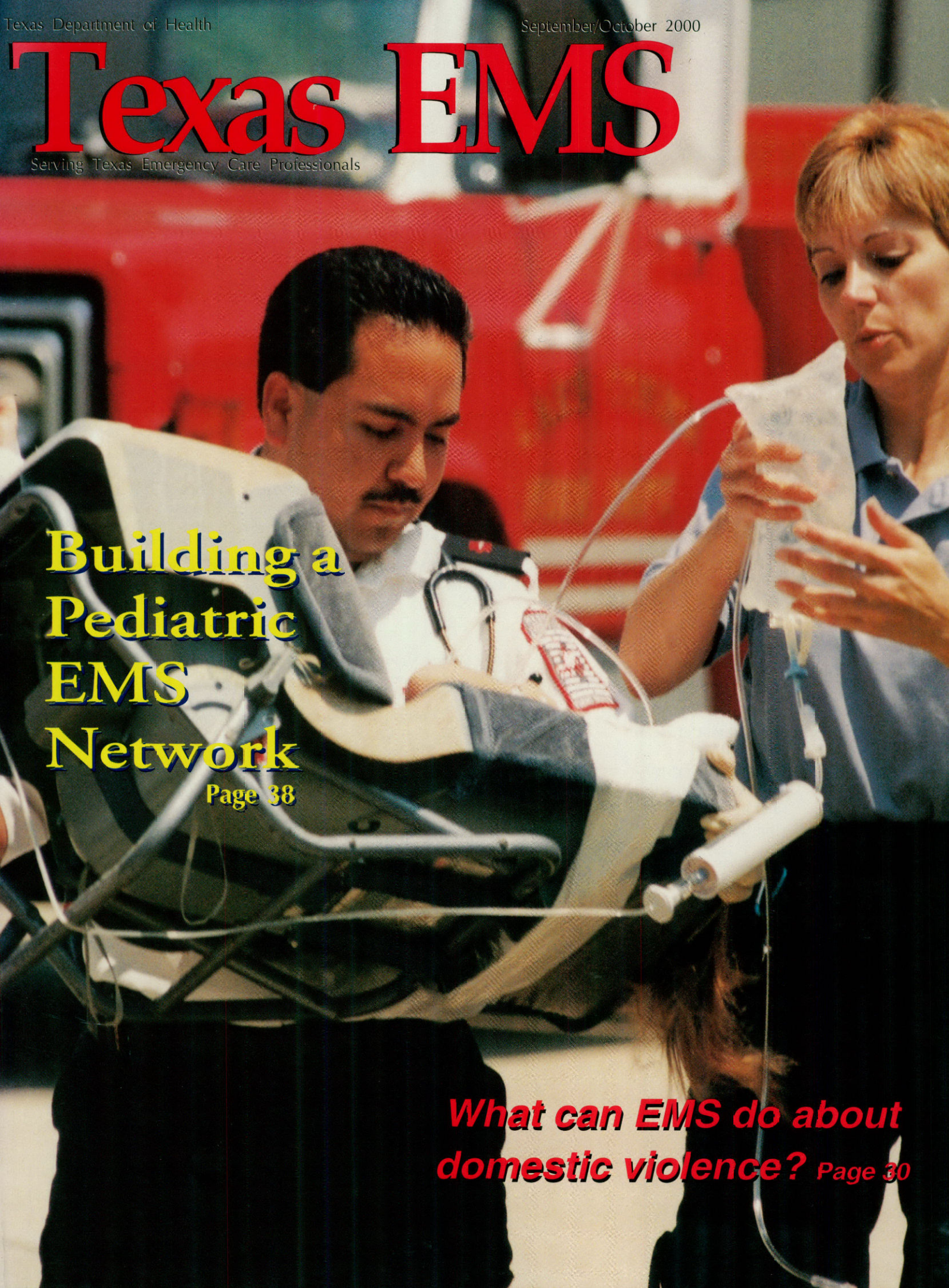


Texas EMS

Serving Texas Emergency Care Professionals



Building a Pediatric EMS Network

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*What can EMS do about
domestic violence? Page 30*

Texas EMS

M a g a z i n e

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_____ **"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

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Do you know of an organization or individual who deserves recognition? It's time again to turn in nominations for Texas EMS Awards. Hurry! Nominations are due September 15.

12 Texas EMS Conference 2000

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By JEFF HUMMEL, BA, EMT-I

Texas EMS

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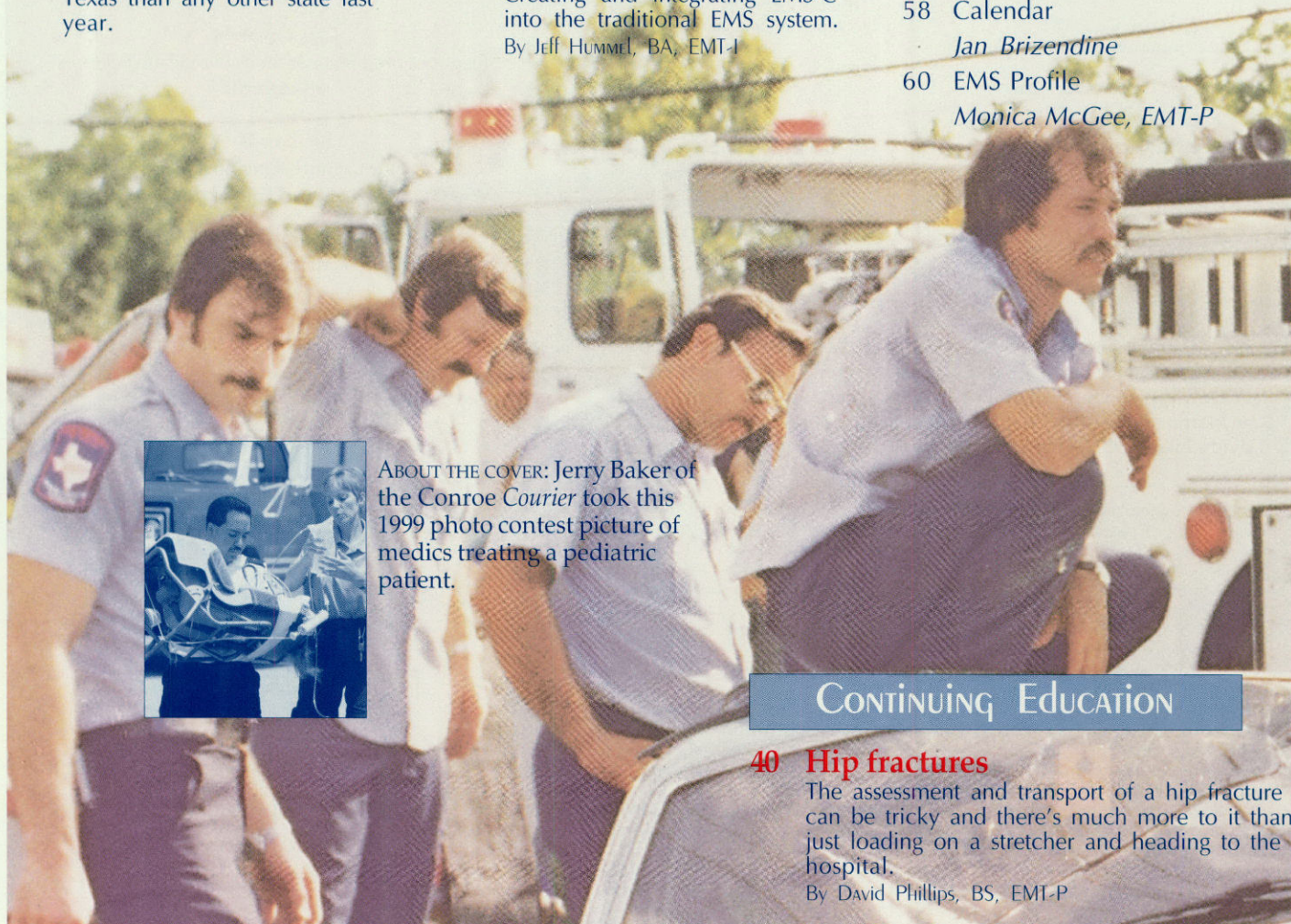
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ABOUT THE COVER: Jerry Baker of the Conroe Courier took this 1999 photo contest picture of medics treating a pediatric patient.

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By David Phillips, BS, EMT-P



BUREAU OF EMERGENCY MANAGEMENT MISSION

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Editor's office: (512) 834-6700, 1100 W. 49th Street, Austin, Texas 78756-3199 or FAX (512) 834-6736.

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M a g a z i n e

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Provider license and trauma system rules go into effect September 1

Back when I was a child, summer used to be relatively quiet for me. Not anymore. This summer, the bureau's been busy with several different major projects. One is the implementation of the newly-adopted certification, provider licensure and trauma system rules that go into effect September 1. (These rules do not affect recertification.) As we develop new forms, policies and procedures, we have to remember as we sort through all the details that we are dealing with people, not pieces of paper. We look at the whole picture, while keeping in mind that each person or organization has a unique set of circumstances surrounding their certification or license. While it's not possible to identify every circumstance and develop a policy to address it, we try to set policy to cover as many situations as possible. Watch our website for details on implementation of the new rules and please contact your regional office or the central office if you have questions.

Another major work-in-progress is developing a new recertification process. The Governor's EMS and Trauma Advisory Council (GETAC) and its committees met on July 13 and 14 in Austin. GETAC did vote to continue work on the five-option "cafeteria" recertification plan as well as taking action on a number of other EMS issues (see page 34 for a recap of those meetings). The bureau's job now is to draft the rule language to implement the process. The EMS and Education committees meet in Dallas on September 8 and we hope to have an initial draft by that time. The Medical Directors committee plans to meet sometime in October to work on option 5, the "platinum" option. Watch our website and e-lists for upcoming meeting details.

Related to the upcoming legislative session is the House Interim Public Health Committee's charge on rural EMS. A hearing was held on June 28. The major issues raised by EMS stakeholders included difficulty in recruitment and retention of EMS personnel, lack of availability of EMS education and low reimbursement rates by third party payors (i.e. Medicare, Medicaid, etc.). This committee will have its final meeting in late August; recommendations should follow soon after.

Finally, Texas EMS Conference 2000 will be here before we know it. We've got a great line-up of workshops this year including a keynote address from EMS cartoonist Steve Berry. Register before November 1 to receive the reduced rate. Also if you're interested in GETAC but have not been able to make it to Austin for the regular meetings, you'll have the opportunity to see your advisory council in action on Monday during the conference. GETAC committees will meet on Sunday. See you there!



KATHY PERKINS, CHIEF
BUREAU OF EMERGENCY
MANAGEMENT

Letters



To Texas EMS Magazine:

Although I understand the point of view of the Jim Majorowski article (July/August) "More than medicine," I feel something was missing. A crime scene is just that. In Texas, a vehicle collision on our highways is, in fact, a crime scene. You should do your job with little or no disturbance of the scene. Another part I want to cite is something that was not mentioned in the article, "Is the scene safe?" In the article's scenarios, it was said that the paramedics arrived first on the scene. From the descrip-

tion of the scene our medical personnel would be required to stage at a safe area until law enforcement secured the scene. The author maybe assumed in his scenario that this was done. But I did not read it that way. In either scenario the paramedics could very well become victims also.

*Don Cormier, EMT
Dripping Springs*

EMS Obituaries

Rick Mercier, 40, of Temple, passed away on July 20, 2000.



Mercier was regional aeromedical manager for Southwest Helicopters and former lead pilot for Scott & White Medivac 1. A memorial fund has

been set up: Mercier Account #22032441, Extraco Bank, 2000 N. Main St., Belton, Texas 76513.

Billy Frank Herron, 40, of Arp, passed away on June 27, 2000 in a car crash. Herron was a Tyler firefighter, and an EMT since 1986.

Joe Brown, a pioneer in Texas EMS, died July 3 in Waco. Brown, former manager of Ray Crowder Funeral Home and ambulance service in Fort Worth, died while

working a grave side service. Brown managed the Crowder funeral home when it got its first EMS contract in 1969 and was there for the first EMT class. Memorials may be made to the Humanitarian Foundation M.O.V.P.E.R for the Dentistry for the Handicapped, 1696 Brice Road, Reynoldsburg, Ohio 43068.

John David "J.D." Carrasco, 34, of Dallas, passed away on



June 10, 2000, of sudden cardiac arrest. Carrasco was a flight paramedic for North Texas LifeStar and had assisted in the development of several EMS helicopter programs in Texas.

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

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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.

AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell



Speaker gives new view of the global village

Documentary producer Bill Moyers' commencement speech at the University of Texas

in Austin last May was a lesson in diversity. He said, in part: "You and I don't think much about the world that spawned the love bug. But a few days after the virus hit, a friend... sent me an email which he said more or less put things in perspective. It contained a model of the Earth's population shrunk to a village of precisely 100 people, with all the existing human rations remaining the same. Of the 100 people, 57 would be Asians, 21 Europeans, 14 would be from the Western Hemisphere (north and south) and eight would be from Africa. Fifty-two would be female and 48 would be male. Seventy would have skin of color and 30 would be white. Seventy would not be Christian and 30 would. Eighty of the 100 would live in substandard housing. Seventy would be unable to read. Fifty would suffer from malnutrition. Only one—yes, one—would have a college education. And only one would own a computer. Finally of the 100 people in our single global village, six would possess 59 percent of the entire world's wealth, and all six would be from the United States."

New assistant trauma chief named

Steve Janda, RN, PA, has been named the assistant bureau chief for trauma at the Bureau of Emergency Management. Janda brings to the job 24 years of health care experience, primarily in emergency care and trauma, including experience as a trauma program manager and air medical service manager at Brackenridge Hospital in Austin, and as founding member of the Capital Area Trauma Advisory Council.

Abilene flight service closes its hangar doors

First Flight in Abilene ceased operations in June. In operation since December of 1994, the service covered 250 square miles. Helicopter services in Fort Worth, Lubbock and San Angelo have extended their coverage to help the region, but 50 percent of First Flight's area is not currently covered by an air medical service.

Man arrested after 9-year-old takes wheel

In Pflugerville, a suburb of Austin, a man was charged with endangering a child by letting a 9-year-old girl drive a vehicle down several city streets, according to the *Austin American-Statesman*. A police officer saw the Ford Bronco driving recklessly in a field and then onto a city street. The child was not wearing a seat belt. The 30-year-old adult male appeared to be intoxicated and had reportedly asked the girl to drive.

On Duty

Wondering what rope rescue is about?

Always wondered what it would



be like to do some rope rescue? Check out www.selectrec.net/texasroperescue/index.html and click on Photos. Then put yourself in those boots!

Texas EMS Conference offers both a rope rescue and a cave rescue class. See page 17 for details.

Coker named head of Temple College EMS

Longtime educator Neil Coker, BS, LP, was recently named chair of the EMS Professions Department at Temple College. Coker has been with Temple College for about a year. Before that, he spent 10 years as EMS program director at Texas Tech University Health Sciences Center in Lubbock.

CE ANSWERS FOR JULY/ AUGUST '00

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



AMA adopts guidelines on impaired drivers

The American Medical Association is calling on physicians to step up to the plate when it comes to stopping impaired drivers by reporting the drivers to the state drivers' license bureaus. In Texas, the physician can report the driver to TDH's Medical Advisory Board, which works with a group of doctors to assess the drivers' risk and report them to DPS. Texas law exempts release of information to the Medical Advisory Board from patient-physician privilege. The AMA is asking physicians to evaluate, on a case-by-case basis, patients' physical or mental impairments that might adversely affect driving.

Michigan call center gets 'slammed'



In Grand Haven, Michigan, all calls to a 9-1-1 call center were shut down after a phone company switched the center's service without permission. Although switching phone companies doesn't normally stop incoming calls, the new service was incompatible with existing equipment. 'Slamming' or switching phone service without permission, is a violation of the law in Michigan, as well as Texas. The Texas law was passed after a state senator's phone was slammed.

Woman dies after car hits ambulance

A 17-year-old Fort Worth woman was killed in June when her car ran into an ambulance that was stopped to assist a wrecked car. The MedStar ambulance has stopped for another motorist who had swerved into a freeway guardrail. A paramedic and the driver of the first vehicle were treated for minor injuries.

National group publishes injury statistics

The latest National Center for Health Statistics Report on Injury and Poisoning is now available on the web at : www.cdc.gov/nchs/products/pubs/pubd/series/sr10/pre-200/sr10_202.htm. Or hard copies are available by emailing Margaret Warner at Mwarner@cdc.gov with your name and complete mailing address. This report provides a descriptive overview of the first year of data from the injury section of the redesigned National Health Interview Survey. Some highlights:

- The age-adjusted injury and poisoning episodes for males was 21 percent higher than for females.
- In 1997, falls were the leading external cause of injury with 11.3 million episodes of falls reported.
- Not surprisingly, the home was the most frequently reported place of injury with 24 percent of the injuries inside the house and another 18 percent outside the house.



Photo by Jack Van Cleave

Two chopper crashes kill 8

Two separate medical helicopter crashes half a world apart killed a total of eight people on July 24. In Sumner, Georgia, a Life Flight helicopter from Georgia Baptist Hospital crashed at 2:30 a.m. in a swampy, densely wooded area, killing all three crew members. The crash occurred as the crew was returning to their base in Sylvester after transferring a critically ill patient. Two weeks earlier, the helicopter had passed a major safety inspection and had passed another inspection three days before the crash. Federal investigators say it could be months before the cause of the crash is determined.

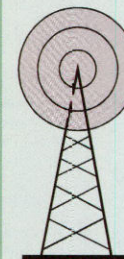
In Queensland, Australia, five people were killed, including three crew members and a woman and her 5-year-old son, when a Capricorn Helicopter Rescue Service chopper crashed in a remote rural area. The pilot radioed that he was running short of fuel.

CDC site lists wealth of injury websites

The Centers for Disease Control and Prevention has an extensive listing of links to injury-related websites organized alphabetically. Go to www.cdc.gov/ncipc/injweb/websites.htm.

