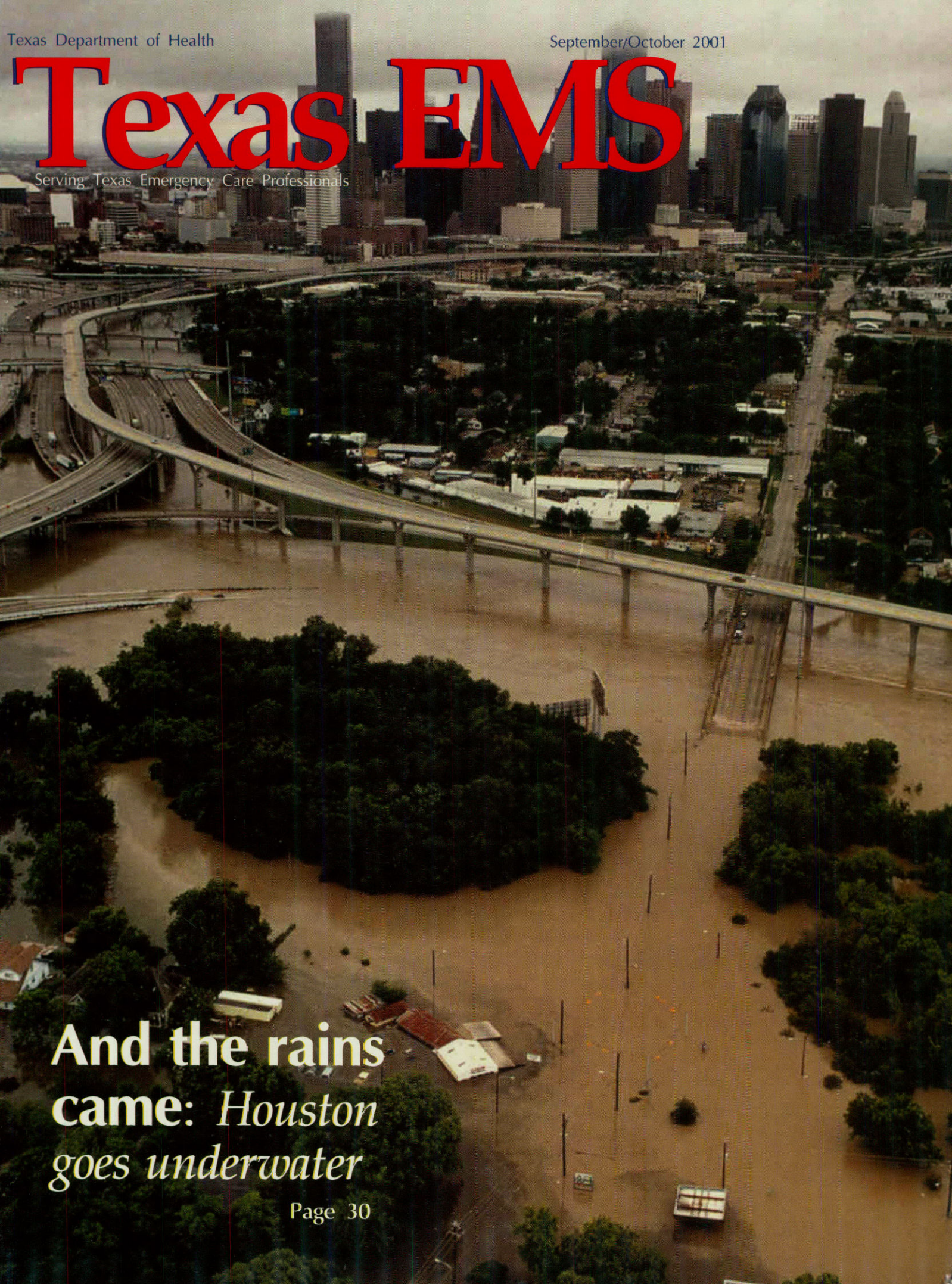


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Serving Texas Emergency Care Professionals



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came: *Houston
goes underwater***

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2A284 - Fund 160

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Due to budget constraints, quantities limited to 500 copies of each item.

Shipping information:

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Organization _____

Shipping Address _____

City/State/Zip _____

Telephone _____

Amount ordered Description

_____ "Ready Teddy" coloring book. 16 pages of injury prevention and EMS awareness tips by the Texas EMS mascot. English-(4-61)

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

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

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

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

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Texas Department of Health,
1100 West 49th Street, Austin, TX 78756
or Fax to (512) 834-6736

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Texas Department of Health,
1100 West 49th Street, Austin, TX 78756
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New information

Name _____ Phone _____ - _____ - _____

Address _____ City _____ State _____ Zip _____ - _____

Please fill in current information already in our records

Name _____ Phone _____ - _____ - _____

Address _____ City _____ State _____ Zip _____ - _____

FEATURES

12 Texas EMS Conference

Don't miss the registration date! On November 1, the registration fee goes up to \$125. And the deadline for preconference class registration is October 6. For the scoop on all the preconference classes, plus a grid of all the workshops offered, turn to page 14.

22 On the books

Legislation passed in the last Texas Legislature means some changes for EMS and trauma systems in Texas. How will the changes affect you?

30 Houston, we have a problem

The rains come to Houston, and the city pulls together to deal with the effects of devastating floods on the Medical Center. By David Rives

THE PHOTO ON THIS PAGE SHOWS A TANKER TRUCK SUBMERGED ON INTERSTATE 45 NEAR NORTH MAIN IN HOUSTON, TEXAS. PHOTO BY LINDA LAWSON.

34 TDH's Emergency Preparedness focuses on solutions

Serving as the TDH lead unit in coordinating state and federal health and medical resources, the Emergency Preparedness Division represents TDH at the State Emergency Operations Center in Austin. By David VAUGHAN

35 Lessons learned

Disasters have a way of teaching us a few things, good and bad. TDH EMS learned a few things about its offices and the providers TDH regulates when the rains came. By WAYNE MORRIS

37 The forgotten: Elderly abuse victims

By KATE MARTIN

38 New system means EMS can TRAC-IT

Ever wanted to get reports from some of the data that you send in each month to the trauma registry? With the new TRAC-IT system, you'll be able to pull up reports about your service, region or the state. By JENNIFER HUNTEMAN

Texas EMS

Magazine

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CONTINUING EDUCATION

40 Shotgun wound to the head

A gunshot wound to the head means not only tissue injury, but can also mean significant airway challenges. Earn 1.5 hours of trauma CE as you learn what to do—and what not to do. CE provided by EmCert.com.



ABOUT THE COVER: Floodwaters block the interchange between Interstate 45 and Interstate 10 north of downtown Houston. Photo courtesy of the Houston Chronicle. Photo by Dave Einsele.



BUREAU OF EMERGENCY MANAGEMENT MISSION

To facilitate statewide, regional, and community systems that provide emergency and health care for all individuals.

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

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

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Texas EMS

M a g a z i n e

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A bimonthly publication of
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MANAGEMENT

As I write this, we are in the “dog days” of summer. As the unrelenting heat continues across the state, please remember that this weather can be deadly. Take care of yourselves by drinking plenty of fluids and keep yourself cool when possible as you’re making calls. Hopefully by the time you read this, the heat will have broken. Looking outside, it’s really hard to believe that Houston was underwater just a few months ago. Kudos to everyone who toiled countless hours to help the recovery effort following Tropical Storm Allison (see article on page 30).

There is so much going on right now—I will try to highlight a few of the more important issues. The Bureau is working on implementation plans for a variety of new legislative mandates (see article on the new legislation on page 22). The first major project is supporting GETAC in the EMS/trauma system strategic planning mandated in HB 2446. (A strategic plan document is available on our website at www.tdh.state.tx.us/hcqs/ems. Click on New Items.) GETAC really needs your help in gathering data. The Rural EMS Task Force is developing surveys for EMS providers, first responder organizations (FROs), EMS medical directors and hospitals. These surveys are scheduled to be mailed out in September. Your input is vital, so please take a few minutes to fill out and return these surveys. Additionally, public hearings will be held concerning the strategic plan. Watch our website and e-lists for details. Your opinion is extremely important in helping to shape the future of Texas EMS and trauma systems.

ECA training is another major project. The legislature required the Bureau to set aside funding to provide free ECA classes to rural/underserved areas to students willing to commit to a local EMS provider or FRO for at least a year following certification (see announcement on page 9 for more details). HB 2446 also mandated that TDH conduct a pilot of a state EMD resource center to provide pre-arrival medical instructions to rural/underserved areas; \$300,000 was appropriated for this project for FY02/03. We hope to publish a request for proposals (RFP) some time in the next month. The Bureau also will be working with the Texas General Services Commission to conduct a feasibility study related to implementing AEDs in all state buildings.

Another high priority relates to the state EMS certification exams. The Bureau published a request for proposals (RFP) in May for a new contractor to develop exams. Only one proposal, from the National Registry, was received. We are currently evaluating this proposal and should have more information soon about this issue.

Finally, an on-going high priority is to keep you all informed about the Bureau and any issues that affect EMS. One of our major methods of communication is our web site. Please check out the new additions, including “News/Features” and “Since You Asked ...” Any feedback you have is welcome.

A final note: Unfortunately, this magazine went to press prior to the August Governor’s EMS and Trauma Advisory Council (GETAC) meetings, so a recap is not included. We will post one to our website and e-lists following the meetings.

TEXAS EMS CERTIFICATIONS
AS OF
AUGUST 14, 2001

| | |
|-------------|--------|
| ECA | 5,223 |
| EMT | 23,797 |
| EMT-I | 3,873 |
| EMT-P | 9,819 |
| LIC-P | 4,509 |
| TOTAL | 47,221 |
| | |
| COORDINATOR | 259 |
| INSTRUCTOR | 2,041 |
| EXAMINER | 1,366 |

EMS Obituaries

James Clingenpeel, 39, of Hockley, died on June 20, 2001, after undergoing bypass surgery. He had complained of feeling ill during a training exercise. Clingenpeel, an EMT, was a captain in the Rosehill Volunteer Fire Department.

