient Care on Sexual Assault Calls

Leon Charpentier

Emergency Vehicle Driving: A Liability?
[Mgmt Track]

Leon Charpentier & Michael Nelson, EMT-P

Management Commitment to CISM [Mgmt Track]

Richard A. Clinchy, III, PhD, EMT-P

Denial Might Kill You... it Almost Killed Me!

Neil Coker, LP / Jeff Jarvis, MS, LP

Hours & Other Stuff: Factors Influencing Effectiveness of Initial Paramedic Education [Educators Track]

Mitch Cooper, MBA / Gary Weeks

Terrorism: Surviving the Secondary Device

Kelly Curry, RN, EMT-P

Pain Management

Stewart Dodson, EMT-P

Circle of Protection

Bill Drees

Admission Requirements: Predicting Student Success in Paramedic Programs
[Educators Track]

Starr L. Eaddy, MS, CHES

Brave and Crazy: Street Psychiatry for EMS

Starr Eaddy, MS, CHES

Brave & Crazy: Street Psychiatry for EMS

Starr L. Eaddy, MS, CHES & Robert Etheridge, Jr., NREMT-P

Getting Medics Comfortable with Research

Dezra Eichhorn, RN, MS, CNS / Theresa Meyers, RN, CEN, CCRN / Susie Hott

The Impact of Family Presence During Resuscitation/Invasive Procedures.
[Nursing Track]

Lisa Evenbly, RN, BSN, MICN, CEN

1. Satanism and Cults
2. Critter Catching 101
3. Tree Huggers EMS

David Filipp, EMT-P

The "Eyes" Have it

Robert W. Folden, EdD, EMT

1. Growing Better Watermelons
2. Weighing Watermelons with Rulers
[Educators Track]

John P. Frey, BS, LP

1. When the Bubble Bursts: SCUBA Emergencies
2. Anaphylaxis: More than Just Bugs!

Robert B. Genzel, MD

1. EMS at Mass Gatherings [2 Hrs]
2. Really Cool Slides

Louis Gonzales, BS, NREMT-P

Assessing Clinical Research [Educators Track]

Robert Gonzalez, Jr., LP

1. Prehospital Findings
2. Diabetic Emergencies

Donald J. Gordon, PhD, MD

1. Guidelines 2000 Rollout Report: PALS and BLS Update Report: [2 Hours]
2. DNR Documents and the Texas Natural Death Laws

Workshop Listings

Jodie Harbert, III, LP

1. The Little Ones Need Help, Too
2. The New Patient of the New Millennium

Judy L. Harmon, EMT

1. Shock Your Business: Implementing a Defib Program
2. Don't Blow off the Bystander

George Hatch, Jr., MEd, LP / Chris Nollette, MEd, NREMT-P, LP

EMS Research: Is it Sexy?
[Educators Track]

Chad A. Helberg, ECA

The Role of Athletic Trainers

Ralph Hendricks, BAS / Vance Riley, MPA, EMT-P

Call Someone Who Cares

Mark E. Hinson, MA, RN, NREMT-P

1. Concepts in Sedation: Hammer vs. Haldol
2. Pitfalls of Rapid Sequence Intubation

Mike Hudson, MS, LP

EMS Involvement in Child Fatality Review

Allen Johnson

Creating an Environment for Heroes
[Mgmt Track]

Allen Johnson

The Role of EMS in Thrombolytic Therapy

Charles Johnson, NREMT-P, LP

Medical Component of Texas Task Force One
USAR Team

Gary Kesling, PhD, MBA

Domestic Violence: Incidence, Prevalence,
Laws and Compliance

Kecia Klause, NREMT-P, EMD

1. Effective Communication
2. The Big Time for the Small Communications Center

Jack H. Lanier, Jr., LP

Treating Those Left Behind

Eric Levy, MD, FAAP, FCCP

Pediatric Head Injury [Nursing Track]

Mary Makris, LP

Red Flags in Patient Care

Ed McGinley, LP, NREMT-P

Lessons from Wedgwood

Michael Nelson, EMT-P Management

Resources and the Internet [Mgmt Track]

Jeffrey M. Morris, NREMT-P

Developing a Field Training Program

Bob Page, NREMT-P, CCEMT-P

1. EMS from Death's Perspective
2. Wide and Tachy: Making the Right Call

David E. Phillips, BS, EMT-P

1. Alcohol Poisoning
2. Restraint of Patients
3. Obstructive Pulmonary Disease

Dena Poulter, EMT-I

The Hearing Impaired Patient

Jon R. Puryear, NREMT-P

Right Ventricular AMI's: How Not to Kill Them

**Jon R. Puryear, NREMT-P/
Benjamin Brackett, LP**

Terrorism Agents: Diagnosis & Treatment

Edward M. Racht, MD

1. Why 12 Leads?
2. I'm Scared to Get to Heaven
3. How to Feed & Water a Medical Director
[Mgmt Track]

John Rinard, EMT-P

Simulations and Education
[Educators Track]

Jeff Rubin, PhD, EMT-I

1. Hot Enough for You? Physiology and Management of Heat-Related Disorders
2. Cold, Hard Facts about Hypothermia and Frostbite

Shawn Salter, NREMT-P, LP

1. Bless the Little Children of the World
2. Thoracic Trauma
3. Every Breath You Take

Nona Shane Savage, RN, BSN

Drug Resistant Organisms

Joan E. Shook, MD

Common Pediatric Illnesses

Paul E. Sirbaugh, DO, FAAP, FACEP

On the Edge: What's New in Prehospital Pediatrics

Robert Spranger, EMT-P

A Return to Homeostasis: Cells Responding to Illness and Injury

Alex Stadthagen, NREMT-P, LP

1. Neonatal Resuscitation
2. Cardiac Pharmacology Review
3. Inferior MI's: How to Treat

Robert E. Tapia, MS, LPC

Adrenalin: Do You Live, Do You Die? What the Rush Really Means to You

Roger Turner, LP

1. Is the Scene Safe?
2. Treatment of the Minor-aged Patient: Who Can Consent?
3. Officer Down: Dealing with Law Enforcement When They're the Victim

Jack Van Cleve, EMT-P

When Bonfire Collapsed . . .

Lance C. Villers, MA, NREMT-P

1. Pearls & Pitfalls in Cardiac Arrest Management: A Look at the Literature
2. Teaching Skills & Distance Education: Telementoring of EMS Instruction
[Educators Track]

Gary W. Waites, LP

The Scene Is Never Safe

J. Mark Warren, BA

Diversity

Shawn White, RN, LP

Respiratory Distress vs. Respiratory Failure: Recognition and Management

Ryan Wolford, LP

Pathophysiology/Treatment of CHF

Carol L. Wright, RN, CEN

QI is not related to IQ

Michael S. Wright, LP

Success Through Preception or 10 Steps in Developing a Successful Preception Process [Educators Track]

Jane S. Wynn, RN, BSN

Adulterated Drugs: Fact or Fiction?

Jane Wynn, RN, BSN / Belinda Baros, RN, CCRN, CFRN, EMT-P

Introducing Coping and Stress: Find Great Satisfaction in Life and Work

Karen L. Yates, RN, CEN, LP

1. The Expanded Role of Paramedics in the Emergency Department
2. The Role of EMS in Organ & Tissue Donation/Transplantation

Local & Regional EMS News

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

It needs to be! Are you planning a fundraiser? A training class? A public education program? Do you have new people on board? 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
Fax (512) 834-6736

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.

McGregor VEMS starts community education program

McGregor Volunteer EMS recently had one of the service's two ambulances totaled in a crash. Fortunately, the crew received only minor injuries. MVEMS held a hamburger supper and a raffle of donated items to raise money to purchase a new vehicle. With those funds and some help from TDH, the service obtained a new vehicle within six weeks. To celebrate the addition of the new vehicle, MVEMS held an open house and kicked off the "File of Life" program. The "File of Life" is a vinyl pouch attached with a magnet to the refrigerator that allows people to place important medical information in one place so that emergency workers find it easily.

San Antonio AirLife celebrates Texas EMS Week

San Antonio AirLife celebrated Texas EMS Week 2000 by having local children draw poster art. Children submitted posters about EMS, and 12 of them were chosen to be featured on AirLife's EMS Week poster.

A/TC EMS provides coverage for golf tournament

The Austin/Travis County EMS system provided medical coverage for the LPGA Philips Invitational honoring Harvey Penick at the Onion Creek Country Club in Austin in May. Personnel from Austin EMS, Travis County first responder organizations, Austin Fire Depart-

Trina Bradley, ECA, and Lynn Meyers, ECA, members of the Austin/Travis County Corporate First Responder Network, pose in front of their first aid station at the LPGA Philips Invitational golf tournament in Austin in May.



Local & Regional EMS News

ment and the Austin/Travis County Corporate First Responder Network took care of the medical needs of spectators and athletes. While no serious medical injuries were recorded, medics had an AED and ALS equipment on hand just in case.

Hunt Co. Firefighters Association holds fundraiser

The Hunt County Firefighters Association held an event, "Back the Red 2000," to raise funds for EMS and fire communication equipment. The event was held at the Hunt County Fairgrounds in Greenville in May. The event featured several

EMS and fire demonstrations, health checks, food, clowns, kids' activities such as Andy the Ambulance and McGruff, and musical performances.

WCEMS recognized by local TV station

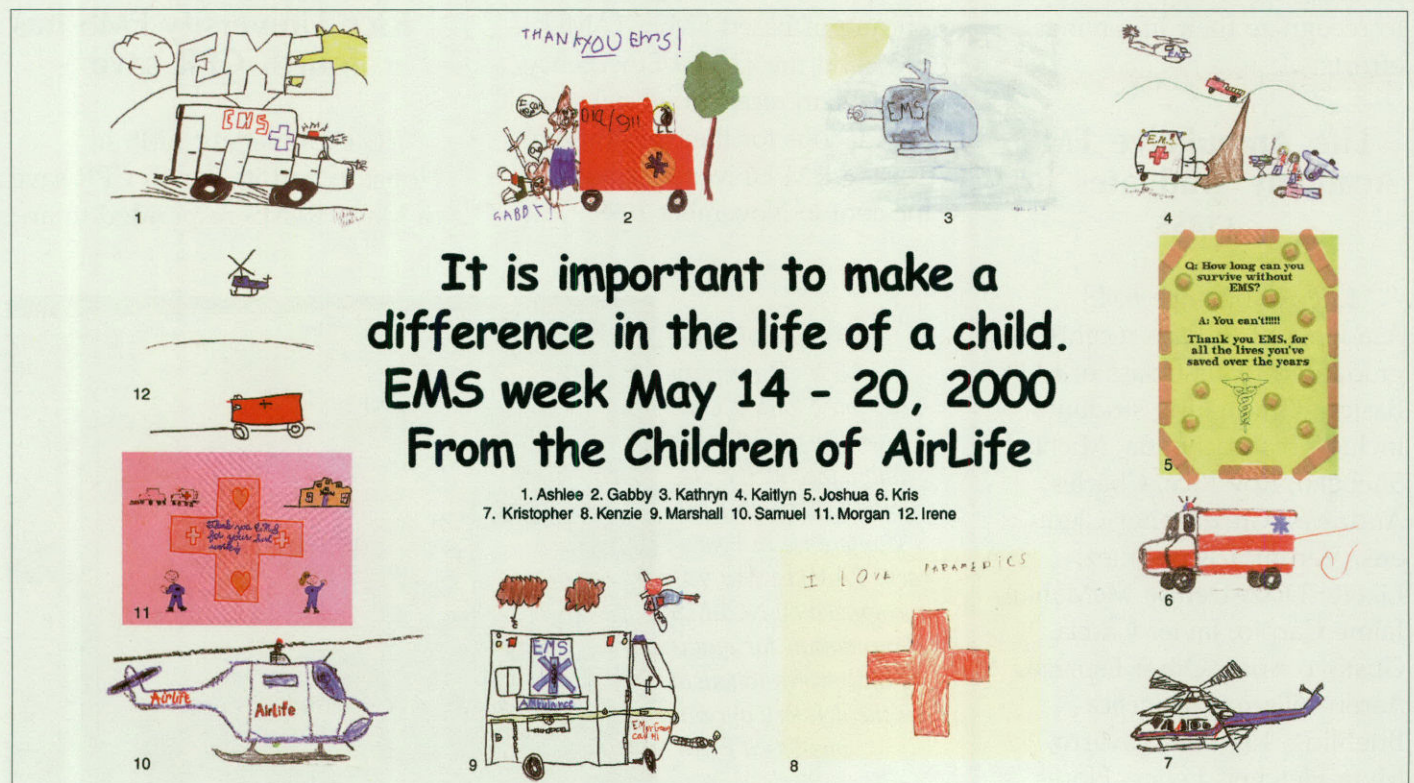
The crew of Williamson County EMS Unit 805 in Leander was recognized by a local Austin TV station for its assistance in the delivery of a baby in April. Brenda Jennings, EMT-P, and Dillon Eastwood, EMT-P, were frantically waved across the street from the station to help deliver a baby in the rear seat of a vehicle. Since the baby's head was already crowning, Jennings

and Eastwood assisted with the delivery and then transported the mother and baby to Seton Northwest Hospital in Austin. Both mother and baby were released within 48 hours without any complications.

Fayette County EMS receives recognition for save

In January, Fayette County EMS, in La Grange, was dispatched to a local car dealership for a 'man down' call. Jon Sampson, LP, and Keri Brugger, EMT, arrived to find bystanders administering CPR. The crew applied the newly purchased LifePak 12 to the patient, who

San Antonio children drew EMS-related art to help San Antonio AirLife celebrate Texas EMS Week in May.



Local & Regional EMS News



Weslaco Fire/EMS in the Rio Grande Valley recently upgraded to MICU-level service.

was in ventricular fibrillation. After being shocked, the patient's heart converted to a rhythm and the patient was ALS-transported to Fayette Memorial Hospital. Upon arrival at the hospital, the patient had regained consciousness and is now expected to make a full recovery. In May, FCEMS presented the bystanders with a plaque and the medics with a "CPR Save" pin to recognize their lifesaving efforts.

Life Ambulance EMS Academy graduates first class

Life Ambulance EMS Academy of El Paso recently graduated its first class of EMT-Basics. Graduating students include Blanca Benda, Michael Shebeko, Roy Rice, Charles Andrews, Christopher Clemens, Veronica Rodriguez, Lizette Diaz, Denise McMahan, Jaime Carpio, Javier Garcia, Gustavo Arias, Omar Esparza, Aaron Villarreal, Angelica Buehling, Kristina Navarro, Myra Fletcher, Leticia Flores

and Luis Garcia. The class was coordinated by David Pearse.

TAMU EMS recognized for Bonfire response

Members of the Texas A&M University EMS attended the National Collegiate EMS Conference in February. TAMU EMS received the "Striving for Excellence in Campus EMS" for quality and professionalism in the delivery of campus-based EMS. TAMU EMS and the TAMU Emergency Care Team received official commendations for their response in Texas A&M University's Bonfire incident in November 1999.

Weslaco Fire/EMS upgrades to MICU service

Weslaco Fire/EMS upgraded its service to MICU level in November 1999. With a service area of approximately 75 square miles and 70,000 people, Weslaco Fire/Rescue is the only Rio Grande Valley full-time paid, professional fire department that provides MICU-level ambulance service.

Rice University EMS has fourth CPR save

Rice University EMS in Houston had its fourth CPR save in May. REMS responded to an

Members of Texas A&M University EMS pose with a University of Delaware ambulance at the National Collegiate EMS Conference in February. TAMU EMS was recognized by NCEMS Foundation for quality and professionalism in the delivery of campus-based EMS.



Local & Regional EMS News



Participants in "Outdoor Challenges: Processes to Strengthen the EMS Peer Support Community" use combined physical strength and group communication to pass a team member through the rope spider web without touching the ropes. The training emphasized that people working together as a team can be more efficient, effective and safe.

unconscious female call immediately following commencement and ceremonies. A bystander, off-duty REMS EMT Jesse Groh, began patient evaluation and had someone initiate 9-1-1 contact. Groh and other bystanders were doing CPR when REMS, Houston FD and Rural/Metro arrived on scene. After 25 minutes, the patient regained pulse and was transported to Memorial Hermann Hospital for cardiac assessment. The patient appears to have recovered neurologically and is alert and responsive.

Crockett County VEMS receive new first response vehicle

Crockett County VEMS recently received a Jeep Cherokee donated by Sheriff Shane Fenton to be used as a first response vehicle. With the call sign 'EMS 9-11', the unit is stocked with an

AED, bandaging supplies, oxygen and suction, and airway control equipment. When an emergency medical call is received, the on-call crew goes to the station to staff the ambulance and a volunteer takes the first responder unit to the emergency scene, thus reducing the time to medical care for the patient.

South Texas EMS personnel spend a day on teamwork skills

Last November, members of several South Texas EMS providers spent a day being trained in collaborative decision-making, interpersonal trust, communica-

Crockett County VEMS personnel work on a patient at the scene of a one vehicle rollover prior to the ambulance's arrival. The CCVEMS Jeep Cherokee was donated by the local sheriff to be used as a first response vehicle.



Local & Regional EMS News



Fayette County EMS recently honored the bystanders and medics involved in a CPR save. Pictured are, from left, Sheriff Rick Vandel, EMS chief administrator; Belinda Richter, EMS deputy director; Steve Roos; Keri Brugger, EMT; Jon Sampson, LP; Otto Kocian, patient; Chris Voelkel; Lad Trojacek; and Terri Thompson, EMS director.

tion and team problem solving. The training, "Outdoor Challenges: Processes to Strengthen the EMS Peer Support Community," was designed specifically



Ron Haussecker, Washington County EMS director, was awarded Texas Ambulance Association's Joe B. Brown Humanitarian Award at TAA's annual conference. The award is the only one given by the association.

for EMS personnel by Team Leadership Resources and consisted of a "trust fall," falling backwards and being caught by other team members on both the ground and from a ladder; the "spider web," where each team member is passed through a giant rope web by the team, with a time constraint; and "the wall," a 14-foot wall over which every team member had to be lifted. This training emphasized that people working together can accomplish complicated tasks safely and effectively. This training also allowed people to improve their communication skills and to use everyone's strengths to improve any situation.

Humanitarian award honors EMS administrator

Texas Ambulance Association presented Ron Haussecker, Washington County EMS direc-

tor, with the Joe B. Brown Humanitarian Award at TAA's annual conference. The only award given by TAA honored Haussecker for his more than twenty years of service in EMS and his many levels of service in EMS, which include field medic, EMS administration, EMS legislation development, emergency management coordination during the Brenham explosion and trauma systems development.

Taylor FD receives recognition in local paper

Taylor FD was recently recognized for upgrading its service with the purchase of three defibrillators for its first response engines. The *Taylor Daily Press* described how the defibrillators could be used to revive a patient in cardiac arrest and the training the firefighters get to be able to use the devices.