Technology takes new route in San Antonio

San Antonio is experimenting with a new technology that could make it one of the best places to be if you have a traumatic injury. Through a project called LifeLink, doctors can view a patient's injuries and get vital stat info from a combination of wireless and fiber-optic links.



Ten out of the San Antonio Fire Department's 24 ambulances are equipped with computers, video cameras and microphones that allow two-way transmission.

Rural EMS scholarships available

The Center for Rural Health Initiatives has launched a new program to help rural Texas communities assist in the training and recruiting of EMS professionals. The Rural EMS Scholarship Incentive Program allows the Center to match community commitments up to \$2,000 for scholarships that help EMS students with tuition and other costs associated with training at the EMT level and above. In return, the newly-trained EMS professionals serve for at least one year in the sponsoring community. For more information on the program or an application, go to the Center's website at www.crho.state.tx.us or contact the Center toll-free at (877)TEX-CRHI (839-2744). *Applications must be postmarked by September 15.*

Photo by Edwin Findley



Photo by Neil Igar Galindez

U.S. senator introduces ambulance bill

The Balanced Budget Act of 1997 is set to financially impact ambulance services nationally in 2001. Particularly important to ambulance providers is the provision for Medicare assignment and development of a fee schedule. The fee schedule has not been published. U.S. Senator Rod Grams (R-Minn) recently introduced a bill that may help ambulance firms fare better under the Balanced Budget Act. To get a copy of the bill or track the bill, go to www.ncemsc.org.

Columnist reminded about importance of seatbelts

Steve Blow, a columnist of the *Dallas Morning News*, wrote in a recent column about a brush with what could have been a real disaster. As he was getting ready for Sunday lunch, a call came from his son, who had had a wreck on I-20 in Dallas. Blow and his wife hurried to the scene and as he pulled up on the wreck, he says his stomach tightened when he saw the mashed, bent truck upended in the mud. On the way home, his son related the reactions of emergency crews after the wreck. A firefighter had asked if he was hurt, and when he said no, the firefighter asked if the passenger was hurt. Again, the answer was no. His son then recounted what the firefighter said next: "Seatbelts are a wonderful thing." Blow says the doctor who checked out the passenger's neck said the same thing. Anyone who has been saved from injury and death because of seatbelts, child safety seats, airbags or bicycle helmets is eligible for the Texas Survivors Club. For more information, call TDH's SafeRiders at (800) 252-8255.

Application form changes September 1

Are you up for recertification after August 31? Be sure you send in the new application form, which reflects the requirements of the new rules. The new forms are downloadable from our web site at: <http://www.tdh.state.tx.us/rcqs/ems/filelib.htm> #EMS, or you may get them from your regional EMS office (see page 27 or our web site).



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:

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)

- 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.

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 (Host Hotel)	\$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 Klown 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 Registration Fee	Amount
	\$ _____
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 2000 — EXHIBITOR REGISTRATION FORM

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

Card Holder _____ Card Exp _____

Signature of Card Holder _____

No refund after 11/1/2000. There is a 17% administration fee if a refund is necessary.

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 _____

REGULAR BOOTH	VEHICLE BOOTH
(1) 10X10 regular booth .. \$600 each	(1) 20X20 vehicle booth .. \$650 each
(2) 10X10 booths \$575 each	(2) 20X20 booths \$600 each
(3 or more) \$550 each	(3 or more) \$550 each

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 cliff 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@texasoperescue.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 comprehensive two-day course. 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@texasoperescue.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 27 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/Eemscpepp.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.

M O N D A Y

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)
8:15 am - 9:30 am										
STEVE BERRY			HUMOR IN YOUR PRACTICE (Additional)				BALLROOMS A—C			
9:45 a.m. - 10:45 a.m.	Van Cleve When Bonfire Collapsed (Trauma)			Nursing Track Eichhorn, Meyers & Hott Family Presence (Special Pts)	Educator Track Coker & Jarvis Factors Influencing Effectiveness (Additional)	Puryear & Brackett Biological/ Chemical Warfare Agents (Medical)	Turner Who Can Consent? (Additional)	Dean Crime Scene Smarts & Personal Safety (Additional)	Harmon Implementing a Defib Program (Cardio)	Sirbaugh, MD What's New in Prehospital Pediatrics (Special Pts)
11:00 a.m. - 12:00 a.m.	Berry The Hole Story: Implications of Body Piercing (Medical)	Evenbly Crittter Catching 101: OB Emergen- cies (Special Pts)	Shook, MD Common Pediatric Illnesses (Special Pts)	Nursing Track Levy, MD Pediatric Head Injuries (Trauma)	Educator Track Villers Teaching Skills in Distance Education (Additional)	Gonzalez Diabetic Emergencies (Medical)	Phillips Restraint of Patients (Special Pts)	Mgmt Track A. Johnson Creating an Environment for Heroes (Additional)	Page EMS from Death's Perspective (Additional)	Special Guest TBA
2 p.m. - 3 p.m.	Bolleter The Medical Here & Now (Medical)		Beeson Back to Basics (Trauma)	Nursing Track Bagshaw Anatomy of an Accident: a Survivor's Tale (Trauma)	Educator Track Drees Predicting Student Success (Additional)	Gordon, MD Guidelines 2000 Rollout: PALS & BLS Update (Special Pts)	Dodson Circle of Protection (Special Pts)	Mgmt Track Charpentier & Nelson Management's Commitment to CISM (Special Pts)	Wright QI Is Not Related to IQ (Additional)	Salter Thoracic Trauma (Trauma)
3:15 p.m. - 4:15 p.m.	Phillips Alcohol Emergencies (Medical)		White Respiratory Distress vs. Failure (Medical)	Nursing Track Brock Abdominal Trauma (Trauma)	Educator Track M. Wright Success Through Perception (Additional)	Continuation of Above (Trauma)	Wynn & Baros Coping and Stress (Special Pts)	Mgmt Track Curry Managing Change in EMS (Additional)	Turner Is the Scene Safe? (Preparatory)	Makris Red Flags in Patient Care (Preparatory)
4:30 p.m. - 5:30 p.m.	Harbert Managing the Geriatric Pt (Special Pts)		Turner Officer Down! (Trauma)	Bakhtiari Health & Fitness for EMS/Fire Personnel (Additional)	Educator Track Hatch & Nollette EMS Research (Additional)	Frey Anaphylaxis: More than Just Bugs (Medical)	Phillips Obstructive Pulmonary Disease (Medical)	Mgmt Track Beimer Recipe for Effective Leadership (Additional)	Wolford Congestive Heart Failure (Cardio)	Yates The Expanded Role of Paramedics in the ED (Additional)

T U E S D A Y

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)
7:30 a.m. - 8:30 a.m.	Evenbly Recognizing Cult & Satanic Activity (Additional)	Gonzalez Prehospital Findings (Medical)	Stadthagen Neonatal Resuscitation (Special Pts)	Klause Effective Communica- tion (Prep)	Educator Track Rinard Simulation in Education (Additional)	Morris Developing a Field Training Program (Additional)	Curry The "Pains" of EMS (Prep)	Mgmt Track Ballard & Laws Customer Service (Additional)	Beeson Platelets: Do They Matter to Me? (Preparatory)	Salter Every Breath You Take (Preparatory)
8:45 a.m. - 9:45 a.m.	Berry What do you Mean, "He's Dead"? (Preparatory)	Yates Role of EMS in Or- gan/Tissue Donation (Trauma)	Salter Bless the Little Children of the World (Special Pts)	Klause The Small Communica- tion Center (Additional)	Educator Track Folden, EdD CE & Improving Performance (Additional)	Genzel, MD EMS at Mass Gatherings [2 hrs] (Trauma)	Racht, MD Why 12- Leads? (Cardio)	Mgmt Track Nelson Management Resources & the Internet (Additional)	Harmon Don't Blow Off the Bystander (Trauma)	Bolleter Without Thought (Trauma)
10 a.m. - 11 a.m.	Maj. Bailey, MD Emergency Burn Care (Medical)	Eaddy Brave & Crazy: Street Psychiatry (Special Pts)	Harbert Pearls of Mgmt for the Pediatric Pt (Special Pts)	Frey SCUBA Emergencies (Medical)	Educator Track Folden, EdD Performance Measurement 101 (Additional)	Continuation of Above (Trauma)	Gordon, MD DNR Docu- ments & the Tx Natural Death Laws (Additional)	Mgmt Track Charpentier Emergency Vehicle Driving (Additional)	Stadthagen Cardiac Pharmacology Review (Cardio)	Rubin, PhD Heat Related Disorders (Medical)
2:00 p.m. - 3:00 p.m.	Racht, MD I'm Scared to get to Heaven (Preparatory)	Rubin, PhD Hypo- thermia and Frostbite (Medical)	McGinely Lessons From Wedgwood (Trauma)	Page Wide & Tachy: Making the Right Call (Cardio)	Educator Track Gonzales Assessing Clinical Research (Additional)	Cooper & Weeks Surviving the Secondary Device (Trauma)	Hendricks & Riley A Coordinated Continuum of Care (Prep)	Clinchy, PhD Denial Might Kill You! It Almost Killed Me (Additional)	Waites The Scene is Never Safe (Preparatory)	Bolleter Strike a Cord (Trauma)
3:15 p.m. - 4:15 p.m.	Stout, MD Acute Myocardial Infarction (Cardio)	Maj. Bailey, MD Smoke Inhalation (Medical)	Mitchell Trauma & Mechanisms of Injury (Trauma)	Helberg The Role of Athletic Trainers (Additional)	Stadthagen Inferior MI's: How to Treat (Cardio)	Thomas Role of the EMT with the Terminal Patient (Special Pts)	Hinson Concepts in Sedation: Hammer vs. Haldol (Special Pts)	Evenbly Tree Huggers: Culturally Competent Care (Additional)	Wynn Adulated Drugs: Fact or Fiction? (Preparatory)	Van Cleve When Bonfire Collapsed (Trauma)
4:30 p.m. - 5:30 p.m.	Kesling, PhD Domestic Violence (Additional)	Burns What if Your Patient has Four Legs? (Additional)	Savage Drug Resistant Organisms (Prep)	Poulter The Hearing Impaired Patient (Special Pts)	Puryear Right Ventricular AMI (Cardio)	Genzel, MD Really Cool Slides (Trauma)	Lanier Treating Those Left Behind (Special Pts)	Hinson Pitfalls of RSI (Medical)	Spranger A Return to Homeostasis: Ce lls Responding to Illness/Injury (Preparatory)	Villers Pearls & Pitfalls in Cardiac Arrest Mgmt (Cardio)

W E D N E S D A Y				
Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 6 (322)
8:30 a.m. - 9:30 a.m.	Bolleter A Reason for Being <i>(Additional)</i>	Tapia Adrenalin: Do you Live? Do you Die? <i>(Additional)</i>	Brogan, MD, PhD Problems at the Pump Station: A Detailed Look at CHF <i>(Cardiovascular)</i>	C. Johnson Medical Component of Texas Task Force One USAR Team <i>(Trauma)</i>
9:45 a.m. - 10:45 a.m.	Warren Diversity <i>(Additional)</i>	Reiter Rapid First Response/Early CPR <i>(Cardiovascular)</i>	A. Johnson The Evolving Role of EMS in Reperfusion Therapy <i>(Cardiovascular)</i>	Hudson EMS Involvement in Child Fatality Reviews <i>(Special Pts)</i>
11:00 a.m. - 12:00 p.m.	Bybee Patient Care on Sexual Assault Calls <i>(Special Pts)</i>	Buckley Survey of Ethics: What is the Right Thing to Do? <i>(Preparatory)</i>	Fillip The "Eyes" Have It <i>(Preparatory)</i>	Eaddy & Etheridge Getting Medics Comfortable with Research <i>(Additional)</i>

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

Texas BTLS 2000

More people trained in BTLS in Texas than any other state last year

Basic Trauma Life Support stresses rapid assessment, appropriate intervention and identification of immediate life-threatening traumatic injuries. The BTLS framework for rapid, appropriate and effective trauma care is a global standard that works in any situation. Last year the Texas chapter of BTLS trained more than 3,000 people, making Texas the leader in BTLS training by training more than 13 percent of the total number of students worldwide.

BTLS began as a local project of the Alabama Chapter of the American College of Emergency Physicians in August of 1982 under the direction of John Emory Campbell, MD, FACEP.

Since then, BTLS has become an international program training more than 20,000 people in 14 countries. BTLS International is endorsed by the American Academy of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP).

The Texas Chapter of BTLS began in March of 1987. William Moore, MD, now serves as our state medical director and Nancy Davis is the state coordinator. BTLS has 16 board members presiding over the organization, which is divided into eight regions. Each region has a designated individual responsible for monitoring and coordinating courses in his or her particular region.

The new fourth edition textbooks, slides, power point presentation and

exams for both the advanced and basic provider are now available. The textbook has been updated to include the latest information on spinal, thoracic, pediatric and head trauma. Airway management, bloodborne pathogens and a new section on the assessment of spinal injury are included as well. Patient assessment and scene size-up chapters comply with the latest DOT curriculum. New chapters include injury prevention, trauma scoring, trauma care in the cold, barotrauma and decompression injury. Another chapter integrates the mechanisms of injury into the complete process of evaluating the injury scene.

For over 16 years, BTLS has sponsored an International Trauma Conference composed of a variety of intensive educational sessions, pre-conference workshops and other special events. This year's conference will be held in Denver, Colorado, on November 9 - 11 at the Westin Westminster Hotel. The site for the 2001 conference will be in Toronto, Ontario. For more information regarding the conference, or to contact BTLS International, refer to the BTLS International home page at <http://www.btls.org> or call (800) 495-BTLS.

To learn more about BTLS in Texas, you can call Nancy Davis at (800) 839-2237 or visit us at <http://www.egroups.com/group/BTLS-Texas>.

—BTLS board of directors

EMS Fact:

Parked cars become like ovens. On a 95-degree day, the dashboard of a parked car can reach 181 degrees—the temperature to properly cook poultry. —USA Today

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.

Arlington FD assists local cardboard boat regatta

Recently members of the Arlington FD assisted at the River Legacy Foundation Cardboard Boat Regatta, held at Six Flags Hurricane Harbor in Arlington. The annual boat regatta supports the River Legacy Foundation, a non-profit, private entity that maintains the largest public park in Arlington and a learning center that offers year-round educational activities for children. The boats are made by participants and can range from children's class projects to a scale model of an aircraft carrier that becomes a rowable craft when the top is lifted off. Prizes are awarded to the fastest boat, the most popular boat, the

best-looking boat, the most spectacular sinking and to the team that bribes the judges the most.

League City VEMS adds new marine division

League City VEMS added a new division, the League City Marine Rescue Team, that will respond to the increasing number of water-related emergencies in Clear Creek, Clear Lake and adjacent waters. The Clear Lake area has the third largest concentration of recreational boaters in the U.S. LCMRT will also promote boater safety, provide medical coverage during water events and assist other law enforcement marine divisions as needed. The boat for LCMRT was leased from the

Members of the Arlington FD participated in the River Legacy Foundation Cardboard Boat Regatta. Helping launch a cardboard boat are Bob Burton, EMT-I/firefighter, wearing baseball cap on left, and Barry Gee, EMT/firefighter, wearing baseball cap on right.



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League City PD. Funding for the rescue equipment came from a TSA RAC-R grant and use of a boat slip was donated by South Shore Harbor Marina.

PAS Kids Medic Club sponsors EMS Week parade

The Kids Medic Club of Peoples Ambulance Service, in Deweyville, sponsored a Texas EMS Week parade. The parade included neighboring EMS and fire department units and a Medlink helicopter. Following the parade, EMS members taught parents and children basic first aid and CPR. The Kids Medic Club is part of PAS's Think Child Safety program. Members of the Kids Medic Club participate in many other EMS activities, including playing patients and victims in disaster drills and in initial EMS training courses.



AMR-San Antonio ambulances participated in the Independence Day parade and picnic in Hollywood Park. Besides providing on-site medical care, AMR talked about EMS and allowed attendees to tour the ambulance.

AMR-San Antonio celebrates with local Independence Day parade

AMR-San Antonio participated in the annual Hollywood Park Independence Day parade and picnic. Two AMR ambulances were included in the parade and provided on-site medical coverage during the picnic. Many people

took tours of the ambulance and spoke with the medical staff about EMS.

Irving FD rescues window workers from collapsed scaffold

In June, Irving FD personnel Rusty Wilson, firefighter, and Dan Watson, EMT-P/firefighter,



Members of the Kids Medic Club and Peoples Ambulance Service, along with Ready Teddy, wave at the crowd during the Texas EMS Week parade in Deweyville.

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Washington County EMS participated in a demonstration of the chain of survival at the AHA Annual Heart Health Luncheon as part of its EMS Week celebration. Kevin DeRamus, EMT-P, left, narrates the prehospital phase of the demo while Jason Paramore, EMT-P, center left, and Ryan Rogas, LP, right, treat the "cardiac patient" Duane McBride, AHA Regional Director.

rappelled down a 12-story building in Irving to rescue two window workers. The workers were stranded more than 100 feet above the ground at the 11th floor after the center of their scaffold buckled. Wilson and Watson rappelled down the side of the building to the workers and then lowered the workers to the ground.

Washington County EMS, AHA celebrate EMS Week

Washington County EMS celebrated EMS Week by participating in the Washington County Division of the American Heart Association Annual Heart Health Luncheon in May.

The luncheon focused on the chain of survival in the local area and included a demonstration of how the chain of survival works. WCEMS paramedics performed the prehospital phase of the chain of survival, including a demonstration of the 12-lead EKG. Also participating in the demo were personnel from Brenham PD and Trinity Medical Center.

North Texas LifeStar gets nice write-up in local paper

North Texas LifeStar, the air ambulance service permanently stationed at Parkland Memorial Hospital in Dallas, was profiled in *The Dallas Morning News* in

May. The article traced LifeStar's response to an emergency call from the time the crew climbed on board the helicopter to the helicopter's return to Parkland with a patient onboard. North Texas LifeStar covers airspace from Waco to inside Oklahoma. The article also stressed that protocols were used to determine when the injuries were serious enough to warrant calling LifeStar.