Christopher Lee Cox, 22, of Houston, died on June 28, 2001, in a motorcycle crash in Utah. A paramedic, Cox worked for Texas EMS in Huntsville since 1998.

Paul U. Taylor, 40, of Fritch, died June 12, 2001, of esophageal cancer. Taylor, a paramedic and coordinator, worked for Rural Metro/Borger and had been involved with Fritch EMS for 20 years.

2001 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 6, 2001

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

Brief explanation of scene: _____

Photo Contest Rules

- Anyone is eligible; no entry fee is required.
- Entries must be received **no later than November 6, 2001**. All photos will be displayed and winners will be announced at the Texas EMS Conference, November 18-21, 2001.
- Photos should be unmatted prints, 8X10 inches or 5X7 inches, in color or black and white. Fill out the entry form, tape it to the back of your photograph, and mail your entry to: Texas EMS Photo Contest, Texas Department of Health, 1100 West 49th, Austin, TX 78756-3199. For digital photos: mail a printed copy with the entry form and also e-mail photo in a .jpg format, use CMYK colors and e-mail to Jan.Brizendine@TDH.state.tx.us. Photographs should show good patient care.
- 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
- 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.

2001 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.

Make 15 copies of the nomination packet. **Nomination packets should be limited to:** the completed form above; three typewritten pages of background information; one page of documentation or examples; and five letters. Only that number of pages will be forwarded to the Awards Committee. Any extra pages will not be reviewed.

Nominations must be postmarked by September 15, 2001.

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 2001 during the Awards Luncheon on November 20, 2001.

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

Rescue competition set for October

Mark your calendars for October 4-7, when search and rescue teams from across the state gather at Garner



State Park outside Uvalde for the Texas Rescue Competition. The competition is divided into three categories: basic, advanced and vertical. Basic rescue sites usually consist of a steep slope too difficult to walk up without assistance.

Advanced sites offer a steep slope with some vertical portions, while vertical sites consist of a mountain face or cavern. Teams are judged on technical and medical aspects of the rescue. For more information or to download a registration form, go to www.txrescue.com.

First trauma systems managers meeting set for October

The Trauma Resources Network is hosting the 6th Annual Trauma Center Management Conference and the 1st Annual National Conference for Trauma Systems Managers, which is co-sponsored by the Bureau of Emergency Management. The conferences will take place October 18-20, 2001, at the Westin Galleria in Dallas. The trauma systems managers conference will focus on trauma management in public service. Experienced trauma managers will share a variety of workable ways to build consensus, educate and regulate, and discuss how system management differs from trauma facility administration. Bureau Chief Kathy Perkins and Steve Janda, state director for trauma, and Ed Racht, chair of GETAC, are scheduled to speak. For more information, go to www.traumacare.com/annualconference.html.

Hopkins County EMS crew hit head-on

The crew of Hopkins County EMS was transporting a patient on July 8 when they were hit head-on by a pick-up truck. Both crew members were hospitalized. April McGuffy, NREMT-P, the driver, sustained femur and ankle fractures. Cheri Buchanan, EMT-P, suffered a fractured arm and a concussion. The patient they were transporting suffered a minor eye injury. A fund has been established by the medics' coworkers to help the women defer the cost of being off work. Send contributions to: Alliance Bank, Pair 'O Medics Fund, PO Box 400, Sulphur Springs, Texas 75483.

CE ANSWERS FOR JULY/ AUGUST 2001

- | | | |
|------|-------|-------|
| 1. C | 8. A | 15. A |
| 2. B | 9. B | 16. C |
| 3. A | 10. A | 17. A |
| 4. C | 11. B | 18. B |
| 5. B | 12. C | 19. A |
| 6. C | 13. A | 20. C |
| 7. B | 14. B | |

Medical helicopter crashes

A North Texas LifeStar helicopter crashed July 20 in rural Wise County, injuring three crew members. One of the crew members was able to get a message to CareFlite, which launched two helicopters to search for the wreckage. There were no patients on board. While all three crew members survived the crash, flight nurse John McGregor and flight paramedic Robert Leavitt still had minor to moderate injuries. Pilot Bobby Allen was paralyzed from the waist down and is currently undergoing rehabilitation in Dallas. Allen is on worker's compensation, which pays 60 percent of his salary, and his wife is staying at home to care for him and their children. If you would like to make a donation to assist the Allen family, mail it to: The Bobby Allen Fund, P.O. Box 110793, Carrollton, Texas, 75011-1793.

Funding available for ECA training

Does your area need initial training for your first responder organization or EMS service? Are you located in a rural or underserved area? Do you have at least three people who are interested in taking the training? And are these



individuals willing to commit a year of service to your organization after achieving ECA certification?

If you answered yes to the questions above, your organization may be eligible for a free ECA training course to be conducted in your area at times and locations convenient for your students. The Texas Legislature recognized the increasing difficulty of recruiting and retaining EMS personnel in rural and underserved areas of our state. HB 2446, passed during the 2001 legislative session, includes a requirement that the Bureau "provide or facilitate the provision of initial training for emergency care attendants, if the training is not available locally." Approximately \$500,000 was set aside from current funds for fiscal years 2002 and 2003. If you are interested in training, contact the Eddie Walker at 512/834-6700, ext. 2313.

Emergency call boxes discontinued

The blue and white emergency call boxes that have dotted the sides of highways and trails in Tarrant, Travis, Cameron and Hale counties will soon go away as the Legislature chose not to fund a more extensive program. That left the California-based maker of the wireless technology, which supported the test project by paying to install the phones four years ago, without much choice except to discontinue the project. The 100 phones statewide did not receive much use, as little as seven times per month. California, which has about 17,000 phones in place, has seen phone rate rise to hundreds of calls per day.

EMS Magazine revamps website



Texas EMS Magazine has a new web look. Go to www.tdh.state

[.tx.us/hcqs/ems](http://www.tdh.state.tx.us/hcqs/ems) and click on *Texas EMS Magazine*. The new site offers key articles from the current issue, including the continuing education article. (Remember you still need to print off the answer sheet and mail in your answer sheet and CE fee to receive credit.) The page also has links that can get you answers to any problems or questions you have about your subscription.

On Duty

Rules package scheduled for September Board meeting

The Board of Health proposed new EMS rule 157.34, and amendments to 157.33 and 157.38, at its May 18 meeting. The proposed rules had a 30-day comment period from June 1, the date of publication in the *Texas Register*. The rules are now scheduled to go for final adoption at the September 21 Board of Health meeting. The Governor's EMS and Trauma Advisory Council had voted at its May 11 meeting to send those rules to the Board with no revisions to the proposed rules package. The Council vowed to revisit the issue of RN/PA equivalency at upcoming meetings. The council also will eventually look at other housekeeping changes to the rules to make all the rules compatible. For a copy of the rules, go to our website at www.tdh.state.tx.us/hcqs/ems.

Website offers acronym search



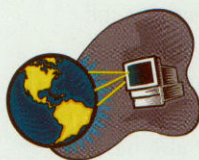
Are you an EMT skilled with an AED but would like to know more about ACLS? Next time someone starts throwing around acronyms, tell them to hold on for a minute while you go to www.pharma-lexicon.com. This site offers the meaning behind acronyms for every medical term imaginable.

TDH injury program website updated



The TDH injury program website has a brand new look. Highlights include: hospital and EMS data dictionaries, new research and desired fields, revised software coding list, and more 1999 injury and EMS reports from the Trauma Registry. Find the site at www.tdh.state.tx.us/injury.

Website offers law at your fingertips



If you need to research a law or anything legal, you might want to check out www.findlaw.com. The site has an overwhelming amount of information on federal law, forms, common-sense advice on legal matters such as entering into contracts, and even links to some state legal codes, including Texas.



CDC releases injury prevention strategies

MMWR (Morbidity and Mortality Weekly Report) has released strategies compiled by a task force for increasing use of child safety seats and safety belts, and reducing alcohol-impaired driving. The task force generated a comprehensive list of strategies and created a priority list of interventions by interviewing experts in the field. The 18-page report lists interventions that are recommended. Interestingly, most of the interventions strongly recommended as effective have a law enforcement or legislative element. Child safety seat interventions that are strongly recommended include legislation that requires children to ride restrained and providing low-cost or free safety seats to parents. To get a full copy of the report, go to www.cdc.gov/mmwr/PDF/rr/rr5007.pdf. MMWR is a publication of the Centers for Disease Control and Prevention.

ASTM to set national search and rescue standards

The American Society for Testing and Materials (ASTM) has formed a task group to write standard training requirements for Search and Rescue (SAR) personnel responding to emergencies in land wilderness areas where mountain climbing, camping and similar activities occur. ASTM hopes that standards will offer uniformity on a national level by defining core requirements for basic and intermediate SAR. Level I rescuers following the ASTM standard will possess basic knowledge of wilderness rescue equipment, as well as personal survival, first aid, weather and navigation. Level II will define intermediate knowledge and skills required for land wilderness rescue. Both standards have a completion date of early next year. For more information, contact Mike McDonald at mgmcd@usa.net. Established in 1898, ASTM is one of the largest standards development and delivery systems in the world.

Insurance association votes to repeal intoxication provision

The National Association of Insurance Commissioners has voted to repeal the controversial Uniform Accident and Sickness Policy Provision Law, which allowed insurers to deny payments for medical treatment of intoxicated individuals. The repeal effort had been led by emergency physicians across the nation, but it had faced strong opposition from the insurance industry. The word from the Texas Department of Insurance is that it appears that the change will still need to be made through the Texas Legislature, although that agency's legal department has not made a ruling yet.



NHTSA offers free educational materials

Looking for free traffic safety materials? The National Highway and Traffic Safety Administration offers more than 30 different brochures and stickers at no charge and in unlimited quantities. To place an order, go to www.nhtsa.dot.gov/people/outreach/media/catalog/Index.cfm and enter the item numbers of the materials you are interested in.