Local & Regional EMS News

Texas Department of Health EMS Offices

**Bureau of
Emergency Management**
<http://www.tdh.state.tx.us/hcqs/ems/regions.htm>
 1100 West 49th Street
 Austin, Texas 78756-3199
 (512) 834-6700

Public Health Region 1
<http://www.r01.tdh.state.tx.us/ems/emshome.htm>

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
<http://www.tdh.state.tx.us/hcqs/ems/r2&3home.htm>

Jimmy Dunn
 P. O. Box 181869
 Arlington, Texas 76096-1869
 (915) 690-4410
 (Abilene office taking calls)

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
<http://www.tdh.state.tx.us/hcqs/ems/r4&5home.htm>

Brett Hart
 1517 W. Front Street
 Tyler, Texas 75702-7854
 (903) 533-5370

Public Health Region 6
<http://www.r06.tdh.state.tx.us/ems/r6home.htm>

C. Wayne Morris
 5425 Polk Street, Suite J
 Houston, Texas 77023
 (713) 767-3333

Public Health Region 7
<http://www.r07.tdh.state.tx.us/ems/ems.htm>

Rod Dennison
 2408 S. 37th St.
 Temple, Texas 76504-7168
 (254) 778-6744

Public Health Region 8
<http://www.r08.tdh.state.tx.us/r8home.html>

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
<http://www.tdh.state.tx.us/hcqs/ems/r910home.htm>

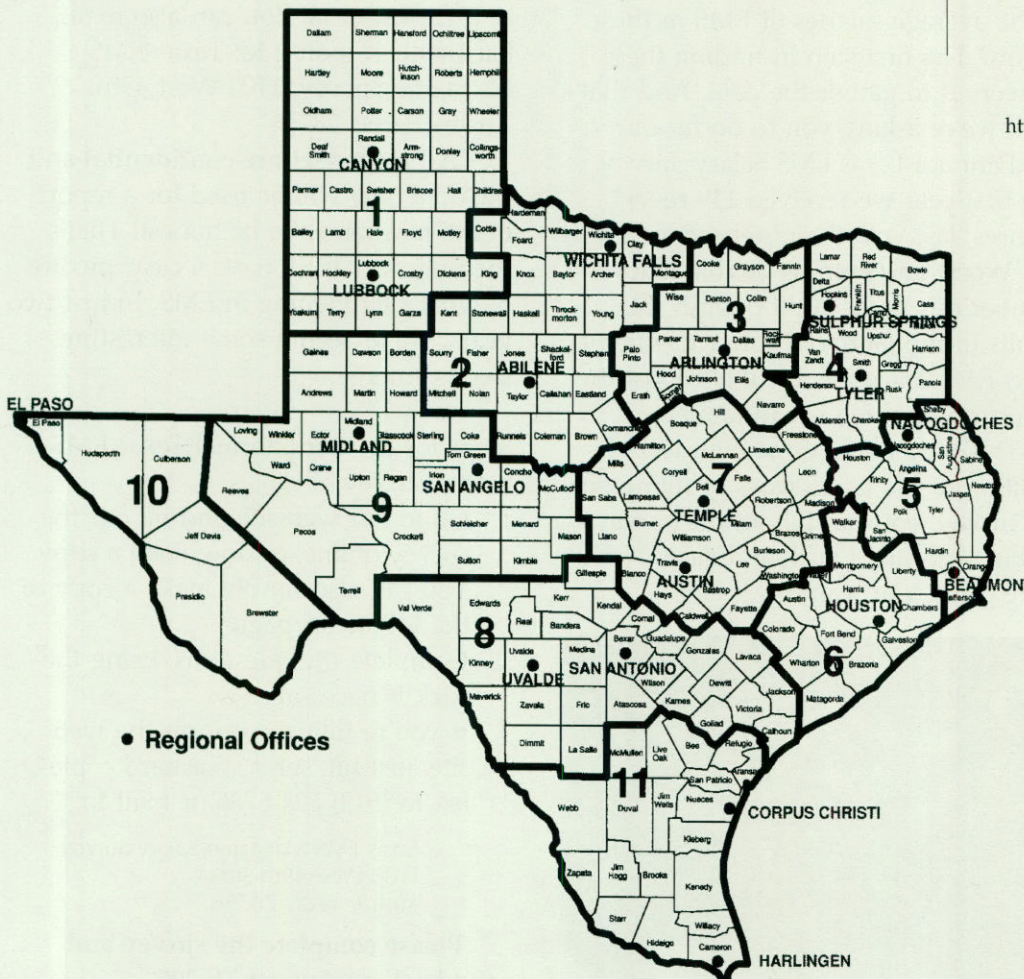
Tom Cantwell
 Anthony Viscon
 401 E. Franklin, Suite 210
 El Paso, Texas 79901
 (915) 834-7708

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

Public Health Region 11
<http://www.tdh.state.tx.us/hcqs/ems/r11home.htm>

Noemi Sanchez
 601 W. Sesame Dr.
 Harlingen, Texas 78550
 (956) 423-0130

Rothy Moseley
 1233 Agnes
 Corpus Christi, Texas 78401
 (361) 888-7762 x281



Texas EMS Annual Salary Survey

Two of the most talked about topics in EMS are salaries and education. This survey can help answer questions on these topics. Does education make a difference in salaries? Do private EMS firms pay better than city fire departments? And if so, is it because they work longer hours?

The salary survey can answer these questions:

How does your salary compare to your peers in other areas of the state?

How does Texas compare to the national average EMS salaries?

Are you paid what you think you are worth?

Do you think you're paid what you're worth? How does your salary compare to your peers in other areas of the state? How do we compare to the average salaries of EMS in these areas of the state? How do we compare to the average salaries of EMS in these areas of the state? The first step in finding these answers is to gather the data. And that's what we're asking you to do for our third annual Texas EMS Salary Survey. The first year we received 119 responses; last year the number jumped to 166. Won't you help us double that number this year? We'll publish the results in the January/February issue of *Texas EMS Magazine*. We'll also post the results on our web site in January.

This year we've gone high tech. In addition to the usual ways of filling out the survey, you can fill out the survey on our web site. Quick and easy—what more could you want?

You can also make a copy of the survey on the next page or download it from our web site. Fill it out, using the back if necessary, and fax it back to us at (512) 834-6736. You can also mail back your response to: Texas EMS Magazine Survey, 1100 West 49th, Austin, Texas 78756.

All responses are confidential and the data only will be used for a report in the magazine. So be honest! That's the only way we'll have a clear picture of what's happening in EMS. In just two years, we're seeing some interesting trends emerge.

Steps for the third annual Texas EMS Salary Survey:

1. Go to our web site and fill out the survey online, or download a copy. You can also simply make a copy of the following page.
2. Complete the questions, using the back if necessary.
3. If you're filling it out on the web site, just hit 'send.' For hard copies, fax to (512) 834-6736 or mail to:

Texas EMS Magazine Salary Survey
1100 West 49th Street
Austin, Texas 78756

Please complete the survey and send back by August 31, 2000.
All responses are confidential.

We need to hear from you!



Photo by W. Robert Kane

2000 Texas EMS Salary Survey

Due August 31, 2000

You can also find this survey on our web site at:
www.tdh.state.tx.us

FAX: (512) 834-6736

Please return the completed form to us by:
Fax, mail or internet.

Texas EMS Magazine
1100 W. 49th
Austin, Texas 78756-3199

Name: _____
(optional)

City or county: _____
(optional)

All responses confidential

Age: _____ Years certified in EMS: _____

(please check the appropriate answers)

Male: — Female: —

Education
level:

- High School/GED
- Some college
- Associate's degree
- Bachelor's degree
- Some graduate work
- Graduate degree

Certification/Licensure
level:

- ECA
- EMT
- EMT-I
- EMT-P
- LP

Schedule (most often worked):

- Full-time
- Part-time
- Volunteer/as needed

How many hours a
week are you sched-
uled to work? _____

What kinds of shifts do you work?

- Volunteer/as needed
- 24 on/48 off
- Other (Please specify)

Type of service (choose one):

- Volunteer
- Private
- 3rd City Service
- Fire Department
- County-based
- Hospital-based
- Other (Please specify)

Salary:

- Volunteer/not paid
- \$10 - 20,000
- \$20 - 30,000
- \$30 - 40,000
- \$40 - 50,000
- \$50 - 60,000
- More than \$60,000

What state do you live in? _____

If you work in Texas, in which Public Health Region do
you work? (A Public Health Regional map is on page 25)

Region _____

Which best describes your position?

- Field medic — Upper management
- Supervisor — Other _____

Why did you decide to go into EMS?

What do you like about EMS?

What don't you like about EMS?

What improvements would you like to see in EMS?

Do you see yourself making a career of EMS?

Would you choose another career if you had it to do
over again?

What role does the Texas Department of Health
bureau play in EMS?

What do you see as the future of EMS?

Is there anything else you'd like to tell us?

By
Texas Tech EMS Program Staff

FAQ *EMS Education*

Questions regarding this article or EMS education can be directed to emsstaff@ttuhsc.edu, or call (806) 743-3218.

Q: *Can you separate fact from opinion regarding the new paramedic exam?*

A: The Texas Department of Health has a contract with the Texas Tech University Health Sciences Center EMS Program to provide certifying exams for ECA, basic, intermediate and paramedic levels. Two exams are developed for each level. One is used for initial certification and has pilot questions; one is used as a retest. Pilot questions are not included in the retest. The retest is not the same exam as the original certifying exam. A new exam is developed once a year, with the new series submitted to TDH. The 2000 exam series was already being completed at the time of the special request for a new paramedic exam in March. All questions are referenced for content validity from the DOT 1984 blueprint for EMS Education.

An EMS physician, a TTUHSC education specialist and peer reviewers were asked to assess the objective and each potential answer of the questions chosen. Consideration was also given to the validity of each distractor. Extraneous language was identified and removed to clarify each question's objective. Questions with conflicting standards of practice between the 1984 and the 1998 DOT curriculum were removed to assure that students taught under the current standard of practice would not be penalized.

Each question is content-validated by referencing it to the 1984 DOT objectives. The statistics concerning the response for each question in the database had some significant deficits, which limited some of the choices the team had. Language and sentence structure were validated through peer review, EMS physician review and testing experts at TTUHSC. TDH personnel review each exam. Exams are also assessed by a professional in psychometrics.

Q: *Should there be concern about the difference in the pass rate for the current exam*

compared to the 1999 exam series?

A: The pass rate for the 2000 paramedic exam (93.75 percent) is higher than that of the 1999 exam (78.03 percent). Many opinions about the new exam highlight these numbers. What has not been presented is the following:

- Tighter standard deviation (7.34 compared to 9.52)
- Average score within 4 points of the 1999 exam
- Median score within 2 points of the 1999 exam

Q: *Why were changes needed for the new exam series?*

A: After reviewing complaints concerning the 1999 exam series, the objectives the exam development team focused on were:

1. Clearer language construction at an appropriate grade level (as used in the current EMT-Paramedic textbooks).
2. Confirming that distractors for each question did not contradict current standard of practice. By state mandate, the team could only provide questions reflecting the 1984 DOT curriculum and there were a variety of conflicts concerning what is taught now versus the standard of practice in 1984.
3. Providing a thorough peer and EMS medical physician review of all questions to assure that questions, distractors and overall test construction were valid.
4. Assuring language construction was appropriate. This was accomplished by reviewers without EMS experience and with instructional and testing expertise from TTUHSC.

Q: *When will we see exam questions based on the 1998 National Standard Curriculum for the EMT-Paramedic?*

The Texas Department of Health currently mandates the use of the 1984 DOT curriculum as a minimum standard for the state. When the 1998 curriculum is adopted, the exam will reflect the changes.

By
Linda Reyes

FAQ *EMS Standards*

The certification rule affecting continuances and late recertification was adopted by the Board of Health on April 3, 2000, and will become effective on September 1, 2000. What does that mean to you and your certification? That depends on the date of application, the dates the requirements are met, and/or on the certification expiration date.

First of all, any applications, requirements or certification expirations that occur after September 1 mean the new rule applies. However, if any of the above conditions straddle the old and the new rule, then we will have to apply a blend of the rule requirements. Here are some key examples and anticipated questions that might help you figure out your unique situation. In the examples, 'new rule' refers to the rule being implemented on September 1, while references to the 'current rule' mean the rule that became effective in 1995.

Continuances

- Certificates that expire before 9/1/00 will be automatically continued (certification continues for the full 90 days).

- Certificates that expire on or after 9/1/00 will not be continued.

Q: *Do I have to submit an application to get the 90-day continuance?*

A: No. If your expiration date was before 9/1/00, you would still get the continuance whether you applied or not.

Late Recertification Requirements (application submitted within 90 days after expiration)

- Application submitted and requirements completed before 9/1/00: fee, \$25 late fee, CE, skills proficiency verification, evaluation

- Application submitted on or after 9/1/00: 1½ times the normal fees, CE, pass exam

Q: *What if I apply before 9/1/00, but don't sit for the evaluation by then?*

A: Then you'll be required to pass the exam, as the balance of your requirements will be according to the new rule.

Late Recertification Requirements (application submitted 91 days to 1 year after expiration)

- Application submitted and requirements completed before 9/1/00: fee, \$25 late fee,

CE, skills proficiency verification, pass exam

- Application submitted on or after 9/1/00: 2 times the normal fee, refresher course (must include skills proficiency verification), pass exam

Q: *What if I applied before 9/1/00 and submitted CE, but did not submit skills proficiency verification by 9/1/00? Would I then have to complete a refresher course before being allowed to test?*

A: No. We would accept the CE hours because you completed CE under the current rule. However, because both rules technically require skills proficiency verification (the refresher course required in the new rule must include skills proficiency verification), we would still require you to get verification. The verifying coordinator or instructor would have to be affiliated with an ongoing teaching program.

Re-entry Recertification Requirements (application submitted one to two years after expiration)

- Application submitted before 9/1/00: fee, \$25 late fee, CE, skills proficiency verification, card courses, pass exam

- Application submitted on or after 9/1/00: re-entry not allowed; must start over, beginning with an initial course.

Q: *Since the new rule no longer allows second year re-entry, will I get the allowance if I apply, but don't complete all requirements before 9/1/00?*

A: Yes, as long as you submitted a complete application application before 9/1/00. A complete application means the appropriate fee accompanied the completely filled-out application.

Time Limit for Testing after Initial Courses/Course Completion Certification (CCC)

- Testing before 9/1/00 - CCC must be dated within six months prior to test date

- Testing on or after 9/1/00 - CCC must be dated within 12 months prior to test date

Q: *If I apply before 9/1/00, does it mean I must test within six months after CCC date?*

A: That is determined by the test date, so application date won't affect this allowance. For example, if your CCC date was 2/29/00, you will still get to sit for the exam as late as 2/29/01, even if you apply in August.



July/August 2002
CE Summary
Report Due

If your certification expires in July and August of 2002, your CE summary report is due now.

EMSStandards

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

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

Web homepage address: <http://www.tdh.state.tx.us/hcqs/ems/stdhome.htm>

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

Email: emscert@tdh.state.tx.us

TO THE RESCUE

Many answered the call for help when the Texas A&M Bonfire collapsed at 2:28 a.m. last November 18. But rescuers arrived to discover a Herculean task: find students—no one knew how many—trapped in the 2000-ton pile of logs. College Station Fire Department and Texas A&M University EMS responded initially, setting up incident command and extricating and triaging all the victims they could reach. More technical help was called in from the Bryan Fire Department Rescue Team. Still, as the day wore on, it became apparent that the first rescue crews needed to be relieved and two more victims still had to be extricated from deep within the fallen stack. Texas Task Force-1 was activated.

“The local response agencies had a good handle on what was going on and did a fantastic job of doing triage and getting victims to the hospital,” says Billy Parker, program coordinator of the task force. “When they realized it was going to be a longer extrication, they asked for help and we activated the task force.”

Texas Task Force-1 was called in to extricate victims from the collapsed, 2000-ton Bonfire last November. Texas Task Force-1 has been deployed six times, most recently after tornadoes hit Fort Worth in March.

By Kelly Harrell

PHOTO BY JOHN GREEN



A rescuer wearing a white t-shirt with "USAR" on the back, a red helmet with a headlamp, and a harness is working in a dark, heavily cracked concrete structure. The rescuer is seen from behind, reaching into a narrow opening. The background is a large, textured concrete wall with significant cracking and discoloration.

RESCUE

When urban disaster strikes, Texas Task Force-1 deploys with a crew of rescue experts to locate and extricate victims.



Above, after the Bonfire collapse, task force members had to devise strategies, including building shoring, to extricate the last two victims, who were located deep within the stack.

Right, search and rescue crews sifted through what was left of buildings in downtown Fort Worth, looking for trapped victims.



The Bonfire collapse, though unusual in the type of structure it was, is the kind of situation that the task force was created to respond to. Called an urban search and rescue team, Texas Task Force-1 goes to work in disasters in urban environments, locating and extricating victims trapped in collapsed structures, confined spaces or trenches. The task force can respond anywhere in the U.S. to earthquakes, hurricanes and tornadoes and man-made terroristic events. Three 64-person teams—each with its own cadre of experts in structural engineering, rescue, communications, heavy lifting, hazmat, canine rescue, weapons of mass destruction and other specialties—rotates on alert for 30 days. During that time, the team can be paged out at any time and must report to task force headquarters in College Station within four hours.

"We then roll by air or ground within six hours (of the initial page)," Parker says.

On site, the logistics squad members unload the 58,000 pounds of equipment, worth about \$2 million, while other teams make sure communications are working or set up food, shelter and other essentials. Squads armed with search and rescue equipment depart for the scenes of devastation to begin thorough searches. The task force is set up to be self-suffi-

cient—needing no outside supplies—for 72 hours.

"We're a self-contained rescue unit," says Parker. "When we go into a community, we do not put any burden on the community for food, water, shelter or equipment."

The idea for the task force was hatched in 1995 after the Murrah Federal Building explosion in Oklahoma City. The Texas Engineering Extension Service (TEEX)—the primary agency responsible for urban search and rescue under the state's disaster plan—realized that an event such as the one in Oklahoma could happen in Texas. By early 1997, TEEX had assembled an advisory board and allocated \$700,000 of the agency's funds for task force development. The task force met for the first time on February 14, 1997. In 1997, the Texas Legislature appropriated \$1 million per year to equip, train and operate the task force.

It was a good investment. So far, the team has been deployed six times: in 1997 to Cedar Park after a devastating tornado; in 1998 to Del Rio after massive flooding and as stand-by after another tropical storm; in 1999 as a stand-by to San Antonio for Hurricane Bret; in 1999 to the Bonfire collapse; and this year to Fort Worth for the tornadoes that ripped through the city in late March. In the Cedar Park incident, teams searched a pile of rubble that was once a grocery store.

"It's estimated that using our specialized team cut down on the search and rescue time in the store by 14 hours," says Parker.

The most recent deployment to Fort Worth showed how well the task force can work. Within a few hours of the tornadoes, the on-call team of the task force was on its way in buses to a fire department training facility, where they set up base operations. Early the

Interested in learning more about the task force or applying for membership? Go to the task force's web site at <http://usar.tamu.edu>.



The force of the tornadoes, which hit just after evening rush hour in Fort Worth, leveled businesses. Searchers looked in factories and office buildings.

next morning, while some squads stayed back to set up, search and rescue experts, canines, engineers and others headed out to search through the rubble of once-standing buildings. Cutting holes and crawling through the collapsed structures, crews used fiber optic cameras, listening devices and canines to search for victims. If someone is found, the team can handle the most complex extrications using hydraulic jacks, rams, hazmat monitoring equipment, breaching and breaking and lifting equipment. Fortunately, even though the tornadoes had struck around 6 p.m., the team found no more victims in the offices or factories they searched.

"We can do anything from just simply lifting something off someone to doing sophisticated extrication that includes saws and tools that cut through wood and break concrete," says Rod Dennison, a TDH regional EMS administrator and a member of the task force. "Some of these tools will cut through 5/8-inch rebar like butter. Each of the teams also has one heavy rescue specialist who can lift off stuff with a crane."

And the task force continues to improve. Recently, Texas Task Force-1 became part of the Federal Emergency Management Agency's roster of task

forces. The designation means that the Texas team can be mobilized anywhere in the world as part of the FEMA response. Being in the FEMA fold also means that task force members will have access to

more training and will be reimbursed for their time. Presently, the task force members serve as volunteers, although they are often part of a larger fire department or EMS system.

The task force also is about to begin construction on the first phase of a large training center to be located in College Station. Called Disaster City, the new facility will simulate a small city complete with six collapsible training stations: a strip mall, an office complex, a single housing unit, a theater, an industrial complex and a bridge. Task force members will work on technical skills and then practice them as part of a full-scale exercise.

Still, to Billy Parker, the most valuable part of the task force is not what you find in the equipment and buildings.

"The dedication and professionalism of the task force members is what impresses me most. We have over 50 organizations represented on this team, and there's always potential for confusion, but that never comes into play," Parker says. "These task force members are highly motivated, technically competent and enthusiastic.

"You would never know they've never worked together outside the task force."



When an F2 tornado touched down in Cedar Park in 1997, rescuers called in the task force to help search the rubble of buildings, such as this Albertson's grocery store. Photo by Duane Smith courtesy of Hill Country News.

Proper form

New DNR rule means changes to form and protocol

What is a DNR order?

How does patient care change when there is a valid DNR form?

What does a valid DNR form look like?

Do-Not-Resuscitate Orders (DNR) have been a complex issue for EMS. In May, a new rule was adopted by the Texas Department of Health to address changes to the DNR law that came out of the last legislative session.

Who can have a DNR order? A DNR order may be issued by an attending physician for *any* patient. The attending physician has responsibility for ensuring that the form is filled out in its entirety, and that the information regarding the existence of a DNR order is entered into the patient's record.

What is EMS' responsibility once they arrive? At the scene, EMS should follow a protocol developed by the service's medical director. The first consideration, as always, is the initial assessment of the patient and the patient's physical condition. If there is what appears to be a properly filled out and executed DNR order, then EMS should **not** resuscitate the patient using CPR, transcutaneous cardiac pacing, defibrillation, advanced airway management or artificial ventilation. However, EMS can administer comfort measures such as oxygen, pain medication, suctioning and catheter care. In some cases, in a nursing home for instance, the staff will not call EMS if there is a DNR order on file.

What is a properly-executed form? There needs to be a signature in one of the three boxes in number 2: A, B or C; and signatures on lines in both numbers 3 and 4. Then everyone has to sign again at the bottom.

What does the new form look like?
Can I accept copies? The new form is on standard paper (8.5" by 11") with a black

and white logo. Copies of the properly filled-out and signed form are valid documents. You still may encounter the old forms with the red logo as these forms are still valid. However, the old form with the red logo must be completed before copies are made. The new forms are available on the Bureau's web site or from the Texas Medical Association at 512/370-1306.

What does a DNR protocol include?

- A copy of the Texas Department of Health standardized DNR form listing the designated treatments that shall be withheld or withdrawn. The treatments are: cardiopulmonary resuscitation, advanced airway management, artificial ventilation, defibrillation and transcutaneous cardiac pacing.

- An explanation of the patient identification process to include an option to use a standardized necklace or bracelet.

- An on-site DNR dispute resolution process that includes contacting an appropriate physician.

DNR protocol applies to all out-of-hospital settings, including inter-facility transports and emergency departments.

Does a DNR order have to be on a Texas form? EMS personnel may accept and honor out-of-hospital DNR orders or DNR identification devices from another jurisdiction such as a state, territory or possession of the United States as long as the orders are executed, issued or authorized in compliance with the laws of that jurisdiction. These DNR orders are effective if there is no reason to question the authenticity of the order. Questions should be immediately referred to the medical control physician.