Parkland's personnel compare reality to TV's ER in local paper

The Dallas Morning News recently wrote about the similarities and differences between

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TV's dramatic *ER* and the real-life ER at Dallas' Parkland Memorial Hospital, one of the busiest emergency departments in the U.S. Six Parkland doctors and nurses watched the show and compared the actions of their fictional counterparts with the actions that Parkland staff would take or have taken in similar situations. Many of the Parkland staff felt that the show represented emergency departments fairly accurately, but that real-life emergency medicine involved less shouting and more paperwork.

Val Verde RMC EMS employee attends EXPO 2000 in Germany

The *Del Rio News Herald* recently announced that Susie Jechow, an employee of Val Verde Regional Medical Center EMS, had been invited to attend EXPO 2000 in Hanover, Germany, as a guest of the local emergency medical services.



Susie Jechow, of Val Verde Regional Medical Center EMS, was invited to Germany to attend EXPO 2000 as a guest of the local emergency medical services. She was sponsored by Val Verde RMC.

Applicants had to speak English or German, have working experience in an EMS setting, have EMS teaching experience and be able to run a multimedia presentation on EMS in their area. Jechow, a VVRMCEMS employee for five years, was sponsored by Val Verde RMC.

Crane EMS receives approval for advanced certification courses

Crane EMS Training Program was recently approved to conduct intermediate and paramedic level training. Crane EMS, a rural EMS provider, has established training agreements with hospitals and EMS providers in Odessa, Midland and Monahans. The program will increase training levels for Crane EMS personnel and help students who are unable to attend courses offered in the Odessa/Midland area. The courses will be coordinated by Berry Ingram, EMS captain and coordinator for Crane FD, with the assistance of Dr. Dave Spear in Odessa.

Texas EMS Hall of Fame member receives award for volunteerism

Carl B. Young Jr., a member of the Texas EMS Hall of Fame since 1988, recently received the Clara Barton Honor Award for Meritorious Leadership from the American Red Cross in recognition of his more than 60 years of volunteer service. Young start-

ing volunteering as a lifeguard and swimming instructor in the Corpus Christi area; now he assists in organizing CPR Sundays, Save-A-Life events and AED training. Young was inducted into the Texas EMS Hall of Fame because of his years of work in supporting CPR and EMS training. The Clara Barton Honor Award is the ARC's highest volunteer award.

Heath FD gets an AED save

In March, Heath FD responded to a possible MI call and found the victim in cardiac arrest. The responders began CPR and shocked the 61-year-old male twice with an AED before his heart began beating on its own. They transported the man to Lake Pointe Medical Center and three days later, the man was in a private room, awake and talking to family and friends. Heath FD had purchased the AED one year prior to this event with funding from the Ladies Auxiliary.

West Valley FD opens new station

West Valley FD, formerly Canutillo FD, opened a new station in May, according to the *El Paso Times*. The new station, the third for WVFD, almost halves the service's overall response time. The article also detailed the firefighting and EMS training the volunteer firefighters un-

Local & Regional EMS News

dergo. The service, which has 45 volunteer firefighters, also recently added a new pumper truck, bringing the service's number of vehicles to 12. As part of the El Paso County EMS Services District No. 2, WVFD serves the area west of the El Paso city limits, including Canutillo, Vinton, Westway and Anthony.

AEMS honors personnel at awards picnic

Austin EMS held its annual employee awards picnic in June. Cadet of the Year went to Keli Dean, EMT, AEMS Communications; Communications Medic of the Year to Jasper Brown, EMT-I; Paramedic of the Year to Bill Gardner, EMT-P; First Responders of the Year to CeBar VFD, Pflugerville FD, Lago Vista FD and Westlake FD; Training Officer of the Year to Susan Erwin, LP; Support Services Employee of the Year to Vivian Holmes and Michael Bragg; Commander of the Year to Landon Willhoite, LP; Corporate First Responder of Year to Lynn Myers, ECA, Texas Department of Human Services; Medical Director's Award to Larry Arms, LP; Special Operations Paramedic of the Year to Stephen Maier, LP; Team Award to Austin/Travis County EMS Communications; Outstanding Service Awards to Dawn Adams, EMT-P, Austin EMS Communication, and Lt. Doug Ross, EMT, Airport Police; Citizen Award to

Cynthia Morse; and the Xavier Mokarzel Award (Award of Valor) to John Torres-Whitner, LP, John McIntosh, LP, and Bryan Fitzpartick, LP.



The recently consolidated El Paso Fire/Medical Services division has designed a new logo for its vehicles.

El Paso FD, El Paso EMS consolidate into one service

El Paso's mayor and city council consolidated the city's fire and third-party EMS departments into a single service with a division called El Paso Fire/Medical Services. This consolidation increased the El Paso community's medical

response vehicles from 13 ALS/MICU ambulances with an average response time of eight minutes to almost 70 fire and EMS vehicles with an average response time of four minutes. Each has a paramedic on board to initiate advance medical care. There are approximately 1,000,000 people in the El Paso community, including the city of El Paso, Fort Bliss and immigrants from nearby Juarez, Mexico, who visit El Paso daily.

Plainview Fire/EMS opens new station

The City of Plainview Fire/EMS opened its third station in February 2000. With more than 10,000 square feet, the station has eight separate bedrooms, with one for the shift commander; separate restroom and shower facilities; a lobby/museum; storage area; communications room; day room; kitchen; patio room; and utility room. The engine bay has five bays, with four being drive-through bays. The facility also has rooms for a generator, bunker gear, SCBA repair and air supply, emergency shower and storage.



Plainview Fire/EMS opened a new station in February. With more than 10,000 square feet, the station has five engine bays and eight separate bedrooms for staff.

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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
 1301 South Bowen Road, Suite 200
 Arlington, TX 76013
 (817) 264-4720

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 76704-7168
 (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>

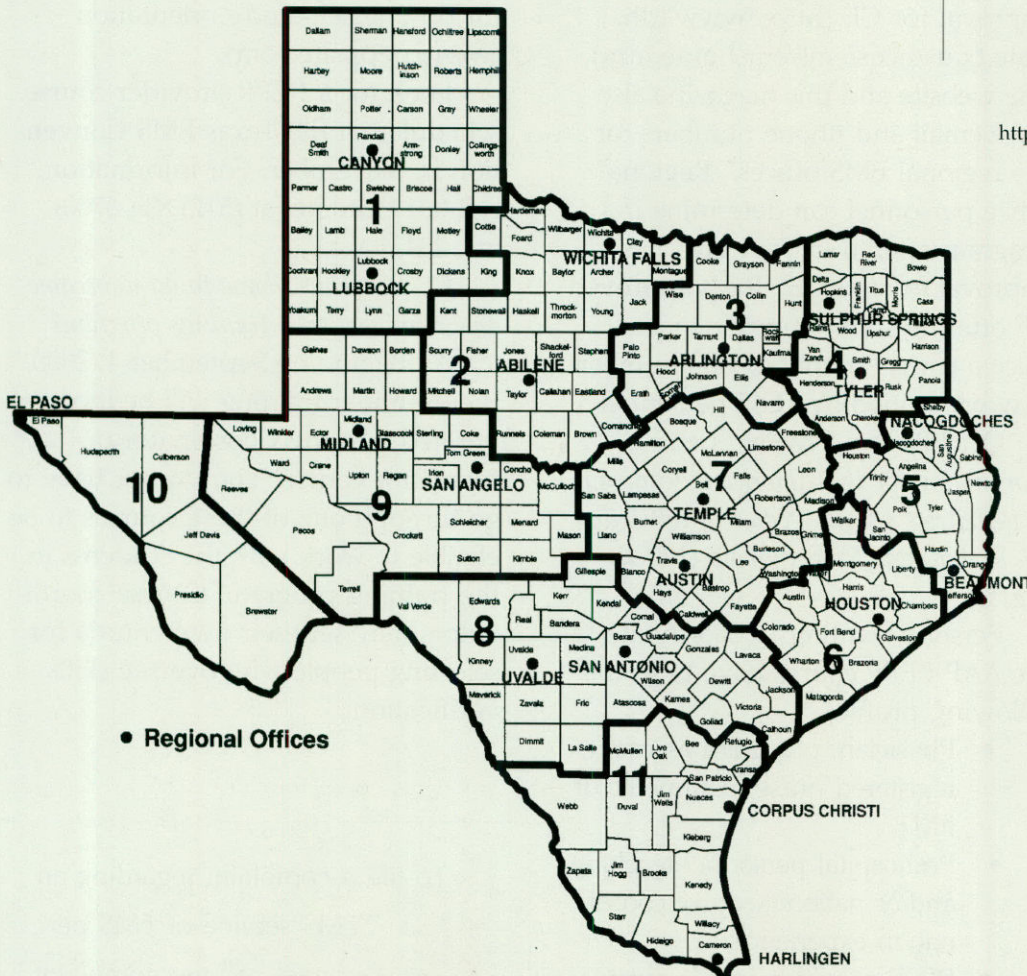
Tom Cantwell
 Anthony Viscon
 401 E. Franklin, Suite 210
 El Paso, Texas 79901
 (915) 834-7708

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



By
Texas Tech EMS Program Staff

FAQ *EMS Education*

Questions regarding this article or EMS education can be directed to EMS Program faculty at Texas Tech University Health Sciences Center in Lubbock at emsstaff@ttuhsc.edu, or call (806) 743-3218.

Q: *How do I know if a continuing education program has been approved by TDH?*

There are a number of ways to ensure that a program has been approved for CE by TDH.

Look at the TDH website for information on programs that have approval for CE (<http://www.tdh.state.tx.us/hcqs/ems/emshome.htm>). The website and this magazine also have email and phone numbers for the regional EMS offices. Regional office personnel can determine if a program offered in your area has approval to offer CE. Each approved CE offering should be able to produce a course number. The number may be verified by TDH personnel.

Q: *How can I become a course coordinator for the American Academy of Pediatrics (AAP) Pediatric Education for Prehospital Professionals (PEPP) course?*

Persons wanting to coordinate the AAP PEPP course have to fit the following profile:

- Physician, physician assistant, registered nurse, paramedic or EMT
- Prehospital personnel teaching and/or national course coordination experience
- PEPP provider course completion
- Application approval by a PEPP Course Coordinator

- Course Coordinator Orientation completion

Once qualified, an individual may become a PEPP Course Coordinator by either attending a PEPP Course Coordinator Group Orientation or by completing a PEPP Course Coordinator on-line self-study orientation (www.peppsite.com).

Look for a PEPP provider course scheduled at the Texas EMS Convention in November. For information, call Jeff Hummel at (512) 834-6700, ext. 2343.

Q: *What do I have to do to become an Examiner for a training program?*

A. Beginning September 1, 2000, the examiner training will be incorporated into the Coordinator or Instructor course. You do not have to go through one of these courses to be eligible to work with the students in the training program. Course coordinators may set their own criteria for selecting people who oversee skills verification.

To file a complaint regarding an EMS service or EMS personnel call the complaint line at 1-800-452-6086.



By
Linda Reyes

FAQ *EMS Standards*

Q: *I am up for recertification in October. Will you be changing the certification application form since we have new rules or can I still use the old application form?*

A: We have changed the certification application form to reflect the new rule requirements, so please use the new form. The new forms are downloadable from our website at: <http://www.tdh.state.tx.us/hcqs/ems/filelib.htm#EMS>, or you may get them from your regional EMS office (see page 27 or our website). Some of the differences on the certification application form are late fee amounts, high school diploma or GED requirement and RN equivalency process.

Q: *My certificate expired on May 31, 2000, and I have not recertified. How will the new rules affect my renewal?*

A: You will need to recertify according to the new rules. Submit your certification application, recertification CE form and appropriate fees (\$75 - includes late fee for ECA and EMT or \$112.50 - includes late fee for EMT-I and paramedic). You will be required to pass the written exam. If your certificate expires in June, July or August of 2000, contact EMS Standards or your regional EMS office for information.

Q: *A friend is interested in becoming an EMT but he has a conviction on his record. Will that prevent him from becoming certified?*

A: The Bureau of Emergency Management applies the criteria of the Occupations Code, Chapter 53, Subchapter B, to establish eligibility of persons

with criminal backgrounds for certification/licensure or continued certification/licensure as EMS personnel. An admission to a felony or misdemeanor conviction is not an automatic denial of EMS certification. A determination of certification eligibility based on a criminal background history **cannot** be made by a telephone conversation. To accurately determine eligibility, additional documentation concerning a conviction is required. Only after gathering all pertinent information is the file evaluated by the Quality Improvement Review Panel and a final determination made by the bureau chief.

Q: *I passed the EMT exam and received a letter stating my certification cannot be completed because you are reviewing my criminal history. How long will this take?*

A: Files are reviewed for type of offense, how long ago the offense was committed, number of offenses and how the crime relates to EMS certification. This first review may take up to two weeks. If we determine you are eligible for certification, you will be issued your certificate. If we determine we need additional information, you will be notified by letter. The speed of this secondary review will partially be determined by your response to the requested information. If you spend a lot of time collecting the required documentation, it will delay our review of your file. Additionally, if your conviction occurred out-of-state, the review may take longer.

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

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

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



Photo by John Fulbright

BREAKING AWAY

EMS may be the first step to getting help for domestic violence victims

In 1998, the Texas Department of Public Safety reported 175,725 family violence incidents—with 100 women killed.

Although October is recognized as National Domestic Violence Awareness Month, most emergency personnel are quite familiar with the scenario. In 1998, the Texas Department of Public Safety reported 175,725 family violence incidents; 100 ended with the female partner being killed by a husband, ex-husband, boyfriend or, as the Centers for Disease Control and Prevention more accurately describes it, an intimate partner. Ninety-five percent of the domestic violence reports involve women as the victims. The Texas Department of Human Services reports that 11,423 adults received shelter in the state's 75 publicly-supported shelters in 1999. Those adults brought 15,066 children with them.

Domestic violence is a pattern of assaultive and coercive

By Kate Martin, MEd

behaviors, including physical, sexual, and psychological attacks, and economic coercion, that adults and adolescents use against their intimate partners. Domestic violence is not simply out of control behavior. If that were so, domestic violence would occur anywhere and not just in the home, where most occurs. Domestic violence is not caused by illness, genetics, alcohol or drugs, although drugs and alcohol are common in many violent homes. Stress and anger do not cause violence. Domestic violence is a controlled behavior, learned through observation and experience. Abusers perpetrate violence or create the fear of violence to control people. Violence is learned in the family and reinforced in our schools, communities and peer groups. Movies, music and video

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks.

games pass on a culture of violence.

Intimate partner violence can go on for years and never involve a life-threatening injury. Many women have received medical treatment from EMS, emergency rooms or their own physicians for non-life-threatening injuries such as broken ribs, arms or noses caused by unexplained falls or "clumsiness." Over several years, repeated assaults can lead to other illnesses such as chronic abdominal, chest or back pain that may require an EMS run. The victim of violence may have recurrent and severe sinus infections after suffer-

ing fractured facial bones. Complications of domestic violence during pregnancy include low weight gain, anemia, infections, first and second trimester bleeding, maternal depression and suicide attempts, and tobacco, alcohol and illicit drug use. Women who are pregnant are at 15 to 25 percent higher risk for battering.

What can EMS do?

The Family Violence Prevention Fund has identified four service elements for health care providers to assist those living in violent relationships:

Crash kills three

Domestic violence can have repercussions in the most unexpected ways. In August, an ambulance carrying a police officer wounded while responding to a domestic dispute crashed into a car, killing the car's three occupants. The ambulance was taking the officer to the hospital when it collided with the car making an illegal turn. The patient, a Wake Forest, North Carolina, police officer, had tried to get a female out of a car but before he could get her out, her male partner shot her. The woman was killed and the bullet ricocheted into the officer's hand. The officer was not seriously hurt.

Suspect family violence?

Statute requires that you take action

Did you know that Chapter 91 of the Texas Family Code requires medical professionals such as EMS personnel to notify of legal rights those whose injuries were caused by family violence? This statute requires you as an EMS professional to do three things. They are:

1. Immediately provide the person with information regarding the nearest family violence shelter center; and,
2. Document in your patient care report that you gave the patient the above information and why you suspect the injuries were caused by family violence; and,
3. Give the person a written notice in both English and Spanish.

The statute also provides immunity from civil liability for persons reporting suspected family violence. The exception to this immunity clause is a person who reports his or her own conduct or who otherwise reports family violence in bad faith. Each EMS provider needs to learn about the resources available in their community. The information learned and shared with others may save a life.

The National Domestic Violence Hotline has a website at: www.ojp.usdoj.gov/vawo/newhotline.htm

Notice must basically be in this format:

Notice To Adult Victims Of Family Violence

It is a crime for any person to cause you any physical injury or harm even if that person is a member or former member of your family or household.

You may report family violence to a law enforcement officer by calling the following numbers:

(Fill in telephone number of nearest law enforcement offices, usually 9-1-1)

If you, your child or any other household resident has been injured or if you feel you are going to be in danger after law enforcement officers investigating family violence leave your residence or at later time, you have a right to:

Ask the local prosecutor to file a criminal complaint against the person committing family violence; and

Apply to a court for an order to protect you. You may want to consult with a legal aid office, a prosecuting attorney or a private attorney.

A court can enter an order that:

- (1) Prohibits the abuser from committing further acts of violence;
- (2) Prohibits the abuser from threatening, harassing or contacting you at home;
- (3) Directs the abuser to leave your household;
- (4) Establishes temporary custody of the children or any property.

A violation of certain provisions of court-ordered protection may be a felony. Call the following violence shelters or social organizations if you need protection:

(Fill in name and number of local organization, or put the number of the National Domestic Violence Hotline at 800/799-SAFE or for TDD, 800/787-3224.)

To download this form in Spanish and English go to www.tdh.state.tx.us/hcqs/ems/emshome.htm and click on New Items.