Man pulls gun on Chicago medic



A Chicago medic thought he had seen it all

on the streets – until he had a gun pointed at him inches away from his face as he tried to care for a patient. Paramedic James Stoll and his partners were just about to pull out of the driveway at a hospital when a car pulled up behind them and began honking. When they investigated, the medics found a car full of men rushing a gunshot victim to the hospital. As the medics moved the victim to a wheelchair so he could be taken into the hospital, one of the victim's friends pointed a gun at Stoll's face because he didn't think the medics were moving fast enough. When the assailants sped away, the ambulance followed a safe distance behind and reported the activities of the car to police. Three men were arrested later. The gun-wielding friend was only charged with a misdemeanor, though, as the gun used was never located.

Texas EMS Conference 2001

November 18-21, 2001

Austin Convention Center — Austin, Texas



- Learn about the latest in EMS technology in the 80,000 square feet of exhibit space filled with state-of-the-art products.
- Choose from more than 100 excellent workshops. 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!
- The best in preconference classes! All your favorites such as cave and high angle rescue, plus new additions including capnography, 12-Lead and patient simulations.

Agenda

Sunday, November 18, 2001

- | | |
|------------------|--|
| 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 19, 2001

- | | |
|-------------------|---|
| 7:00 am -6:00 pm | Registration in the Convention Center in Palazzo |
| 8:15 am -9:30 am | Opening Session in Ballroom A-C with Ken Bouvier |
| 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 in Exhibit Hall |
| 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) |

Patch Exchange

Monday,
November 19, 1-2 pm,
outside Exhibit Hall

Bring patches for trading!
Sponsored by La Porte
EMS. For information,
email Joe Berry at
berryj@ci.la-porte.tx.us

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>. For registration information, go to www.texasemsconference.com

Other groups' conference activities:

- EMS Educators Association of Texas Meeting.** Call Lee Gillum at (979) 821-0297.
- 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.
- Advanced Trauma Coordinator Core Course.** Call Lois Blough at 915/521-7984.

Tuesday, November 20, 2001

- 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- 10 (Third floor)

Wednesday, November 21, 2001

- 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

Ride out with Austin EMS/Tour Brackenridge's Level II Trauma Facility

Ride out with Austin/Travis County EMS: Want a chance to ride out with an urban service that responds to about 60,000 calls per year? Austin/Travis County EMS is offering ride-outs at no charge during the conference. Different times are available. Sign up at the Austin/Travis County EMS booth at the back of the exhibit hall 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.

Tour Brackenridge's Level II Trauma Facility: See what a Level II Trauma Facility has to offer. Different times available on Sunday; no charge for the tour. Sign up before the conference by calling Will Pickard at (512) 473-9591 or email at wpickard@seton.org.

Coordinator Update:

TDH State EMS Coordinator Eddie Walker teaches a two-hour class on how the new recertification rules will affect anyone recertifying. Registration begins at 8 am; class begins at 9 am on Sunday, November 18, at the Hyatt. Cost is \$10. No need to preregister but come early to pay and avoid the last minute rush. For information, email eddie.walker@tdh.state.tx.us or call him at (512) 834-6700, ext. 2313.

Conference Hotels

- Hyatt (Host Hotel) \$70/95
(512) 477-1234
- Radisson \$70/100
(512) 478-9611
- Four Seasons \$120/160
(512) 478-4500
- Omni Hotel \$70/110
(512) 476-3700
- Sheraton \$70/90
(512) 480-8181
- Embassy Suites \$134/144
(512) 469-9000
- Marriott Capitol \$65/65
(512) 404-6946

Texas EMS Conference 2001

Preconference Classes

Saturday class

Helicopter Safety and Packaging

4-hour class, \$35, 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. For more information contact Casey Ping at (512) 802-0200 or email at casey.ping@ci.austin.tx.us.

Saturday/Sunday classes

High Angle Rescue

16-hour class, \$140
8 am - 5 pm
Austin Fire Department Training Tower and cliffs at a greenbelt (Meet at the Hyatt at 7:15 am)
CE Category: Prep-4, Trauma-6.5, Med-5, Spec Pt- .5

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

Cave Rescue

16-hour class, \$140
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 physically strenuous introductory cave class provides lots of hands-on training in patient assessment, patient packaging, hauls/lowers - all while underground in some of Austin's popular 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@texasroperescue.com.

EMS Managing Hazardous Materials

16-hour class, \$55, Radisson
8 am - 5:30 pm
CE Category: Additional

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.

Advanced Medical Life Support

16-hours, \$195, 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, al-

tered 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 24 students.

An AMLS Instructor meeting will be offered on Monday, November 19, at the Hyatt.

For more information on class content, contact Anne McGowan at (979) 845-2202 or email her at abm@hlkn.tamu.edu.

Coordinator Class—NO CE

13-hour class, \$195, Hyatt
Saturday 12 - 6 pm; Sunday 8 am - 4 pm

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 1. To apply, send letter of intent and qualifications to your regional office. 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 28, 2001. Lunch will be provided on Sunday only. Class includes workbook that will be mailed to participants after fees are submitted. Participants must pass a pre-test on the workbook material at the beginning of the class 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. Regional offices are listed on page 29 of this magazine.

Texas EMS Conference 2001

Preconference Classes

Infection Control

16-hour class, \$100, Austin EMS Training Facility, 8 am - 5 pm (meet at the Hyatt at 7:15 am); CE Category: Preparatory

This comprehensive two-day program is designed to acquaint EMS personnel with the principles of infection control. Topics include: disease transmission, basic epidemiology, immunization and surveillance programs and compliance with OSHA and TDH regulations including the new sharps rules. Lunch and transportation included. For information on class content, call Dave Wuertz at 448-8380 or email david.wuertz@ci.austin.tx.us.

Sunday classes

Moulage

6-hour class, \$60, Austin Convention Center, 12 pm - 6 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 6 hours of CE. Students will receive an intro 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.

Capnography: The Ventilation Vital Sign

4-hour class, \$50,
Austin Convention Center, 12-4 pm
CE Category: Preparatory

In this course, you will learn about the pre-hospital use of capnography, a new clinical trend in ventilation. Capnography is considered the standard of care in all patient care environments and is in the AHA Guidelines 2000. The class discusses the common terminology, physiology of CO₂, physics, technology, clinical applications and waveform analysis, and will be reinforced by multiple research studies and case presentations. The class awards four hours of CE. For more information, call Lee Richardson at (915) 829-0049 or email mrems@swconnect.net.

Grant Writing Workshop

3-hour class, \$20, Hyatt
1 - 4 pm
CE Category: Additional

Students will gain a working knowledge of the requirements of constructing effective funding proposals. Participants will receive specific examples of funding proposals and program objectives that may be used as a template for future funding proposals. Funding resources will also be shared, including names of local and national foundations and an overview of government programs that may provide funding for specific client programs. For more information, call Donna George at (254)202-9466 or email dgeorge@hillcrest.net.

Advanced Patient Simulations

8-hour class, \$75, Hyatt
8 am - 5 pm
CE Category: Medical

Learn patient assessment and management using the Human Patient Simulator, a state-of-the-art mannikin that has over 50 pre-programmed ACLS and allied health scenarios representing physiologically accurate patients. Through interactions with the Human Patient Simulator, students will perform skills relating to patient assessment, basic and advanced airway management, drug therapy, ECG interpretation and defibrillation. This class awards 8 hours of CE and is presented by the TEEX ESTI EMS program. For more information about class content, call John Rinard at (979) 458-2262 or email john.rinard@teemail.tamu.edu.

12-Lead ECG Interpretation

8-hour class, \$75,
Hyatt
8 am - 5 pm
CE Category: Cardiac

This nationally acclaimed course is a high energy, fast-paced interactive workshop that keeps the student involved and focused. Favorite conference instructor Bob Page utilizes a multi-media presentation and proven techniques to deliver a workshop designed for field paramedics, no matter how much experience they have with

12-leads. The course is designed for fast learning and to gain experience by working more than 200 12-leads in the course. By the end of this workshop, participants will have working knowledge and easy-to-use tools necessary to determine axis and hemiblocks, bundle branch blocks, wide complex tachycardias and acute MI recognition. For information on class content, email Bob Page at bpage@prodigy.net.

Working with Deaf Patients

2-hour class, \$35,
Hyatt
1-3 pm
CE: Special Patient

Learn basic sign language for medical personnel as you gain an understanding of deafness and learn appropriate signs to communicate and understand medical needs. After this class, you'll be able to ask the patient basic medical questions and be able to communicate what you need the patient to do. This class awards two hours of CE. Taught by Nancy Wheeler, a Texas Commission for the Deaf certified interpreter and an EMT. For more information, email Nancy at IntrepidLady@hotmail.com.

TRAC-IT Training

Come learn about the new EMS/Trauma Registry TRAC-IT System during the conference in a two-hour session. CE provided. Room 2 next to Registration. No preregistration required. Features include web-based data entry, internet data transmission, automatic data quality feedback, and data analysis tools. Times: Sunday — 1-3 and 4-6; Monday — 10-12, 1-3 and 4-6; Tuesday — 9-11, 2-4 and 4-6.

Texas EMS Conference 2001

November 18-21, 2001 - Austin Convention Center

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.

\$100 before November 1
\$125 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/01conf.htm>

PRECONFERENCE CLASSES

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

- | | | |
|---|--|---|
| <input type="checkbox"/> \$35, Helicopter Safety and Packaging | <input type="checkbox"/> \$100, Infection Control | <input type="checkbox"/> \$75, 12-Lead ECG Interpretation |
| <input type="checkbox"/> \$140, High Angle Rescue | <input type="checkbox"/> \$60, Moulage | <input type="checkbox"/> \$35, Working with Deaf Patients |
| <input type="checkbox"/> \$140, Cave Rescue | <input type="checkbox"/> \$50, Capnography: The Ventilation Vital Sign | |
| <input type="checkbox"/> \$55, EMS Managing Hazardous Materials | <input type="checkbox"/> \$20, Grant Writing Workshop | |
| <input type="checkbox"/> \$195, Advanced Medical Life Support | <input type="checkbox"/> \$75, Advanced Patient Simulations | |

Preconference registration deadline October 6, 2001.