If the patient is transported, who gets the form? If the patient is transported, an original or copy of the DNR order should be transported with the patient.

What kind of records do I need to keep? Keep a record anytime EMS encounters a DNR device and the number of cases when there is an on-site revocation of the order. The records should include: assessment of patient's physical condition; whether an identification device or DNR form was used to confirm DNR status; any problems relating to implementation of the DNR order; the name of the patient's attending physician; and the full name, address, phone number and relationship of any witnesses used to identify the patient.

Is there anything due at relicensure? At relicensure, each provider must submit a report with the following information: the number of times personnel have been presented with DNR documentation; number of times there was a problem and DNR could not be honored; and any problems encountered using the standardized form.

Are there any circumstances in which I should not honor the DNR order? Treatment may not be withheld if the patient is known by EMS to be pregnant. If there are any indications of unnatural or suspicious circumstances involving the patient, EMS shall begin resuscitation efforts until such time they are directed otherwise by an appropriate physician. A DNR order may be revoked at any time by the patient, or the patient's legal guardian/agent/managing conservator/qualified relative, parent

(if a minor) or physician who executed the order.

Are there any other resources available? The Bureau's web site has a copy of the form, an updated educational packet, some frequently asked questions and other information. After you go to <http://www.tdh.state.tx.us/hcqs/ems/emshome.html>, click on DNR.

—TDH staff

STOP DO NOT RESUSCITATE

TEXAS DEPARTMENT OF HEALTH STANDARD OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER

This document becomes effective immediately on the date of execution. It remains in effect until the death of the patient or the document is revoked.

1. Patient's full legal name — printed or typed _____ Date of Birth: _____ Male / Female (Circle One)

2. COMPLETE ONE OF THE FOLLOWING THREE BOXES: A, B, OR C.

A. Patient's Statement: I, the undersigned, am capable of making an informed decision regarding the withholding or withdrawing of CPR, including the treatments listed below, and I direct that none of the following resuscitation measures be initiated or continued: **Cardiopulmonary resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation**. I understand that I will be given comfort measures as needed. I understand that I may revoke this order at any time.

Signature _____ Date _____ Printed or Typed Name _____

B. Only use this box if the order is being completed by a person acting on behalf of a patient who is incompetent or otherwise unable to make his or her wishes known

I am the patient's: legal guardian; agent under Medical Power of Attorney; managing conservator; Qualified Relative (see back); or parent of a minor child AND:

I attest to issuance of an Out-of-Hospital DNR by the patient by nonwritten means of communication; OR

I am acting under the guidance of a prior Directive to Physicians; OR

I am acting upon the known values and desires of the patient; OR

I am acting in the patient's best interest based upon the guidance given by the patient's physician.

I direct that none of the following resuscitation measures be initiated or continued: **Cardiopulmonary resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation on behalf of the patient.**

Signature _____ Date _____ Printed or Typed Name _____

C. Only use this box only if the order is being completed by two physicians acting on behalf of a patient who is incompetent or otherwise unable to make his or her wishes known, and who is without a legal guardian, agent, managing conservator, qualified relative, or parent.

I attest to issuance of an Out-of-Hospital DNR by the patient by nonwritten communication; OR

The patient's specific wishes are unknown, but resuscitation measures are, in reasonable medical judgement, considered ineffective in these circumstances or are otherwise not in the best interest of the patient.

I direct that none of the following resuscitation measures be initiated or continued: **Cardiopulmonary resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation on behalf of the patient.**

Signature _____ Treating Physician _____ Date _____ Printed or Typed Name _____

Signature Second Physician who is not involved in treating the patient _____ Date _____ Printed or Typed Name _____

3. WITNESSES: (see qualifications on reverse) We have witnessed all of the above signatures

Witness 1 Signature _____ Date _____ Printed or Typed Name _____

Witness 2 Signature _____ Date _____ Printed or Typed Name _____

4. PHYSICIAN'S STATEMENT: I, the undersigned, am the attending physician of the patient named above. I have noted the existence of this order in the patient's medical records, and I direct out-of-hospital health care professionals to comply with this order as presented.

Physician's signature _____ License number _____

Printed or Typed name _____ Date _____

ALL PERSONS WHO SIGNED MUST SIGN HERE: This document has been properly completed.

Signature of Patient, Agent or Relative (A or B) _____ Signature of Second Physician (C) _____

Signature of Witness _____ Signature of Witness _____

Signature of Attending Physician _____ Date _____

SHOULD TRANSPORT OCCUR, THIS DOCUMENT OR A COPY MUST ACCOMPANY THE PATIENT.

Figure 1: 25 TAC 157.25 (h)(2) Page 1 of 2

Cooling off: Heat-related illnesses

By Jeff Rubin, PhD, EMT-I

ILLUSTRATION PHOTO BY RALPH BARRERA

On a mid-August Sunday afternoon you and your partner respond to a report of a "generalized illness." Although you are both paramedics, you are working on a BLS ambulance until your department can upgrade its level of service. Upon your arrival a police officer shows you into a stifling apartment, saying your patient lives alone on a fixed income. You find a 67-year-old female slumped in a chair in front of a fan, her skin hot and dry, her pulse thready, weakly responsive to painful stimuli. You, your partner and the police officer are already sweating profusely as you place the patient on the floor. The patient weakly fights a nasopharyngeal airway; your partner administers oxygen through a nonrebreather as you obtain a rectal temperature on the patient: 105.8°F. The police officer brings you a box of medications, including nitroglycerin, antidepressants and diuretics. With the closest hospital twenty minutes away you elect to package the patient quickly and initiate treatment in the ambulance. You tuck a chemical cold-pack under each arm and another over your patient's neck, ensuring that it does not interfere with respirations. Once in the air-conditioned ambulance you apply cool wet towels to the neck, axillae and groin and transport Code 3.





John Green, a City of Austin firefighter and EMT, takes a moment to cool off during a high-humidity, hot August day while fighting an apartment fire. Photo by Ralph Barrera, courtesy of Austin American Statesman.



Introduction

In a state where summer lasts most of the year, heat-related illnesses should be a constant consideration for primary causes or complicating factors of unknown illness. In addition to presenting potentially life-threatening complications to patients, heat-related illness is also a factor that must be considered among emergency response personnel who may be at high risk due to the combination of strenuous exertion, heavy and non-breathable protective clothing, and common hypohydration.

Human metabolism and heat flow

Human beings have an active metabolism that devotes much energy to maintaining a constant body temperature (homeostasis). In mechanical terms, we are inefficient machines: depending on the specific activity, 70-100 percent of the energy generated by our bodies is dissipated as heat. Even a simple task such as walking or carrying an item of moderate weight can increase metabolism by 200-300 percent; strenuous exertion can raise heat production 2000 percent over baseline metabolism (Hub-

Learning Objectives

Upon completion of this article the reader should be able to:

- List primary mechanisms of heat generation and heat loss in the human body
- Identify signs, symptoms and types of heat-related illness
- Identify measures to prevent heat-related illness
- Identify appropriate and inappropriate prehospital treatment for heat-related illness

bard et al., 1995). Without effective thermoregulation, this released heat can rapidly raise core temperature. Any object can lose or gain heat from its surroundings by conduction (direct contact with an object of different temperature), radiation from a heat source to surrounding air, other medium or other object (the human body *to* the environment, or the human body *from* the sun) and convection (heat flow associated with movement of fluids, such as wind or water currents). The human body also sheds heat - and fluids - via respiration (every breath is rapidly warmed to body temperature and humidified to 100 percent) and evaporation of perspiration from the skin surface. Radiation can be a significant *source* of heat (e.g., standing in direct sunlight); evaporation of perspiration is the most important cooling process.

Perspiration, like other thermoregulatory processes, is controlled by the hypothalamus. As core body temperature (CBT) increases, perspiration increases and peripheral vasodilatation occurs. Increased peripheral circulation allows cooling by evaporation as well as radiation, and possibly convection. Perspiration is generally an ineffective coolant at relative humidity > 65 percent, even with a temperature of only 80°F. At higher ambient temperatures, even humidity levels as low as 35 percent can impede effective cooling. A good rule of thumb in assessing the cooling effectiveness of perspiration is to observe whether it evaporates on the skin. If it beads and drops off it is not evaporating from the skin and thus not cooling the body.

Classifications, signs and symptoms

There are several types of heat-related disorders. Although some, like heat edema (peripheral swelling upon exposure to a hot environment) and heat rash ("prickly heat"—itching and irritation to retained perspiration in sweat glands) are common, they tend to be self-correcting and are not life threatening. The three

types of heat-related disorders to be discussed are heat cramps, heat exhaustion and heatstroke (chronic and acute). These three conditions form a continuum of increasing severity, but it is important to realize that a patient may not experience symptoms of each in progression. A patient suffering from heatstroke may not have displayed signs and symptoms of heat cramps or heat exhaustion, and a normothermic patient may be rapidly approaching heatstroke.

Although anyone may experience any heat-related disorder, some people are more susceptible than others. The very young and the elderly, patients with endocrine disorders and substance abusers may not be able to effectively thermoregulate. Patients with a history of extensive deep burns are at risk because scar tissue does not sweat, reducing the body surface area available for active cooling. Antihistamines and antihypertension medications can either directly interfere with thermoregulation or make the patient more susceptible by accelerating fluid and (or) electrolyte loss, and (or) limiting peripheral circulation. Stimulants (legal or otherwise) may cause or contribute to hyperthermia via pronounced metabolic increase and vasoconstriction (e.g., cocaine, methamphetamine). People who are not acclimated to the climate in which they are working or recreating, or to the degree of exertion they are undertaking, are also at greater risk for heat-related illness. Acclimation allows the body to more efficiently ration electrolytes (principally sodium and chloride) and thus more effectively regulate body chemistry. In addition to "teaching" the body to produce more dilute sweat, acclimation also lowers the perspiration threshold, thus activating the cooling process earlier in a period of exertion (Forgey, 1994; Hubbard et al., 1995). Obviously people who are unable to gain access to a climate-controlled (e.g., air-conditioned) environment are at elevated risk for heat-related disorders as well.

EMS Fact:

Twenty children under 18 died from bicycle-related injuries in 1997; three-quarters of these deaths were due to a head injury. —TDH Bureau of Vital Statistics

Heat cramps

Heat cramps are an uncomfortable but not serious response to electrolyte imbalance due to sodium loss. This occurs following profuse sweating, generally over a period of a few hours, without appropriate electrolyte replacement. Even though fluid may be replaced, if sodium is not, painful muscle cramps can ensue. The cramps tend to be in muscles that have experienced intense exertion (e.g., arms and legs) but can occur anywhere; abdominal cramps may be accompanied by minor nausea. Cramps tend to be brief and localized but may change location (Hubbard et al., 1995). Patients are generally alert, normothermic, normotensive and have moist skin. To an aware patient (or medic), heat cramps provide a readily identifiable warning that the body needs appropriate fluid and electrolyte replenishment. Cramping muscles may be gently kneaded to relieve discomfort, but that is treating the symptoms instead of the cause. Oral fluid replenishment with electrolytes is effective. Dilute isotonic sports drinks may suffice, but oral rehydration salts (not to be confused with salt tablets, which are not recommended post-exertion) are more effective (Walden, 1995). Invasive procedures tend not be necessary, but normal or hypertonic saline IV may be ordered.

Heat exhaustion

Heat exhaustion can be caused by two mechanisms: fluid depletion (hypovolemic) and salt depletion (hyponatremic) (Hubbard et al., 1995). Both types of heat exhaustion share signs and symptoms, but each type has distinct indicators as well. Heat exhaustion patients are generally normothermic but may have slightly elevated core body temperature (CBT). They tend to have cool, pale, moist skin and complain of nausea, weakness, dizziness and (or) lightheadedness. Some patients are disoriented, many are listless or even apathetic. Most patients display orthostatic tachycardia and hypotension (i.e., "failing the tilt test"). Hypovolemic heat exhaustion is commonly related to intense

exertion with inadequate fluid intake and has a fairly rapid onset. The patient complains of strong thirst but may not experience muscle cramps or severe nausea.

Hyponatremic heat exhaustion is characterized by a slower onset and is commonly accompanied by muscle cramps, severe nausea, and vomiting, all results of electrolyte imbalance. These patients may not complain of severe thirst but are more likely to be hyperthermic (Forgey, 1994; Hubbard et al., 1995). Elevated CBT (up to 103°F) may be present, but consider possible underlying illness (e.g., infection) if elevated temperature does not respond to treatment or patient begins shivering even upon minimal cooling (Hubbard et al., 1995).

People acclimated to exertion in hot climates tend to be less susceptible to hyponatremic heat illness, i.e., heat cramps and hyponatremic heat exhaustion, than unacclimated people. Hypovolemic heat exhaustion is more common in acclimated patients undergoing brief but intense exertion without maintaining adequate fluid intake, whereas heat cramps and hyponatremic heat exhaustion are more common in unacclimated patients who are unable to effectively maintain electrolyte balance.

Patients should cease exertion and, if possible, be placed in a well-shaded, well-ventilated, preferably air-conditioned environment. Alert, oriented patients who are not in danger of vomiting should begin oral rehydration and, as needed, electrolyte replacement. Patients displaying altered mentation or severe nausea should receive IV fluid and electrolyte replacement. An IV fluid bolus of 10-20 mL/kg NS, repeated as necessary to achieve a systolic blood pressure of 90 mm Hg, is appropriate for symptomatic hypovolemia (Austin/Travis County EMS, 1999). Elevated CBT can be managed by a combination of air-conditioned surroundings and cold packs applied to the neck, axillae and groin. Although shivering is uncommon in a patient without an underlying disease process, try not to "overcool" patients

with elevated CBT; 100°F is a good target (Austin/Travis County EMS, 1999). Monitor airway and level of consciousness LOC, especially in nauseated and altered mentation patients.

Heatstroke


By most accepted definitions heatstroke is defined by the combination of hyperpyrexia, with a core temperature greater than 105°F, and marked decreased level of consciousness. Asymptomatic hyperpyrexia is common in some athletes (e.g., marathoners) and generally resolves with appropriate fluid, electrolyte and energy replacement. Heatstroke takes two forms: acute (exertional) and chronic (classic). Both forms of heatstroke are life-threatening and require prompt action as well as continuous monitoring. As might be expected from their names, acute heatstroke is characterized by rapid onset and does not display the "hallmark" symptoms commonly ascribed to heatstroke. Acute heatstroke is most commonly caused by uncharacteristically intense (for the patient) exertion in a hot and (or) humid environment, or more typical exertion in an unusually unforgiving climate to which the patient is not acclimated. Rather than exhausting the body's ability to thermoregulate, acute heatstroke patients outpace it and generate more heat than can be rapidly shed. Acute heatstroke patients may present with moist skin and may still be sweating, a point that should not be lost on the EMS provider performing patient assessment. Even with cool clammy skin, a hyperpyrexia patient with altered mentation requires immediate care. Acute heatstroke patients commonly have strong, bounding pulses and may be normotensive. If they are able to take fluids by mouth, oral rehydration should be carefully initiated, monitoring for changes in level of consciousness and nausea. Immediate cooling should be initiated, preferably by a combination of cold water, cold packs and air conditioning. In-

travenous fluid replacement should be done with caution, to prevent pulmonary edema. Although initial fluid replacement volume will vary with the patient and conditions, a rapid bolus should be avoided in favor of an infusion. An appropriate minimum starting value is 250 mL/hr NS (Austin/Travis County EMS, 1999), but both the amount and rate may be doubled or more as needed (e.g., Auerbach et al., 1999).

Chronic heatstroke is generally not associated with significant exertion; it may be considered as its prevalence increases with heat waves. People exposed to high temperatures in an environment where there is either no ventilation or where humidity precludes effective ventilation are the most common chronic heatstroke patients. Elderly people in non-air-conditioned residences, children locked in hot cars and employees engaging in even minimal exertion in a hot and poorly ventilated workplace are at high risk. Chronic heatstroke patients tend to fit the "classic" criteria of severely altered mentation and hot, dry skin. Their disorder develops over 12 hours or more and they lose their ability to thermoregulate secondary to dehydration, particularly those with endocrine disorders or taking one or more of the medications discussed earlier in this article (e.g., Murphy and Tkach, 1996). They are more commonly hypovolemic than exertional heatstroke patients and more likely to require aggressive airway control. As with exertional heatstroke, aggressive cooling is necessary. Although fluid should not be withheld from patients who need it, IV rehydration should be accomplished while monitoring for pulmonary edema.

What works, what doesn't

Most treatment for heat-related problems sounds simple—and it can be, as long as care rendered includes treatments of demonstrated effectiveness and bypasses popular procedures that are ineffective or even harmful. This holds

 **EMS Fact:** One tin of smokeless tobacco has as much nicotine as 30-40 cigarettes, and two premium cigars a day is equivalent to smoking a pack of cigarettes a day.
—TDH Bureau of Chronic Disease

true for preventive measures as well as treatment modalities.

Cooling Cool towels or a *cool* breeze applied to the neck, head, torso and upper legs are effective mechanisms to lower CBT (Young et al., 1987; Carter et al., 1997). Warm breezes (e.g., a fan blowing hot humid air) may *increase* CBT, as has happened in numerous instances of misapplication of donated fans during urban heat waves. Chilling sprays or drenchings may induce peripheral vasoconstriction and/or shivering, thus raising CBT (Murphy and Tkach, 1996), but there is little clinical documentation of such occurrences (Hubbard et al., 1995). For patients who do not respond promptly to more conventional cooling methods, cold water immersion has been demonstrated to be effective (Hubbard et al., 1995). Ice-water is also effective but tends to be more uncomfortable for the patient; it has, however, been used to great effect in the military without significant or lasting side-effects (Costrini, 1990). Rectal thermometry may not be able to keep up with CBT cooling during immersion, so it is best to cease immersion when rectal temperature reaches approximately 102°F (Hubbard et al., 1995). If unable to continually monitor rectal temperature, a higher endpoint might be necessary; the range in the literature is 102-104°F.

Rehydration and electrolyte replenishment Cold (40-50°F) water is not only more refreshing to drink, it is more readily digested and absorbed (Brown, 1989); large quantities of fluid will empty from the stomach quicker than small quantities (Hubbard et al., 1995). For patients requiring post-exertion electrolyte replacement, dilute saline solution is generally effective; mild sweetening or flavoring makes it more palatable (e.g., Forgey, 1994). Isotonic sports drinks can be effective (especially if the subject has *prehydrated*) as long as they are not too concentrated; the primary benefit of these beverages is that they promote increased fluid intake (Hubbard et al.,

1995). Concentrated sports drinks tend to be less palatable (i.e., the patient drinks less) and the added sugar delays absorption of the water and electrolytes. The longer the period of exertion, the stronger the isotonic can be (Coyle and Montain, 1992; Gisolfi and Duchman, 1992).

Prevention

As with many environmental problems, the best treatment for heat-related illness is prevention. Loose clothing made from natural fibers, such as cotton, readily absorb perspiration and hold it against the skin for maximum evaporative cooling benefit. Proper nutrition and hydration before exertion or exposure to hot environments, gradual acclimation, minimization of exertion during temperature extremes, and frequent fluid and electrolyte replacement during and after exertion are effective in preventing most heat-related disorders, as well as improving performance. Aerobic conditioning is certainly beneficial, but simply "being in good shape" alone is not an effective defense against heat stress (Hubbard et al., 1995). In fact, significant dehydration progressively eliminates aerobic strength (Greenleaf, 1992; Sawka, 1992). As heat effects are cumulative, breaks allowing for rest, rehydration and cooling help prevent problems.

Like the general public, emergency response personnel should stay well-hydrated; drinking only when thirsty will not accomplish this! Self-monitoring is important, as long as thirst suppression is not used as a hydration threshold. Urine color and output can provide warning with sufficient awareness. Minimal output or strongly concentrated urine is an indication of insufficient fluid replacement. Even with self-monitoring, it pays to

TEXAS EMS CERTIFICATIONS AS OF
JUNE 1, 2000

ECA	4,976
EMT	21,488
EMT-I	3,699
EMT-P	9,991
LIC-P	2,747
TOTAL	42,901
COORDINATOR	358
INSTRUCTOR	2,051
EXAMINER	2,400



Jeff Rubin is a health, safety and emergency management consultant in Austin and has helped initiate AED programs on several college campuses. He was assistant dean for Environmental Health & Safety at the University of Texas at Austin, where he teaches wilderness medicine. He has a BS, MA and PhD in geological sciences. He has served as a volunteer fire/EMS/rescue responder, has been active within the Austin/Travis County EMS System since 1987, and is a former hazardous materials captain for the special operations section of Austin EMS, where he worked for five years. He was appointed to the Austin EMS Quality Assurance Team in 1997.

have partners or crewmembers watching out for each other. Keeping cold water and isotonic drinks on response vehicles, taking advantage of rehab at incident scenes, and replenishing fluids and electrolytes between calls minimizes the chances of becoming a patient.