Domestic violence is not caused by illness, alcohol or drugs—it is a controlled behavior, a choice, the choice to hurt another person.

screen all patients than to screen only when there are specific indicators, and screening can be done with only two or three questions (see page 33). Routine screening will uncover both those domestic violence victims who have indicators and those who have health problems that initially appear unrelated to domestic violence. By adopting routine screening, staff avoids the societal constraints of questioning people of different socioeconomic groups. Staff can say, "I ask all my female patients...." All personnel should be trained to screen for domestic violence.

Assessment also can be done without a great deal of time; however, privacy is required. Interview victim outside the presence of the suspected abuser. The immediate safety needs of the victim are the first priority. "Where is your husband/boyfriend/baby's father now? Do you want or need the police to be notified?" You can ask the victim about the history and pattern of abuse: "How long has the violence been going on? Has your husband/boyfriend forced or harmed you sexually? Have others been harmed by your husband/boyfriend? Does your husband/boyfriend/children's father control your activities, money or the children?" Ask if the patient was slapped, pushed, grabbed, threatened or followed rather than asking if she was abused or battered. Don't be afraid to ask about tactics the abuser is using, weapons, escalation in frequency or severity of the violence, stalking, homicide or suicide threats, or the increased use of alcohol or drugs. Always inquire about

- develop routine screening for domestic violence victims.
- assist with assessment of the domestic violence situation.
- develop intervention with patient/victims.
- document domestic violence in health records.

Routine screening of all female patients is recommended for several reasons. Domestic violence victimization is such a common and significant health issue, it is helpful to know which patients are domestic violence victims and which are not. It is more efficient to

For more tips screening for domestic violence and to download the required notice in English or Spanish, go to the bureau's website under New Items.



the physical safety of the children.

Questions about how the abusive behavior has affected the patient's health care in the past can assist you in assessing the current level of abuse. What resources does the victim have? Ask if the victim has called the local shelter or the National Domestic Violence Hotline number for help. If you think that there is abuse, Texas law requires you to supply the phone number of the local or national domestic abuse hotlines. Offering phone numbers may be of great help to the victim of intimate partner violence.

Offering phone numbers may be of great help to the victim of domestic violence—you could be the victim's first step to getting help.

And, finally document all injuries related to violence. You could be the victim's first step to getting help. The National Domestic Violence Hot Line is 800/799-SAFE (7233), TDD 1-800-787-3224. The Family Violence Prevention Fund's Health Resource Center at 888/792-2873 offers information for health care professionals.

Kate Martin is the interpersonal violence prevention coordinator for the San Antonio Metropolitan Health District. She serves on the injury prevention committee of GETAC.

Sample opening for domestic violence screening:

"I am going to ask you some quick, routine questions that I ask all patients in order to understand their health. I may be jumping from topic to topic so I can get the big picture and then we can go back and talk about what is important to you."

"I am concerned that your medical problem may be the result of someone hurting you. Is that happening?"

Connect the inquiry to something the patient has already said. "You mentioned your husband's (ex-husband, boyfriend) substance abuse/temper/stresses. When that happens, has he ever physically hurt you, or physically fought with you, or threatened you?"

"Many patients have health problems due to fights with their partners. Do you know anyone who has had that problem? Has that problem ever happened to you? Is it happening to you now?"

Sample screening questions to follow the opening:

"Has your husband/boyfriend/baby's father used physical force against you...or property...or against someone else when fighting with you?"

"Has your partner physically hurt or threatened you?"

"Have you been pushed, shoved, grabbed or slapped by your partner? Has your partner attacked property, pets or others when fighting with you?"

"Are you afraid of your husband/boyfriend/baby's father? If so, what is your partner doing that makes you afraid?"

"Has your partner humiliated you? Has your partner controlled you in a harmful way?"

What if your patient denies domestic violence?

1. Accept the response. Not all are domestic violence victims. If a patient seems uneasy about the inquiry, reassure them that these are routine questions asked of everyone due to the prevalence of the problem. Many patients are appreciative of routine questions about their overall health.

2. If you are still concerned that domestic violence may be occurring, briefly let your patient know that you are a resource if that problem should ever be an issue for the patient. Let them know where they can get more confidential information about domestic violence, and then move on to other topics. Routine inquiry often will open doors that domestic violence victims will use later.

GETAC votes to continue working on recertification

The Governor's EMS and Trauma Advisory Council (GETAC) and its committees met for a total of about 20 hours on July 13 and 14 in Austin, working to come to consensus on issues affecting EMS and trauma. The EMS, Education and Medical Directors committees met individually to address specific sections of the recertification options plan and to review the draft Emergency Medical Dispatch (EMD) and EMS Education rules. The three committees then met together to take the results of their individual meetings and develop a recommendation for GETAC. The Injury Prevention and Trauma Systems committees began developing ideas for the direction of those committees.

After GETAC approved minutes from last meeting (available on our website) and clarified that the committee's name should be pronounced "GETAC," members heard reports from the chair, staff and committees. Bureau staff reported on the new draft EMD and revised EMS education rules and requested that GETAC recommend proposal by the Texas Board of Health (BOH). TDH's Bureau of Epidemiology staff reported on the proposed injury reporting rule, including the results of the comment period, and requested that GETAC recommend final adoption by the BOH. Public comment was heard on the recertification options plan, committee reports and the EMS and injury rule recommendations. GETAC also heard short presentations from ten stakeholder groups (see box A); additional groups will be invited to speak at the next meeting.

GETAC took the following action (all votes were unanimous):

- 1) Recommended to the BOH proposal of the EMD and EMS education rules.
- 2) Recommended to the BOH final adoption of the injury reporting rule, with an amendment that reporting would be required for admissions of greater than 48 hours rather than 24 hours.
- 3) Formally accepted the recertification "cafeteria" options plan consensus to date (see page 57) and requested continued work by appropriate committees to address unresolved issues.
- 4) Requested Bureau staff to draft rule language that implements the re-certification options plan.
- 5) Appointed four task forces and leaders to address specific issues (Box B, page 57).
- 6) Set dates for calendar year 2001 (see side column).

2001 GETAC Meeting Dates (all in Austin)

February 22 & 23, 2001
May 17 & 18, 2001
August 23 & 24, 2001
November 18 & 19, 2001
(with EMS Conference)


Box A

Stakeholder Presentations

EMS Association of Texas
EMS Educators Association of Texas
EMS Physicians of Texas
Mothers Against Drunk Driving
State Firemen's - Fire Marshals' Association
Texas College of Emergency Physicians
Texas Fire Chiefs' Association
Texas Higher Education Coordinating Board
Texas Trauma Coordinators Forum
Texas Hospital Association

The next GETAC meeting is scheduled for Monday, November 20th, during the EMS Conference. Committees will meet on Sunday, November 19th. Watch our website and e-lists for details.

(Continued on page 57)

 **EMS Fact:** Men account for more than 90 percent of DWI offenders in jail. —U.S. Justice Department

By Chris Nollette, MEd, NREMT-P, LP,
and George Hatch, MEd, LP

Reading, writing and ... affective domain?

Good education means reaching hearts— not just minds and hands

An elderly woman collapses while shopping in the grocery store. A clerk dials 9-1-1, frantic for help to arrive. The EMS team is there in a flash, checking the patient's condition and beginning CPR once they establish she is in cardiac arrest. The scene is quickly transformed into an well-orchestrated rescue effort that has everyone working with one goal in mind—to save a life.

Think of the practice it takes to become one unit, functioning as a well-oiled machine—like the Houston Rockets or Dallas Cowboys. The same level of effort and commitment is required if rescuers are to work as a team cooperatively to save lives. Remember the first time you tried working as part of a team on the mega-code in your EMS classroom? What made the experience rich was the assistance of fellow classmates who provided support, guidance and encouragement in meeting the goal of the mega-code to ensure a successful patient outcome in the field.

Long have EMS educators used “cooperative learning” techniques in their classrooms for mega-code practice, even though some have only recently come to recognize “cooperative learning” as an approach that would help with other applications of learning as well.

Cooperative learning defined

Robert E. Slavin, one of the founding fathers of cooperative learning, says that cooperative learning is essentially a vari-

ety of teaching methods in which students work together in small groups to learn skills and academic material. Look at the effectiveness of the “little red schoolhouse,” where older children helped younger ones master information. This peer-led training can be extremely effective if backed up with the teacher serving as a classroom facilitator. Cooperative learning allows the teacher to guide the learning process and the students to build on concepts that have already been mastered or understood.

Depending on a single person to lead the group should no longer be the classroom goal. The team leader concept is being replaced with more dispersion of responsibility. The team concept of cooperative learning does not eliminate competition but rather focuses it on the team where others in the group can provide encouragement and a supportive environment. For many of our students, this is their first classroom experience with real team building. The goal is to provide individual accountability that will challenge all students to do their best work and to value the contribution of all the members of the team (Slavin, 1995).

Needs in the EMS classroom

In EMS we have neglected the importance of the affective domain—teaching to the heart and building on student values—in favor of the cognitive and

Photo by Dan Rickey



The same level of effort and commitment is required in the classroom as in the field if rescuers are to work as a team cooperatively to save lives and to ensure a successful patient outcome in the field.

psychomotor domains. While no one can argue the importance of mastering the cognitive and psychomotor domains in the medical field, educators must not short-change their students by omitting the affective domain, where students test their thoughts, justify their answers and build their confidence in dealing with others as they express themselves in a safe, academic surrounding.

In the majority of classrooms, emphasis is placed on the individual's, rather than the group's, success. The old saying, "You teach the way you have been taught" has a home with EMS educators, since we rely so much on our past experiences. Taking the "better" paramedics and making educators out of them is as old as the profession itself. Passing that educational torch has burned both educators and students alike by failing to reach out to the most effective way to educate students. What we now know is that building a group consensus and modeling teamwork is the most effective way to have students learn and grow within the profession. So we need to incorporate more cooperative learning strategies in our EMS classrooms.

Classroom strategies

Sharing information In one strategy, the student is encouraged to build on what is learned through individual effort, such as outside reading assignments, and share it with the members of the group. Students take a quiz separately, then come together with a group to discuss their answers. The group is composed of a wide variety of performance levels, carefully chosen by the educator. The group works together to master the concepts before them. Everyone in

the group listens to the rationale put forth for the answer to each quiz question, discusses other points of consideration, then decides to stay with or to change the answer.

In this way, students build on the information provided in class until everyone in the group attains the same understanding of the material. The success of the group is not measured on the achievement of one, but rather on the entire group understanding the assignment. In this way, students become responsible for the learning of their team members. The cooperative group strategy can be used to help the students master psychomotor skills in the same manner. The group's encouragement and attention to details will enable all levels of learners to participate and succeed in this challenging, yet safe, learning environment. Since teamwork is essential to a successful patient outcome, then cooperative learning and EMS educators are a perfect match.

Group and spontaneous discussions Students are required to bring in an article every week and summarize it for the group. The articles must be tied in to what the class is currently discussing and can be from a variety of sources: journals, newspaper articles, Internet sites, or any printed medium that they feel will add to the richness of the discussion. Each student has five minutes to summarize the article and state an opinion as to the content. The class discusses this as a whole while the student with the original article serves as the "expert," facilitating the discussion.

Medical ethics sponges Spontaneous discussions can start the class on an activity that relates to the "sponge topics" giving each cooperative group (of three-five learners) the task of discussing an issue and coming to a group consensus to present to the rest of the class. The most popular topics for discussion center on medical-ethical issues

TEXAS EMS CERTIFICATIONS AS OF
AUGUST 3, 2000

ECA	4,923
EMT	21,692
EMT-I	3,735
EMT-P	9,945
LIC-P	3,096
TOTAL	43,391
COORDINATOR	334
INSTRUCTOR	2,033
EXAMINER	2,365

but may come from a variety of teachable materials. The groups' discussions reach beyond the curriculum to address issues that have traditionally not been given the time for proper exploration in our hurried "got to meet the curriculum," mindsets. These activities can last from minutes to hours but must provide a chance for everyone to have input and feel valuable in the classroom environment.

Jigsaw A group of students is given a complex learning assignment. They start by breaking it down and each member takes a part and becomes the expert. For example, the group looks at the human heart, where each student studies and presents a different aspect of the organ such as the electrical system, blood flow, common cardiac problems, etc. The students then teach within their group, agree to a quiz and on a method of delivery for the entire class. The students are performing outside research and assimilating and recalling this technical information in a manner that makes them active learners in the classroom.

A note of caution for cooperative learning

In our four years of using cooperative learning in the classroom, one problem stands out. Anytime that you provide an interactive session where a group effort produces one grade, you will have those students who fail to perform up to their potential. These are the students who let one or more of their peers in the group come up with the answers and they themselves contribute little if anything to the process.

There are two strategies in dealing with this problem. First, ensure that all students have all finished their individual tasks before the group discussion begins. Second, assign a group grade in addition to the individual grade. This is done to ensure students have a shared responsibility for the learning that is occurring in the group. In this way, the

group ensures that all members understand the material content and master the skills application.

Another problem to consider is that your classrooms are going to become noisy places. Since the cooperative model requires interaction and sharing, students are going to be talking throughout the lesson and will be excited about the process. A sign outside the classroom of one college read, "Quiet, learning taking place." The more appropriate sign for an active and engaged classroom environment should be, "Caution, noisy environment where meaningful learning is occurring." Cooperative learning is engaging and empowering students to revel in their success. It may even be threatening to students and educators who are uncomfortable with the learning strategies required to make cooperative learning a reality in the classroom.


Conclusion

In the end, the very foundation of any EMS educational experience must center on increasing achievement, applying and practicing critical thinking skills, improving group interactions, integrating knowledge and skills and improving self-esteem for all students. Dr. H. Jerome Freiberg, co-author of *Universal Teaching Strategies*, has long said that we want our students to participate and become "citizens" in the process of learning, not "tourists in the classroom." Unfortunately, too many classrooms in EMS are places where students are on a guided tour with little ownership in the learning process. Our challenge as educators is to constantly discover new ways to encourage students to invest in their education, and to become citizens rather than tourists in their classrooms.

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Slavin, R., *Cooperative Learning*. Allyn and Bacon, Boston, 1995.

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 **EMS Fact:** Seventy percent of current smokers want to quit. —Gallup Organization

By
Jeff Hummel, BA, EMT-I

PHOTO BY TAYLOR JONES

Building a Pediatric Network



EMS for children

It's three A.M., your ambulance is dispatched and you're on your way to a call when you discover the patient is a critically injured child suffering from multi-system trauma after being ejected from an automobile. You realize the child will need immediate intervention and specialized pediatric care. Are you adequately trained to understand pediatric physiology and the unique needs of your patient? Where do you transport? Does your service have transport guidelines in place for critically injured or ill children? Wouldn't it be nice if a system existed that could help answer all these questions? You're in luck. Texas has made significant progress to-

ward establishing a Pediatric Emergency Health Care Network through its EMS for Children (EMS-C) program.

At the heart of the network is the EMS for Children national initiative. EMS-C is designed to reduce child and youth mortality and morbidity due to severe illness or injury. An estimated 8,000-12,000 traumatized children who die each year in the United States could have been saved through prevention programs and appropriate emergency medical services. Texas is one of 13 states that has enacted legislation to address prehospital pediatric care.

Creating and integrating EMS-C

into the traditional EMS system that was designed for adults is no small task. Implementation involves multiple state, regional and local organizations that may not have much experience interacting with each other. As a result of a federal grant, TDH will develop, implement, and monitor initiatives through its EMS-C program. Efforts have been underway for years to improve emergency health care in Texas and you can see the impact. However, comprehensive pediatric care has not, until now, been specifically addressed.

So how does Texas plan on integrating EMS-C into the larger picture of EMS? By attacking the issue regionally, in three intertwined disciplines: EMS, hospitals and Child Fatality Review Teams.

For EMS systems, the challenge is to put tools in place to accomplish our goals. Five major areas must be addressed for the EMS system to meet the needs of the pediatric patient. Education is the key to any successful program. This year a new standard has been set by the American Academy of Pediatrics (AAP) in the form of a course known as Pediatric Education for Pre-hospital Professionals (PEPP), which serves as the educational component to integrate pediatrics into the larger EMS system. Texas has adopted this course as the pediatric standard for EMS professionals. Texas already has instructors for this course statewide and will be greatly expanding the number of instructors over the next few months. For information on the PEPP program, please visit AAP on-line at www.aap.org. There is also a link off the bureau's website on the 'Links' page. To the credit of many EMS systems, pediatric protocols are in place in a number of areas in the state.

For hospitals, RACs are developing pediatric guidelines to standardize the logistics of transport and expedite definitive medical care to the injured or ill child. The concept models the established trauma system designation process that has standardized the transport

of trauma patients to the nearest, most appropriate facility. The goal of EMS-C is to have a similar categorization process that will identify the readiness

and capabilities of health care facilities to appropriately care for pediatric patients. This should make transport and transfer decisions easier and more expeditious. TDH's newest initiative, the Pediatric Stabilization Facility pilot process, is the embryonic phase of this goal.

The third branch of the network is the Child Fatality Review Team. Child Fatality Review Teams look at all child deaths in an area, identify trends, and then attempt to prevent more injuries with awareness, education and prevention. Currently, 167 out of 254 Texas counties either have teams, are developing these teams or participate on teams. Approximately 77 percent of the state's population is "covered" by a team. Efforts are underway to establish teams for the frontier and rural areas where injury death rates remain high and injury prevention programs will have a significant impact.

The responsibility of building this network lies with each person. Education and awareness of the issues can make a significant change in the number of children who die each year from preventable injuries or illness. A group effort is underway at the state level that includes many agencies and people willing to address the problems of Texas children. Pediatric care in some areas of Texas is not adequate and needs improvement. All patients, regardless of age, deserve the same high quality, expertly-trained people equipped with the most up-to-date information and equipment to meet their needs. Remember, kids aren't just small adults! Raise your awareness and the awareness of others by talking to your coworkers and administrators.