Total Preconference Class Fee \$ _____

If paying by credit card, fax your completed registration to:
Fax 512/759-1719 Registrations by fax will be accepted only if you are using a credit card—a check, money order or credit card number must accompany your mailed registration. No mailed or faxed registrations accepted after 11/1/2001. No refund after 11/1/2001—there is an 18% administration fee if a refund is necessary.

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

\$125 registration at the door

Sunday, November 18, 2001

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

Monday, November 19, 2001

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

Tuesday, November 20, 2001

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

Make check payable to:

Texas EMS Conference

Mail to:

Texas EMS Conference
P.O. Box 100
Hutto, Texas 78634

| | |
|--|---|
| Official Use Only | <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmExprss |
| Date Rec'd. _____ | Credit Card No: _____ |
| Type of Pmt. _____ <small>(If check, write #)</small> | Card Holder _____ Card Exp _____ |
| Amt. Rec'd. _____ | Signature of Card Holder _____ |

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 | | | | | | | | | | | |
| KEN BOUVIER | | | | TBA | | | BALLROOMS A—C | | | | |
| 9:45 a.m. - 10:45 a.m. | Racht, MD Most Important Clinical Issues <i>(Additional)</i> | | | <u>Mgmt Track</u> Stevenson & Jones Electronic Patient Care Records <i>(Additional)</i> | <u>Nursing Track</u> Elliott Langolier Personality Type | Lawrence Bloodborne Pathogens <i>(Prep)</i> | Salter Relax, Don't Push <i>(Sp. Pts)</i> | <u>Educators Track</u> Hill Internet Connection <i>(Additional)</i> | Page Airway Dogs <i>(Prep)</i> | Callsen Real World Terrorism Response <i>(Additional)</i> | |
| 11:00 a.m. - 12:00 a.m. | Hollett EMS Visits Golden Pond <i>(Sp. Pts)</i> | Wagen- hauser, MD Arkansas on Ice: Disaster Planning <i>(Additional)</i> | Wright Operation Stroke <i>(Medical)</i> | Hendricks Would I Work for Me? <i>(Additional)</i> | Freeman Forensics: Saving the Pt & the Evidence | DuGray Violent Patient Mgmt <i>(Sp. Pts)</i> | Gordon, MD America's Obesity Epidemic <i>(Medical)</i> | Sabala Teaching Critical Skills <i>(Additional)</i> | Frey SCUBA Emergencies <i>(Medical)</i> | Bouvier Rodeo EMS <i>(Trauma)</i> | |
| 2 p.m. - 3 p.m. | Pepe, MD Ventilatory Mgmt of the Trauma Pt <i>(Prep)</i> | Kleiner, PhD Spine Injured Athlete <i>(Trauma)</i> | Shook, MD Pediatrics <i>(Sp. Pts)</i> | Callsen Extreme Customer Service <i>(Additional)</i> | Hudson & Cottrell Cardiac Emergencies | Wigginton, MD Gender Related Differences <i>(Cardi)</i> | Corn Inhalant Abuse <i>(Medical)</i> | Cloud Implementing Competencies in EMS Education <i>(Additional)</i> | Page Parrot Medicine <i>(Additional)</i> | Strout Understanding Diabetes <i>(Medical)</i> | |
| 3:15 p.m. - 4:15 p.m. | Fowler, MD Shock Assessment <i>(Trauma)</i> | Corn GHB & Other Club Drugs <i>(Medical)</i> | | | Charpentier Dilemmas in Figuring Overtime <i>(Additional)</i> | McGowan The Pediatric Burn Patient | Gordon, MD Blunt Trauma <i>(Trauma)</i> | Dodson Circle of Protection <i>(Sp. Pts)</i> | Baker Using WEBCT to Help Teach <i>(Additional)</i> | Harbert Abuse of the Elderly <i>(Sp. Pts)</i> | Phillips MVCs & Multiple Pts --2 hrs-- <i>(Trauma)</i> |
| 4:30 p.m. - 5:30 p.m. | Genzel, MD Really Cool Slides! <i>(Trauma)</i> | Fowler, MD Ask the EMS Doc <i>(Additional)</i> | | | Johnson You're Not Going to Believe This <i>(Additional)</i> | Barr, PhD A Resource for Victims of Crime <i>(Additional)</i> | Villers Keeping Compassion in EMS <i>(Additional)</i> | Baker Under- standing AV Blocks <i>(Cardi)</i> | Sabala Retrofitting Old School Paramedics <i>(Additional)</i> | Olthoff Let the Good Times Roll: Conse- quences <i>(Additional)</i> | continued from above <i>(Trauma)</i> |

TUESDAY

| 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. | Villers Pearls & Pitfalls in Cardiac Mgmt (<i>Cardi</i>) | Page Role of Capnography in EMS (<i>Prep</i>) | Turner Law Enforcement Chemical Agents (<i>Additional</i>) | Mgmt Track Reiter Customer Service (<i>Additional</i>) | Ed. Track Kolar & Drees Successful EMS Ed. (<i>Additional</i>) | Johnson C-Spine Clearance (<i>Prep</i>) | Corn Autoerotic Asphyxiation (<i>Medical</i>) | Salter I Can't get the Tube (<i>Prep</i>) | Hinson A New Look at RSI (<i>Prep</i>) | White Pulse Oximetry (<i>Prep</i>) |
| 8:45 a.m. - 9:45 a.m. | Stout, MD Stroke (<i>Medical</i>) | Hollett Recognizing Domestic Violence (<i>Additional</i>) | Bouvier TBA () | Hawkins & Kerby Compliance Risk Guidance (<i>Additional</i>) | DeMartino Facilitating Self-Directed Learning (<i>Additional</i>) | Phillips Pt Consent & Refusal Issues (<i>Prep</i>) | Fowler, MD AV Block (<i>Cardi</i>) | Lawrence Understanding Lab Values (<i>Prep</i>) | Mailman, MD Diving Injuries: Case Studies (<i>Medical</i>) | Sirbaugh, DO Pedi Non- Transports: What to Do? (<i>Sp. Pts</i>) |
| 10 a.m. - 11 a.m. | Bolleter Lessons from Accidental Angels (<i>Additional</i>) | Pepe, MD Active Compression Decompression (<i>Cardi</i>) | White Pedi Emergencies with Confidence (<i>Sp. Pts</i>) | DeLoach Volunteer Retention & Recruitment (<i>Additional</i>) | Dees The Unteachables (<i>Additional</i>) | Racht, MD Pitfalls in Field Airway Mgmt (<i>Prep</i>) | Yates Paramedics in the ED (<i>Additional</i>) | Gandy Understanding Inotropes (<i>Cardi</i>) | Spear, MD See911Sono. com (<i>Prep</i>) | Hinson Current Concepts in Seizure Mgmt (<i>Medical</i>) |
| 2:00 p.m. - 3:00 p.m. | Yates Mechanism of Injury (<i>Trauma</i>) | Gandy Drug Interactions (<i>Prep</i>) | Loyacono Prehospital Family- Centered Care (<i>Additional</i>) | Wallace Establishing an Effective FTO Program (<i>Additional</i>) | Nelson Alzheimer's Pts: Challenge for SAR/EMS (<i>Sp. Pts</i>) | Wagen- hauser, MD When Old Folks Break (<i>Sp. Pts</i>) | Pepe, MD Termination & Waiver of Resuscitation (<i>Prep</i>) | DuGray Stress for Success in EMS (<i>Additional</i>) | Turner How to Interpret Street Language (<i>Additional</i>) | Hollett Multisystem Trauma Patient (<i>Trauma</i>) |
| 3:15 p.m. - 4:15 p.m. | Salter Severe Head Injuries (<i>Trauma</i>) | Rich Airway Mgmt (<i>Prep</i>) | Brackett What you Don't See Could Kill (<i>Prep</i>) | Glenn The Lying Game (<i>Prep</i>) | Gandy Modified Chest Leads (<i>Cardi</i>) | Waites Municipal Response to Industrial (<i>Additional</i>) | DeTulleo Clandestine Drug Labs (<i>Additional</i>) | Puryear Right Ventricular AMI's (<i>Cardi</i>) | Wuertz Post Exposure Propylaxis (<i>Prep</i>) | Frey Hotter than a Jalapeño (<i>Sp. Pts</i>) |
| 4:30 p.m. - 5:30 p.m. | Phillips Alcohol Related Emergencies (<i>Medical</i>) | Boen, Henderson & Higgins Disaster Medical Response (<i>Additional</i>) | Tate Agricultural Emergencies (<i>Trauma</i>) | Wheeler Communicat- ing with the Deaf/Hard of Hearing (<i>Sp. Pts</i>) | Stalder & Alday EMS Preparation for International Deployments (<i>Additional</i>) | Lanier Diabetes: Living with it or Dying of it (<i>Medical</i>) | Cloud Mad Cow Disease (<i>Medical</i>) | Tancred Screening for Domestic Violence in Special Populations (<i>Sp. Pts</i>) | Ozenberger & Corson EMS & Hyperbarics (<i>Medical</i>) | Wolford Black Tar & Mexican Mud (<i>Medical</i>) |

Texas EMS Conference 2001

November 18-20, 2001 - Austin Convention Center

EXHIBITOR REGISTRATION INFORMATION

For exhibitor information: Call 512/834-6748

Exhibitor registration forms are available at:

www.tdh.state.tx.us/hcqs/ems/ExhRegForm.PDF

Floorplan website: www.tdh.state.tx.us/hcqs/ems/01floor.htm

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

| WEDNESDAY | | | | |
|-------------------------------|--|---|--|--|
| Room/ Capacity | Ballroom A (1,444) | Ballroom B (304) | Ballroom C (360) | Room 6 (322) |
| 8:30 a.m. - 9:30 a.m. | Brackett Practical Exercises in Patient Assessment (Prep) | Tapia The Adrenalin Factor (Additional) | Thomas EMS Documentation (Prep) | Wright Submersion Injuries (Medical) |
| 9:45 a.m. - 10:45 a.m. | Bolleter Patient Assessment Realities (Prep) | Spranger The Snakes of Texas (Medical) | Dralle Kinematics of Motor Vehicle Trauma and GSW's (Trauma) | Wallace EMS & HazMat: What you Must Know (Additional) |
| 11:00 a.m. - 12:00 p.m. | Turner Less than Lethal Rounds (Trauma) | Van Cleve Willing Hearts, Tied Hands (Additional) | Waites Industrial Trauma (Trauma) | Etheridge Tissue Hypoperfusion (Trauma) |

The surveys are coming!