Conclusion

The patient worsens during transport and is completely unresponsive upon arrival at the hospital, with respirations assisted by BVM. Despite aggressive treatment in the emergency department the patient remains comatose and dies the next day. The attending physician points out during subsequent discussion that the patient's condition was likely exacerbated by pre-existing medical conditions as well as associated medications that interfered with thermoregulation. The fan in the patient's apartment had been intended for use as a window exhaust fan, but the way it was set up accelerated the onset of heatstroke by blowing hot air on the patient.

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2000 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 1, 2000

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

Photo Contest Rules

- Anyone is eligible; no entry fee is required.
- Entries must be received **no later than November 1, 2000**. Winners will be announced at the Texas EMS Conference, November 19-22, 2000.
- Unmatted prints **8x10 inches** or **5x7 inches** may be submitted in color or black and white. Fill out the entry form on this page, tape it to the back of your photograph, and mail your entry to: Texas EMS Photo Contest, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756-3199. Photographs should show 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:
 Two grand prize winners (one color and one black and white)—each wins \$125 and a plaque
 One Second place—\$75 and a ribbon
 One Third place—\$50 and a ribbon
 One Honorable mention—\$25 and a ribbon

1.5 hours of CE/Medical Emergencies

BLS questions

1. True or false: Heat cramps are caused primarily by dehydration.
A. True
B. False
2. True or false: More than 70 percent of the energy produced by the human body is generally dissipated as heat.
A. True
B. False
3. True or false: Sweating is an effective cooling mechanism up to relative humidity levels of 90 percent.
A. True
B. False
4. True or false: A patient can be experiencing heatstroke without having previously displayed signs and symptoms of heat cramps or heat exhaustion.
A. True
B. False
5. True or false: Heat exhaustion patients tend to be either normothermic or have slightly elevated core temperatures.
A. True
B. False
6. The portion of the brain controlling thermoregulation is the:
A. Medulla oblongata
B. Hypothalamus
C. Thermofrontal lobe
D. Cerebellum
E. Adrenal gland
- 7) Which of the following tend to increase susceptibility to heat-related disorders?
A. Endocrine disorders
B. Cocaine abuse
C. Excessive external scar tissue
D. All of the above
E. A. and B. only
- 8) Heat exhaustion can be caused by one of two primary mechanisms, fluid depletion and:
A. Anaphylaxis
B. Oxygen deficit
C. Salt depletion
D. Shivering
E. None of the above

9. Heatstroke is defined as:
A. Core temperature >105°F
B. Decreased level of consciousness
C. Hot, red, dry skin
D. All of the above
E. A. and B. only
10. Effective cooling can be accomplished by placing cold packs at the:
A. Neck
B. Axillae
C. Groin
D. All of the above
E. None of the above

ILS/ALS questions

11. True or false: Normal saline IV is appropriate treatment for heat cramps.
A. True
B. False
12. Intravenous fluid and electrolyte replacement should be considered for heat exhaustion patients who:
A. Are suffering from severe nausea
B. Display altered mentation
C. Don't like the taste of isotonic sports drinks
D. Both A. and B.
E. None of the above
13. What is an appropriate IV fluid bolus for hypovolemic heat exhaustion patients?
A. 1-2 L/kg NS
B. 10-20 L/kg NS
C. 1-2 mL/kg NS
D. 10-20 mL/kg NS
E. None
14. Fluid replacement for a heatstroke patient must be provided slowly and carefully because:
A. Too much fluid could lower the core temperature too quickly
B. A heatstroke patient is likely to be hypernatremic and an infusion of NS would exacerbate the situation
C. Pulmonary edema may occur
D. All of the above
E. A. and B. only

1.5 hours of CE/Medical Emergencies

This answer sheet must be postmarked by August 19, 2000

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

(EMTs answer questions 1-10;
EMT-Is and paramedics answer
all questions.)

Check the appropriate box for each question.

- | | | | | | | | | | |
|--------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 8. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 2. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 9. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 3. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 10. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 4. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 11. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 5. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 12. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 6. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 13. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 7. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 14. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |

**Did you enclose your \$5
check or money order?**

By James J. Onder, PhD

In the hot seat, Part II:

Making your message clear under media scrutiny

Imagine that you are the EMS department's spokesperson. You have recently learned that one of your officers inadvertently gave some false information in a published report that was the basis for a story in the local media. Two reporters are outside of your office expecting an interview—now. No matter how skilled you are in responding to general questions, at some point you are likely to find yourself in a hostile environment with the weight of your department on your shoulders. In Part II of this two-part article, learn more tips on how to respond when you're in the hot seat.

Be brief. Especially in a hostile environment, respond with brief statements. Overstatements can add weight to the kernel of truth in the opponent's position. Also, drawn-out responses will suggest you are being defensive or trying to talk yourself out of a box.

- Short statements will simplify the problem and solution in the mind of the media and the public. Keep your answers short, simple and direct (about 20 seconds long).

- In a hostile environment, answer only the question asked and avoid over-explaining your position.

Lesson: More frequent statements are better than long ones. Use simple sentence structure and use more periods than commas when you speak.

Be accurate and complete. When you must make strong, direct statements

to refute a point, there are several options.

- Avoid inconclusive facts, tentative or poorly-conceived information or strategies that could increase doubt and weaken your position. For example, a hostile audience won't be interested in lofty sermons about the need for unity. Instead, it is more effective to discuss concrete reasons for unity. Also, never use humor or ridicule as a means of refutation.

- Begin your response by identifying some point on which you and your opponent can agree. State your agreement and proceed to discuss

At some point you are likely to find yourself in a hostile environment: learn more tips on how to respond when you're in the hot seat.

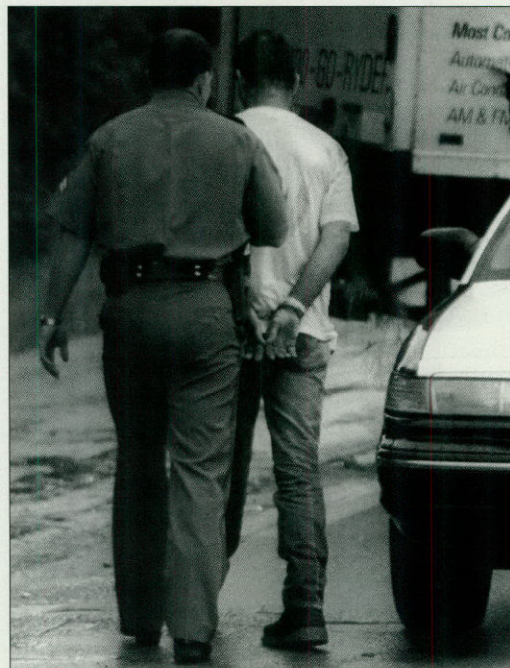


Photo by Jamie Raley

EMS calls that involve law enforcement could bring the media to your door.

Under extreme conditions, when the reporter's unreasonable behavior persists, continue to focus on the issue, not the person.

your side of the issue. For example, begin by agreeing with the ultimate goal of your detractors, then proceed to discuss your "better strategy" for getting there. If you only state your disagreement with your opponent's point of view, you convince him all the more strongly that he was right in the first place.

- Depersonalize your attacks. Confront the opponent's actions, policies or principles. Keep personalities out of the line of fire. For example, if being attacked by members of the Citizens Against the Dump coalition, say, "There are some citizens in our community who are concerned...." With your focus on the issue rather than the individual, you will be seen as helping to establish a more conducive atmosphere for resolving the problem.

- Even under extreme conditions, when the reporter's unreasonable behavior persists, continue to focus on the issue, not the person. For example, say, "I have great respect for you, but not for the type of questions being asked here today."

- Use print materials. Include

items in the media kit or handouts that explain your position. Printed items that are well-written and appropriate for the intended audience contribute to the credibility of your position and give reporters a reference when they are writing the article.

Lesson: When in doubt, leave it out.

Avoid basing key arguments on money or data. It's very difficult to win a battle using strategies based primarily on quantitative issues. Discussions about money and data will continue to polarize groups during a hostile interview or town meeting. Instead, get people talking about how we decide the worth of a service, a product or a commodity. Let them make your points for you.

- Generally, avoid the perception that your department "simply goes by the numbers" when making program decisions. Instead, indicate that decisions are based on "community expectations, standards, procedures, performance, human needs, trend lines, achievements, etc."

- Continue to reinforce the fact that financial reasons and data alone do not outweigh the department's moral obligation (e.g., to serve or protect the public).

Lesson: Bridge to the qualitative factors you attach to the issue (e.g., health, safety or environment) and other issues that enhance credibility such as empathy, competence, honesty and dedication.

Tell only your story. Don't be forced into a prolonged discussion of the opponent's side of the issue. When you're asked to comment on your opponent's plan, reposition the question and say, "I can't speak for the opposition, but let me tell you about the changes I want to see." Continue to advance your

Bureau Chief (Continued from page 5)

The group then reviewed a document developed by Dr. Racht that depicted how other states recertify EMS personnel. As the discussion progressed, the consensus was reached that an "options plan" for recertification was "desirable" for Texas. The group then began identifying various possible options for recertification and discussing some details of these options (see box on page 5). Each option was forwarded to one of the committees for more discussion and development. On July 13, the three committees will be meeting separately in the morning to work on these issues and then will come together again in the afternoon to discuss their progress. There are still many details to be worked out, so please provide your input.

If you have questions about any of these issues, you are welcome to contact Jim Arnold or me (512/834-6700) or talk to Dr. Racht and/or the Committee Chairs. Contact information is available on our website.

agenda and clarify your own position.

- There are times when you can avoid presenting that “well-reasoned, detailed argument” against the opponent’s side. Instead, assume that the rationale is accepted and immediately bridge to your key message points.

Lesson: To paraphrase Abraham Lincoln: if you explain too much to your opponents, it will just give them a reason to continue arguing with you.

Make counter arguments

interesting. The media and the public enjoy hearing about the details surrounding a juicy attack from your opponent. However, the public must be lured into paying attention to your response to it, which is almost always less inflammatory, less exciting. This means you need to be provocative during these times. For example:

- Thank the critic for making a point which helps you make yours. Use the criticism as a springboard for what you’ve wanted to say all along.

- State what your opponent did not say. Mention if a specific fact or consideration was ignored when the charge was made.

- Ask for feedback. Solicit ideas or start a dialogue on the points you have covered. Ask for other questions in a genuine and encouraging way.

- Write letters to the editor and discuss the attack with relevant community groups. With important issues, buy air time or outdoor advertising space.

Lesson: Provide a role for the media and groups. Make them feel like part of the overall recovery effort, in how they report the news and engage the community in accurately understanding the issue. Appeal to their social responsibility.

Don’t be afraid of controversy.

Hostile attacks can be an advantage be-

cause it means that people are listening to you and taking you seriously.

- After a public attack, you will have a platform you might not have had otherwise. In effect, the opposition’s actions will generate media calls so they can hear your side of the story. The media stories may start a public debate that will help you to put the general issue on the public agenda.

- Sometimes very strong, outrageous attacks can help you when they backfire and hurt the opposition. When an opponent hits you with a blow to the chin, it may, ironically, generate hostility from the public against the attacker, rather than you.

Lesson: Stone throwers will often find holes knocked into their own houses if we are smart enough to let their stones ricochet.

Conclusion: When an angry reporter or a public group threatens your success, the old standard way is to convince people that they are wrong or that they have no reason to be afraid. Actually, the ultimate goal is to achieve positive and productive outcomes and to turn confrontation into problem solving. Don’t miss the chance to convert a potential disaster into an opportunity to build understanding, to enlist the support of would-be detractors, and to substantively enhance your organization’s image. When you apply these techniques to a specific incident, you will feel more confident in your ability to best position yourself and your department.

Lesson: Believe in your issue. Your verbal skills will have a chance only if you believe.

James J. Onder, PhD, teaches media relations at the U.S. Graduate School in Washington, DC. The first part of this article appeared in the May/June issue of *Texas EMS Magazine*.

Don't miss the chance to convert a potential disaster into an opportunity to build understanding, and to substantively enhance your organization's image.



Did you read?

A recent study found that the drugs of choice on many college campuses are of the prescription variety. Ritalin, Dexedrine, Percodan, Xanax and Thorazine are just a few of the prescription medicines that students appear to be taking more frequently and without a doctor's prescription. The study found that one-fifth of college students had taken Ritalin at least once and many had tried other prescription medicines. The reasons why students are taking prescription medicines include increased ability to concentrate on homework and exams, to stay awake during long nights of drinking, to experiment with the "high" when mixing the drugs, or because the drugs are numerous and easy to obtain. From *Austin American-Statesman*, "Abuse of prescription drugs becoming common at colleges," by Paul Zielbauer, March 26, 2000.

Experts are now advising that osteoporosis prevention should begin in childhood. Doctors at the National Institutes of Health believe that many cases of osteoporosis actually begin with not enough bone formation during childhood and the teen years and are worsened by low calcium consumption and the extreme dieting and exercising common in teenagers. They emphasized that osteoporosis can affect any person at any age and that any person who breaks a bone or shrinks in height should have a bone density test. From *USA TODAY*, "Lack of calcium in childhood can lead to osteoporosis," by Rita Rubin, March 30, 2000.

Many counter-terrorism officials fear that the "extinct" disease of smallpox will be used as a biological warfare agent. Since routine vaccination against smallpox ended approximately 30 years ago and the vaccination is generally

considered effective for only ten years, almost the entire population of the world would be unprotected against infection and the vaccine could not be produced fast enough to protect even the U.S. population. Eradicated more than 20 years ago, the lethal, supercontagious smallpox virus incubates for five to ten days before the patient experiences high fever, vomiting, headaches and stiffness. The virus can be spread as easily as the influenza virus. Only a few samples of the live virus are legally kept at research labs in the U.S. and Russia and scientists are researching

Many counter-terrorism officials fear that the "extinct" disease of smallpox will be used as a biological warfare agent.

new ways to counter a smallpox attack before the live virus samples are destroyed. The last remaining samples of smallpox live virus are scheduled to be destroyed in two years. From *San Antonio Express-News*, "Counterterrorism officials fear smallpox virus attack," by Steve Goldstein, April 2, 2000.

Building more walking trails could be a cost-effective way to increase the amount of exercise people get each day, according to a recent study in Missouri. Researchers found that when more walking trails were opened to the public, 44 percent of the people who had access to the trails, especially women and those with lower incomes, had used the trails and 55 percent of the trail walkers had increased their daily walking. Walking trails generally cost \$2,000 to \$4,000 to develop. From *USA TODAY*, "Path to Fitness," March 29, 2000.

Giving heart attack patients the wrong dose of clot-busting medications could be responsible for approximately 1,500 deaths each year. A recent review of eight large studies found that dosing errors for the most complicated clot-dissolving drug tissue plasminogen activator, TPA, ranged from 12 to 16 percent. Dosing errors for streptokinase were eight to 11 percent and were five percent for Retavase. Researchers cited typical mistakes that included giving the drugs too fast or too slowly, forgetting to give the second dose on time and giving too high or too low a dose. The review found that any of these errors can increase the death rate, maybe even double it in some instances. From *The Dallas Morning News*, "Wrong dose of heart drug killing hundreds, study finds," March 9, 2000.

Adding fuel to the health insurance debate, a recent study suggested that heart attack patients without complications could be safely released from the hospital in just three days, instead of the usual five or six days. Researchers reviewed 22,361 patient records and found that, for the average patient, the fourth day in the hospital yielded only another two days in life expectancy. The additional medical costs would be double that for kidney dialysis patients, the benchmark procedure for deciding if medical care is worth the social benefit. Approximately 60 percent of the one million Americans who have heart attacks each year have no complications. The researchers also pointed out that most hospitals are not set up to give patients the pre-discharge testing, rehabilitation and medical advice they may need within three days and this study might be used to make a health care system more efficient. From *The Dallas Morning News*, "Study suggest earlier discharge after heart attack," by Jeff Donn, March 16, 2000.

Recently the media began reporting that mouth-to-mouth resuscitation may be unnecessary in CPR according to a study published in the *New England Journal of Medicine*. The Seattle-based study found that the difference in the survival rates between CPR and only chest compressions became statistically the same when performed by an inexperienced bystander being given directions over the phone. The American Heart Association cautioned that the study included only untrained bystanders who received their instructions by phone and CPR performed by trained bystanders still increased the heart attack victim's chance of survival. From *The Dallas Morning News*, "Mouth-to-mouth may be on way out: study could lead to major changes in CPR," May 25, 2000.

Reports showed that the water utility manager knew of the E. coli contamination for three days before the boil order was issued.

Water regulation has recently become a big topic in Ontario, Canada, following the disclosure that an Ontario town's water supply was known to be contaminated with E. coli, an intestinal bacteria that can cause vomiting and bloody diarrhea and can shut down kidney functions. The town's citizens were not warned to take precautions against infection. Reports showed that the utility's general manager knew about the contamination for three days before the boil order was issued. At least seven people have died, several have been hospitalized and hundreds became ill. The contamination happened during Queen Victoria's birthday, a Canadian national holiday. From CNN Interactive, "Utility knew of E. coli contamination but did nothing, Canadian officials say," May 26, 2000.

By Kate Martin, MEd

New report outlines future of injury prevention

Kate Martin is the interpersonal violence prevention coordinator for the San Antonio Metropolitan Health District. She is currently the coordinator for the first Southwest Childhood Injury Prevention Conference and was recently appointed to the injury prevention committee of GETAC.

A new report by the Institute of Medicine outlines recommendations for furthering the development of injury prevention and control in the U.S. *Reducing the Burden of Injury: Advancing Prevention and Treatment* points out what we already know: injuries are a big problem. In 1995, injuries were responsible for 147,891 deaths, 2.6 million hospitalizations, and more than 36 million emergency room visits. The costs also are enormous. Costs for morbidity and mortality in 1995 were estimated to be \$260 billion.

The report identifies significant accomplishments in the injury prevention field, but also says further advancements are "dependent on the continued development and support of the infrastructure of the field." In other words, we all need to keep working to make injury prevention programs a part of trauma and EMS systems. Some of the report's recommendations include:

Improve coordination and collaboration. Include other people and agencies such as the tort and criminal justice systems, alcohol control programs and the private sector. Clarify the roles of the main federal agencies.

Strengthen capacity for research and practice. Develop and implement injury prevention programs, collaborating with partners in other agencies or organizations for training and investigator-initiated research.

Integrate the field. Promote new channels of scientific communication with groups who share the same goals (for example, an interdisciplinary society for injury research).

Nurture public understanding and support. Unite forces to promote the common agenda of the field, preventing and lessening injury through research and implementation of cost-effective interventions.

Promote informed policy-making. Improve the information systems used for identifying and evaluating injury risks and setting priorities for research in intervention.

Texas should be proud of its injury prevention efforts. In the past 10 years, three injury prevention centers (Dallas, Houston, San Antonio) have been established and numerous community alliances such as the Safe Kids Coalition have formed. The recently appointed Governor's EMS and Trauma Advisory Council (GETAC) includes an injury prevention committee. Childhood injuries have already decreased 37 percent from 1980 to 1994. Can we reduce the child fatalities again over the next 15 years? Can we integrate injury prevention programs into other health-related programs? Can we learn more effective ways of community collaboration? Are we using all of the public health tools available to us, including program evaluation, to make our programs even better?

Integration, collaboration and evaluation of childhood injury prevention programs will be the focus of the first Southwest Childhood Injury Prevention Conference, September 20-21, 2000. The conference, the first to be held in this region, will be at Christus Santa Rosa Children's Hospital. For more information call 210-567-7826 or www.sthrc.uthscsa.edu/stiprc.

To purchase a copy of the report, which runs around \$50, go to www.hap.edu

Mark your calendars now!

Southwest Childhood Injury Prevention Conference

September 20-21, 2000
San Antonio, Texas

From car safety seats to domestic violence, the region's first conference on childhood injury prevention will help you help kids stay out of harm's way. And it could even save a life or two.

For more information, call (210) 567-7826 or visit our website www.sthrc.uthscsa.edu/swiprc

2000 Texas EMS Award Nomination Application

This nomination is for:

- | | |
|---|--|
| <input type="checkbox"/> EMS Educator Award | <input type="checkbox"/> Private Provider Award |
| <input type="checkbox"/> EMS Medical Director Award | <input type="checkbox"/> Public Provider Award |
| <input type="checkbox"/> EMS Administrator Award | <input type="checkbox"/> Volunteer Provider Award |
| <input type="checkbox"/> Public Information Award | <input type="checkbox"/> First Responder Award |
| <input type="checkbox"/> Citizen Award | <input type="checkbox"/> Air Medical Service Award |
| | <input type="checkbox"/> EMS Person of the Year |

Name of nominee _____

Street address of nominee _____

City _____ State _____ Zip _____

Telephone number of nominee *Area Code:* _____

Your name _____

Your street address _____

City _____ State _____ Zip _____

Your level of certification _____

Your daytime telephone number *Area Code:* _____

Your service or other affiliation _____

Your signature _____ Date _____

Send awards to: Texas EMS Awards, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199, or fax to (512) 834-6736.

Nominations should not have more than 3 typewritten pages of background information. You may also include documentation or examples.

Nominations must be postmarked by September 15, 2000.

If you have questions, contact your public health region EMS office or the Bureau of Emergency Management at (512) 834-6700.

We will announce award winners at Texas EMS Conference 2000 during the Awards Luncheon on November 21, 2000.

EMS Award Categories

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

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization.