Five major areas a system needs to meet the pediatric patient's requirements

- ✓ Equipment
- ✓ Protocols
- ✓ Medical Control
- ✓ Categorization of Pediatric Facilities
- ✓ Regionalization of Care

If you want more information on anything you read about in this article, call the Texas EMS-C program manager, Jeff Hummel at 512/834-6700 ext. 2343 or email him at jeffrey.hummel@tdh.state.tx.us.

Hip Fractures

This common injury
needs careful assessment
and transport

By David Phillips, BS, EMT-P

ILLUSTRATION PHOTO BY JO KEENER

Case Presentation

Your medic unit is called to respond to a local assisted-living facility. Your dispatcher states that the health care provider on the scene is requesting an ambulance to transport a patient for "evaluation of pain." Upon your arrival, you are met by the LVN on duty, who tells you that the patient seems to be in pain when they try to get her out of bed. The LVN contacted the patient's private physician, who requested that the patient be transported to the local hospital emergency department for evaluation.

The LVN states that the patient began moaning when they tried to move her about two hours ago. The LVN tells you that the patient can normally get out of bed and move to a chair with assistance, but seemed to be in a great deal of pain when they attempted that maneuver this afternoon. The patient is normally aphasic (unable to speak) due to a stroke she suffered about five years ago. When you ask, the LVN states that the patient has not had any recent injury or illness nor any other new problems. The patient is an 84-year-old female who has a history of stroke, hypertension and arthritis.

You find the patient lying supine in a hospital-style bed. Her eyes are open and she appears awake. When you call her name, she looks to you. You ask her if she is in any pain, and she nods her head. You ask her where she is hurting, and she gestures toward her lower abdomen or pelvis. A head to toe exam reveals tenderness to the lower abdominal and pelvic area. Her left leg also appears to be a little shortened and possibly rotated outward (externally). There are no other significant findings on exam. You ask again if the patient has fallen recently, and the facility staff state that she has not. Your partner asks you, "What do you want? Just the cot?"





Falls are not the only cause of hip fractures. A side-impact collision, commonly referred to as a T-bone, may result in a fractured hip for the car's occupant.

*Continuing
Education*

Introduction

Fractures of the hip are a common injury encountered by EMS personnel. Since these injuries are typically associated with the elderly patient, the incidence of these injuries has increased steadily over the past few years as the population of older Americans has increased. Hip fractures are important to EMS personnel because:

- **They are serious injuries.** Hip fractures in the elderly patient carry a mortality rate of between 24 - 33 percent. These injuries also have a huge impact on the patient's quality of life; for many elderly patients, a hip fracture represents the end of independent living.

- **EMS care can impact patient outcome.** Proper medical care, initiated early, can decrease bleeding and tissue damage and improve the patient's short- and long-term outcome.

Hip fractures can be difficult to assess and treat because of a variety of factors, which we will discuss in this article. Unfortunately, many EMS providers find that their initial

Learning Objectives

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

- Describe the morbidity and mortality associated with hip fractures.
- List and describe the anatomical components of the hip.
- Identify factors which can increase a patient's risk of hip fracture.
- List the common mechanisms which can cause hip fractures.
- List and describe the key findings of the physical exam which indicate a hip fracture.
- Describe the correct basic life support treatment of the patient suffering from a hip fracture, including oxygen administration and proper splinting and immobilization.
- *(Advanced level providers only)* Describe the proper application of ECG monitoring, IV access and fluid administration and analgesia in the hip fracture patient.

training and continuing education only briefly touches on these common and important injuries.

In this article, we will:

- Review the anatomy, physiology and pathophysiology of hip fractures.
- Discuss the key components to an effective assessment of the patient suffering from a hip fracture.
- Examine the best options for treating these injuries.

Anatomy and Physiology The “hip” is actually a collection of structures which combine to allow movement of the proximal femur relative to the pelvis. The key structures of interest include: (See figure 1)

Acetabulum. This is the “socket” in the pelvis into which the head of the femur fits.

Femoral head. This is the “ball” at the proximal end of the femur which fits into the “socket” of the pelvis to allow movement.

Femoral neck. The narrow aspect of the proximal end of the femur, just distal to the head.

Greater and lesser trochanters. The protruding structures just distal to the femoral neck which serve as the dividing point between the proximal femoral structures (head and neck) and the femoral shaft.

All of these structures are very vascular and contain a significant volume of blood. (See figure 2, page 44)

Another important anatomical feature of the hip and pelvis area is the distinctive “bowl” shape of these structures when the hip and pelvis are intact and healthy (See figure 3, page 45). Any factor which takes the hip and pelvis out of this natural “bowl” shape, including a fracture or even the splinting and immobilization techniques employed by EMS personnel, is likely to increase bleeding and/or damage to the key structures of the hip and pelvis.

Pathophysiology Underlying disease and predisposing factors There are factors separate from the mechanism of injury which are important to consider when as-

sessing a patient for a possible hip fracture. Osteoporosis, the bone density loss associated with aging, hormonal changes and decreased activity, is the most common predisposing pathology for hip fractures. The decrease in bone density makes the bones weak and “brittle”, which in turn makes the bones more likely to fracture than healthy bones when placed under stress or subjected to force.

Other factors which may put a patient at increased risk for hip fracture include:

- Other bone diseases, such as osteogenesis imperfecta (commonly referred to as “brittle bone disease”), a congenital defect which results in very poor bone density and leaves the patient vulnerable to fractures. Bone infections (osteomyelitis) also put the patient at increased risk for a fracture at the site of infection.

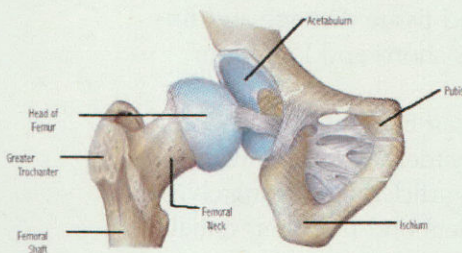
- Certain physical activities, such as water skiing, snow skiing and gymnastics. These activities are associated with positions and forces that may cause a hip fracture, even in a healthy adult.

Mechanisms of injury Hip fractures can be caused by a variety of mechanisms. There are certain mechanisms, however, which are strongly associated with hip fractures. Awareness of these more common mechanisms may help the EMS provider recognize a hip fracture.

“Spontaneous” hip fractures Spontaneous hip fractures generally occur in patients with serious, advanced osteoporosis or other underlying bone disease and account for 1 - 2 percent of all hip fractures. The fracture typically occurs while the patient is simply standing or, in some cases, moving to or from a sitting position. These fractures are often associated with a fall which occurs *after* (and because of) the fracture. Careful questioning of the patient is the key to recognizing this event; typically, the patient will relate hearing or feeling a “pop” or “crack” in the hip area and then falling to the ground or floor.

Falls By far, most hip fractures are the result of a fall. In patients suffering from osteoporosis or other degenerative bone disease, this is typically a short distance fall, often from a standing position or from

Figure 1



a bed. The patient strikes the hip area on the ground or floor, and the fracture is the result of this direct trauma. In younger patients not suffering from some underlying bone disease, it usually takes a relatively long fall to produce a hip fracture. In these patients, hip fractures are often indicators of additional serious underlying trauma, including intra-abdominal and chest injuries. With such serious falls, a hip fracture may be caused by direct trauma if the patient falls onto the hip area. Victims of long falls who strike the ground feet-first may suffer hip fractures from indirect trauma as well; the energy of the fall is transmitted along the long axis of the leg, driving the proximal end of the femur into or through the acetabulum and resulting in a fracture of the acetabulum and/or femoral neck.

Motor vehicle collisions (MVCs) There are three typical mechanisms by which an MVC can result in a hip fracture. "T-bone" or broadside collisions in which there is significant energy delivered to the door area of the car can result in enough intrusion near the patient's hip to cause a fracture via direct trauma. In other cases, hip fractures are produced by indirect trauma when a patient's knee(s) strike the dash of the car with significant force, driving the proximal femur into the acetabulum. Motorcyclists or bicyclists who are propelled over the handlebars of the bike in a collision may impact the handlebar structures with the hips with sufficient force to produce a fracture.

"Splits" injuries Hip fractures can also be caused when a patient's legs are pulled forcefully away from centerline, as if s/he were doing a "splits" maneuver. Such events are most commonly associated with athletic activities such as gymnastics or skiing. However, any event which causes the patient's legs to move away from midline (abduct) quickly and/or forcefully can produce a hip fracture (often in association with a dislocation of the hip joint as well).

Assessment

Previous Medical History A patient's past medical history may be very helpful in recognizing a hip fracture. Older persons

with osteoporosis represent the vast majority of hip fracture patients. Previous hip fractures are also a pre-disposing factor. Bone disease will place the patient at greater risk of a hip fracture.

History of the Present Illness. While reviewing the history of the current event, try to answer the following questions:

- Did the patient experience trauma, direct or indirect, to the hip area? Taking into account any predisposing factors (such as osteoporosis), was the force significant enough to possibly cause a fracture?
- Is there evidence of a "spontaneous" fracture (as described earlier)?

It is not uncommon for hip fractures to go unrecognized for quite some time in elderly, bedridden patients. When confronted with an elderly, bedridden patient who complains of pain on movement, an acute decrease in mobility and/or hip discomfort of unknown etiology, the EMS provider should carefully investigate the patient's recent history for evidence of a hip fracture which may have occurred some time ago.

Another important consideration when assessing a patient who is possibly suffering from a hip fracture is to attempt to determine the cause of the fall. Many elderly patients who fall from a standing position and subsequently suffer a hip fracture actually fell because of some other, possibly very important, medical event. Common causes for a fall in the elderly include stroke or TIA, cardiac dysrhythmias and hypoglycemia. The EMS provider should attempt to discern whether the patient "tripped" or misstepped, or became dizzy and/or suffered a syncopal episode which caused the fall. This aspect of the assessment can be critical to identify a potentially life-threatening stroke or dysrhythmia which might otherwise be overlooked while treating the patient for the more obvious hip fracture.

Physical Exam. *Pain* Of course, the sentinel physical exam finding indicating a hip fracture is pain to the hip area which increases on palpation and/or movement.

In the older patient, however, pain may be a less clear symptom. Elderly patients often have a markedly diminished perception of pain. In such patients, a fracture of the hip may result in only a diffuse discomfort which is not clearly localized at the hip. Stress fractures (especially in younger patients) and non-displaced fractures may produce pain in the knee rather than the hip, further complicating the assessment of such patients.

Crepitus or instability In some cases, the provider may be able to palpate crepitus and/or a sense of "false" movement (instability) in the hip area.

Deformity Hip fractures typically result in a shortened appearance and external rotation of the affected leg (see figure 4). In contrast, a dislocation of the hip will usually cause the leg to appear lengthened and internally rotated.

Swelling The EMS provider may find swelling to the hip area secondary to edema and bleeding. Such swelling is generally localized to the anterior and lateral areas of the hip.

Pulse/motor/sensory As with all suspected musculo-skeletal injuries, it is important to assess and document the presence and quality of the distal pulse, sensory function and motor function. This assessment should be done before and after any splinting or any other significant movement of the patient.

Treatment

It is important that EMS providers recognize that a patient who has experienced a hip fracture is in fact suffering from a very serious injury and should be treated as such.

Basic Life Support. Oxygen

Oxygen should be administered to maintain a high saturation level (at least 97 percent by pulse oximetry). One study involving hip fracture patients found that 50 percent of the patients suffering from a fracture of the hip were significantly hypoxic upon their arrival at the hospital, probably due to under-

lying diseases and problems not directly related to the hip fracture. If signs or symptoms of shock are present, oxygen should be administered via non-rebreather mask at a high flow rate.

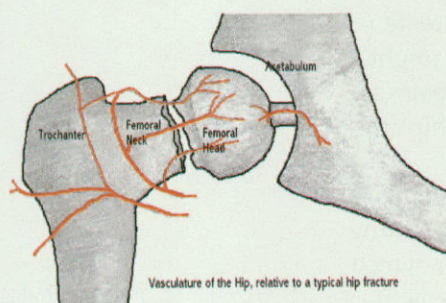
Splinting Proper immobilization of the injured hip is undoubtedly as important as any other treatment available from EMS when caring for a hip fracture patient. Good immobilization will reduce mortality and morbidity by reducing blood loss, minimizing damage to the vessels supplying the hip bones and reducing secondary injury to the fractured bones themselves.

To traction or not to traction? Since most hip fractures are, in fact, fractures of the proximal femur, one might be inclined to consider the use of a traction splint in such injuries, since the traction splint is the treatment of choice for femur fractures. When considering the use of a traction splint, providers should review the purpose and mechanism for this unique device. The traction splint is not necessarily best for all femur fractures.

When a patient suffers a fracture to the shaft of the femur, the huge and powerful muscles of the thigh are suddenly without resistance. This often causes these muscles to contract, which in turn pulls the fractured halves of the femur closer together. This movement causes considerable pain for the patient and also creates a large "space" within the thigh. This space encourages additional bleeding. In this type of fracture, the traction splint extends the thigh muscles, pulls the broken halves of the femur away from each other and reduces the space within the thigh. These actions decrease the patient's pain and greatly reduce bleeding.

Hip fractures, in contrast, involve only the most proximal end of the femur (either the head, neck or trochanter). Fractures to these structures do not "release" the thigh muscles and are not associated with the muscle contractions and consequently the creation of the space in the thigh. Therefore, the traction splint would not normally be indicated. Additionally, the very mechanism of a traction

Figure 2



splint may actually *worsen* a hip fracture; in order to “pull” at the foot end, the traction splint “pushes” against the hip area. This pressure, which can be considerable, may result in additional movement of the fractured structures in the hip, which in turn will increase both damage and bleeding. Last, traction splints are specifically contraindicated in patients with a pelvic rim fracture. Such fractures are sometimes associated with hip fractures, making the use of a traction splint in the hip fracture patient even more risky.

Immobilization of the fractured hip should be focused at achieving the following objectives:

- Preventing the movement of the fractured components to reduce tissue damage.
- Returning the hip to and maintaining, as much as possible, the natural shape of the hip. This will reduce pain, tissue damage and bleeding.

There are clearly certain splinting/immobilization techniques that accomplish these objectives best. Probably the *least* effective method of splinting a hip fracture is to place the patient supine on a standard long backboard. This position encourages the legs to rotate externally and places gravitational stress on the ischia of the pelvis, both of which act to significantly deform the hip area. If one must place the patient onto a long backboard (because of other injuries or the need to provide spinal immobilization, for example), it is important to add support and padding to the hip area and affected leg so that the pelvic crests are supported against gravity and the affected leg is kept in neutral anatomic position.

Other effective ways to immobilize a hip fracture include:

- A Kendrick Extrication Device, or similar commercial product, can be inverted so that the narrow section is used to immobilize the legs and the broad section is placed around the pelvis. This technique is very effective in supporting the natural “bowl” shape of the hip/pelvis area while also supporting and immobilizing

the legs in proper anatomic position.

- The “scoop” stretcher has a slightly concave shape which helps to support the pelvis/hip in proper position. Combined with well placed padding and other supports, this can be a very effective splint for a fracture of the hip. Additionally, the “scoop” stretcher can be easier to place than other devices which will reduce patient movement and, therefore, both pain and bleeding.

- The pneumatic anti-shock garment (PASG), also referred to as a MAST suit, can be used as a splint for major hip and pelvic fractures. The PASG supports and immobilizes the pelvic and hip structures in their proper anatomic position and has the added advantage of helping to control bleeding by applying pressure to the area. Providers are cautioned to remember the contraindications for the use of the PASG, including pulmonary edema. Many hip fracture patients, especially the elderly, may have clinical or historical findings which preclude the use of the PASG.

There are several other effective approaches to the immobilization of a hip fracture. The key to effective splinting of this injury is to focus on supporting the hip/pelvis in the “bowl” shape and ensuring that the affected leg is not allowed to rotate externally. Any approach which provides support and immobilization to the hip and pelvic area in the natural anatomic position will probably be effective.

Timely transport Whether you are a BLS or ALS provider, the patient suffering from a hip fracture should be treated like any other patient suffering from a surgical problem. This means limited scene time and timely transport to the hospital.

Advanced Life Support IV access and fluid administration Since bleeding is a major concern in hip fractures, IV access should be of the largest bore obtainable. The IV fluid of choice for these patients is normal saline. IV fluids should be administered to maintain a systolic pressure that is normal for the patient (considering patient size and history)

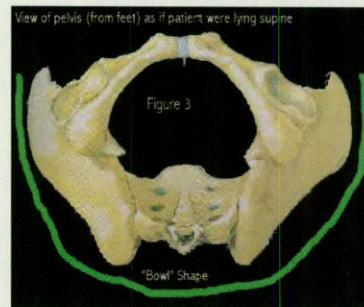


Figure 3

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with a normal heart rate (less than 100 for most adults). Be cautious about a "normal" (as opposed to elevated) systolic blood pressure associated with an elevated heart rate; this should be considered to represent compensated shock and the patient should receive additional IV fluids as per local protocol. As discussed above, IV access should generally be performed once enroute, since this patient is suffering from a potential surgical emergency. An exception to this guideline might be the clinically stable patient in severe pain who would benefit from pain medication before being moved; in that case, it is appropriate to establish an IV and administer analgesics prior to initiating transport.

ECG monitoring Patients with a history of significant medical problems, especially cardiovascular disease, as well as those displaying signs and symptoms of shock should always receive cardiac monitoring. Additionally, older patients suffering from a hip fracture should be placed on the ECG monitor; it is not uncommon for a cardiac dysrhythmia to have been the underlying cause of the fall which resulted in a hip fracture.

Pain management (analgesia) Pain management is an important component of the care of an injured patient. Severe pain can cause hypertension and tachycardia, which can be harmful to an older patient with underlying cardiovascular disease. In some cases, pain can cause bradycardia and hypotension due to vagal stimulus. Pain may also cause agitation and make it difficult for the patient to remain still; the patient's movements will aggravate the tissue damage and bleeding.