HB 2446 directed the Governor's EMS and Trauma Advisory Council to write a strategic plan for EMS in Texas. As part of that plan, the Rural EMS Task is developing surveys for EMS providers, first responder organizations, medical directors and hospitals.

GETAC needs your help in gathering the data!

The current plan calls for the surveys to be mailed to all providers, FROs, medical directors and hospitals. Please fill out the survey and return it to us quickly. Your answers could shape the future of EMS in Texas. Also, watch our e-lists and website for details about public meetings concerning the surveys. *Photo for illustration only. Photo by Mary J. Meyers.*



By
Eddie Walker, EMT-P

FAQ *Education*

Q: *My local community college recently began offering EMS certification courses. Why should I use a college instead of doing something in-house?*

A: Approximately fifty colleges and universities in Texas now offer EMS education and degree programs. Why turn to a college to provide the training instead of conducting it in-house? In the majority of cases, it's a matter of convenience. It's simply easier for a service to pay for training than it is to go through the course application process and conduct the class themselves. And if they haven't conducted an advanced class before, there is the self-study and site visit process they must undergo. Colleges and universities that offer EMS education already have the structures (facilities, equipment, personnel, clinical and EMS rotation sites) in place and regularly offer EMS courses. But what if students can't get off in time to make the trip to the local college for class? The EMS director may want the college to come to the students to conduct a class.

Q: *What happens when the college can't or won't conduct a class for us?*

A: Just as EMS providers are expected to service their area, colleges should, and usually do, make every effort to provide the needed training for their area. Understand though, that the college has limitations just as the EMS provider does. Just as the provider may have a shortage of paramed-

ics, the college may be understaffed. The college may get more requests for classes than it can handle. Another factor is financial resources. Colleges need to have a minimum number of students per class so they don't lose money, usually between eight to twelve students. If an EMS director has eight people interested in becoming paramedics but is willing to pay for ten, the local college may be willing to conduct a class.

But what if the college is still unable or unwilling to conduct the class? What recourse does the EMS director have? Follow the chain of command for that particular college and meet with those able to make a decision regarding this issue. Start with the EMS program director. Explain the need for training and try to come up with a solution. Many times the biggest obstacle is the timing of the class. You may have to wait until the college finishes the classes it has in progress and equipment and personnel are available. If you are unable to resolve it with the EMS program director, find out the name of the department head or chair in charge of the program. Make an appointment and explain the situation. If you are still unable to reach a solution, the next step should be the dean responsible for the EMS program. The last stop will be the president of the college. In most cases, the differences will be worked out along the way.

Q: *Can another college come into*

the local college's service area to provide training? College districts are defined areas that are, more or less, protected. Another college may come into the area to offer classes only if the local college allows it. This usually happens when the local college does not offer a particular course. When the local college offers EMS classes it may not allow another college into the area to conduct a class.

The bottom line is that the provider and the college need to make every effort to bring the training and the personnel together. If this fails and the provider finds another college to conduct the training but the local college refuses to allow them into their service area, the provider can contact the Texas Higher Education Coordinating Board. Although TDH does approve EMS education programs, the Texas Higher Education Coordinating Board regulates colleges. No special documents are required but it is wise to keep a journal of all attempts to bring the class to your service. Write a letter detailing the circumstances and mail to: Texas Higher Education Coordinating Board, Community and Technical College Division, c/o Dr. Camille Pridgen, P.O. Box 12788, Austin, Texas 78711. Information is also available at the web site at: www.thecb.state.tx.us.

Contact Eddie Walker at 512/834-6700 ext. 2313 or email him at Eddie.Walker@TDH.state.tx.us

By
Linda Reyes

FAQ *EMS Standards*

Q: *I need to clear up my deficient application. What is the quickest way to get the corrected application to you?*

A: Fax the application to us at (512) 834-6714. We'll accept just about any certification or licensure document by fax as long as you aren't trying to send a payment with it. If you fax your material to us, please DO NOT send it again by mail.

Q: *The organization I volunteer for is offering to give me a token amount of money for my on-call time. If I accept, can I claim exemption from the certification fees?*

A: No. Health and Safety Code, Section 773.058 states that "An individual who is an emergency medical services volunteer is exempt from the payment of fees under Section 773.055, if the individual does not receive compensation for providing emergency medical services. Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred in providing emergency medical services."

Q: *I have volunteered with my local first responder organization for several years. I will be taking a paid position soon. How will that affect my status with TDH?*

A: You must change your status from "volunteer" to "paid" by submitting a prorated application fee for the remainder of your current certification period. Contact your local EMS regional

office for the exact dollar amount.

Q: *One of my friends is gathering continuing education (CE) certificates because you are auditing his CE records. If I am ever selected for audit, will you contact my employer for my records since they keep up with all CE material for the firm?*

A: Continuing Education Rule 157.38 is very explicit about who is responsible for maintaining CE records: *The burden of proof of CE participation and completion rests solely on the certificant.* You should keep all documents that record completion, such as course certificates, verification letters written on official letterhead, or notification from the Texas Department of Health (TDH) education program of the number of hours allowed from academic records.

- Course certificates - the CE provider shall furnish each participant documentation of completion specifying the CE provider, title, date and location of program, content areas and contact hours, and grades or pass/fail, if applicable.
- Verification letter written on official letterhead - signed letter from a provider or training coordinator, specifying the CE provider, title, date and location of program, content areas and contact hours, and grades or pass/fail, if applicable.
- Notification from TDH of the number of hours accrued from academic records - a letter from

the education program notifying you of the number of CE hours you have been awarded after evaluation of your academic records.

We will **not accept** your personal CE logs, attendance rosters or group training records. The CE rule also states records should be maintained by the certificant for a minimum of five years from the date of the application for recertification.

If your expiration date was prior to September 1, 2000:

Contact your local public health region office for instructions. Regional office web sites, addresses and phone numbers are available on page 29 or at: <http://www.tdh.state.tx.us/hcqs/ems/regions.htm>.

Bureau Websites

Bureau web home page address:
<http://www.tdh.state.tx.us/hcqs/ems>
EMS Standards home page: <http://www.tdh.state.tx.us/hcqs/ems/tabcont.htm>
Internet certification verification now on web site
Certification verification phone line: 512-834-6769
Fax number: 512-834-6736
Email: emscert@tdh.state.tx.us

**Texas EMS Conference
November 18-21, 2001**

On the books

Legislation affects EMS and trauma systems

Lawmakers finished up the 77th session of the Texas Legislature a few months ago, and now some of the bills they passed became effective on September 1. The last session saw many bills pass that affect EMS and trauma systems. Below is a synopsis of the more significant bills. To get a full view of any of the bills, go to www.capitol.state.tx.us.

HB 2446 – Wide-ranging EMS legislation

- *Section 1* Amends Chapter 771 of the Health and Safety Code to allow TDH to pilot a Regional Emergency Medical Dispatch Resource Center and report results to the Legislature; \$300,000 of new funding was appropriated for FY 02/03 for this project. (This bill also passed as HB 3312.)
- *Section 2* Amends Chapter 773 of the Health and Safety Code; directs the governor to ensure that, when making appointments to the current Governor's EMS and Trauma Advisory Council (GETAC), approximately 50 percent of the members are residents of rural areas. This section also directs GETAC to assess EMS in rural areas and develop a strategic plan related to EMS education/certification requirements and EMS/trauma system development.
- *Section 3* Amends Chapter 773 to allow, but not require, TDH to establish a peer assistance program in accordance with Chapter 467 of the Health and Safety Code.
- *Section 4* Amends Chapter 773 to allow EMS personnel certified at the EMT level or higher to acquire, possess, and administer epinephrine auto-injector devices. (Note: this was already allowed by law and rule. This bill also passed as HB 2648.)
- *Section 5* Amends Chapter 773 to add requirements for TDH to directly provide or facilitate the provision of initial EMS training free of charge to underserved areas; the Bureau was required to set aside \$500,000 from current funds for this FY 02/03 project.
- *Section 6* Amends Chapter 773 to strengthen/clarify language that EMS/trauma system quality/performance improvement proceedings and records, including registries, are confidential and not subject to disclosure.
- *Section 7* Amends Chapter 773 to delete the requirement for TDH to designate Level V trauma facilities.
- *Section 8* Amends Chapter 615 of the Government Code (relating to survivor benefits) to expand covered EMS personnel to include volunteers as defined by current EMS law and to include emergency care attendants and licensed paramedics.
- *Section 9* Amends Chapter 61.0285 of the Health and Safety Code to add pre-hospital emergency medical services to the list of medically necessary services or supplies that a county may provide.
- *Section 10* Amends Chapter 106.043 of the Health and Safety Code to add an EMS representative to the

Center of Rural Health Initiative's Advisory Committee.

SB 1 – TDH Rider 18

- Directs TDH, when allocating grant money from the EMS and trauma care system fund (SB 102 funds), to weigh statutory criteria in such a way that 40 percent of the funds go to urban counties and 60 percent to the rural and frontier counties. The Bureau will be proposing rule revisions to 157.30 to meet this mandate.