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

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

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

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

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

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

First Responder Award honors a first responder organization which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Air Medical Service Award honors a public or private air medical service in Texas, a leader in the field, who has demonstrated the highest standards in providing patient care to the citizens of Texas.

Outstanding EMS Person of the Year honors an EMS certified person who has demonstrated uncommon leadership and courage in providing emergency medical service to the citizens of Texas.

Two-year continuing education Emergency Suspensions

The following list of EMS personnel have certification expiration dates of December 2001 and January of 2002 and are 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 wa-

ter 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. 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.

Emergency Suspensions

34030	TONY	AALUND	KING	EMT	38187	KEITH	BODEN JR	PASA	ECA	112763	KERR	CONE	AUSTI	EMT
30766	IGNA	ACEVEDO	CANT	EMT-P	106205	JOHN	BOONE	OKLA	EMT-I	113601	KENN	CONNELLY JR	ODES	EMT
113776	JACKI	ADAIR	WARR	EMT	112752	BRIAN	BOOTH	WHIT	EMT	113873	JASO	COOK	WHIT	EMT
39826	JERR	ADAMS	COLLI	EMT-P	268	SCOT	BORIS	FORT	EMT	108863	NANC	COOPER	KOUN	EMT
89497	JOSE	ADORNO	BRO	EMT	5254	LARR	BOSENBARK	AUSTI	EMT	112735	FELIP	CORONADO	GONZ	EMT
113712	DANIE	AGUILAR JR	CORP	ECA	16546	DAVI	BOSHEARS	HOUS	EMT	19452	JOHN	CRADDOCK	EULE	EMT
113247	PATRI	AGUINAGA	THE C	EMT	112619	ROBE	BOYETT	SAN A	EMT	40260	JAME	CRAVIN	HOUS	EMT
113138	CHAR	AKIN	PALE	EMT	10347	TINA	BRANTLEY	PARIS	EMT	112805	ELVA	CRENSHAW	BAYT	EMT
29182	NATH	ALDERS JR	NACO	EMT	113359	AMY	BRIGHT	MISS	EMT	112583	L	CRENSHAW	DOUG	ECA
113394	MELIS	ALEXANDER	EL PA	EMT	112948	JAME	BRODEN	ROUN	ECA	49157	EDWI	CRITTENDCN	HOUS	EMT
112966	ARIC	ALLEN	AUSTI	ECA	113051	RICHA	BROWN	BEAU	ECA	112601	KIMB	CRONIN	CORP	EMT
8232	RICHA	ALLEN	CORI	ECA	46943	RUSS	BROWN	DEW	EMT-P	40563	WILLI	CROW	WAC	ECA
35515	STAC	ALLEN	HARLI	EMT-P	56631	WILLI	BROYLES	ALICE	EMT-P	112803	MAX	CULPEPPER	PALA	EMT
113538	RAQU	ALONZO	HERE	EMT	113010	TODD	BRUMIT	EMOR	ECA	113794	GEOR	CUMINS	RIO VI	EMT
26850	ALBE	ALTENBAUMER	WAKE	ECA	113895	DENNI	BRYAN	SAN A	EMT-I	113795	NINA	CUMINS	RIO VI	EMT
51777	SERA	AMADOR	HOUS	EMT	15484	MARI	BRYAND JR	SAN A	EMT	113825	NATH	CUMMINGS	VAN	EMT
102421	BERRI	ANDERSON	EDDY	EMT	39763	LORI	BURICH	AUSTI	EMT	71997	RICHA	CUMMINGS JR	LAKE	ECA
113085	DEBR	ANDERSON	ARLIN	EMT	112820	NATH	BURRIS	ARLIN	EMT	45372	JOHN	CURTNER	ALVIN	EMT
113333	JAME	ANDERSON	MONT	EMT	112928	GREG	BURTN	COLL	ECA	113353	PITSY	DAHLSTROM	FRIEN	EMT
98421	JEFF	ANDREWS	ROCK	EMT	112266	JULIE	BUTLER	PORT	EMT	114091	JAME	DANIELS	WICHI	ECA
112174	ARTH	ANTHONY	CEDA	EMT	30946	RICHA	CALLAWAY	WAC	EMT	112320	VY	DAO	HOUS	EMT
113548	HENR	APODACA	EL PA	EMT	112821	BRAN	CAMARILLO	FORT	EMT	113203	AMY	DAVIS	HOUS	ECA
12800	ALBE	ARCHULETA	EL PA	ECA	113517	ASHL	CAMPBELL	BALLI	EMT	11183	JAME	DAVIS	TEXA	EMT-P
112555	MICH	ARMSTRONG	WELL	ECA	111153	CHRIS	CAMPBELL	GARL	EMT	113332	JERR	DAVIS	HUNTI	EMT
113396	CARRI	ARREOLA	EL PA	EMT	112669	JOHN	CAMPBELL	IRVIN	EMT	112578	MARK	DAVIS	GEOR	EMT
113248	JEFF	ARRINGTON	DENT	EMT	112717	BEVE	CANNING	AUSTI	ECA	113605	MARY	DAVIS	FORT	ECA
112883	VERL	AVIE	HOUS	ECA	112199	TARY	CARDIN	AUSTI	EMT	12972	RICHA	DAVIS	PASA	EMT
112920	DARR	AYERS	DEER	EMT	113402	JUAN	CARLIN	EL PA	EMT	113606	VICKI	DAVIS	ODES	EMT
112908	LUTICI	BACKES	UNIVE	EMT	109049	VICTO	CARRILLO	EL PA	EMT-I	40888	DAVI	DAY	ARLIN	EMT-P
112858	CLINT	BAGWELL	TULE	ECA	110789	GEOR	CARTER	BEAU	ECA	113833	ARTH	DEAL	WHIT	ECA
112910	TARA	BAILLEYS	CANA	EMT	113857	RODN	CARTER	CEDA	EMT	29891	ROBE	DEAN JR	WICHI	ECA
13149	ROBE	BAIN	ALVIN	ECA	112861	MADE	CASTILLE	FLAT	EMT	106544	GEOR	DEARBONNE	BEAU	EMT-I
44018	SCOT	BAIRD	CORI	EMT	112715	MARG	CASTILLO	AUSTI	ECA	10374	KELL	DENNIS	WAC	ECA
113473	CARO	BAKER	ELGIN	ECA	103792	HEAT	CASTLEBERRY	AUSTI	EMT-I	48254	GEOR	DENNIS JR	TAYL	EMT-P
113549	ERIK	BAKER	EL PA	EMT	112754	RUST	CATOE	HAMIL	EMT	47292	STEV	DEROCHE	NEDE	EMT
108332	JENNI	BAKER	COLL	EMT	40072	JAYM	CAULEY	HOUS	EMT	113406	ANTO	DIAZ	EL PA	EMT
112859	JOSE	BALDERAS JR	CORP	EMT	113235	RHON	CAUSEY	PLAN	EMT	31983	JOE	DIAZ	SAN A	EMT-P
113167	KIM	BALOGH	POTT	EMT	8803	ESTE	CAVAZOS	DIBOL	EMT	104350	ARTU	DIAZ JR	SAN J	EMT
113845	ARCHI	BANKS	ELKH	EMT	112713	JOHN	CELLETTI	SAN	ECA	113408	VITO	DICHRISTINA	FT MO	EMT-I
2554	ULYS	BARNES	WAC	ECA	113598	PATRI	CERVANTES	MCAL	EMT	16972	JOE	DICKERSON JR	HOUS	EMT
13312	BERN	BARNES III	KATY	EMT-I	113206	H	CHACON	HOUS	ECA	112823	RECIA	DILL	JUSTI	EMT
40602	ROBE	BARNETT JR	WHAR	EMT	112990	RONA	CHAMBERS	HIGHL	EMT	112775	CHRIS	DILLARD	COLL	ECA
112463	FRAN	BARRIENTOS	DALL	EMT	111456	STEP	CHANDLER	SAN A	EMT	95949	ANJA	DIXON	SAN A	EMT-P
2709	CARO	BARTHEN	WEAT	EMT	104774	JACO	CHANEY	VIDO	EMT-I	112389	SUSA	DIXON	SHER	EMT
6931	WILLI	BASS	FORT	ECA	113584	KARE	CHAVEZ	AMAR	EMT	20746	DAVI	DOAKES	FORT	EMT
21048	LEIF	BATEY	DENIS	EMT-P	113062	VINEE	CHOUDHRY	KENN	EMT	57734	LOUIS	DOBIN	TEMP	EMT
112977	DANA	BATTE	WAXA	ECA	44406	RODN	CHRIST	HAMS	EMT-I	69849	GRAN	DODSON	GRAH	EMT-I
111738	BRIAN	BATTENFIELD	PEAR	EMT	112343	GARY	CLABORN	DAVI	EMT-I	19923	MANU	DOMINGUEZ	EL PA	EMT
111084	MERY	BAUER	MOUL	EMT	106509	CARL	CLARK	WAC	EMT	113409	SHAN	DOOLEY	EL PA	EMT
112399	PATRI	BAUMGARDNE	DENIS	EMT	112838	MARI	CLARKE	SAN A	EMT	112712	BRYA	DOUGAY	BUDA	ECA
113674	NATH	BAYS	GARL	ECA	113335	PETE	CLARKE	HOUS	EMT	11011	MARG	DOWD	MELB	EMT-P
27247	BRIAN	BECK	SCHE	EMT-I	113290	KEVIN	CLARKSON	SAN A	EMT	31288	THOM	DOWNS	DRIPP	EMT
112327	KEITH	BENSON	SAN A	EMT	113907	BARBI	CLAY	CHAN	ECA	14931	DANN	DOYLE	MCKI	EMT-P
113736	MATT	BENTLE	GARL	ECA	113060	MICH	CLEVENGER	GRAP	EMT	42054	CAES	DOYLE III	HOUS	EMT
113546	ROSA	BERG	COPP	EMT	39760	DEAN	CLISH	WIND	EMT-P	112193	KIMB	DRENNAN	AUSTI	EMT
44610	RENE	BERTRAND	HOUS	EMT	36862	DIANA	CLOYD	VIDO	EMT-P	113558	DOUG	DUDLEY	SAN A	EMT
838	RONA	BEVINS	LORAI	EMT-I	12008	JAME	COE	HOUS	EMT	31855	ROD	DUGUID	QUINL	EMT-P
112730	CHAR	BIGGS	KILLE	EMT	71602	MATT	COLBERT	DALL	EMT	7390	FELICI	DUNCAN	FLOW	ECA
101057	KEVIN	BINION	BOGA	EMT	103305	STEP	COLE	LUFKI	EMT	2311	CATH	DUNNAVANT	ARLIN	EMT
112397	PENNI	BITTICK	DENIS	EMT	24577	JAME	COLEMAN	WAC	ECA	93192	WILLI	DUNSWORTH	CORP	EMT
20801	JEFF	BLACK	DODD	EMT-P	380	DENNI	COMEAU	SAN A	EMT-P	113410	GEOR	DURON	EL PA	ECA
112530	PATRI	BLANCHARD	BAY C	ECA	113030	BEN	COMPTON	FORT	EMT	21134	JANA	EARNEST	BREC	EMT-I
53695	THOM	BLANKENSHIP	LA PO	ECA	23011	JOSE	CONDON II	BEAU	EMT	1009	NANC	EASLEY	WIMB	EMT
113218	KATH	BLOW	TYLE	EMT	112772	AMY	CONE	AUSTI	EMT	42999	LARR	EBEST	SAN A	EMT

Emergency Suspensions

113271	ENRIQ	ECHANIZ	CARR	EMT	113587	MICH	HARDEE	AMAR	EMT	13953	THOM	LINDSEY	LAKE	EMT
113001	DENNI	ECKENROD	LEWI	EMT	9032	DAVI	HARDIN JR	LARE	EMT-P	109926	JERE	LITTLE	BOER	EMT-I
112374	GARY	EHRlich	SEMI	EMT-I	113214	MATT	HARMON	PASA	EMT	112524	WILLI	LITTLE	MARK	ECA
112972	BREN	EILERS	COLL	ECA	112942	TROY	HARPER	COLL	ECA	25530	WILLI	LOCKE	PORT	ECA
22273	MARY	ELLETT	DANE	EMT	113372	JARE	HART	CHAT	EMT	13900	MICH	LONG	TERLI	EMT
33278	JERR	ELLIOTT	MARS	ECA	112825	JEFF	HART	ARLIN	EMT	112877	ROBE	LOPEZ	SAN E	ECA
112996	EDW	EMIG	EMOR	ECA	19120	KEVIN	HART	BEAU	EMT	112722	JERR	LORTON	CAME	EMT
113747	CARI	EVANS	BURL	EMT	113177	CHRIS	HARTMANN	MANO	EMT	87176	DEE	LOTT	MIDLA	EMT-I
111194	HEAT	EVANS	AUSTI	EMT	112584	DEBO	HATLEY	DOUG	ECA	112929	MELIS	LOWE	BRYA	ECA
113831	KENN	EVANS	LONG	ECA	13952	MICH	HAWKINS	BEAM	ECA	108045	SUMM	LUCAS	MAGN	EMT
112517	TONIA	EVANS	BEAU	EMT	8849	LOIS	HAYNES	BAYT	EMT	108341	PHILLI	LUSTER	HEAR	EMT
113125	WAYL	EVANS	LIVIN	EMT	113731	CHAR	HEARNE	GALV	EMT	113083	DWIG	LUTZ	LUBB	EMT
111935	JASO	FARRAR	O FAL	EMT-I	29852	JOHN	HEDGEPTH	LUFKI	EMT-I	112738	DEIR	LYON	LEAN	EMT
108071	HEIDI	FELLER	KING	EMT	100790	MARY	HELMICK	HOUS	EMT	113866	GALE	MACZIEWSKI JR	COPP	EMT
113146	TIFFA	FERGUSON	WINO	EMT	37949	RAYM	HELONA	WAC	ECA	108732	TROY	MADIGAN	AUBU	EMT-P
113027	GABRI	FERRAIVOLO	BEDF	EMT	113164	KIMB	HENDERSON	COLL	ECA	112878	ALEJ	MAGALLANES	EL PA	ECA
108271	NICOL	FEW	COLL	EMT	32292	RAND	HENDERSON	MERK	EMT	112879	ENRIQ	MAGALLANES	EL PA	ECA
112778	ART	FIGUEROA	TOMB	ECA	12302	GENE	HERMES	CALD	ECA	112060	TOM	MAJORS	PLAIN	EMT
5920	CHRIS	FINCHER	BAY C	EMT-P	113295	DORE	HERNANDEZ	SAN A	EMT	113885	DAVI	MALLOW	ODES	EMT
113421	CLAU	FINKLEA	MESQ	EMT	100370	JUAN	HERNANDEZ	SAN B	EMT-P	24284	JOHN	MALPASS	HOUS	EMT
9751	ANDR	FISK	HOUS	EMT-P	113620	MIRIA	HERNANDEZ	MCAL	EMT	112201	ANTH	MANGHAM	EDDY	EMT
112777	EDW	FLAX JR	PEAR	ECA	19483	RICAR	HERNANDEZ	DEER	ECA	24152	MIKE	MANNERY	WHIT	EMT
112751	ERIC	FLINN	DICKI	EMT	112732	ELIZA	HICKS	AUSTI	EMT	70842	MICH	MANNOR	CART	EMT-P
114010	ERICA	FLORES	MISSI	ECA	21834	RAYM	HILDEBRAND	GEOR	EMT	110825	MICH	MANSELL	TOMB	EMT
48168	JOSE	FLORES	HOUS	EMT	47876	LARR	HOELSCHER	WAC	EMT	113886	LISA	MARCUM	MIDLA	EMT
111014	LANC	FLOWERS	DERB	EMT-P	113266	ANDR	HOLGONA	DALL	EMT	113834	MARG	MARONEY	HALL	ECA
108456	CASE	FLYNN	CORP	EMT-P	44320	LESLI	HOLLOWAY	TEXA	EMT-P	5287	MARK	MARSHALL	MANS	EMT-P
113799	LINDA	FOHN	HOND	EMT	571	WILLI	HOLT	WILLI	EMT-I	103179	HELE	MARTIN	HUGH	EMT
16075	STEV	FOLTZ	HOOK	EMT-P	111560	KELL	HOOD	SAN A	EMT-P	111984	JOE	MARTIN	SPRIN	EMT
110014	ANDR	FORD	PASA	EMT	111710	STEV	HOSEA	COPP	EMT-P	113901	EDW	MARTINEZ	ODES	EMT
107782	MICH	FRANCESCO	CORP	ECA	111598	CATH	HOUSE	LA PO	ECA	113627	REYN	MARTINEZ	SAN B	EMT
113585	BILLIE	FRAZIER JR	AMAR	EMT	113039	DANIE	HOUSE	ARLIN	EMT	113889	JENNI	MASONER	ARLIN	EMT
113004	JAME	FREEMAN	HIGHL	EMT	112710	SAND	HUEBNER	LEAN	ECA	113178	HEAT	MASTENBROOK	AUSTI	EMT
112591	ANDR	FULLER	TEXA	EMT	92013	DIANA	HURTADO	CORP	EMT	112458	EDW	MATTHEWS	COLLI	EMT
112372	DAVI	GABAREE	COPP	EMT	113341	JEAN	HUSBAND	NACO	EMT	35682	KEITH	MATTHEWS	HOUS	EMT
103308	ROBE	GADDDY	CENT	EMT	45310	MELIS	HUTTO	SPUR	EMT-P	110713	JANE	MAXWELL	HOBB	EMT
112993	STEP	GALLIAN	HURS	ECA	56713	TONI	INGLET	WILLI	EMT-I	113875	LARR	MAXWELL	BULL	EMT
112357	JOSE	GALVAN	CORP	EMT	112699	JAME	INMAN JR	LEAN	EMT	113464	STEV	MAY	AMAR	EMT
114069	BREN	GARCIA	AMAR	EMT	21164	MARY	ISBELL	BRO	EMT	112933	DEAN	MAYO	COLL	ECA
15753	ROLA	GARCIA	PASA	ECA	101941	AMY	JACKSON	HOUS	EMT-I	112695	MICH	MAYS	HURS	EMT
113425	TERE	GARCIA	EL PA	EMT	112729	COUR	JACKSON	HUNT	EMT	112197	MICH	MCANARNEY	AUSTI	EMT
112792	TISHA	GARCIA	HOUS	EMT	14650	DEVIN	JACKSON	PALE	EMT-I	43198	LISA	MCANN	ROUN	EMT
97241	GEOR	GARRARD	STINN	EMT-I	47284	JAME	JAMERSON	RALL	EMT-I	54457	BERTI	MCCELON	EL PA	EMT-I
112233	JANN	GARRISON	OVER	EMT	42044	DAVI	JANSE	ARLIN	EMT	114098	MICH	MCDORMAN	WICHI	ECA
110341	CHILA	GARZA	SEMI	EMT-I	112709	MICH	JANSE	AUSTI	ECA	112255	TAMM	MC GEE	TOMB	EMT
112873	ADAM	GATES	EL PA	ECA	108494	ROBE	JASPER	CORP	EMT-P	25455	TRAC	MC GEE	ARLIN	EMT-P
45013	JERR	GAUTIER	WAC	ECA	55234	KIRK	JENKINSON	LONG	EMT-I	108146	KATIE	MCMAHON	KATY	EMT
30932	TOM	GENT	WAC	ECA	24518	JASO	JESTER	HUMB	EMT-I	112965	RICAR	MEDRANO JR	AUSTI	ECA
107572	JAME	GENTRY	KATY	EMT-I	113294	MONI	JIMENEZ	SAN A	EMT	113284	BRUC	MEGE	PLAN	EMT
103766	BARB	GERMANY	BRAZ	EMT	112762	ERIC	JOHNSON	MANC	EMT	40949	RUBE	MENDIOLA	LARE	EMT-P
113005	TAMM	GIBSON	FLOW	EMT	113923	JONA	JOHNSON	HOND	EMT	113102	MIKE	MENDOZA	JEFF	EMT
114095	MICH	GILBERT	WICHI	ECA	113922	JORD	JOHNSON	HOND	EMT	113446	SILVIA	MENDOZA	EL PA	EMT
112924	JAME	GILLILAND	KILGO	EMT	111292	JERE	JONAS	SPRIN	EMT	107610	JAME	MERRICK	PANH	EMT-I
112527	JASO	GLENEWINKEL	BAY C	ECA	112677	CLOVI	JONES	WICHI	EMT	112829	MELIS	MEYER	CLB	EMT
112429	RICHA	GOIN	FALL	EMT	113250	JENNI	JONES	LEWI	EMT	32998	SCOT	MEYERS	FORT	EMT
26541	ANTO	GOMEZ JR	EL PA	ECA	112734	BARB	JORDAN	AUSTI	EMT	113968	CHRIS	MIDDLETON	MEXI	EMT
113149	CLAU	GONZALES	SAN A	EMT	113292	DAVI	JURSS	VON	ECA	113800	ROBIN	MIKELS	SANDI	EMT
22922	VIOLA	GONZALES	AUSTI	EMT	113699	ANTH	KAY	IRVIN	EMT	59889	JASO	MILAM	CLEB	EMT
113433	JOSE	GONZALEZ	EL PA	EMT	112388	KASH	KAYS	SHER	EMT	112945	JENNI	MILLER	AUSTI	ECA
51980	DALT	GOODEN	WAC	ECA	112708	ANITA	KELLY	AUSTI	ECA	113724	ROBE	MILLER	CORP	ECA
113879	IAN	GORDON	MIDLA	EMT	112828	JOSH	KELLY	FORT	EMT	108039	HEAT	MILLS	DALL	EMT
113676	SAMM	GOSS	DALL	ECA	105056	AMBE	KEMP	WICHI	EMT-P	113343	BRUC	MILSTEAD	HUNTI	EMT
98384	ANNE	GOTTENSTRAT	KING	EMT-I	112864	WILLI	KENDRICK	CORP	ECA	112392	ROBE	MING	WAC	ECA
62470	JASO	GRADY	UNIC	EMT-P	8738	WILLI	KEY	BEAU	EMT	29635	DENIS	MIRELES	CORP	EMT-P
113573	TRAC	GRANDFIELD	NOCO	EMT	59388	KARE	KILMER	VIDO	EMT-I	70684	JOSE	MIRELES	BEEVI	EMT-I
113729	BONNI	GRANGER	GRAN	ECA	21388	TERR	KINDER	CENT	EMT-P	33497	RODO	MONTES	EL PA	ECA
113014	CARRI	GRAZIANO	ARLIN	EMT	113286	DAVI	KINDLE	AURO	ECA	1223	CHAR	MONTRIOY	WAC	ECA
37351	TOMM	GREEN	MULE	EMT-P	57249	CLAU	KING JR	DE K	EMT	113345	ALISSI	MOORE	LUFKI	EMT
100109	ANDY	GRIFFIN	SHER	EMT-P	41738	BELIN	KINZIE	FORT	EMT-I	113200	MARK	MOORE	LUBB	ECA
112745	ROBIN	GRIMM	COPP	EMT	55110	DAVI	KIRKLAND	GEOR	EMT	113351	PAT	MOORE	WELL	ECA
26889	DENNI	GROSS	MESQ	EMT-P	113042	KELLI	KIRKLAND	BULV	EMT	61922	EPHR	MORALES	SAN A	EMT
113166	MICH	GROSS	PORT	ECA	112930	JENNI	KIRKPATRICK	COLL	ECA	44876	GERA	MORALES	SAN A	ECA
113773	CLAY	GRUMBLES	LA PO	ECA	104397	MICH	KIRKPATRICK	PORT	EMT	108765	JESU	MORENO	DALL	EMT-P
113382	KENN	GUNTER	WHIT	EMT	36390	ROBE	KLEEN	GEOR	EMT	13241	FRED	MORGAN	ROGE	EMT
113550	ALFR	GUNTER JR	EL PA	EMT	113273	REBE	KMAK	GARL	EMT	113441	JULIE	MORGAN	BIG S	EMT
108662	THEO	GUTHRIE	SPRIN	EMT	39172	VAN	KOHR	HOUS	EMT-P	113049	MICH	MORRISON	ARLIN	EMT
112874	ADRIA	GUTIERREZ	SOCO	ECA	100784	KARE	KOLAR	KING	EMT-P	5433	STEP	MOSLEY	SAN A	EMT-I
113037	JOAN	GUTIERREZ	DALL	EMT	38604	VALE	KORENEK	COLU	EMT-I	104652	KARE	MOSS	GARL	EMT
114016	MARC	GUTIERREZ	DONN	ECA	108046	TORY	KRAUS	BRYA	EMT	113614	ERIK	MOTSENBOCKE	ODES	EMT
111972	CHAR	GUY	GEOR	EMT	113006	DAVI	KRIEL	HIGHL	EMT	113615	CYNT	MUEHLBRAD	ODES	EMT
110699	THEO	HAEUSSLER	SAN A	EMT	113472	KENN	LABARBERA	AUBU	EMT	2398	GREG	MUNCY	EL PA	ECA
111900	BRYA	HAEVISCHER	BELL	EMT-I	55660	DAVI	LACKEY	FORT	EMT	112633	SUSA	MURPHY	FLOR	EMT
113450	CLAU	HALE	FORR	EMT	28836	LISA	LANDOLL	WAC	ECA	110323	BOBB	MYERS	HASK	EMT
108757	BARB	HALES	DALL	EMT-P	113543	WILLI	LANGLEY	FRITC	EMT	111954	SABRI	McCULLOUGH	BREC	EMT
11012	MICH	HALEY	KIRBY	EMT-I	23320	KEVIN	LANKFORD	AMAR	EMT	113291	MART	McDONALD	NATA	EMT
113513	RAYM	HALEY III	ROCK	EMT	113722	SERGI	LARA	LARE	EMT	3085	RAY	NEALEY	ARLIN	ECA
109755	JOSH	HALL	IRVIN	EMT-P	113817	MARK	LAYTON	TENN	EMT	112937	STEP	NEEL	MESQ	ECA
113038	KEVIN	HALL	FORT	EMT	113342	JAMIE	LEA	WELL	ECA	55429	CYNT	NELSON	AUSTI	EMT-P
47104	RAYF	HALL	HOUS	EMT	110902	DIANA	LEE	HOUS	EMT	21145	JEFF	NELSON	SAN	EMT
104647	SOPHI	HALL	COM	EMT	111381	AMNE	LEFEVRE	MONT	EMT	47090	DARIE	NEWMAN	NEDE	EMT-P
113542	DEEO	HAMILTON	COLO	EMT	113443	VERO	LEGARRETA	EL PA	EMT	113350	KRISTI	NICHOLS	HOUS	EMT
108144	JULIE	HAMILTON	COLL	EMT	22934	DENA	LEMONS	FT W	EMT-P	113818	BRAN	NICKELSON	KEMP	EMT
42569	KYLE	HAMILTON	FRISC	EMT-P	113110	JEAN	LEON	PASA	EMT	112831	MICH	NORTHTRUP	ARLIN	EMT
113888	CURTI	HAMPTON	STINN	EMT	42748	SHEL	LEONARD	GRAP	EMT-P	113726	JERO	NTAKIRUTIMAN	LARE	EMT
113289	COLL	HANSON	AUSTI	EMT	19066	ERBIE	LEWIS	CHINA	EMT	105411	TOBY	NUTTER	STINN	EMT
109538	MICH	HANSON	DALL	EMT-P	7776	MONR	LIGHTFOOT	PASA	ECA	113052	MART	OAKLEY	BEDF	EMT