Pain control in hip fracture patients is achieved

through three approaches, all of which should be used. First, minimal and proper movement of the patient will help considerably with pain. Second, proper splinting and immobilization, using the techniques described earlier, can have a significant impact on the patient's pain. Last, analgesia (pain medication) should be given to those patients who are suffering from significant discomfort during or after movement and immobilization.

Some of the pain medications which may be available to EMS personnel for injured patients include:

- Nitrous oxide is a fairly effective analgesic which is self-administered via inhalation through a "mixer" device. The main advantages of nitrous are that it is short-acting (so that the patient will not be impaired while being examined at the hospital) and it has relatively few side effects (very little change in blood pressure, for example). On the negative side, the mixer device needed to administer nitrous is quite expensive and can be large and unwieldy. Nitrous is also hard to control and account for; it is difficult to prevent unauthorized use by persons with substance abuse problems. Last, many patients (especially children and the elderly) find the inhaler difficult to use and do not obtain enough medication to be effective.

- Nalbuphine (Nubain®) is a synthetic narcotic-like medication which has considerable analgesic effects similar to morphine. It can be administered IV or IM. Nalbuphine may cause mental status changes and respiratory depression, similar to morphine, although it is associated with less effect on blood pressure than morphine.

- Ketorolac tromethamine (Toradol®) is a non-steroidal anti-inflammatory analgesic, similar in action to ibuprofen (Advil®). Toradol is administered either IV or IM and has virtually no effect on cardiovascular function. It has a limited analgesic effect on many patients, however.

- Morphine sulfate is the traditional



parenteral (injectable) analgesic medication. Morphine is a very effective pain medication and produces pain relief in the vast majority of patients in which it is used. It has a relatively short half-life and can be reversed, if needed, by naloxone (Narcan®). On the negative side, morphine can produce significant hypotension and respiratory depression and may make the patient nauseated. It also dramatically affects the patient's mental status, which may complicate the exam of the patient at the hospital.

- Fentanyl is a very potent narcotic analgesic which, unlike morphine, has almost no effect on the patient's blood pressure. Like morphine, fentanyl does cause a significant decrease in mental status and also respiratory depression. It has a very short half-life, even less than morphine, and can also be reversed with naloxone if needed. Fentanyl can be administered IV or IM.

Paramedic-level providers must remember that benzodiazepine sedatives, such as lorazepam (Ativan®), diazepam (Valium®) and midazolam (Versed®) are *not* analgesics and do not provide pain relief. These medications might be useful in some cases to help manage a difficult, combative hip fracture patient with dementia, but they are not to be used as a substitute for a true analgesic medication.

Let's now return to our scenario and see what we can do for this patient.

Your partner has just asked you, "What do you want? Just the cot?" You reply, "No, I think she has a fracture of the left hip. Bring the scoop stretcher, some blankets, triangular bandages and a pillow, too." While awaiting for your partner to return, you place the patient on some oxygen and the ECG monitor (sinus tachycardia with no ectopy). You obtain a set of vital signs and find that her blood pressure is 146/94, pulse is 108 and regular and respiratory rate is 20. You attach the SpO₂ sensor which reveals an oxygen saturation of 98 percent on the oxygen.

Your partner returns with the equip-

ment. Together, you and your partner carefully place the patient on the scoop stretcher and use the blankets, pillow and triangular bandages to support and immobilize the patient's pelvis, hip and left leg. The patient seems to be in less pain. You move the patient to the ambulance and tell your partner to start transport to the hospital.

Enroute, you establish an IV of normal saline. You ask the patient how her pain is, and she winces at you. You ask her if she's hurting and she nods her head "yes". After reassessing her vital signs, you give her 2 milligrams of morphine IV. A few minutes later, after checking her BP again, you give her 2 more milligrams. The patient appears more comfortable now, and nods again when you ask her if she feels better.

By the time you arrive at the hospital, the patient is resting comfortably and her blood pressure and pulse rate have decreased slightly. You move her to the hospital bed and give your verbal report to the receiving nurse. After completing your report, you touch the patient's shoulder to tell her you're leaving and she grabs your hand and silently mouths "thank you." You head to your unit, thinking to yourself that sometimes, at times like this at least, this is a pretty good job.....

Summary

Hip fractures are fairly common injuries, for which EMS personnel often receive little specific training. Hip fractures are very serious injuries, which carry a high mortality rate and significant consequences for the patient who survives the injury. EMS personnel should make a concerted effort to recognize the seriousness of these injuries. Oxygenation, splinting and immobilization, IV fluids as needed and pain control are the key factors to successfully treating a hip fracture. With the proper approach, EMS personnel can make a very real and positive impact on the outcome of the hip fracture patient.

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1.5 hours of CE/Medical Emergencies

- The mortality rate of hip fractures is approximately:
A. 5% - 10%. C. 24% - 33%.
B. 15% - 24%. D. 33% - 50%.
- Which of the following factors increases the risk of a hip fracture for a patient?
A. Osteoporosis.
B. Previous hip fractures.
C. Bone disease or bone infections.
D. All of the above.
E. Only A and C.
- Simply placing the hip fracture patient on the ambulance cot and strapping the patient securely is adequate immobilization for these injuries, so long as the provider moves the patient carefully.
A. True.
B. False.
- The affected leg of a patient who has suffered a hip fracture will typically appear:
A. Shortened and rotated internally.
B. Lengthened and rotated internally.
C. Shortened and rotated externally.
D. Lengthened but not rotated.
- Oxygen administration for a patient suffering from a hip fracture should be:
A. As high a concentration as needed to maintain oxygen saturation of at least 97%.
B. Low-flow to prevent oxygen toxicity, since these patients are often hyperventilating from the pain.
C. 100% via bag-valve mask device regardless of the patient's clinical status.
D. Low-flow via nasal cannula since these patients often suffer from COPD.
- Effective ways to splint and immobilize a hip fracture include:
A. The "scoop" stretcher combined with padding and straps.
B. The PASG, especially if the fracture is severe or there is evidence of significant internal bleeding.
C. An "upside down" KED or other commercial short-board device.
D. The traction splint.
E. A, B and C.
- Which of the following is/are true regarding "spontaneous" hip fractures?
A. They comprise 1% - 2% of all hip fractures.
B. They are not really spontaneous; the term is used to describe those cases where a patient is asymptomatic after a fall but has suffered a fracture.
C. They often cause a patient to fall after the fracture has occurred.
D. All of the above.
E. Only A and C.
- Motor vehicle crashes which result in a hip fracture generally involve which of the following?
A. Rollovers with ejection of the patient.
B. "T" bone impacts where there is impact to the patient's hip area.
C. Motorcycle crashes in which the patient travels forward over the handlebars.
D. All of the above.
E. Only B and C.
- Which of the following is true regarding the assessment findings of a hip fracture patient?
A. The pain is always localized at the hip.
B. Hip fractures will not produce swelling which is detectable, since the edema will be internal.
C. In some patients, the pain from a hip fracture may be perceived as being in the knee or lower abdomen.
D. A hip fracture will always have obvious deformity and be easy to detect.
- Which of the following statements is true regarding hip fractures in general?
A. They are relatively minor fractures.
B. The care provided by EMS can greatly affect the patient's outcome.
C. EMS care should be limited to safe, timely transport; studies have shown that no other interventions appear to have an impact on the patient's outcome.
D. There is nothing that EMS personnel can do to control the bleeding from a hip fracture since it is internal.
- Which of the following scenarios is most likely to produce a hip fracture?
A. A 20-year-old patient with no history of bone disease or any other medical problem who slips at a store and falls on his buttocks.
B. A 20-year-old patient is attempting to get onto a boat from a dock when the boat moves away from the dock, forcing him to do the "splits" with one foot on the dock and one foot on the boat.
C. A five year old patient falls approximately 6 feet from a swing set onto her back.
D. A 50-year-old patient is involved in a motor vehicle collision and is ejected from the car during a rollover.
- An elderly patient is complaining of diffuse pelvic and leg discomfort. The left leg appears shortened and externally rotated. The medical care-givers on the scene deny any recent fall or other trauma. There is no bruising evident. Which of the following is true regarding this patient?
A. The patient is possibly suffering from a hip fracture.
B. The patient is probably suffering from a blood clot in the leg; a fracture is very unlikely due to the lack of mechanism or bruising.
C. You should attempt to have the patient stand on the affected leg; if the patient can stand on the leg it is safe to rule out a fracture.
D. The patient is probably suffering from a urinary tract and bladder infection.
- When splinting a suspected hip fracture, the objectives of the immobilization include:
A. Simultaneously providing immobilization of the spine as well as the hip.
B. Preventing movement of the fractured components to reduce tissue damage.
C. Returning the hip to and maintaining the natural shape of the hip.
D. B and C only.
- Advanced Life Support
14. IV access in the hip fracture patient should be:
A. IV access is not indicated in these patients.
B. Normal saline of the largest bore obtainable.
C. Always initiated prior to transport.
D. Only initiated if the transport time is greater than 20 minutes.
- ECG monitoring is not indicated in the hip fracture patient unless the patient is also complaining of cardio-respiratory symptoms.
A. True. B. False.
- Which of the following is true regarding pain management (analgesia) for hip fracture patients?
A. Administration of analgesics in the pre-hospital setting is appropriate and indicated for patients suffering from significant pain despite proper splinting.
B. Analgesics should not be administered in the pre-hospital setting because the patient must consent to surgery upon arrival at the hospital.
C. Pain medication should only be used in young patients suffering from hip fractures.
D. Analgesics should be withheld if the patient has a "do not attempt resuscitation" (DNAR) order in place.
- Which of the following statements is true regarding analgesic medications?
A. Nitrous oxide is the best medication for hip fractures because it does not affect the patient's competency to consent to surgery.
B. Morphine sulfate and fentanyl can be reversed by naloxone (Narcan®).
C. Diazepam (Valium®) is an effective analgesic for hip fractures.
D. Ketorolac tromethamine (Toradol®) is a narcotic medication like morphine and has the same side effects and contraindications as morphine.
- Which of the following is true regarding IV fluid administration in the hip fracture patient?
A. IV fluids should be administered to maintain a "normal" systolic with a "normal" heart rate.
B. IV fluids should be restricted in the elderly patient to prevent fluid overload and subsequent heart failure.
C. Advanced life support providers should always administer at least 500 ml of NS as pre-operative hydration.
D. IV fluids should not be administered; the IV should be an injection lock or "loop" only.
- Your patient appears to be suffering from a fracture of the left hip. She is a 72-year-old female with a history of hypertension. She weighs approximately 80 kilograms. Her vital signs are: BP 100/50; pulse rate 144; respirations 28. Which of the following is true regarding her treatment?
A. This patient is tachycardic from pain. IV fluids should be closely restricted due to her age and history.
B. This patient appears to be in compensated shock. She should receive a bolus of IV fluids.
C. These vital signs are normal for a 72-year-old, 80 kilogram female.
D. This patient is in symptomatic supraventricular tachycardia (SVT) and should receive medications to reduce her heart rate.
- ECG monitoring is not indicated in the hip fracture patient unless the patient is also complaining of cardio-respiratory symptoms.
A. True. B. False.

This answer sheet must be postmarked by October 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 1-13;
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"/> | 11. 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"/> | 12. 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"/> | 13. 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"/> | 14. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
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| 6. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 16. 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"/> | 17. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
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| 9. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 19. 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"/> | 20. 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?



Did you read?

Chest compressions alone may be just as effective for a person in apparent cardiac arrest as chest compressions with mouth-to-mouth ventilation, according to a recent study. In a study in an urban area serviced by a fire-department-based EMS system, researchers found that cardiac arrest victims who were given only chest compressions by bystanders receiving directions via the phone from medical dispatchers were slightly more likely to survive to hospital discharge. The researchers theorized that since the outcomes for the patients were similar and the instructions for chest compressions could be given faster and more easily followed, chest compressions alone may be a preferred approach for bystanders inexperienced in CPR. The findings of this study, reported by CNN Interactive, *Dallas Morning News*, and several other news agencies, state that mouth-to-mouth ventilation is no longer needed for CPR to increase the survival of the cardiac arrest patient. From *The New England Journal of Medicine*, "Cardiopulmonary Resuscitation by Chest Compression Alone or with Mouth-To-Mouth Ventilation," May 25, 2000.

A common bacteria may put people at an increased risk of stroke. Scientists at Columbia University College of Physicians and Surgeons in New York City have found people infected with *chlamydia pneumoniae* were four times more likely to have suffered a stroke than uninfected people. Researchers also found the bacteria in the blood vessel walls of people with heart disease, suggesting that it might also be a risk factor for heart attacks. Different from the chlamydia bacteria that causes the sexually transmitted

disease, *chlamydia pneumoniae* can infect the blood vessel walls, which can trigger the body's macrophages and initiate an inflammatory response. This inflammatory response might cause smooth muscle to thicken and lead to coronary heart disease. From *Houston Chronicle*, "Bacteria identified as possible stroke risk factor," July 19, 2000.

Boston University has agreed to allow a new company to sell analyses of data from the Framingham Heart Study. Twenty percent of Framingham Genomic Medicine Inc. would

Chest compressions alone may be a preferred approach for bystanders inexperienced in CPR.

belong to BU. The study has collected genetic, clinical and behavioral data from more than 10,000 participants for more than 50 years and has led to such medical breakthroughs as the roles of smoking and cholesterol in heart disease. The company would sell analyses of the data, not the actual data, to pharmaceutical and biotechnology companies, while allowing medical researchers to continue having free access to the analyses. The National Heart, Lung and Blood Institute, which has contributed more than \$40 million to the heart study, is currently reviewing the legalities of allowing one company to have exclusive access to data that was obtained with public monies. From *The Wall Street Journal*, "Boston University Agrees to Sell Data from Massive Framingham Heart Study," June 19, 2000.

Heart wall thickness might be a marker of people who are predis-

posed to suffer cardiac arrest from hypertrophic cardiomyopathy, allowing patients in danger to be fitted with implantable defibrillators. Researchers at the Minneapolis Heart Institute Foundation and at the Galliera Hospitals in Genoa, Italy, used echocardiography to measure the maximum wall thickness of the left ventricle on 480 patients ages one to 89. The disease causes the walls of the left ventricle to thicken. They calculated that people with heart walls more than 1.2 inches thick had a 40 percent chance of fatal cardiac arrest over 20 years and those with heart walls less than three quarters of an inch thick were nearly risk-free of fatal cardiac arrest for more than 20 years. They also found that those most at risk generally were under the age of 31 and had mild symptoms. From *Dallas Morning News*, "Disorder linked to heart wall size," June 15, 2000.

Diabetics undergoing treatment for depression appear to have improved blood glucose levels after only eight weeks of anti-depressant treatment. The American Diabetes Association is now encouraging doctors to screen for depression in diabetic patients and for patients to talk with their doctors about mood disorders. Researchers have known that diabetics have twice the risk of developing the mood disorder and previous studies have shown an association between depression, hyperglycemia and an increased risk in diabetes. From *San Antonio Express-News*, "Study: Anti-depressants may help diabetics," by Nicole Foy, June 19, 2000.

Parasites might cause changes in behavior by affecting the chemicals in the brain, and scientists are testing these theories by measuring behavioral changes in infected rats and fish. *Toxo-*

plasma gondii, a parasite which can infect many different types of mammals but can only reproduce in felines, has been found to reduce rats' natural fear of feline smells, making the rats easier to catch and increasing the parasite's chances of infecting a feline. A 1994 study also found that toxoplasma-infected humans tended to have more somewhat risky personality traits, such as out-going behavior in women or an increased likelihood of rule-breaking in men, than uninfected individuals. From *Discovery.com*, "Parasite Turns Rats into Cat Food," by Cynthia Mills, July 28, 2000.

Researchers are studying the relationship between allergies and the age of menarche of the afflicted indi-

People with heart walls more than 1.2 inches thick had a greater risk of fatal cardiac arrest than those with heart walls less than three quarters of an inch thick.

vidual's mother. A British study has found that allergies are prevalent among people whose mothers started menstruation younger and less prevalent for those whose mothers started menstruation later, particularly after age 15. These findings support the theory that estrogen, the female sex hormone, might play a role in allergies. Researchers are now working to determine if the relationship between allergies and menarche is causal or if there are factors that influence both, such as environmental factors. From *Houston Chronicle*, "Kid allergies may be tied to menarche," July 19, 2000.