SB 531 – TDH to study AEDs for state buildings

- Directs TDH, in consultation with the General Services Commission, to conduct a study regarding the purchase and placement of AEDs in buildings owned or leased by the state. The report must be made to the officers of the Legislature no later than November 1, 2002. Takes effect September 1, 2001.

HB 244 – Tax exemption on boats and motors

- Exempts volunteer fire departments and volunteer EMS from taxes on the sale and use tax on boat or motors if they are used exclusively by that department and the members receive no compensation or only normal compensation for their services rendered. Takes effect September 1, 2001.

HB 706 – Abandoned infant clarification

- Relates to the abandonment of a child delivered to an emergency medical services provider. (The original law – HB 3423 – went into effect on September 1, 1999, and allowed emergency care providers to take possession of a child younger than 30 days if the child was given to the provider by the child's parent.) HB 706 allows an "emergency medical services provider" to take possession of a

child who "appears to be 60 days old or younger." The EMS provider has no legal duty to detain or pursue the parent and may not do so unless the child appears to have been abused or neglected. The EMS provider does not have to determine the parent's identity but may give the person a form for voluntary disclosure of the child's medical facts and history. Takes effect on September 1, 2001.

SB 1006 – Exposure to hepatitis

- Relates to accidental exposure of someone certified in EMS, a firefighter, a peace officer or a first responder, who renders aid at an emergency scene or during transport, to blood or other body fluids. The hospital receiving the patient shall take reasonable steps to test the patient for hepatitis B or C if the report shows that there is significant risk to the person exposed. The person exposed or his/her organization is responsible for paying the cost of the test. Results will be made available to the department or local health authority, which are responsible for informing the exposed person of the test results. Takes effect on September 1, 2001.

In addition, many other bills affect EMS indirectly. SB 515 allows (not mandates) counties to create Adult Fatality Review Teams; SB 188 allows EMS-certified state employees to take paid leave to respond to medical emergencies; SB 115 allows the establishment of a private health foundation to fund rural health programs; SB 11 relates to medical privacy (more on how this relates to EMS in upcoming issues of *Texas EMS Magazine*); and HB 7 creates an Office of Rural Health within the governor's office. For more information on any bill, go to www.capitol.state.tx.us.

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.

Smith County telecommunicator receives award

Paula Cain, a telecommunicator for Smith County Sheriff's Office, received the Telecommunicator of the Year award for her actions in handling a 9-1-1 burglary call that eventually culminated in a murder conviction for the caller. Cain became suspicious of the caller's intentions when the caller began to contradict herself, giving multiple versions of the injuries and multiple stories of the burglary, as in stating that the victim was hit over the head and then stating that the victim had been shot. Cain was also called as a witness in the caller's trial, testifying that during quiet time in the call she could water running in the background, which helped lead to a conviction.

Falls County EMS hosts Shattered Dreams program

The Marlin Democrat recently ran an article about the Shattered Dreams program held at the area high school. Falls County EMS, along with several other law enforcement and emergency response agencies, local businesses and local officials, staged a mock DWI collision with five students "injured" and two "killed." An additional 23 students "died" during the school day, representing the average number of teenagers killed each day by drunk driving, and their parents were informed of their deaths. The following day, the "dead" students read letters about their "shattered dreams" to their parents at a school assembly. The Shattered Dreams program, a program of the Texas

As part of the Shattered Dreams Program, the Grim Reaper presides as students watch Justice of the Peace Linda Trousdale pronounce a student dead following a mock DWI collision. The program shows teens the dangers of drinking and driving.



Local & Regional EMS News



AMR-San Antonio participated in the International Medical Strategic Leadership Program at Ft. Sam Houston. Pictured, from left, are Norma Longoria, EMT-I; Ken Jarrett, EMT-P; LTC Said El Assar, Lebanon; Col. Svatopluk Byma, Czech Republic; Shelley Keenum, EMT-P; and Whitney Mitchell, EMT-P.

Alcoholic Beverage Commission, strives to show students the real consequences of drinking and driving.

Mother calls firefighters, telecommunicator heroes

An Abilene mother credited Abilene firefighters and a 9-1-1 telecommunicator for saving the lives of her three children trapped in a burning house. The three children, ages 17, 6 and 4, were alone when the oldest smelled smoke, saw sparks coming from a wall and called 9-1-1. Telecommunicator Dolly Carpenter answered the call and while talking with the teen, dispatched firefighters to the scene. Firefighters Gary Cheek and Daryl Green found the children in the bedroom, still on the phone with Carpenter,

and removed all three from the burning house. No one was injured and the cause of the fire was unknown. Cheek is a member of the Governor's EMS & Trauma Advisory Council.

Balcones Heights FD celebrates senior citizen safety month

Balcones Heights FD, near San Antonio, celebrated Senior Citizen Safety Month in May by distributing File of Life information packets door-to-door within its community. The File of Life packets were donated by HEALTHLINK, San Antonio, and included a letter that explained the program in detail. The program was so successful that people were coming to the station to pick up extra packets for family and friends.

Wayside Emergency Team places AEDs in local camping areas

Wayside Emergency Team, located near Palo Duro Canyon, recently placed AEDs in a nearby community and in camping areas located around that community in an effort to increase the likelihood that an individual would survive a heart attack. The areas are approximately 15 minutes away from WET, the nearest emergency responder. Local citizens have undergone the necessary training to use the AEDs, along with their annual CPR training.

AMR-San Antonio participates in international program

In June, AMR-San Antonio participated in the International

Local & Regional EMS News

Medical Strategic Leadership Program at Fort Sam Houston. Also attending this program were physicians and military administrators from many countries, including the Czech Republic, South Africa, Poland, Slovakia, Lebanon and Israel. Program attendees rode out with AMR and learned about the operational aspects of EMS systems in America. AMR-San Antonio has already been invited to participate in the 2002 program.

Off-duty Austin medic rescues two during jog

Greg Wosky, EMT-P, was jogging across a bridge over Town Lake in Austin when he passed a group of people staring at two people struggling in the

water. When he swam out to the people, he found that the woman who had jumped into the water was unable to answer questions and was complaining of being cold. The other individual had jumped in to help her, but was struggling to keep her afloat. Wosky helped steady the people in the water until on-duty emergency personnel arrived.

HFD receives accreditation

Houston FD recently received accreditation from the Commission on Fire Accreditation International, becoming the largest fire department to be accredited by CFAI. The accreditation system was co-developed by the International City Managers Association

and the Association of International Fire Chiefs and is a peer evaluation of a fire department's ability to manage and provide service to the community. Fewer than 40 cities have fire departments accredited by CFAI.

WCEMS takes part in Shattered Dreams program

Washington County EMS, in Brenham, recently took part in the Shattered Dreams program at the local high school. The mock wreck in this program claimed seven victims and a total of 24 students were "dead" by the end of the school day. The assembly held the next morning featured presentations by two of the "dead" students; a mother whose 15-year-old son was killed by a drunk driver; and others. The program concluded a few weeks later with the mock trial of the drunk driver.

Students watch as a medic assesses the injuries of a mock crash victim and other emergency personnel attempt to free another crash victim. Washington County EMS participated in the Shattered Dreams program, a program that shows teens the dangers and consequences of drinking and driving.



TAMU adds first responder unit

The medic team for Texas A&M University's Department of Recreational Sports received first responder status in January 2001. The service covers five facilities on the campus in College Station, including the 373,000 square-foot student recreation center, and is operated and supervised by students who are EMT-certified or higher. During the spring semester in 2001, the service

Local & Regional EMS News

responded to 2,017 injuries, with 38 of those injuries requiring EMS transport.

Angleton Area EMS honored during EMS week

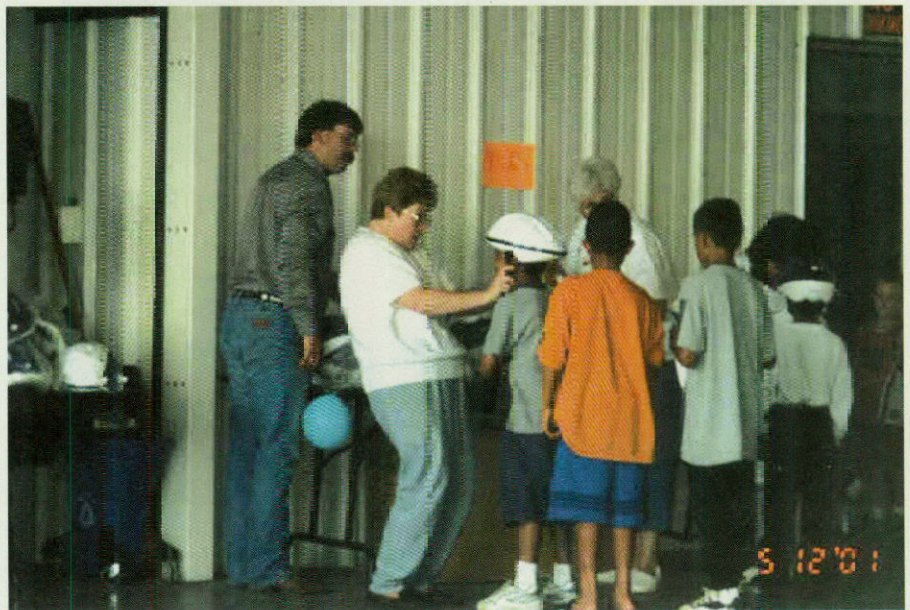
Angleton Area EMS was recognized by the Angleton Danbury Medical Center and *The Angleton Times* for its dedication and service to the community during Texas EMS Week. The service also recently donated a stretcher to Brazosport College EMS Education program.

DeLeon Hospital EMS honors EMT of the Year

Doyle Rone was awarded the EMT of the Year award by DeLeon Hospital EMS during Texas EMS Week in May. Rone has been involved in EMS for more than ten years and is a CPR instructor for the American Heart Association. He has also planned most of the disaster



DeLeon Hospital EMS director Danny Owen, left, presents the EMT of the Year Award to Doyle Rone.