Emergency Suspensions

113659	DAVI	ODOM	FRED	EMT	113744	SUSA	SANEFUR	FORT	EMT	113563	KATRI	TORRES	MILES	EMT
114103	GLIND	ODOM	WICHI	ECA	113304	SUSA	SCHARF	PLAN	EMT	44541	BREN	TOWNSEND	JOHN	EMT
112180	MART	OHHLHAVER	LUBB	EMT	48508	EDWI	SCHLITZBERGE	TEXA	EMT	113651	OMAR	TREVINO	SULLI	EMT
112511	GREG	ORGAN	BAY C	ECA	110929	JOHN	SCHMIDT	AUSTI	EMT-I	32591	FERN	TREVINO JR	SAN A	EMT-I
108670	ASCE	ORTEGA	PASA	EMT-I	112970	SHEL	SCHODLBAUER	TEMP	ECA	25023	JEFF	TRIGG	ADDI	EMT-I
4798	ROBE	OSTRENGA	EL PA	EMT	112943	JODI	SCHREIBER	CONR	ECA	7749	RAND	TUCKER	DAYT	ECA
112790	ANGE	OZBURN	AUSTI	EMT	112525	DANIE	SCHROEDER	BRAZ	ECA	113088	SHAN	TUCKER	HEND	EMT
110559	EUGE	PACE	WHIT	EMT	33740	TWAN	SCHULZ	SUGA	EMT	112952	TRINA	TUCKER	EMOR	ECA
113727	JORG	PAEZ	LARE	EMT	87249	ANDY	SCOTT	CONR	EMT-P	112697	HEAT	TULBURT	MANS	EMT
113140	JOSH	PALMER	ALVIN	ECA	2300	JAME	SEAY	WAC	ECA	112684	REGIN	TULLY	BOGA	EMT
32009	JAME	PARISH	HOW	EMT	53570	CHAR	SEBASTIAN JR	CROS	ECA	112985	LAWR	TURNER	LONE	ECA
112733	KANDI	PARKER	GEOR	EMT	112973	DANA	SECKETA	BRYA	ECA	113565	TODD	TURNER	SAN A	EMT
113053	CHAD	PARSLEY	FORT	EMT	22974	JEFF	SEGUIN	DE S	EMT	112984	VICKY	TURNER	LONE	ECA
112550	DAVI	PATTON	COLL	ECA	105650	BRET	SELLERS	BONH	EMT-P	113383	RINA	TUTT	LONG	EMT
113054	MONI	PERALEZ	EULE	EMT	113366	LAFE	SESSIONS	WELL	ECA	35899	RODE	TYLER	LANC	ECA
102266	STEV	PERCIVAL	GRAN	EMT	112810	SHEL	SETH	CHAN	ECA	113082	KEVIN	UNDERHILL	AUSTI	ECA
113636	MARI	PEREZ	BRO	EMT	79506	ROY S	SHADDIX JR	HOUS	EMT-I	37416	HOW	URE	MISS	EMT
113055	SHAW	PETERSON	FORT	EMT	104123	THEO	SHAFFER, III	DALL	EMT	26751	LAUR	URIBE	SAN A	EMT
112705	PATRI	PFUFF	AUSTI	ECA	108653	DAVI	SHANKS JR	BAYT	ECA	23876	GERA	VALDEZ	JOUR	ECA
23908	JERR	PHILLEY	WAC	ECA	30190	JEFF	SHARP	DALL	EMT-P	113481	JAME	VALIGURA	MESQ	EMT
112865	DARR	PHILLIPS	NORM	ECA	113763	JENNI	SHAW	FERRI	EMT	113309	ALAN	VANCE	DALL	EMT
51089	JEFF	PHILLIPS	NEDE	ECA	39310	SUSIA	SHAW	NORM	EMT	113705	HELE	VANCE	PALE	EMT
110396	KATH	PHILLIPS	VIDO	EMT-I	26319	DERE	SHEETS	WOLF	EMT	113738	ESTH	VARA	TAFT	EMT
110421	PAME	PICARD	BUNA	EMT	110989	WILLI	SHELL	GEOR	EMT	16970	SAND	VARNER	SINTO	EMT
9626	RAMI	PINA JR	EL PA	EMT	113267	ERIC	SHELLHORN	DALL	EMT	112987	GARY	VAUGHAN	LONE	ECA
112651	JAME	PIRTLE	GRAN	EMT	113547	PAIGE	SHELTON	HOUS	EMT	113624	PAUL	VAUGHT	ODES	EMT
112913	AMBE	PITTMAN	CANA	EMT	110579	TRAC	SHELTON	NORM	EMT	112721	ARTH	VER SCHUUF	PFLU	EMT
112758	DOUG	PITTMAN	TROY	EMT	113257	CLINT	SHEPARD	DENT	EMT	81181	WILLI	VESTAL	GAIN	EMT
112704	MARK	POLANCO	AUSTI	ECA	9101	ROBE	SHERARD	RICHA	EMT-P	57373	NATE	VIERNES	CIBOL	EMT
104417	SHER	PORCARO	COLL	EMT-P	112606	JOHN	SHILLING, JR.	GRAN	EMT	113099	SARA	VILLAFRANCA	VICTO	ECA
14727	RONA	PORTER	HALT	EMT	113484	JENNI	SHUPING	WHIT	ECA	113656	GULLI	VILLARREAL	MCAL	EMT
17439	GARY	POUNDS	AUSTI	EMT	85578	DAVI	SIFFORD	EL CA	ECA	109084	OSW	VIRAMONTES	CANU	EMT-I
112576	JOSE	POWELL	GEOR	EMT	112703	LUCIN	SILLITO	AUSTI	ECA	112185	ELIZA	VITALO	AUSTI	EMT
75651	TONY	POWER	DEER	ECA	108117	MICH	SIMMONS	GORD	EMT	56335	PAUL	VOGT	BLUM	EMT-P
24837	PATRI	POWERS	LUBB	EMT	113124	DAVI	SIMMONS II	PORT	EMT	112872	SAM	VORKPOR	PECO	EMT
108044	KARE	PRATHER	HURS	EMT	516	ROBE	SIMONSON	HOUS	EMT-P	38006	MELVI	WADE	GREE	EMT
113890	JAMIE	PRESLEY	MIDLA	EMT	112189	AARO	SIMPSON	FORT	EMT	114077	THOM	WADSWORTH	AMAR	EMT
20087	LISA	PRICE	PILOT	EMT	113463	JENNI	SIMPSON	CONR	ECA	113008	RAND	WAGES	SAN A	EMT
105971	SHAN	PRICE	JACK	EMT-I	113556	HENR	SLACK JR	EL PA	EMT	113208	ANDR	WAGNER	HOUS	ECA
113028	DARR	PRIDDY	LITTL	EMT	31368	DONA	SLOAN	BULL	EMT-I	103783	HOLL	WAGNER	NEW	EMT-I
112768	WILLI	PRIME	HOUS	ECA	113868	ALAN	SMITH	GREE	EMT	25703	SUAN	WALL	SPRIN	EMT
15390	RONA	PROCTOR	DAYT	ECA	112809	DAVI	SMITH	DEER	EMT	113078	LARR	WALLACE	HOUS	ECA
20468	DENNI	PRUITT	HOUS	EMT	113429	JASO	SMITH	FORT	EMT	113764	MISTY	WALLACE	GREE	EMT
113498	NICH	PURVIS	NEW	EMT	37269	KEVIN	SMITH	DALL	EMT	108336	SHAW	WALSH	DENT	EMT
33180	DAVI	QUINN	LOCK	EMT-I	112979	LARA	SMITH	COLL	ECA	103878	JOHN	WAMBLEY	LIBER	ECA
113201	RICKE	RAINNEY	SULP	EMT	113277	MICH	SMITH	GARL	EMT	112660	SUSA	WARD	DAYT	ECA
113638	JOSE	RAMIREZ	MCAL	EMT	113244	NICOL	SMITH	HOUS	ECA	112682	TINA	WARD	BOGA	EMT
108306	DONA	RAMSEY	PORT	EMT	48526	ROBE	SMITH	WILLS	EMT	112794	WILLI	WARD	HOUS	ECA
113090	KIMB	RAMSEY	GEOR	EMT	113094	VM	SMITH	COLL	ECA	113836	JOHN	WATLEY	DIANA	ECA
114005	STEP	REASOR	KEEN	EMT	34188	VERN	SMITH JR	FORT	EMT	114108	KEVIN	WEEKES	WICHI	ECA
107643	HUGH	REED	ARLIN	EMT-I	111617	KATH	SOMERS	SOUR	EMT	98276	JERE	WEIBLE	CORP	EMT-P
112599	NANC	REES	HOUS	EMT	50789	STEV	SONS	VIDO	EMT	2504	BONNI	WELLS	GRAN	EMT-P
33938	MICH	REEVES	GRAN	EMT	10075	HENR	SOVEY	WAC	ECA	114139	DAVI	WELLS	TYLE	EMT
26799	SAND	REEVES	CONR	EMT-I	113059	SHEL	SPANGLER	MANS	EMT	2248	JERR	WENGER JR	CONV	EMT
112867	MIZAE	REGALADO	CORP	ECA	112702	CARO	SPATES	ROUN	ECA	31650	LARR	WESLEY	HOUS	EMT
113015	CURTI	REICHLER	EMOR	ECA	113487	DAVI	SPIRES JR	HOUS	EMT	31100	RODN	WEST	HOUS	EMT
101296	PATRI	REILLY	COLL	EMT	32719	DAVI	STACEY	BEAU	EMT-I	112663	WILLI	WEST	DAYT	ECA
112947	REBE	REZNICEK	WALLI	ECA	112692	BRIAN	STACY	GRAP	EMT	113691	STEP	WHEELER	PLAN	ECA
9653	BILLY	RHOADS	SALA	EMT	112962	TIFFA	STACY	GARL	ECA	113531	CHAR	WHETSTONE	CORP	ECA
113021	A.	RHODES	POINT	ECA	9086	FLOY	STARK	BELT	EMT-P	42670	WILLI	WHISENAND	AUSTI	EMT
37811	ROBE	RHODES	FORT	EMT	113374	BARR	STARNES	WELL	ECA	113782	MACK	WHITAKER	FRIEN	ECA
113577	GREG	RICHARDS	FOLL	EMT	112700	KIMB	STEIN	LEAN	EMT	48195	JOHN	WHITE	HOUS	ECA
112796	VINNI	RICHARDS	HOUS	ECA	106337	THOM	STEPHENS	AUSTI	EMT-I	112574	KRISTI	WHITE	PLAN	EMT
13873	TIMOT	RICHARDSON	BEAU	EMT	113505	AMAN	STONE	COLL	ECA	95954	ROY	WHITE	LAKE	EMT
7423	ENA	RICKMAN	BEAU	EMT	8236	TAMM	STRANGE	HOUS	ECA	102251	RUSS	WHITE	COPP	EMT-P
112958	WILLI	RIGGS	BRYA	ECA	106270	MELIS	STUIVE	PORT	EMT-I	14991	WEN	WHITE	VENU	EMT-P
113056	ANDR	RIGSBY	N RIC	EMT	12530	BEN	SULLIVAN	WAC	ECA	33308	WILL	WHITE	JOSH	EMT
113213	DONA	RITCHEY	GRAN	EMT	112795	BRUC	SULLIVAN	HOUS	ECA	113117	CARL	WHITEHEAD JR	BEAU	EMT
14422	MARI	RIVERA	EL PA	EMT	112686	JONA	SULLIVAN	KATY	ECA	109787	KRIST	WHITEHILL	DALL	EMT-P
1948	MARTI	ROBERTS	DIBOL	EMT	105246	JON	SUTTON	FORT	EMT	112950	ANGE	WHITEHURST	HOUS	ECA
81285	TIMOT	ROBERTSON	TEXA	ECA	113403	HOLL	SWEARINGEN	BLOO	ECA	106822	BRAD	WHITFIELD	ATHE	EMT-I
112367	LAUR	RODELA	CORP	EMT	113497	JOHN	SWOBODA	DEL V	EMT	4241	GLEN	WHITMER	GRAN	ECA
113449	SAND	RODRIGUEZ	SUNL	EMT	105343	ARTU	SYLMAR	SAN A	EMT-I	113069	RICHA	WHITMIRE	ARLIN	EMT
12247	BREN	ROGERS	DALL	EMT-P	112909	LYNN	SYMPHERS	NEW	EMT	57750	ROBE	WHITNEY	CLAU	EMT
113305	JAME	ROGERS	ARLIN	EMT	23115	LAFE	TALLEY	DAYT	EMT	105753	FRED	WHITTINGHAM	MESQ	EMT
34608	ANDR	ROHDE	PLAN	EMT-P	15079	BILLY	TAYLOR	WAC	ECA	84522	JERR	WHITWORTH	TROU	EMT
113892	RASH	ROJAS	MIDLA	EMT	113593	JESSI	TEAGUE	AMAR	EMT	110896	RAND	WIED	VAN V	ECA
9877	DAVI	ROJAS JR	GALV	EMT	111156	JUSTI	TEAGUE	GRAP	EMT	7260	MARY	WIGGINS	BEAU	ECA
113389	KAYLI	ROLFE	ALBA	EMT	39294	EARN	TERRY	HOUS	EMT	1666	DONA	WILKINSON	ALVIN	EMT
1057	JESU	ROMAN	DENIS	EMT	9963	JAME	TERRY	HARLI	EMT-I	112765	JARR	WILKINSON	PFLU	EMT
107791	STEV	ROMERO	CORP	ECA	44664	MICH	THACKER	HEMP	EMT	113428	ANGE	WILLIAMS	FORT	EMT
112759	MARK	ROZNOVAK	KEMP	EMT	113308	TRUN	THAI	RICHA	EMT	113533	CARO	WILLIAMS	SINTO	EMT
112931	JANA	RUPNOW	DALL	ECA	10435	BILLY	THOMAS	MCLE	EMT-P	32568	JAME	WILLIAMS	KATY	ECA
112459	CHAR	RUSSELL	DENIS	EMT	109372	HOLL	THOMAS	SUGA	EMT-I	4572	LISA	WILLIAMS	HUNT	EMT
113562	JULIE	RUTHERFORD	SAN A	EMT	112552	JEFF	THOMAS	HOUS	EMT	113210	LONNI	WILLIAMS	LONG	EMT
31609	BOBB	RYAN	DIBOL	EMT	112971	KRIST	THOMAS	VAN	ECA	50183	MELA	WILLIAMS	BIG S	EMT
113521	JOHN	SALAS	CORP	ECA	113453	BIRGI	THOMPSON	EL PA	EMT	113070	ROBE	WINKLE	WEAT	EMT
11605	LUTS	SALINAS	OLNE	EMT	112978	MICH	THOMPSON	MIDLA	ECA	114109	SAM	WOLFE	WICHI	ECA
113530	DANIE	SANCHEZ	ABLE	EMT	112688	SHEIL	THOMPSON	DAYT	EMT	113243	TED	WOODS	HOUS	ECA
113643	DANIE	SANCHEZ	EDINB	EMT	16044	SHER	THOMPSON	SAN A	EMT	36376	TERR	WOODS	BAYT	ECA
109075	JORG	SANCHEZ	EL PA	EMT-I	26366	GEOR	THURSTON III	PLAN	EMT-P	39885	DONN	WREN	LUBB	ECA
11342	JORG	SANCHEZ	EL PA	ECA	113737	OMAR	TIJERINA	LARE	EMT	58995	TRAVI	YARBROUGH	LAKE	EMT-I
113894	MICH	SANCHEZ	MIDLA	EMT	20930	KELL	TIPTON	ROCK	EMT-P	110522	KEVIN	YOUNG	BOWI	EMT
109921	ROXA	SANCHEZ	LARE	EMT-I	10735	ERRIC	TOLIVER	SAN A	EMT	113467	HAYL	YOWELL	AMAR	EMT
112371	JACQ	SANDERS	CORP	EMT	113454	ALEX	TORRES	EL PA	EMT	111873	MONA	ZAIDI	HOUS	EMT
										49776	ROYC	ZATOPEK	WAC	ECA

Disciplinary Actions

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.