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

114133	GRE	ADAMS	SAN	ECA	113600	BRA	CAMPBELL	ODE	EMT	113756	GER	EDMONDS	GAR	EMT
35507	TOR	ADOUE	DES	EMT-P	114370	ROB	CANNON	SUL	ECA	113195	JEN	ELLIOT	SPRI	EMT
113685	BET	AGUILAR	PLA	EMT	6825	KAR	CARMACK	HOU	EMT-P	28464	JULI	ENRIQUEZ	HOU	EMT
114506	KEN	AKER	EL P	EMT	18418	JAM	CARMON	HOU	EMT	109542	JOS	ESCAMILLA JR	LAR	EMT-I
31112	KEVI	ALEXANDER JR	HOU	EMT	11952	JAM	CARRILLO	SAN	EMT	3560	JER	EVANS	BEN	EMT-P
108042	MAR	ALLEN	PAN	EMT-I	113774	LAU	CARTER	HUM	EMT	6417	RICH	EVANS	VICT	EMT
35016	ROBI	ALLEN	HOU	EMT	1342	CARI	CHALFOUN	BUD	EMT-P	21864	COR	FARMER	PLA	EMT-P
113395	EMM	ALMANZA	EL P	EMT	114464	CHRI	CHARANZA	WAC	ECA	114300	KEIT	FAULKNER	SAN	ECA
29995	MIC	ALMS	HOU	EMT	114377	CHRI	CHAUVIN	MOU	ECA	114280	CHA	FENN	CLE	EMT
54924	AMY	ANDERSON	LA P	EMT	14883	DAVI	CHAVEZ	HOU	EMT	27305	JAM	FENWICK	AMA	EMT
110958	TIFF	ANDERSON	HOU	EMT	37323	TIMO	CHILDERS	BIG	EMT-P	33634	LAM	FORD	WAX	EMT-P
113986	JOS	ANDREWS	JON	EMT	113540	RAL	CLAUDIO	HER	EMT	114388	MAU	FORSHEE	BOE	ECA
36901	DAVI	ARMSTRONG	HOU	EMT	114373	MAR	COBBLE	SAL	ECA	7781	MIC	FOSTER	NOR	ECA
29796	HEIN	ARMSTRONG	COP	EMT	28006	ALF	COGBILL	HOU	EMT	100142	WES	FRIESEN	SEMI	EMT-P
114025	ROB	AVERA	CYP	EMT	106962	TER	COLBURN JR	HOU	EMT-P	46242	JER	FULTON	WEA	EMT
112187	DAF	AVIRAM	AUS	EMT	88129	MIC	COLE	ROA	EMT-P	112675	SAN	GANGULI	HOU	EMT
114082	SHA	AYLETT	NAS	EMT-P	43436	EUS	COLLASO	HOU	EMT	114181	JON	GANN	SON	EMT
24708	DOU	BAKER	SILS	EMT	43399	MAR	COMBS	HOU	EMT-P	105192	ALB	GARCIA	SAN	EMT-I
38322	JOH	BANE	HOU	EMT	37600	EILE	CONNELLY	HOU	EMT	113415	GER	GARCIA	SOC	EMT
30541	KEN	BARANOWSKI	HOU	EMT	114387	CLIN	COOK	SAN	ECA	26278	NOE	GARCIA	BRO	EMT
103710	CHRI	BARCLAY	CYP	EMT-I	25981	CYN	COOK	HOU	EMT-I	13219	GAR	GARRISON	VICT	EMT
114369	JIMM	BARKER	TAL	ECA	114371	JEA	COOPER	TAL	ECA	113900	ROB	GARZA	SAN	EMT
112981	ELIZ	BARLEY	BED	ECA	46505	RICH	CORLISS	CYP	EMT	114339	CHA	GIBBS	MAN	EMT
113209	XAVI	BARNES	PRAI	ECA	114163	STE	COX	ROC	EMT	39558	MIC	GILL	PAL	ECA
19393	COLI	BARRON	CHA	EMT	107561	CAR	CROSS II	HOU	EMT-I	112551	CHA	GONZALES	LAK	EMT
20441	JEF	BATES JR.	MCK	EMT-P	49834	TAR	CROW	TUL	EMT-P	51811	NAR	GONZALES	HOU	EMT
32107	JOE	BEHRENS	POR	EMT	11329	BRU	CRUMP	EL P	EMT	48628	DAVI	GONZALEZ JR	HAR	EMT
109980	JEN	BELL	TEX	EMT-I	24673	TIMO	CUNNINGHAM	HOU	EMT	52894	TIMO	GOSNELL	WAL	EMT-P
21336	TER	BICKFORD	HOU	EMT-P	114355	KEN	CUPP	MOU	ECA	113754	MAT	GRAHAM	FOR	EMT
51280	DANI	BLAKE SR	HOU	EMT	21673	PAT	CURTIS	HOU	EMT	110179	STA	GREGORY	TYLE	EMT-P
113113	JAM	BLANCHARD	BEA	EMT	56370	GRE	DAHMS	TRO	EMT-P	114515	SEA	GRIFFIN	EL P	EMT
100484	CHRI	BODIN	HOU	EMT-P	114180	COD	DAVIS	COL	EMT	23782	ANT	GRIZZAFFI	GAL	EMT
12823	JOS	BOND	HOU	EMT	114349	GRE	DAVIS	MOU	ECA	34660	WILL	GUNDERSON	HOU	EMT
113679	JER	BONDS	COR	EMT	111351	KEVI	DECKER	AMA	EMT-I	15618	BED	GUTIERREZ	HOU	EMT
57649	ALA	BOOTH	EL P	ECA	110804	PAU	DECKER	DAL	EMT-P	114439	RUB	GUTIERREZ	FLO	ECA
114184	REB	BOX	ROW	EMT	20548	CHRI	DENNIS	HOU	EMT	46160	DAVI	HALL	HOU	EMT
109805	SHE	BOYD	OAK	EMT-I	113950	LER	DETLING	WHA	ECA	113390	KIMB	HAMILTCN	TRO	EMT
114176	LIND	BRADFORD	JAYT	ECA	17353	BILL	DINSMORE	KEN	EMT	27475	JER	HARNES	SUG	ECA
34207	ROH	BRADLEY	SOU	EMT-P	10858	BRA	DOLGNER	KAT	EMT-P	114037	BRA	HARPER	AUS	EMT
53400	JOH	BRADWELL	HAR	ECA	14319	DAVI	DROZD	VICT	EMT-I	23903	RON	HARRISON	HOU	EMT
113240	MAT	BROWN	LEWI	EMT	11050	PEG	DUETT	MAN	EMT	113846	REGI	HART	SILS	EMT
106956	JOH	BRUNS	HOU	EMT-P	49855	VER	DUKE	DAR	EMT	42814	DEN	HAYES	SAN	EMT-P
113758	LEA	BRYAN	GAR	EMT	113948	DANI	DUMINSKI	BAY	ECA	9696	DOU	HEINTSCHEL	HOU	EMT
114492	APRI	BRYANT	FAR	ECA	40931	GAR	DUNHAM	HOU	EMT	110964	GAR	HELMBURG	HOU	EMT-I
22330	JAM	BUCKELEW	HOU	EMT	1539	BRU	DUNLEVY	JOU	ECA	112773	BAR	HENRY	HOU	ECA
23312	ROB	BURAS	DEE	ECA	102429	MARI	DURAN	WAC	EMT	28457	PHIL	HENRY	HOU	EMT
114036	BRA	BYFORD	MCG	EMT	114185	PIER	DUVAL JR	GAR	EMT	105996	WILL	HERNANDEZ	AUS	EMT-P
106208	DOS	BYRNE	ROB	EMT-P	42730	VICT	DWYER JR	AUS	EMT-P	47465	ERN	HERRERA JR	HOU	EMT
42487	CHA	BYROM	AUB	EMT	113832	MIC	EDDINGTON	GLA	ECA	45670	JAC	HIBBARD JR	HOU	EMT

Emergency Suspensions

111869	DAVI	HO	HOU	EMT	112818	SUS	NORTON	JOS	EMT	43997	ROB	SMITH	HOU	EMT
103273	JAN	HON	SUG	EMT	5568	JEF	NOVELEN	GAR	ECA	114436	CHE	SNEED	MAR	EMT
113841	MIC	HORTON	MES	EMT	111870	JOE	OISHI	HOU	EMT	112841	LOUI	SODERHOLTZ	VICT	EMT
114198	WEL	HORTON III	CISC	EMT	26045	SAN	ORTIZ	HOU	EMT	113966	JOH	SORLEY	WAC	EMT
107830	NEL	HRADECKY	WIN	EMT-I	108767	DAP	PANNELL	DAL	EMT-P	111880	DAVI	SPARKS	BAY	ECA
31481	DER	HUNTER	HOU	EMT	32604	JOE	PARKS	LAM	EMT-P	112130	MAR	ST. CLAIR	AUS	EMT
20959	CAR	INGRAM-WEST	HOU	EMT-P	49985	KRIS	PASCHALL	LUB	ECA	113246	BES	STAFFORD	MAG	ECA
113926	KEN	IVEY	CAN	EMT	701	MIC	PATTERSON	HOU	EMT-I	114314	MAZ	STAFFORD	MAN	EMT
112005	TAR	JACKSON	CLE	ECA	21805	TON	PATTERSON	HOU	EMT	86745	CHA	STANDLY	HAL	EMT
27547	RON	JANECEK	HOU	EMT	114358	DAR	PATTON	MOU	ECA	113348	SCO	STANLEY	HOU	EMT
9063	CHA	JANKOWSKI	HOU	EMT	113534	DEB	PAUGH	SEMI	EMT-I	114039	RICH	STEELE	SPIC	EMT
114187	LEA	JOHNS	GAR	EMT	3648	FRA	PAWLAK	WILL	EMT-P	9449	RUS	STOKES	HOU	EMT
11680	JAN	JOHNSON	AUS	EMT-P	44240	NEF	PENDLETON	HOU	EMT-P	113943	SHIR	STONE	BAY	ECA
25488	RICK	JOHNSON	HOU	EMT	114048	MIC	PERAINO	BUR	ECA	113992	RICH	STRAHAN	HOU	EMT
46179	TER	JOHNSON	AUS	EMT	43975	GUA	PEREZ	HOU	EMT	29737	GAR	SUMMERS	COP	EMT
113502	WILL	JOHNSON	SAN	EMT	114002	CHA	PETERSEN	AUS	EMT	107005	ANT	TAYLOR	KAT	EMT-P
102087	LAN	JOHNSTON	HOU	EMT-P	44240	SCHI	PETTIE	HOU	EMT	3033	GLA	TAYLOR	HOU	EMT
4236	MARI	JORDAN	HOU	EMT	49180	DERI	PEVETO	BRID	EMT-P	34857	LISA	THOM	HOU	EMT
905	GAR	JOSEPHSON	HOU	EMT	111922	KEVI	PHILLIPS	HUM	EMT	946	ANN	THOMAS	HOU	EMT
21229	NAN	KAMMAN	HOU	EMT	47505	JAM	PICKERING	VIDO	EMT	22089	LER	THOMAS	HOU	EMT
35200	DAVI	KELLER JR	HOU	EMT	4683	JAIM	PIEDRA	DRIP	EMT-P	35469	EDW	THOMASON	PAS	ECA
108859	RILE	KILGO	WAC	EMT-I	19728	JAM	POLLARD	SNY	EMT-P	25857	MIC	THOMPSON	SOU	EMT-P
25423	BOB	KIMBRELL	BISH	EMT-P	114205	DEL	POPE	IRVI	EMT	18451	THO	THOMPSON	FT W	EMT
114551	KAT	KINCAID	AMA	EMT	26245	GAR	POPE	AMA	EMT	114244	BRA	THORP	JUN	EMT
113265	CYN	KLIMA	DAL	EMT	92291	WILL	PORTER	LEA	ECA	114246	KYL	TISCHLER	ALB	ECA
113938	ROB	KOCH	COL	ECA	114577	SON	POSTON	COL	ECA	112282	EDG	TORRES	SAN	EMT
111097	CAT	KOVAL	HOU	EMT	6832	JIMM	POWER JR	POR	EMT	50170	IREN	TORRES	HOU	EMT
114296	RICH	KOVALCHUK	BUL	ECA	114188	KYL	PRATER	GAR	EMT	107007	DUY	TRAN	HOU	EMT-P
4196	STE	KRAMER	HOU	EMT	18525	SHA	PROLER	HOU	EMT-P	113236	ERIC	TREVINO	DAL	EMT
26780	WILL	LACAZE	HOU	EMT	114294	NEIL	QUICK	BOE	ECA	18348	ALA	TRISTAN	HOU	EMT
114199	JAK	LANDESS	SEA	EMT	103033	LAN	RABENALDT	WILL	EMT-P	56411	CHRI	TUCK	TOM	EMT
12129	JO	LANGSTON	BLU	EMT	32723	PER	RADWAY	MCK	ECA	112885	BRA	TYLER	CLU	EMT
39988	JAM	LANHAM	DUM	EMT-P	19429	THA	RANDLE	HOU	EMT	24321	DEB	TYLER POE	RICH	EMT-P
37054	MAR	LANPHEAR	HOU	EMT	113263	SHA	REAGAN	ADDI	EMT	103155	DANI	UECKERT	COM	EMT-P
113437	ELVI	LARA	EL P	EMT	31673	JAC	REBOUCHE JR	HOU	EMT-P	10748	KAR	VALADEZ	PEA	EMT
111107	FRA	LAROUR	HOU	EMT	52864	JOH	RESENDEZ III	HOU	EMT	109316	MINT	VANDERMEULE	WILL	EMT-I
53440	ANT	LAURITO	SPRI	EMT	114221	ELY	RICH	ABIL	EMT	102534	CHA	VANCE	HOU	EMT-P
113702	MIC	LAWRENCE	WEB	EMT	114038	JAY	RICHARDSON	WAC	EMT	113404	MIC	VANCE	HOU	ECA
113807	PHILI	LEDWIG	GAN	ECA	44552	DON	RIDGE	HOU	EMT	4304	ALL	VICKERS	FRE	EMT
21847	EVA	LEMONS	SILS	EMT	33035	JOH	RIEKERT	LEA	ECA	114041	NITIN	WADHWA	AUS	EMT
113884	JON	LESLY	ODE	EMT	85232	ANT	RIGGENS	HOU	EMT-P	114529	CHA	WALDEN	MCA	ECA
113960	ALA	LEWIS	CAL	EMT	114000	JEF	RINEWALT	HEW	EMT	39524	STE	WALDREP	HOU	EMT
52844	RON	LINA	DICK	EMT-I	114493	JAD	RINON	PLA	ECA	113400	RON	WALDROP	ELIZ	EMT
14348	DAN	LINTHICUM	LA P	ECA	51331	GER	RIOJAS	HOU	EMT	113431	CHRI	WALKER	EUS	EMT
112781	KEVI	LO SCIUTO	ITAS	ECA	43488	TAT	ROBINSON	HOU	EMT	112783	MIC	WALKER	GAL	EMT
114385	AMY	LOPEZ	PLAI	EMT	113786	RICA	ROBLES JR	HOU	ECA	17998	RICH	WALKER	LITT	EMT
114207	TAMI	LOVING	SON	EMT	52837	ROB	ROCHA	HOU	EMT	5441	ROB	WALLER	HOU	EMT
113663	ROD	LOWRANCE	HUM	ECA	47932	CAR	RODGERS	MIDL	EMT-P	113999	SHE	WARREN	ROU	EMT
112995	KIMB	LUECKEMEYER	BRE	ECA	113969	SHA	RODRIGUEZ	BUD	EMT	109895	TAN	WASHINGTON	HEN	EMT
1479	FRA	MAHER	HOU	EMT	42489	CHRI	RUEHRWEIN	HOU	EMT	9782	JOH	WATSON	HOU	EMT
113964	DENI	MALONEY	AUS	EMT	17334	BRY	RUSSELL	CAR	EMT-P	114405	SHE	WATSON	BOR	EMT
33441	KEVI	MARTINEZ	HOU	EMT	4682	RAY	SALAS	HOU	EMT	44146	CHA	WATTS JR	BED	EMT-P
29328	PET	MARTINEZ	CHRI	ECA	30362	DANI	SALAZAR	HOU	EMT	24908	MAR	WATTS	HEN	EMT
112163	JAC	MARTSCHING	CED	ECA	19647	TER	SALINAS	HOU	EMT	8785	GER	WEEMS	LIBE	EMT-I
104398	BRY	MASON	COR	EMT-P	4150	MAR	SANDEFUR	AUS	EMT	114354	ROBI	WELBORN	MAN	EMT
108878	TEE	MCCELLELLAN	CLA	EMT-I	51903	STE	SANDOVAL	HOU	EMT	114526	CLA	WHITE	EL P	EMT
114126	JEA	MCCLENDON	TRINI	EMT	32710	MIC	SCHIELACK	LA P	ECA	107008	TIMO	WHITE	HOU	EMT-P
108895	KIMB	MCCLENDON	ANC	EMT-I	43988	KEIT	SCHOENBERG	HOU	EMT	114059	DEB	WHITNEY	CAN	EMT
106623	GEO	MCDONALD	DICK	EMT	114019	DAR	SCOTT	VAN	EMT	63888	WILL	WIDENER	GRA	EMT
113466	ARM	MEDRANO	AMA	EMT	114425	JAS	SCOTT	MOU	ECA	113537	DAVI	WILLIAMS	HUM	EMT
113367	CHA	MEGASON	TYLE	EMT	10630	GER	SEMIEN	HOU	EMT	113762	RICK	WILLIAMS	FER	EMT
114333	KEN	MILLER	FOR	EMT	112244	KRIS	SHANNON	GAR	EMT	114190	DAVI	WITT	GAR	EMT
114368	MAR	MILLER	BOE	ECA	30089	MAR	SHIELDS	FLO	EMT	103398	TER	WOODALL	BRA	EMT
60715	MIC	MILLER	AZL	EMT	2948	BRU	SIMMONS	HOU	EMT	113701	PAU	WOODS	LA P	EMT
10464	ROB	MILLER	HOU	EMT-P	114556	KIMB	SIMMONS	DAL	EMT	1082	DAN	WOODSIDE	AND	EMT
51817	FABI	MIRANDA	HOU	EMT	10106	LISA	SIMMONS	HOU	EMT-P	23502	ROG	WRIGHT	FT W	EMT
106989	RON	MLCAK	HOU	EMT-P	28983	PAT	SIMMONS	GRA	EMT-I	6061	MAR	YARBER	ALL	ECA
24468	MALI	MOORHEAD	JAYT	EMT	37935	GAB	SIMON III	HOU	EMT-P	114236	ARN	YBARRA	COR	ECA
114018	MARI	MORALES	RAY	ECA	114241	SAM	SINGLETON	MINE	ECA	39288	ANT	YOUNG	ALL	ECA
16091	PED	MORENO	HAR	EMT-P	59820	ROY	SKINNER	HOU	EMT-P	114254	ELAI	YOUNG	BRO	EMT
19941	TOM	MORRIS	DAL	EMT-P	114347	ERIC	SLAPE	AUS	EMT	29652	THO	YTURRI	AUS	EMT-P
16111	ROG	MULLINS	GRA	ECA	114486	CAS	SMITH	BUC	EMT	114494	REB	ZANIN	DAL	ECA
112935	KIMB	MUNCY	COL	ECA	113131	CHA	SMITH	MISS	ECA	41121	JOH	ZEPEDA JR	HOU	EMT
44561	ORL	MUNOZ	HOU	EMT	34257	GRE	SMITH	HOU	EMT	114433	ROB	ZINN	MOU	ECA
114701	HOL	MURRAY	NEW	EMT	114090	JEN	SMITH	MOU	EMT	114191	LEIL	ZOUBI	GAR	EMT
107217	JOS	NORIEGA	BRO	EMT-I	107004	MOR	SMITH	HOU	EMT-P	111287	CHRI	ZUNIGA	CHA	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.