Members of H&S EMS in Spearman teach local children how to wear bike helmets correctly during a bicycle safety event. The helmets and program materials for the event were provided by the Panhandle RAC

drills for the area. Rone is the first recipient of this award from DeLeon Hospital EMS.

CareFlite opens base in Frisco

In June, CareFlite began operating an additional helicopter from the Frisco Central Fire Station in Frisco. In service for 23 years, CareFlite now has five helicopters serving more than 50 North Central Texas counties, including the Dallas/Fort Worth Metroplex, for interfacility transfers and emergency scene response.

Panhandle RAC gives away bike helmets within service area

Panhandle RAC recently assisted several Panhandle EMS services in hosting bicycle safety programs

in the Panhandle area. H&S EMS in Spearman, Stinnett EMS, Associated Ambulance Authority in Clarendon, Shamrock EMS, Groom EMS, Quitaque EMS, Turkey EMS, Wellington EMS, Baptist/St. Anthony EMS in Canyon, and White Deer EMS have all held bicycle safety events, and 1,150 helmets were distributed during these programs. Panhandle RAC provides helmets and program materials free to members. Members are required to provide bicycle safety education, fit the helmets, survey the community within 60 days and work with sponsors in the community to distribute incentives to children spotted wearing helmets, such as coupons for free soft drinks and ice cream. Surveys for 2001 have shown that helmet usage in the communities that have completed the program is more than 50 percent.

Local & Regional EMS News



North Lamar fourth grade teacher Cheryl LaRue and some of her Circle of Protection puppet show actors display the puppets they use in the safety-oriented show. LaRue's class is scheduled to perform the puppet show in the exhibit hall at the Texas EMS Conference in November.

The Paris News recognizes EMS Week with an EMS section in the newspaper

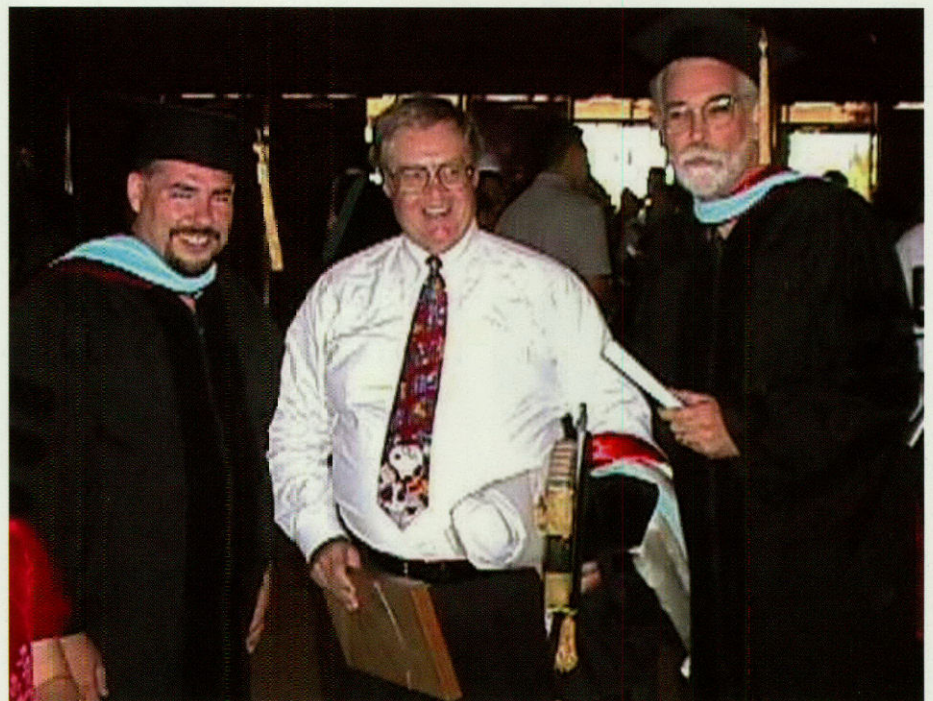
In honor of Texas EMS Week, *The Paris News* included an entire section highlighting EMS and the injury prevention programs Circle of Protection/Think Child Safety and Think Senior Safety. The section featured articles on paid and volunteer EMS personnel, safety, recognizing an emergency, the advanced medical equipment of MICUs and the Circle of Protection puppet show. Several community sponsors placed ads in the section, saluting the emergency medical personnel in their communities.

EMS educators graduate from doctorate program

EMS educators Chris Nollette and George W. Hatch Jr graduated with doctorates in education from the University of Houston, Curriculum and Instruction Department with a specialty in teaching and training the adult learner. Dr. Nollette, a licensed paramedic, works with

Wharton County Junior College EMS program, Galveston College EMS program and Brazosport College, and sits on the accreditation board that oversees accrediting paramedic programs nationally and internationally. Dr. Hatch is the chair for Houston Community College EMS program and works with Galveston College. He has served as an expert reviewer for the National Registry and is a site visitor for the accreditation process. Both are continuing research in EMS issues in partnership with UCLA, George Washington University, Oregon Health Science University and other educational institutions.

In May, Chris Nollette and George Hatch received doctorates in education from the University of Houston. From left, Dr. Nollette; Dr. Will Weber, chair, University of Houston, Curriculum and Instruction Department; and Dr. Hatch.



Local & Regional EMS News

Texas Department of Health EMS Offices

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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>

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 (817) 264-4500

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 4309 Jacksboro Hwy, Suite 101
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Public Health Regions 4 & 5
<http://www.tdh.state.tx.us/hcqs/ems/r4&5home.htm>

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

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

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

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

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

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

Lee Sweeten
 1021 Garner Field Road
 Uvalde, Texas 78801
 (830) 278-7173

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

Public Health Regions 9 & 10
<http://www.tdh.state.tx.us/hcqs/ems/r910home.htm>

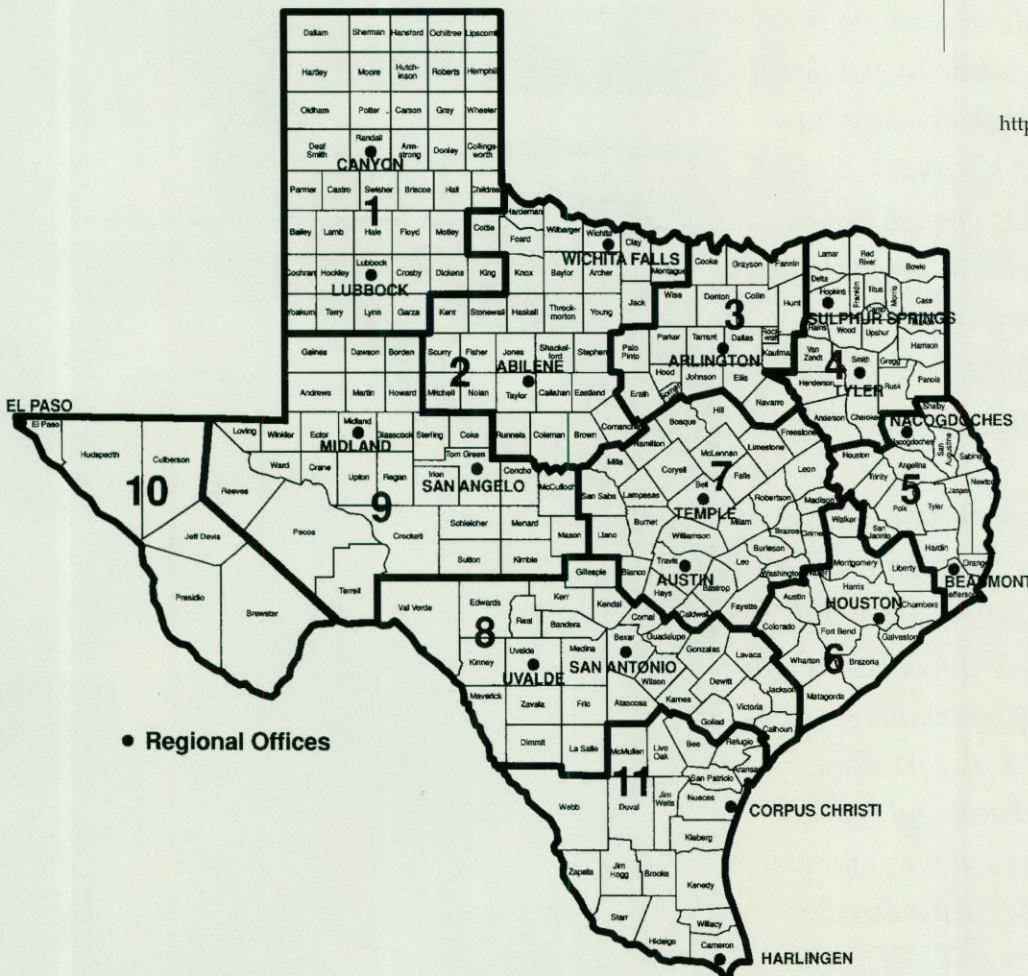
Tom Cantwell
 Anthony Viscon
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 El Paso, Texas 79901
 (915) 834-7708

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>

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

Rothy Moseley
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 (361) 888-7762 x281



Cooperation. Commitment. Concern. Emergency responders, hospital staff and citizens of Houston lived those words in the aftermath of Tropical Storm Allison. The storm's floods left 22 dead and \$5 billion in damage in the Houston area — \$2 billion of that at Houston's famed Medical Center when 8.5 inches of rain fell in two hours on June 9. Some areas received as much as 35 inches of rain within a 24-hour period. In a matter of hours, the medical institutions charged with saving lives needed rescuing as power outages left the giant buildings dark. Fortunately, help was nearby. Emergency medical services from all over Houston and the state responded to the pleas for assistance, transporting hundreds of patients to other hospitals. Hospitals that escaped the floods opened beds and allowed staff from the flooded hospitals to stay with the patients they transported. The number of heroic efforts, both by individuals and organizations, are too numerous to be counted.