Abbema, Ashley Christian, Houston, Texas. Twelve months probation of EMT certification through March 10, 2001. EMS Rules 157.44(c)(2)(B)(vi)(IV), offenses against public health, safety and morals.

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.

AM Care Ambulance Service, Laredo, Texas. Twelve months probation through February 28, 2001. EMS Rules 157.19(c)(1)(A) and (I), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title, and continues to disregard violations noted on unannounced inspections and/or has not corrected deficiencies noted on unannounced inspections as required in 157.18 of this title.

* **Amb-Trans Ambulance Service, San Antonio**, Tx., 24 months probated suspension of EMS providers license and a \$2,500 administrative penalty through June 30, 2002. EMS Rules 157.19(c)(1)(A) and (U) fails to comply with any of the provider licensure requirements as defined in §157.11 of this title (relating to Requirements for an EMS Provider License); violates any rule or standard that would jeopardize the health or safety of a patient.

Anderson, Andy M., Perryton, Texas. Twenty-four months probation of EMT-Paramedic certification through October 14, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

* **Andrews, Wanda**, Pasadena, Texas. Six months suspension followed by twelve months probation of EMT certification through November 30, 2001. EMS Rules 157.5(b)(8) and (25) and (28), is under the influence of alcohol or is using a controlled substance, as defined by the Health and Safety Code, Chapter 481 and/or Chapter 483, which affects the certificant's ability to render aid according to accepted procedures or protocol; violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel; and abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Aranda Jr., Andres, El Paso, Texas. Probation of EMT certification through October 29, 2000. EMS Rules 157.51(b)(27) on audit, fails to complete continuing education hours as described in 157.38.

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.

Barclay, Donald Earl, Irving, Texas. Twelve months probation of EMT-P certification through September 21, 2000. EMS Rules 157.44, 157.51(b)(16), (26) and (c) and 157.53, misdemeanor conviction and falsification of an application for certification.

Barnes, James S., Benbrook, Texas. Decertification of EMT-P certification effective December 21, 1999. EMS Rules 157.51(b)(11), appropriates and/or possesses without authorization medications, supplies, equipment, or personal items inappropriately acquired in the course of duty.

Bassett, Richard, Webster, Texas. Letter of reprimand of EMT-I certification effective March 28, 2000. EMS Rules 157.51(b)(1) and (23) and (25), fails to follow the EMS standards of care in the management of a patient; fails to comply with HSC, Chapter 773, and rules adopted thereunder; and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Beck Jr., Patrick Charles, Port Lavaca, Texas. Twenty-four months probation of EMT certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and

157.53, felony 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.

Best Care Ambulance, Houston, Texas. Twenty-four months probation through September 30, 2001, and an administrative penalty of \$10,000. EMS Rules 157.11(d)(1)(A), a BLS provider shall staff BLS vehicles...with at least 2 certified Emergency Care Attendants; 157.11(k)(1), a provider shall only advertise that level of care which can be provided in the service area 24 hours a day, 7 days a week; 157.11(m)(13), assuring that a vehicle, when response ready is staffed and equipped in accordance with the Health and Safety Code, Chapter 773, and this section for each level of care provided.

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.

* **Brooke, Brian**, Waco, Texas. Decertification of EMT-P certification effective March 27, 2000. EMS Rules 157.51(b)(13) and (28), repeats an offense which resulted in suspension and/or probation of the certificate or has a history of two or more offenses within a two-year period; and abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Brooks, Gary Lee, Springtown, Texas. Twelve months probation of EMT certification through March 2, 2001. EMS Rules 157.44, 157.51(b) and (c), 157.53, misdemeanor conviction.

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. Revocation of probation effective November 22, 1999 and suspension of EMT-I certification through November 22, 2002. EMS Rules 157.51(b)(5) and (24), failure to comply with the terms of a probation and failure to give the department full and complete information upon request.

Bush, Daniel C., Amarillo, Texas. Twenty-four months probation of EMT certification through October 21, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Canales, Daniel, Mathis, Texas. Twelve months probation of EMT certification through July 31, 2000. EMS Rules 157.51(b)(1), (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; and violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Carlyle, Jason, Grafrod, Texas. Decertification of ECA certification effective February 11, 2000. EMS Rules 157.51(b)(16) and (24) and (26), misdemeanor or felony convictions in accordance with the provisions of 157.44 of this title; fails to give the department or its authorized representative full and complete information, upon request, regarding an alleged or confirmed violation of Health and Safety Code, Chapter 773, or rules adopted thereunder; and falsifies an application for certification or recertification.

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.

Childers, Mickey Lynn, Beaumont, Texas. Twenty-four months probation of EMT-Paramedic certification through March 3, 2001. EMS Rules 157.51(b)(1), failure to follow EMS standards of care in the management of a patient; 157.51(b)(2), failure to administer medications and/or treatments in a responsible manner in accordance with the medical director's protocols.

Cloud, Jay David, Deer Park, Texas. Twelve months probation of EMT-P certification through July 2000. EMS Rules 157.51(b)(1) and (25), fails to follow EMS standards of care in patient management and violates any rule or standard that has a potential negative effect on the health or safety of a patient.

Couch, Christopher Charles, Amarillo, Texas. Twenty-four months probation of EMT-I certification by reciprocity through March 16, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53(6), misdemeanor convictions and falsification of EMS personnel application.

Crystal City EMS, Crystal City, Texas. \$500 administrative penalty. EMS Rules 157.19(c)(1)(S), (T), and (U), operates or allows to be operated vehicle warning devices unnecessarily and/or in a manner that endangers patient or

public safety; violates Texas Code, including, but not limited to, the operation of an emergency vehicle; violates any rule or standard that would jeopardize or have a potential negative effect on the health or safety of a patient.

Dallas Ambulance Service, Dallas, Texas. \$500 administrative penalty against their provider's license effective March 24, 2000. EMS Rules 157.11(g)(1)(E)(ii) and 157.12(c)(11), equipment listed as placed on the ambulance.

De La Garza, Diane, Pleasanton, Texas. Twenty-four months probation of EMT certification through October 15, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Delgado, Robert, Lockney, Texas. Twelve months probation of ECA certification through February 18, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

Dickerson, Willie J., Woodville, Texas. Twenty-four months probation of EMS Coordinator and EMS Examiner certification through July 2001. EMS Rules 157.64(a)(2)(D)(H)(P) and (S), dealing with falsification of documents, failure to maintain the integrity and professionalism in the course as well as compromise or falsification of the department's skills process and/or standards.

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.

Eichner, Larry Dale, Kingsland, Texas. Denial of application for EMT-I certification and decertification of EMT certification effective November 19, 1999. EMS Rules 157.44, 157.51(b)(16) and (24) and 157.53, felony conviction 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.

Emerson, David, San Antonio, Texas. Decertification of EMT certification effective February 28, 2000. EMS Rules 157.51(b)(9), (12) and (25), represents that he or she is qualified at any level other than his or her current certification; materially alters any department EMS certificate or uses and/or possesses any such altered certificate; violates any rule or standard that would jeopardize the health or safety of a patient, the public or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Emerson, Travis Clinton, McQueeney, Texas. Twenty-four months probation of EMT certification through May 7, 2001. EMS Rules 157.44(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Enterprise Ambulance, Webster, Texas. \$1000 administrative penalty and twelve months probation of EMS provider license. EMS Rules 157.11(m)(13) and 157.14(c), assuring that a vehicle, when response ready, is staffed and equipped in accordance with the Health and Safety Code, Chapter 773, and this section for each level of care provided; and required equipment as provided in 157.12 of this title and 157.13 of this title.

Express Care Ambulance, Houston, Texas. \$500 administrative penalty. EMS Rules 157.19(c)(1)(O), intentionally falsifies a patient record.

Falcon, Joe, Austin, Texas. Twelve months probation of EMT certification through August 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Farwell VFD, Farwell, Texas. Twenty-four months probation of provider license through September 23, 2000. EMS Rule 157.11(d)(1)(A), failure to have 2 certified attendants on an ambulance when in service.

Folsom, Robert M., College Station, Texas. Twenty-four month probation of EMT-Paramedic certification through October 29, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Garza, Roberto, Mission, Texas. Twenty-four months probation of EMT certification through December 22, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Garza, Rodolfo, Mercedes, Texas. Two years probation of EMT recertification through February 11, 2002. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor convictions while certified.

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.

Geyer, Christopher Joseph, New Braunfels, Texas. Probation of EMT certification through June 30, 2001. EMS Rules 157.51(b)(27), fails to complete continuing education requirements as described in 157.38 of this title.

Gilcrease, Shawn, Rosharon, Texas. Twenty-four months probation of EMT-P certification through December 31, 2001. EMS Rules 157.51(b)(2), fails to administer medication and/or treatments in a responsible manner in

Disciplinary Actions

accordance with the medical director's orders or protocols.

Gonzales, Alfonso C., Corpus Christi, Texas. Twenty-four months probation of EMT certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

Gonzales, Richard, Pearsall, Texas. Twelve months probation of EMT certification through September 30, 2000. EMS Rules §157.51(b)(25)...violates any rule or standard that would jeopardize the health and safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Goswick, Michelle, Breckenridge, Texas. Voluntarily surrender of EMT certification effective March 1, 2000. HSC Chapter 773.064(a), a person knowingly practices as, attempts to practice as, or represents himself to be an EMT-P, EMT-I, EMT, ECA or LP and the person does not hold an appropriate certificate issued by the department under this chapter. 25 TAC 157.51(b)(4), (9), (17) and (25), performs advanced level treatment without medical direction or supervision; represents that he or she is qualified at any level other than his or her current certification/ practices beyond the scope of certification without medical direction; and/or would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel. EMS Rules 157.51(b)(25), violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Graham, Robert W., San Antonio, Texas. Twenty-four months probation of EMT-P 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.

Gutiérrez, Carlos, Donna, Texas. Decertification of EMT certification effective February 28, 2000. EMS Rules 157.51(b)(16), misdemeanor or felony convictions in accordance with the provisions of 157.44 of this title.

Hebbe, Robert Kenneth, Joshua, Texas. Twelve months probation of EMT certification through August 3, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

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.

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.

Higgins EMS, Higgins, Texas. Twelve months probation of EMS provider license through November 30, 2000. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider licensure requirements in 157.11 of this title.

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.

Horn, James Leo, Houston, Texas. Decertification of EMT-P certification effective November 19, 1999. EMS Rules 157.44, 157.51(b)(16), (24), (27) and (d), felony conviction while certified, failure to give the department full and complete information upon request and failure to complete continuing education requirements.

Howland, Darren Deun, Dallas, Texas. Twenty-four months probation of EMT-P certification through November 2, 2000. EMS Rules 157.51(b)(1) and (2), failure to follow EMS standards of care in the management of a patient and failure to administer medication and/or treatment in accordance with the medical director's orders or protocols.

Jackson, Jody Leon, Dayton, Texas. Twenty-four months probation of EMT certification through January 10, 2002. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions and a felony conviction.

Janes, David, Sulphur Springs, Texas. Decertification of EMT certification effective November 9, 1999. EMS Rules 157.51(b)(1), (2), (4), (9), (16), (17), (19) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; performs advanced level treatment without medical direction or supervision; represents that he or she is qualified at any level other than current certification; has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44 of this title; practices beyond the scope of certification without medical direction; performs medical acts beyond those permitted by the medical director; violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Johnston III, Richard F., Tyler, Texas. Twelve months probation of EMT-I certification through August 3, 2000. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53,

misdemeanor conviction while certified.

Keller, Charles Eugene, Houston, Texas. Twelve months probation of EMT certification through March 10, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

King, Elizabeth Ann, Austin, Texas. Twenty-four months probation of ECA certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction and misdemeanor conviction.

Knowles, Stephen Immanuel, Beaumont, Texas. Decertification of EMT certification effective January 21, 2000. EMS Rules 157.44 and 157.51(b)(16), and Subchapter B of the Occupations Code 53.021, felony conviction while certified which resulted in imprisonment.

Landrum, Jeffrey David, Tyler, Texas. Twenty-four months probation of EMT-P certification through January 15, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Laredo "A" Ambulance, Laredo, Texas. Twelve months probation of EMS provider license through August 31, 2000, and administrative penalty of \$4,000. EMS Rules 157.11(a)(F), a certificate of insurance coverage shall be filed with the department.

Leal, Jaime Ledesma, Mercedes, Texas. Twenty-four months probation of EMT certification through August 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

Leventz, Thomas Gordan, Ovilla, Texas. Twelve months probation of EMT certification through January 19, 2001. EMS Rules 157.44, 157.51(b) and (c), misdemeanor conviction.

Lindholm, Scooter, Granite Shoals, Texas. Voluntarily surrender of EMT-P certification effective March 13, 2000, in lieu of proposal for probation. EMS Rules 157.51(b)(25), violates any rule or standard that would jeopardize the health or safety of a patient, the public or other EMS personnel or that has a potential negative effect on the health or safety of a patient.

Little Elm VFD & EMS, Little Elm, Tx. 24 months probated suspension of EMS providers license through March 31, 2002 and a \$5,000 administrative penalty. EMS Rules §157.19(b), 157.19(c)(1)(A) and (U), administrative penalty assessed due to violation of the provisions of the Health and Safety Code, §773.065-773.066; fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that would jeopardize the health or safety of a patient.

Lowe, Steven, Southlake, Texas. Twelve months probation of EMT-P certification through July 31, 2000. EMS Rules 157.51(b)(1), (2) and (25), fails to follow EMS standards of care in the management of a patient, fails to administer medication and/or treatments in a responsible manner in accordance with the medical director's orders or protocols, and violates any rule or standard that would jeopardize the health and safety of a patient, the public or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Mason, Robert Clay, Melissa, Texas. Twenty-four months probation of ECA certification through November 19, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Med-Star Ambulance Service, San Antonio, Tx. Revocation of EMS providers license and \$5,000 administrative penalty effective June 1, 2000. EMS Rules 157.19(c)(1)(A) and (U), fails to comply with any of the provider licensure requirements as defined in §157.11 of this title; violates any rule or standard that would jeopardize the health or safety of a patient.

Mefford, Robert M., Socorro, Texas. Twenty-four months probation of ECA certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

Melvin, Robert, Houston, Texas. Twelve months probation of EMT certification through November 30, 2000. Health and Safety Code, Chapter 773.041(b), covering not practicing as any type of EMS personnel unless the person is certified.

Merkel EMS, Huntsville, Texas. Twelve months probation through July 31, 2000. EMS Rules 157.19(c)(1)(U) and 157.14(c)(2), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient, and required equipment...drugs as prescribed by the service's medical director.

McCabe, William Eric, Houston, Texas. Six months probation of LP license through November 30, 2000. EMS Rules 157.51(1) and (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

McCoy, Marion, Seminole, Texas. Twelve months

probation of EMT-P certification through May 31, 2001. EMS Rules 157.51(b)(1) and (25), fails to follow the EMS standards of care in the management of a patient; and violates any rule or standard that would jeopardize or have negative effects on the health or safety of the patient, the public or other EMS personnel.

McEntire, Jeremy, Boyd, Texas. Decertification of EMT-P certification effective May 8, 2000. EMS Rules 157.51(b)(1)... appropriates and/or possess without authorization medications, supplies, equipment or personal items inappropriately acquired in the course of duty.

McInerney, Brian Michael, Lewisville, Texas. Denial of paramedic licensure application effective February 24, 2000 and twenty-four months probation of EMT-P certification through February 24, 2002. EMS Rules 157.44, 157.51(b)(16) and (26) and 157.53(3), misdemeanor conviction while certified and falsification of EMS personnel applications.

McKinney, Gene, Kaufman, Texas. Decertification of EMT-P certification effective January 21, 2000. EMS Rules 157.51(b)(1) and (2) and (25), fails to follow EMS standards of care in the management of a patient, fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols, violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of the patient.

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.

Miller, Cinda Lee, Kilgore, Texas. Twelve months probation of EMT certification through March 7, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Mize, Timothy, Houston, Texas. Twenty-four months probation of EMT certification through October 21, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Murphree, Ted Lee, Rising Star, Texas. Twenty-four months probation of ECA certification through October 2, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Newson, Frank, Abilene, Texas. Letter of reprimand against EMT-P certification effective May 22, 2000. EMS Rules 157.51(b)(20)... intentionally falsifies a patient record.

Noonan, William Craig, Houston, Texas. Denial of EMT-I certification and decertification of EMT certification effective November 19, 1999. Chapter 773.061 of the Health and Safety Code, EMS Rules 157.44, 157.51(b)(25) and (d) and 157.53(1-7), violation of any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Oakley, Phyllis, Houston, Texas. Twelve months probation of EMT certification through September 30, 2000. EMS Rules §157.51(b)(1)... failure to follow EMS standards of care in the management of a patient; §157.51(b)(2)... covering failure to administer medications and/or treatments in a responsible manner in accordance with medical director's... protocols and §157.51(b)(25)... violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has the potential negative effect on the health or safety of a patient.

Oliver, Leon Matthew, Houston, Texas. Eighteen months probation of EMT certification through May 19, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Orange County Ambulance Service, Orange, Texas. \$1000 administrative penalty. EMS Rules 157.19(c)(1)(A) and 157.11(d)(3)(A), fails to comply with any of the provider licensure requirements in 157.11 of this title; ...an MICU provider shall staff MICU vehicle(s), when in service, with at least one EMT and one EMT-P who have active status certification, 24 hours per day, 7 days per week.

Oropeza, Antonio, El Paso, Texas. Voluntarily surrender of EMT-P certification effective March 20, 2000. EMS Rules 157.51(b)(16) and (25) and (28) misdemeanor or felony convictions in accordance with the provisions of 157.44 of this title; violates any rule or standard that would jeopardize or that has a potential negative effect on the health or safety of the patient, the public or other EMS personnel; and abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Paramed Systems, Inc., Ft. Worth, Texas. \$2000 administrative penalty. EMS Rules 157.19(c)(1)(U), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

Paramore, Jason Wesley, Brenham, Texas. Twelve months probation of EMT certification through December 30, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Parker, Michael Ray, Clifton, Texas. Twenty-four

Disciplinary Actions

months probation of EMT certification through November 4, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Parkhill, Kimberly, Mart, Texas. Probation of EMT-Intermediate certification through July 30, 2000. EMS Rules 157.51(b)(28), abuses drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Parra, Richard D., Horizon, Texas. Probation of EMT certification through October 29, 2000. EMS Rules 157.51(b)(27) on audit, fails to complete continuing education hours as described in 157.38.

Personal Care EMS, Houston, Texas. Twelve months probation of EMS provider license through October 31, 2000 and an administrative penalty of \$5,000. EMS Rules 157.19(c)(1)(A), (O), and (U), fails to comply with any of the provider licensure requirements in 157.11 of this title, intentionally falsifies a patient record, and violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

Pinedo, Marisela, Los Fresnos, New Mexico. Probation of EMT-I certification through June 1, 2006. EMS Rules 157.44, 157.51(b)(16) and (c), felony conviction while certified.

Porras, Efrain, San Elizario, Texas. Twelve months probation of EMT-I certification through July 31, 2000. EMS Rules 157.51(b)(2), (4) and (11), fails to administer medications and/or treatments in accordance with the medical director's orders or protocols, performs advanced level treatment without medical direction or supervision, and appropriates and/or possesses without authorization medications, supplies, equipment or personal items inappropriately acquired in the course of duty.

Powell, Cynthia, Vidor, Texas. Twelve months probation of EMT-P certification through December 31, 2000. EMS Rules 157.51(b)(9), (20), and (23), represents that he or she is qualified at any level other than current certification; intentionally falsifies a patient record; fails to comply with Health and Safety Code, Chapter 773, and rules adopted thereunder.

Powell, Rhett, Paris, Texas. One month suspension followed by eleven months probation of EMT certification through August 31, 2000. EMS Rules 157.51(b)(11), appropriates and/or possesses without authorization medications, supplies, equipment, or personal items inappropriately acquired in the course of duty.