TO FILE A COMPLAINT REGARDING AN EMS SERVICE OR PERSONNEL, CALL (800) 452-6086.

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

* **Aleman, Gabriel**, Beeville, Texas. Suspension of EMS Coordinator certification through July 31, 2001 and twelve months probation of EMS Instructor certification through May 31, 2001. EMS Rules 157.64(a)(2)(H), (J), (M), (N), (P), (R) and (T), fails to maintain the integrity of the course; fails to maintain sponsorship with an EMS provider/training entity; repeatedly allows inadequate class presentations; demonstrates a lack of supervision of program instructors, guest instructors, and/or examiners; fails to maintain professionalism in the department approved course; fails to comply with responsibilities of a course coordinator, program instructor, or examiner as specified in 157.61-157.63 of this title; fails to maintain records as specified in 157.61-157.63 and 157.38 of this title.

* **Aleman, Pablo Jr.**, Lewisville, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor/felony conviction.

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 (L), 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, Texas. 24 months probated suspension of EMS providers license and a \$2,500 administrative penalty through June 30, 2002.

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.

* **Arredondo, David**, Rio Grande City, Texas. Twenty-four months probation of EMT certification

through June 30, 2002. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* **Baesa, David Heredia**, Midland, Texas. Denial of recertification application for EMT-P effective June 2, 2000. EMS Rules 157.44, 157.51(b)(16), (24) and (26) and 157.53(3), has been convicted of a misdemeanor or felony 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; falsifies an application for certification or recertification.

* **Baird, Robert Wesley**, Brownfield, Texas. Decertification of EMT certificate effective June 2, 2000. EMS Rules 157.44(c)(2)(B)(vii)(I) and 157.51(b)(16), criminal convictions which directly relate to the profession of EMS personnel; has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44 of this title.

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.

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.

Brown, Kelly James, Kilgore, Texas. 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.

* **Bullion, Edgar P.**, Trinity, Texas. Twelve months probation of EMT certification through July 28, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in

clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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.

* **Caddel, Brian**, Lago Vista, Texas. Twelve months probation of EMT certification through July 28, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* **Canales, Adrian**, Rio Grande City, Texas. Twelve months probation of EMT-I certification through August 1, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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.

* **Centerville Emergency Ambulance Service**, Centerville, Texas. Emergency suspension of EMS provider license effective April 19, 2000. EMS Rules 157.19(a)(1), reasonable cause to believe that the conduct of license holder creates an imminent danger to the public health or safety.

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.

* **Clear Lake Emergency Medical Corps.**, Houston, Texas. Nine months probation of EMS provider license through February 28, 2001. 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.

* **Cooper, Jimm**, Seabrook, Texas. Six months probation of EMT-P certification through October 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 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.

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.

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.

* **Day, Christopher**, La Pryor, Texas. Twelve months probation of EMT-P certificate through June 30, 2001. 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; violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel.

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.

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 through December 2000 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.

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 required 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 accordance with the medical director's orders or protocols.

* **Goldstar EMS**, Beaumont, Texas. \$5,000 administrative penalty and six months probation of EMS providers license through December 31, 2000. EMS Rules 157.19(c)(1)(A) and (U) and 157.11(d)(2)(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 the health or safety of a patient; an ALS provider shall staff ALS vehicle(s), when in service, with at least one EMT and one EMT-I who have active status certification, 24 hours per day, seven days per week.

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.

Gutierrez, 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.

* **Hackbart, Kevin**, Plano, Texas. Twelve months probation of EMT-P certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor/felony conviction.

* **Harris, Kevin L.**, McAllen, Texas. Four years probation of EMT certification through July 5, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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, TEXAS. 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.

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.

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.

* **Hurst, Richard Ashley**, Temple, Texas. Twenty-four months probation of EMT-P certificate through June 30, 2002. EMS Rules 157.44, 157.51(b)(16), misdemeanor/felony conviction.

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.

* **Kellar, Shanna**, Terrel, Texas. Four years probation of EMT certification through June 30, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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.

* **Key, Roland B.**, Gail, Texas. Twelve months probation of EMT-I certification through July 28, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in

that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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.

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.

* **Leos, Joel**, Monahans, Texas. Twelve months probation of EMT certification through June 20, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* **Lester, Patsy**, Spicewood, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(1), (2), (17) 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; practices beyond the scope of certification without medical direction; violates any rule or standard that would jeopardize the health or safety of a patient, the public or other EMS personnel.

Leverentz, 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, Texas. Twenty-four months probation 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.

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.

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)(11)... 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

Disciplinary Actions

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.

Med-Star Ambulance Service, San Antonio, Texas., 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.

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.

* **Miller, Megan Michelle**, McKinney, Texas. Forty months probation of EMT-P certification through August 31, 2003. EMS Rules 157.51(b)(25) and (28), violates any rule or standard that would jeopardize the health or safety of a patient, the public or other EMS personnel; abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

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.

* **Morin, Philip**, Houston, Texas. Twelve months probation of EMT certification through June 29, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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.

Newsom, 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.

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.

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.

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

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.

* **Perdue, Guy Ray**, Chandler, Texas. Denial of recertification application for EMT effective June 2, 2000. EMS Rules 157.44, 157.51(b)(16), (24), and 157.53(3), has been convicted of a misdemeanor or felony 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.

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.

* **Pirtle, Kristopher L.**, Odessa, Texas. Twelve months probation of EMT certification through July 13, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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.

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.

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.

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.

* **Rural Metro-Pasadena**, Pasadena, Texas. Letter of reprimand against EMS provider license effective April 26, 2000. EMS Rules 157.19(c)(1)(A) fails to comply with any of the provider licensure requirements as defined in 157.11 of this title.

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.

Savahl, Shirinda 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.

* **Schlicke, Craig**, Spicewood, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(1), (2), (17) 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; practices beyond the scope of certification without medical direction; violates any rule or standard that would jeopardize the health or safety of a patient, the public or other EMS personnel.

Shephard EMS, Shephard, 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.

* **Shipp, Patrick L.**, Laneville, Texas. Four years probation of EMT-I certification through July 28, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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, Coby A.**, Arlington, Texas. Twelve months probation of EMT certification through July 13, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* **Smith, Linda Michelle**, Willow Park, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor/felony conviction.

Smith-Green, Tonya Sue, Burleson, Texas. Forty-eight months probation of EMT certification through

Disciplinary Actions

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.

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 rules or standard that would jeopardize or has a potential negative effect on the health or safety of a patient.

* **Valdez, Mindi Rene**, Odessa, Texas. Decertification of EMT certificate effective June 2, 2000. EMS Rules 157.51(b)(16), misdemeanor/felony conviction.

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.

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.

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.

* **Wheless, Clinton D.**, Diana, Texas. Twelve months probation of ET certification through July 28, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (j)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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.

* **Willhite, Robert D., Jr.**, Odessa, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor/felony conviction.

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.

* **Wooster, Jamie L.**, Freeport, Texas. Twelve months probation of EMT-I certification through July 28, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (j)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* 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.

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Re-certification "Cafeteria" Options Plan (current consensus)

Principles:

It will be an individual's choice which option to utilize. All options should be equivalent.

Option 1: A pass/fail psychometrically valid current re-certification exam. One retest would be allowed. Details on what would happen if an individual failed the re-test are still to be established. Work to be done by EMS and Education committees.

Option 2: Requires 192 hours of approved continuing education (CE) in 13 content areas (see below). There could be no more than 32 hours in any one area and no more than 32 hours in non-clinical subjects. The two-year reporting requirement would be eliminated. Details on what will be consid-

ered approved CE are still to be established. Work to be done by EMS and Education committees and a separate CE task force, led by F.E. Shaheen.

- Patient Assessment and Management
- Cardiac Disorders
- Pulmonary Disorders
- Endocrine Disorders
- Neurological Disorders
- Other Medical Disorders
- Behavioral Disorders
- Obstetrics/Gynecology
- Pediatrics
- Geriatrics
- Trauma
- Protocols and Operations
- Other

Option 3: Current National Registry certification.

Option 4: A re-certification (formerly known as a refresher) course could be taken. This course would "mirror" the National Registry's course. Details on this course are still to be established. Work to be done by EMS

and Education committees.

Option 5: EMS certificants/licenses who work for an approved "platinum" EMS Provider could be re-certified with Medical Director approval. Details on the requirements for an approved "platinum" EMS Provider and the process for attaining that status are still to be established. Work to be done by the Medical Directors committee with specific design input from the Emergency Physicians of Texas.

Box B

GETAC Task Forces/Leaders

EMS Continuing Education - F. E.

Shaheen III

Air Medical - Gary D. Cheek

Rural EMS - Peter D. Wolf

BAC/Drug Screening and Third Party

Payor Reimbursement - Ronald M.

Stewart, M.D.

Meetings & Notices

Calendar

September 22 & 23, 2000. **Tri-State Trauma Symposium.** Amarillo College. For information call 806/354-6085.

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.

October 6-November 29, 2000. **Phlebotomy Course** (160 hours). Application deadline September 22, 2000. For application/information call 281/388-4697 or 281/388-4904.

October 12-November 2, 2000. **Electrocardiography/Acute Coronary Syndromes.** Alvin Community College. Held on Thursdays, 6pm - 10pm. 15 hours CE. 18 hours Type II CNE for nurses. For application/information call 281/388-4697 or 281/388-4904.

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.

October 28-29, 2000. **Basic Trauma Life Support Course (BTLS).** \$125. Textbook required. For more information call Alvin Community College, 281/388-4697 or 281/388-4904.

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 11-12, 2000. **Advanced Cardiac Life Support Course (ACLS).** \$175. Textbook included. For more information call Alvin Community College, 281/388-4697 or 281/388-4904.

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

December 2,3,4 and 9,10,11,2000. **Level 1 and Level 2 NCRC.** Location is Colorado Bend State Park - near San Saba, Texas. For information e-mail John Green at john@texasroperescue.com.

Jobs

EMT-Is and EMTs: Quality Ambulance Service-Pleasanton/Victoria has immediate openings for full and part-time positions. Competitive wages. Must be willing to relocate. For information call 361/582-0116 or fax resume to 361/570-5100.+

Paramedics: Beaumont EMS. Full-time and part-time. 13,000 calls per year. 9-1-1 responses only. Free in-house CE. State-of-the art protocols. Starting salary for full-time \$29,500. Excellent benefits, must have 2 years full-time paramedic experience. Part-time must have 1 year paramedic experience or 4 years EMT experience, \$9.25/per hour. Call Rosa Thomas, Human Resources 409/880-3777.+

EMTs: Metro Ambulance is hiring (San Antonio area) EMT-Basic, \$8; intermediates, \$9; paramedics, \$11. All benefits, vacation, 401k, dental, medical. Call 210/945-9852.+

EMT-Ps, EMT-B, dispatchers, non-medical drivers: Texas Lifeline Corp. New company seeking professional quality employees. 2000 model type I ambulances. Competitive pay, health insurance. 24hr and 9hr shifts. 12hr school schedule available. Contact Marcus Smith at 214/327-8100.+

Paramedics: Childress Medical Center has an opening for a field paramedic. Full-time with benefits, progressive protocols. City/county 9-1-1 EMS, hospital based. Send resume to: Human Resources, PO Box 1030, Childress, TX 79201. 940/937-9218.+

Paramedics, EMTs, Wheelchair van/dispatcher, Billing positions: LoneStar Ambulance has immediate openings. Shifts and times vary. Call Gayla Parker at 972/231-8040.+

Paramedics and EMTs: Basic-\$9/hr., Intermediate-\$10, Paramedic-\$12. Flexible hours. Fax resume to 713/981-4929 or call Unique Ambulance Service at 713/981-4113 for questions.+

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, sbccems@wf. quik.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 resume to Human Resources, Medical Center of Plano, 3901 W. 15th, Plano, TX 75075, 972/519-1581 or 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,

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.

Meetings & Notices

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. *

For Sale

For Sale: Frazier built Type I, 14 foot big box ambulance, 1994 HD 3500 Chevrolet chassis, Cheyenne trim package, 6.5 liter turbo diesel with 68,000 original miles. Generator equipped with air ride suspension. Excellent condition. See at Crosby EMS, 5915 FM 2100, Crosby, TX. Send sealed bids to Harris County ESD#5, PO Box 1604, Crosby TX 77532, deadline Oct. 12, 2000. For information call 281/328-6810. *

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: 1991 Type III Ford with diesel engine. 83,000 miles. All stainless steel box, excellent condition. All lights and sirens included. \$8,000 or best offer. Yorktown, TX. Contact J. Oliver at 361/564-2321.

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

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 thump-

ers. 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. *

Miscellaneous

CE Solutions EMS Continuing Education is accepted in more than 40 states. Internet, software and workbook formats. Click on www.ems-ce.com for 2 free CE hours (first visit) or call toll-free 1-888/447-1993. +

DriveCam Digital Video Systems, a tool to insure safe driving. DriveCam continuously monitors audio, visual and G-force inside the vehicle. Brent Haywood, 619/282-8777. Web site: www.drivecam.com.

CPR manikins, new and used. CPR supplies, airways, manikin face shields, face pieces, parts. Manikin maintenance cleaning and repairs. Rental manikins available. Contact Ron

Zaring, Manikin Repair Center, Houston, 281/484-8382 or fax 281/922-4429. +

Looking for CE? Call Master Train at 210/832-0422 to inquire about schedules for CPR training, EMT CE, ACLS, and others.

Texas EMS Consulting Service. Evaluation of EMS/site review, advanced medical life support, 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. +

EMCert, Inc. provides online CE for EMS. Individual and group subscriptions with customized administrative features. Free online course. Call 877-EMS-HERO, or go to www.emcert.com

EMCert is accepting material that will address pertinent issues that directly affect emergency medical professionals. Call 1-877/367-4376 for author guidelines.

Ambulance billing by full service billing agency. Y2K compliant, electronic billing, standard & individualized reports, assistance with facility education on billing guidelines for federal and state billing. Contact Health Claims Plus at 888/483-9893, hcp@imsday.com.

Electronic Billing: Including medicare, Medicaid and commercial insurance. Medicare electronic remittance downloaded for accurate posting. Custom reports, consultation for EMS office and field employees and HCFA guidelines. Competitive rates. Express Billing 877/521-6111, 713/484-5700, Fax 713/484-5777, EEXPRESSBILL@AOL.COM.

Billing and coding: Private, full-time, independent, billing and coding agent for an ambulance service company. For information, please call 713/774-4729. +

Fax items for this section to 512/834-6736

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

+ This listing is new to this issue.

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

Placing an ad? Moving? Renewing your subscription?

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

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

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

EMS Profile: Littlefield EMS



Top row left to right: Michael Vargas, EMT-I; Mike DeLoach, LP, assistant director; Kristi Greer, EMT; Marla Harbin, LP; Kaye King, EMT-I; Christene Coronado, driver; Marian Gonzales, EMT-I; Sharon Langford, EMT-I; Holly Short, EMT; Monica McGee, EMT-P, director; Marilyn Vann, EMT; Danny Short, EMT; Efrain Rios, EMT; Matt Cox, EMT; Curtis Coffman, EMT; and Albert Rangel, EMT-P, assistant director.

Bottom row left to right: Nate Williams, driver; Brad Duncan, EMT-P; Justin Brown, EMT; Michael Brantley, EMT-I; Preston Langford, EMT; Stephen Yohner, driver; Michael Williamson, EMT; Chris Thompson, EMT-P; Bo Baker, EMT; Will Williams, EMT; Tony Johnson, EMT; and Anthony Aragon, EMT. Not shown: Joyce McGehee, EMT-P; and Aaron Maxwell, driver.

Staff and Personnel: Littlefield EMS is staffed by 28 volunteers, and two part-time and three full-time employees. We have seven paramedics, five EMT-Is, 14 EMTs and several drivers. We have three TDH-certified instructors and ten AHA CPR instructors. We provide our own training through our ongoing CE program; we also receive training from TTUHSC.

Years in Service: Littlefield EMS was established in 1987 as a department of the City of Littlefield. We started with five volunteers and three staff members hired by the city. We started with one

used ambulance that was leased by the city; we acquired our second unit in the spring of 1988.


Number of Units and Staffing: We operate three Type I units as well as a first responder unit. Our units are licensed as BLS with MICU capability. We have two paid staff members and two volunteers on each twelve-hour shift. This allows us to staff our primary and secondary units, especially during the day. Our third-out unit is staffed primarily by volunteers. We provide MICU back-up to the communities of Sudan, Amherst, Earth and Anton. We also provide assistance to other services that transport patients through our community en route to Lubbock.

Call Volume: Littlefield EMS answered approximately 1350 calls in fiscal year 1998-99. We should exceed that number this year. We cover southeastern Lamb County and the northeast corner of Hockley County, approximately 350 square miles. Our area includes the BNSF railroad, US Highway 84, Highway 385 and Highway 54.

The Rest of the Story: Littlefield EMS has been active in the development of our Regional Trauma System (SPEMS/RAC). We have two members that serve on the executive board and several members who serve on committees. We receive our medical direction from Dr. Fred Hagedorn at our Regional Level I Trauma Center University Medical Center in Lubbock.

Our service teaches CPR classes to health care providers in our area as well as the general public. We also teach CPR to approximately 50 high school students as a part their Diversified Career Preparation Education (DCP) curriculum. These students also assist us with training exercises and drills in our area.

In 1994, our service was recognized as the South Plains EMS Advanced Life Support Service of the Year. We have also had several of our members recognized at the regional level.

The mission of our service is to provide the highest quality prehospital care at the lowest possible cost to taxpayers. We feel this is a direct reflection of the continued support of our community and the commitment and dedication of our volunteers. 

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

Periodical
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At Austin, Texas