Pulido, Gilberto, Laredo, Texas. Twenty-four months probation of EMT certification through October 15, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Pumphret, Eric P., Austin, Texas. Twenty-four months probation of EMT-Paramedic certification through November 20, 2000. EMS Rules 157.51(b)(1) fails to follow the EMS standards of care in the management of a patient; 157.51(b)(2), failure to administer medications and/or treatments in a responsible manner in accordance with the medical director's protocol; 157.51(b)(20), intentionally falsifies a patient record.

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.

Rapp, Robert Bernard, Sanderson, Texas. Eighteen months probation of EMT certification through August 17, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Remling, William Joseph, San Antonio, Texas. Twelve months probation of EMT certification through December 17, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Roberts, Tammy, Cedar Hill, Texas. Twenty-four months probation of EMT certification through October 28, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Renick, John, College Station, Texas. Twelve months probation of EMT-P certification through March 31, 2001. EMS Rules 157.51(b)(1) and (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Rodriguez, Luis Anthony, Odessa, Texas. Twelve months probation of EMT certification through August 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

* **Rural Metro Ambulance Service-Dallas**, Dallas, Texas. Twenty-four months probation of EMS provider license through May 31, 2002. EMS Rules 157.19(c)(1)(A) and (U), and 157.11(d)(1)(A), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient;

and a BLS provider shall staff BLS vehicle(s), when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, seven days per week.

Saenz, Humberto, Garciasville, Texas. Twenty-four months probation of ECA certification through August 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.

Santos, Rachel Pulido, Alice, Texas. Twelve months probation of EMT certification through August 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Savahl, Shirlinda Danford, Saulsbury, Tennessee. Twenty-four months probation of EMT-Paramedic certification through October 27, 2000. EMS Rules 157.51(b)(27), fails to complete CE requirements as described in 157.38 of this title.

Shepherd EMS, Shepherd, Texas. Twenty-four months probation of provider license through December 7, 2000. EMS Rules 157.11(d)(1)(A), BLS provider shall staff BLS vehicle(s), when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, 7 days per week; 157.11(d)(1)(B), BLS provider who does not provide service 24 hours per day, 7 days per week, shall notify the department and publish notice of hours of operation in the local media; and all advertising shall contain the hours of operation.

Shepherd, James, Granbury, Texas. Decertification of EMT certification effective February 11, 2000. EMS Rules 157.51(b)(16) and (24), misdemeanor or felony conviction in accordance with the provisions of 157.44 of this title, and fails to give the department or its authorized representative full and complete information, upon request, regarding an alleged or confirmed violation of Health and Safety Code, Chapter 773, or rules adopted thereunder.

Simpson, Amber Lee, Houston, Texas. Twelve months probation of EMT-I certification through July 21, 2000. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Sistrunk, Robert, New Waverly, Texas. Twenty-four months probation of EMT-P certification through March 31, 2002. EMS Rules 157.51(b)(11) and (22), appropriates and/or possesses without authorization medications, supplies, equipment or personal items inappropriately acquired in the course of duty; obtains or attempts to obtain any benefit to which not otherwise entitled by duress, coercion, fraud or misrepresentation while in the course of duties as an EMS certificant.

Smith-Green, Tonya Sue, Burleson, Texas. Forty-eight months probation of EMT certification through October 15, 2003. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Spicewood VFD & EMS, Spicewood, Texas. Twenty-four months probation of the provider license through February 28, 2002. EMS Rules 157.19(c)(1)(A) and (U), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title, and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Stark, Casey, Austin, Texas. Twelve month probation of ECA certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor or felony convictions in accordance with the provisions of 157.44 of this title.

Stewart, Roger Dale, Grapevine, Texas. Twenty-four months probation of EMT certification through November 30, 2000. EMS Rules 157.51(b)(27), fails to complete CE requirements as described in 157.38 of this title.

Stone, Shannon, Brownwood, Texas. Twelve months probation of EMT certification through October 31, 2000. EMS Rules 157.51(b)(3), fails to maintain confidentiality of patient information obtained in the course of professional work.

Tamas, Jordan, Austin, Texas. Decertification of EMT-P certification effective January 28, 2000. EMS Rules 157.51(b)(25), violates any rule or standard that would jeopardize the health or safety of a patient, the public or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

* **Thomas, Jeremy**, Port Arthur, Texas. Letter of reprimand against EMS-E certification effective May 22, 2000. EMS Rules 157.64(a)(2)(D) and (R) and (S), and 157.63(d), falsifies the course completion certificate or any other document that records or verifies course activity and/or is a part of the course record; fails to comply with responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63 of this title; compromises or falsifies the department's skills verification process and/or standards; and relating to criteria for suspension, probation and decertification of course coordinator, program instructor and/or examiner certification.

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.

Treadway, Roy Gene, Nash, Texas. Eighteen months probation of EMT certification through September 2, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, conviction under the federal code of criminal procedure while certified.

* **Trevino Sr., Frank**, Beaumont, Texas. Letter of reprimand against EMS-E certification effective May 22, 2000. EMS Rules 157.64(a)(2)(R) and (S), fails to comply with responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63 of this title; and compromises or falsifies the department's skills verification process and/or standards.

Tricare Ambulance Service, San Antonio, Texas. Voluntarily surrender of EMS provider license effective March 20, 2000. EMS Rules 157.19(b), 157.19(c)(1)(A) and (U), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient.

Vasquez, Eduardo, Brownsville, Texas. Twelve months probation of EMT certification through November 24, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Verona, Arthur, Pflugerville, Texas. Voluntarily surrender of EMT certification effective March 13, 2000. EMS Rules 157.51(b)(1) and (2) and (23) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; fails to comply with HSC, Chapter 773, and rules adopted thereunder; and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Vinson, Justin Gabriel, Marble Falls, Texas. Twelve months probation of EMT certification through October 5, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

Walker, Shane Anthony, Buffalo, Texas. Twelve months probation of EMT certification through January 25, 2001. EMS Rules 157.44, 157.51(b) and (c), conviction through military justice.

Warner, Aaron Denis, Harlingen, Texas. Twenty-four months probation of ECA certification through August 4, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Watson, Laurie Lynn, Austin, Texas. Twelve months probation of EMT certification through August 25, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Waterwood EMS and Security, Huntsville, Texas. Twenty-four months probation through July 2001. EMS Rules 157.19(c)(1)(U), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

Watkins, Darrell D., Sr., LaMarque, Texas. Twenty-four months probation of ECA certification through January 8, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

Watkins, Jimmy Dean, Ft Worth, Texas. Decertification of EMT certification effective December 10, 1999. EMS Rules 157.44, 157.51(b)(16) and Texas Revised Civil Statutes Annotated, Art. 6252-13c.4(e), felony conviction while certified.

Westlake Community VFD, Dayton, Texas. Twelve months probation of EMS provider license through September 30, 2000. EMS Rules §157.19(c)(1)(A) fails to comply with any of the provider licensure requirements in §157.11 of this title (relating to Requirements for an EMS Provider License); (U) violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

White, Lynne, Brady, Texas. Twelve months probation of EMT-P certification through March 31, 2001. EMS Rules 157.51(b)(1) and (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Wolfe, Jon Vincent, Austin, Texas. Twelve months probation of EMT certification through March 10, 2001. EMS Rules 157.44(c)(2)(B)(vi)(II), offenses against property.

* These listings are new this issue. Denials, revocations and administrative penalties will be printed in three consecutive issues. Suspensions will be printed until suspension or probation expires.

Meetings & Notices

Calendar

July 22, 2000. **Outdoor Challenges: Processes to Strengthen the EMS Peer Support Community.** Hill Country Challenge Course, San Antonio. 8 hrs CE, \$90. For information contact Team Leadership Results at 210/ 822-1542, email tlr@worl-net.net, www.team-leadership.com

August 18, 2000. **ABLS Provider Course.** Practical training for hospital medical personnel who treat advanced burns. Held from 7:30 am - 5 pm, national ABA certificate, sponsored by Los Ranchos FD, Albuquerque, NM. For information call 505/268-8729 or email wfwags@netscape.net.

August 19, 2000. **ABLS Pre-Hospital Course.** Practical training for prehospital medical personnel who treat advanced burns. Held from 7:30 am - 3 pm, national ABA certificate, sponsored by Los Ranchos FD, Albuquerque, NM. For information call 505/268-8729 or email wfwags@netscape.net.

August 19, 2000. **Outdoor Challenges: Processes to Strengthen the EMS Peer Support Community.** Hill Country Challenge Course, San Antonio. 8 hrs CE, \$90. For information contact Team Leadership Results at 210/ 822-1542, email tlr@worl-net.net, www.team-leadership.com

September 30-October 3, 2000. **Forensics Seminar.** Methodist Medical Center, Dallas. CE for physicians, nurses, EMS providers and funeral directors; \$400. For information call Lisa Evenbly, 214/ 947-8408, lisaevenbly@mhd.com.

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.

October 9-15, 2000. **Tactical Operational Medical Support Course.** Presented by Cypress Creek Advanced Tactical Team, Houston. Registration \$600 (includes 2 meals a day and lodging), \$400 (excludes lodging only). For information contact Mike Sztary at 281/ 376-1578, msztary@ccems.com.

November 7-9, 2000. **Public Service Safety Conference.** Over 70 workshops for people who work in public service. Contact Conference Management Services at 979/ 693-6000, fax 979/ 693-6600, safety@cmsworldwide.com, www.emsworldwide.com/safety.

November 19-22, 2000. **Texas EMS Conference 2000.** Austin, TX. For information, call 512/ 834-6700.

Jobs

Paramedic, EMT-I: Seymour/Baylor Co. EMS has opening for EMT-I or paramedic. Rural service, approx. 80 calls a month. Full-time, competitive salary, paid CE with good benefits. Send resume to Seymour/Baylor Co. EMS, Lou Schafer, 200 Stadium Dr., Seymour, TX 76380, 940/ 888-3445, fax 940/888-3267, sbcems@wfw.quirk.com.

Paramedic: De Leon Hospital EMS is accepting applications for full-time paramedic. Competitive salary, benefits. Send resume to De Leon Hospital EMS, 407 S Texas St. De Leon, TX 76444, or call Danny Owen, 254/ 893-2011 ext. 232. +

Paramedics: Camp County EMS, Inc., a private service, is accepting resumes for full/part-time paramedics. Excellent pay, complete benefits. 911 service with aggressive SOP and excellent equipment. Send resume to P.O. Box 866, Pittsburg, TX 75686, 903/ 856-7102 for information. +

EMT-Is: PPD Development, a clinical research organization, has openings for part-time EMT-Is with ACLS certification to assist in providing safety/AE monitoring for study subjects in the Austin Phase I unit. Positions require ability to work evenings and weekends. Send resume, salary history and requirements to Human Resources, PPD Development, 4009 Banister Lane, Austin, TX 78704, fax 512/ 440-2952, www.ppddevelopment.com. +

Paramedic, EMT-I, EMT: Alpine EMS/WTAS has immediate openings for City/County 9-1-1, hospital transfer service. BLS w/MICU capable units. For information call Mike Scudder at 915/ 837-1119 or 915/ 837-3028. +

Paramedics, EMT-Is, EMTs: Terlingua Medics, Inc., has openings for full-time personnel. MICU-level EMS, rescue and expanded scope care to the residents and visitors of the Big Bend area. Call Terlingua Medics, Inc., PO Box 290, Terlingua, TX 79852, 915/ 371-2536, tmedics@brooksdata.net. +

Paramedics, EMTs: American EMS Ambulance is hiring EMTs and paramedics. Excellent pay, flexible hours. Call 713/ 774-4729 for information. +

Paramedic, EMT-I: Snyder EMS has openings for full-time paramedics and EMT-Is. Must be available M-F 6am-6pm, some night and weekends. Apply or send resume to Snyder EMS, Inc., 3902 College Ave., Snyder, TX 79549, 915/ 573-1912, fax 915/ 573-1912. +

Firefighter/EMT: City of New Braunfels is accepting applications for firefighter/EMT until July 21, 2000. Must possess TDH EMT certification and certified Texas firefighter or be a TDH certified paramedic. Starting salary \$1,063-\$1108/pay period depending on qualifications. For information contact Personnel Office, 424 S. Castell Ave, New Braunfels, TX 78130, 830/ 608-2100, fax 830/608-2109. +

EMS Educator: Full-time position in Medical Control for a FD-based EMS system. Classroom & field instruction and QI activities. Must be RN or paramedic with ER/EMS, education and pre-hospital exp. Send or fax resume to Human Resources, Medical Center of Plano, 3901 W. 15th, Plano, TX 75075, 972/ 519-1581, fax 972/ 519-1423. +

Paramedics: Campbell Health System in Weatherford has openings for field paramedics at new station. Works 120 hours every 2 weeks. HS/GED, EMT-P certification, BLS, TX drivers license and good driving record are needed. Strength and agility testing, drug screening. Send resumes to Campbell Health System, HR Dept, 713 East Anderson, Weatherford, TX 76086, fax 817/599-1469. +

Paramedics, EMTs, wheelchair van drivers, billing staff: Dallas Ambulance Service has immediate openings for full/part-time paramedics, EMTs, dispatchers and office personnel. Competitive wages, insurance and benefits. Call 214/ 692-9900 for information. +

Paramedics: LifeCare EMS in Weatherford, an affiliate of Campbell Health System, has 6 openings for paramedics. MICU services, crews work 24/48. For application or information, contact Human Resources at 817/ 599-1168. +

Medical Staff Associate: Alpha Therapeutics, a national company, has openings in Killeen, McAllen TX. Also has positions in other states. Performs donor physicals, medical assessments and phlebotomy. LVNs, RNs, EMTs and paramedics encouraged to apply. Competitive salary, benefits. For information, contact Barbara Fleming at 310/ 547-4475, fleming@netrasier.com, fax 310/ 832-2204. +

Paramedics, EMT-Is, EMTs: Calhoun County EMS, a MICU 9-1-1 provider, is currently taking applications. For information contact Henry Barber at 361/ 552-1140 or go to www.tisd.net/~cal-ems. +

EMS Marketing Position: Excellent pay. Contact Ambulance Service Company at 713/ 774-4729, fax 713/ 772-2605. +

Paramedics: Galveston Area Ambulance Authority has openings for paramedics. 6 months paramedic exp required. Fax resume and salary requirements to 409/938-2243. *

Paramedics: PPD Development has openings for ACLS paramedics. 6-10 years ALS exp. Must work weekends and evenings. Send resume to Human Resources PPD Development, 4009 Banister Ln, Austin, TX 78704, fax

Meetings & Notices

512/ 440-2952, www.ppddevelopment.com.*

Paramedic, EMT-I: Stephens Memorial Hospital EMS has a full-time position for a paramedic or EMT-I. ACLS, PHTLS and PALS preferred. Contact Human Resources, 200 S. Geneva, Breckenridge, TX 76424, 254/559-2241, fax 254/559-6537. *

Battalion chief/emergency medical/management coordinator: Must have Basic Fire Fighter certification, certified/licensed EMT-P and certified EMT-P Instructor/Examiner. Must have degree in Fire Technology, Emergency Medicine, Emergency Mgmt, or related field. Exp. and education may substitute. 5 years EMS exp required and must live within 20 minute response time of city limits. Salary \$53,364-\$62,292, benefits. City application required, may send resumes with application. Euless FD, 201 N. Ector, Euless, TX 76039. *

Paramedics, EMT-Is, EMTs, ECAs, non-medical drivers, dispatchers: North Channel EMS is accepting applications for volunteers. Contact North Channel EMS, 332 Freeport, Houston, TX, 713/ 637-0914. *

EMTs, receptionists: Tri-City EMS is accepting applications for full/part-time positions. Send resume to Rosalyn Smart, 1670 North Hampton Rd. Ste 111, DeSoto, TX 75115, 972/ 228-9993.*

Paramedics, EMT-Is, EMTs: Knox County EMS is accepting applications for full-time positions. Contact Joel or Lissa at 940/ 422-4929 or Sue at 940/ 658-3535.*

Paramedics: City of Beaumont EMS is seeking qualified paramedics. \$30,000/yr. plus benefits. Requires 2 yrs paramedic exp or Associate's Degree in EMS, ACLS, B/PHTLS and PALS. Contact Rosa Thomas, City of Beaumont Human Resources, 409/ 880-3777.*

Paramedics: City of Beaumont EMS is seeking qualified paramedics for part-time positions. \$9.25/hr, requires ACLS, B/PHTLS and PALS. Contact Rosa Thomas, City of Beaumont Human Resources, 409/ 880-3777.*

Paramedics, EMT-Is, EMTs: Northwest EMS has openings for paramedics, EMT-Is and EMTs. Minimum 1 yr exp in 9-1-1 service. Benefits, pay commiserative with exp, certifications. Send resume to Northwest EMS, P.O. Box 696, Tomball, TX 77377, 281/ 351-8269, admin@nwems.org. *

Paramedics, EMT-Is: Rural/Metro MedStar in Ft Worth and the surrounding areas is accepting applications. For application, contact jobs@medstar 911.com, Rural/Metro MedStar, 3010 S. Grove St, Ft Worth, TX 76104, or call Chris Rucker at 817/ 632-0524. *

For Sale

For Sale: 1992 Type I Frazer/Ford diesel. Excellent condition, maintenance records available, \$26,000. Call Westlake VFD (Katy/Houston) at 281/ 492-0560, P.O. Box 5007, Katy, TX 77491. +

For Sale: 1993 Type I F350 XLT, diesel engine. 47,772 miles. \$18,000 with stretcher OBO. Call

Walter Oliver at 940/ 538-5621 ext. 266. +

For Sale: (2) Michigan Instruments thumpers. Perfect condition with CPR board and soft cases. Contact Terry at 214/ 543-9340, tmcg@dfw.com. +

For Sale: 1990 Ford E350, 138" WB Collins Type III modular ambulance and a 1991 Ford E350, 138" WB National Type III modular ambulance. Call Mike Scudder at 915/ 837-1119 for information and prices. +

For Sale: 110V Essential Air Systems installed to control ambulance climate. Mounted under squad bench, provides A/C and heating. For information, contact Mike Preston, Essential Air, P.O. Box 885, Denton, TX 76202, 800/ 969-0911. *

For Sale: Wheelchair van with Braun 400-lbs lift. Excellent shape and body, \$4,500 or call for best offer to 713/ 724-4357. *

For Sale: Electronic billing, including Medicare, Medicaid and insurance. Medicare electronic remittance downloaded for accurate posting. Custom reports, consultation for EMS office and field employees on HCFA guidelines. Rates competitive. Express Billing at 877/ 521-6111, fax 713/ 484-5777, eexpressbill@aol.com. *

For Sale: 1994 Ford Power Stroke XLT Type I Wheeled Coach. Under 60,000 miles. \$30,000, excellent condition. View at www.LCVEMS.org. Contact 281/ 338-4873, fax 281/ 332-7663. *

For Sale: New and used Type I, II and III ambulances, different manufacturers. First re-

Fax items for this section to 512/834-6736

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+ This listing is new to this issue.

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sponse and rescue units of all sizes. For information, contact Art Seely, R.Ph., Regional Sales Manager, Rescue Safety Products, 220 W. Parkway, Denton, TX 76201, 800/ 481-4490.*

Miscellaneous

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Texas EMS Consulting Service. Evaluation of EMS/site review, QA/QI services, prep class for TDH paramedic exam. Extensive mgmt exp as FD lieutenant/EMS director. Contact Max A. Smith, LP, pager with voice mail, 254/ 918-9033, texasems@hotmail.com, www.maxpages.com/emsservices. +

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EMS Profile: Nueces County Rural Fire District #4 EMS



Photo by Will Willoughby

Name of service: Nueces County Rural Fire Dist.. #4 EMS, also known as Bluntzer EMS

Number of personnel: Bluntzer EMS is made up of 22 part-time employees: six EMT-Ps, one EMT-I, eight EMT-Bs and seven ECAs.

Years in service: Bluntzer EMS has been in operation for 20 months.

Number of units and capabilities: Bluntzer EMS maintains two MICU-capable units. One unit is staffed 24 hours, while the other unit is staffed by a page-out backup crew

when the first unit goes out.

Call volume: Bluntzer EMS responded to approximately 260 calls in 1999, the first complete year of service. Bluntzer EMS covers 242 square miles of mostly rural area.

Overview: The first idea for the service came about when our first baby was born prematurely at home. The volunteer service from a neighboring community had a 45-minute response time.

After a little research we found out that the 45-minute response time was not uncommon. The need for local EMS service became very clear.

Working through the local volunteer fire department, volunteers were trained and organized into a first responder group in the summer of 1997. In the spring of 1998 another set of volunteers was trained. By September of 1998, an ambulance—the very one that first came to our aid—was leased for six months and licensed for BLS service. That was the birth of Bluntzer EMS. In the spring of 1999, the Bluntzer EMS purchased a used Type 1 ambulance and upgraded the service to MICU-capable. A few months later, a new 1999 Type 3 ambulance was purchased with a TDH grant and a grant from Meadows Foundation.

Bluntzer EMS also has organized its own academy to help maintain the high level of service. There is also an ongoing CE program to help the employees stay up-to-date.

Bluntzer EMS has been able to achieve this growth in only 20 months, due to a wonderful group of people working together. The future for Bluntzer EMS is looking great. 🌟

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Texas Department of Health
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