In the midst of the devastation, the Southeast Texas Trauma Regional Advisory Council (SETTRAC) saw a need and went to work. Members of the RAC bought flashlights for emergency responders evacuating patients down the dark corridors, helped organize a phone bank and coordinated arriving ambulances at a temporary hospital. David Rives, executive director for SETTRAC and a former TDH EMS program specialist, recalls how SETTRAC mobilized to help with recovery efforts.



Houston, we have a problem

By David Rives

At 5 a.m. on the fifth day of the 2001 hurricane season, a Houston television meteorologist mentioned that some activity had developed in the Gulf of Mexico just off the coast of Galveston, but he did not think it would develop into anything significant. At 1 p.m., what had appeared to be a rather harmless low-pressure system was named Tropical Storm Allison. On June 6th, Tropical Storm Allison passed through the Houston area. Because Allison did not follow the typical course of moving in a northeasterly direction, but instead circled around to the west, a second deluge occurred. Allison then returned on the evening of June 8th to unleash her wrath again for the next several hours.

Although significant flooding was occurring in the area, no one anticipated the effect that Allison was about to have on the health care system in the Houston area.

The Texas Medical Center is in an area known to suffer flooding but because of previous engineering efforts, it was thought that there was little likelihood of any serious, long-lasting effect. Allison proved that wrong. It is not entirely clear how the water entered Memorial Hermann, Methodist and St. Luke's Hospitals, although there is evidence that there were many sites of entry. What is clear is that the water eventually brought the medical center to its knees.

Photo of the Houston skyline taken by Ben DeSoto of the Houston Chronicle.

In the early morning hours of June 9th, most of the medical center went dark. All electrical power, including emergency power, was lost. Hospitals had to transfer patients to other facilities, and fast.

During the next 18 hours, 540 patients were transferred out of Memorial Hermann Hospital by an army of volunteers who had to carry these patients down as many as ten flights of stairs using flashlights as their only source of light. Some of these patients were critically ill, requiring mechanical ventilation with Ambu bags and intravenous medication. The first thing the Southeast Texas Trauma Regional Advisory Council (SETTRAC) did was to purchase flashlights to help light the way as patients were transported. At this juncture, no one suspected how much SETTRAC would be involved in the disaster recovery effort.

The spirit of cooperation, concern and commitment was a testimony to the quality of individuals—both medical and non-medical—who volunteered their services. Area hospitals were equally receptive and cooperative in receiving these large numbers of patients. Some of the

more critical patients were transported to Ben Taub General Hospital, the other Level I trauma center, which is only a short distance from Memorial Hermann Hospital. The rest of these patients were transferred to area hospitals and, in some instances, to facilities as far away as 150 miles. To be able to care for the most critically ill patients and to staff beds that had been opened, many Memorial Hermann employees went with their patients. In fairly short order, the Memorial Hermann Hospital staff was reassigned to the various hospitals in the community as these facilities opened their arms and beds for these patients in need.

The administration of Memorial Hermann Southwest Hospital (MHSWH) volunteered to create an area for the trauma service of Memorial Hermann Hospital to continue to receive injured patients. Under the leadership of Sheila Lopez, trauma coordinator at MHSWH and a member of the SETTRAC board of directors, the eight bed cardiovascular intensive care unit was opened to care for the more seriously injured patients.

As the immediate shock of the initial devastation began to subside, it became clear that efforts had to be made to find facilities to care for patients until the functions of the Medical Center hospitals could be restored. Marjorie Lygas, chair of the SETTRAC Hospital Care and Management Committee, helped assemble all the trauma coordinators from area hospitals to address these issues. On June 12th, a decision was made to recruit additional healthcare personnel, especially nurses, to try to open additional beds. Sheila Lopez and the Memorial Hermann Healthcare Systems staff assembled a 24-hour command center with a phone bank to take calls and computers with internet access to verify

Houston firefighters ferried residents in evac boats to a waiting city dumptruck at the intersection of Simsbrook and Buffalo Speedway. Photo from the Houston Chronicle taken by Steve Uleckert.



licenses and certifications. Because of the obvious need for additional healthcare workers, especially nurses, on June 15th Dr. James H. "Red" Duke, chair of SETTRAC, issued an appeal for volunteers. All of the media outlets, which included the television network affiliates, the radio stations and the press, broadcast the command center phone number, repeating these appeals throughout the weekend. Each time the number was broadcast, the command center phone lines would light up. Messages were also posted on various Internet servers. For the first several days the command center staff was assisted by a group of people from the Trauma Intervention Professionals (TIP) program in Florida. That group's leaders were in town to provide training for a similar group in the Houston area. With one phone call they got several members in Florida to drive to Houston. The SETTRAC command center stayed busy.

All in all, more than 450 healthcare workers responded to the call, and an untold number of calls came from others who were willing to assist in any way they could. For healthcare workers, SETTRAC command center personnel verified licensure and certification of the individuals who volunteered and then referred them to hospitals who had reported a need for that particular type of skill. Personnel came from as far away as Arizona and Wisconsin. At first, SETTRAC paid the transportation and lodging expenses for personnel from out of town but after a few days, free airfare and hotel rooms were donated.

The SETTRAC command center also developed a regional triage protocol for patient management. For the most severely injured patients, four hospitals were potentially available. EMS units and Life Flight, which covers a thirty-county area,



worked closely, sometimes on an hour by hour basis, with Dr. David Persse, physician director of the Houston Fire Department EMS and member of the executive committee of SETTRAC. Patients were triaged to Ben Taub General Hospital (BTGH) or one of the Level III trauma centers. The patients with the most severe injuries were taken by Life Flight either to MHSWH or the University of Texas Medical Branch (UTMB) at Galveston. In some cases arrangements were made to land at BTGH even though it does not have a helipad. Severely injured patients without head injuries were sometimes taken to Conroe Regional Medical Center. Arrangements were made for serious head injury patients to be delivered to Houston Northwest Medical Center, Memorial Hermann Memorial City Hospital and Memorial Hermann Southeast Hospital, as the number of head injury patients exceeded the capacity of the other hospitals.

Disaster Medical Assistance Teams responded and an Air Force field hospital was also set up at the Reliant Astrodome for about 3 weeks. That facility received about 150 patients each day, both walk-in and by ambulance. (Continued on page 51)

Canoers paddle down a flooded stretch of the Interstate 45 near downtown. Photo by Michael Masciopinto.

By David Vaughan

Preparedness division focuses on solutions

When disaster strikes, TDH's Emergency Preparedness Division represents the agency at the state's Emergency Operations Center (EOC). The EOC, which is staffed by representatives from all the state agencies, is activated anytime disaster strikes in Texas.

When disaster strikes anywhere in Texas, TDH's Emergency Preparedness Division is among the first to be alerted. The division serves as the lead TDH unit in coordinating state and federal resources to meet a disaster area's health and medical needs. One of its jobs is to prevent or reduce the deaths and injuries caused by disasters, by ensuring that health and medical services reach the disaster's victims.

One of the division's main tasks during a disaster is to represent TDH among other safety and human service agencies at the State Emergency Operations Center at Department of Public Safety headquarters in Austin. From the EOC during Tropical Storm Allison, Emergency Preparedness Division staff was primarily responsible for:

- Re-establishing telephone communications between the Austin and Houston emergency authorities to assess the scope of damage to the Texas Medical Center, and to begin coordinating assistance from TDH headquarters and the EOC, the U.S. Public Health Service, the U.S. Centers for Dis-

ease Control and other resources.

- Overseeing arrangements with the U.S. Department of Defense to deploy the 25-bed portable hospital equipment and personnel from San Antonio to the Reliant Center in Houston, and overseeing transport and deployment of four Disaster Medical Assistance Teams (DMAT) and one Medical Support Team (MST) to supplement damaged hospital operations in the flood area.

- Obtaining specific medical equipment for mass care shelters, including portable oxygen units, pulse oximeters and pharmaceuticals.

- Tapping resources of the U.S. Public Health Service, the VA and FEMA to enlist an added 100 nurses, 15 respiratory therapists and equipment to establish an intensive care unit at the VA Hospital in Houston.

- Obtaining a survey of available hospital beds in facilities outside the flood area, categorized by level of care should Houston's facilities have needed mass evacuation.

- Arranging for ambulances from the Texas National Guard and regional EMS companies to help Houston's ambulance services in moving patients and responding to emergency demands.

- Ensuring that stockpiles of tetanus vaccine for use by recovery workers were allotted to the city and county health departments as well as the TDH regional office.

- Coordinating state entomologists, local mosquito control districts and the CDC to reduce pest mosquito swarms and increase monitoring for vector-borne diseases.

Sam Wilson, director of the Emergency Preparedness Division, at the Emergency Operations Center in Austin, later joined the multi-agency team at the Disaster Field Office in Houston.



David Vaughan is a public information officer in the Emergency Preparedness Division.

By Wayne Morris

TDH regional office learns from Allison

One thing about disaster situations is they usually have a lesson or two that can be taught even to those most experienced in dealing with them. Little did any of us know as we began our weekend on June 8, 2001, that many of us were about to be taught some lessons.

By Saturday morning much of Houston, including the TDH regional office, was inaccessible and/or under water. Some homes and businesses could measure the floodwaters in inches, but many had to measure them in feet—and not just a few feet. Some of the city's freeways were submerged under more than 16 feet of water.

As TDH and Region 6/5 South personnel began to swing into action, many of them had to manage with the knowledge they held in their heads because files and reference documents were inaccessible in the flood-locked regional offices. To make matters worse, most areas of the Houston metropolitan area had no long distance phone service. For the most part, local service was working except for overloaded circuits that often resulted in a recorded message.

There was no wind damage to bring down power and phone lines during Allison, but the water itself severely disrupted services. The combination of wind and water that would accompany a Class 4 hurricane would completely have wiped out our ability to communicate. How can we assure communication during such a storm? Short wave radios are one possibility, but it occurred to me that we should investigate computer communications capabilities. Laptop computers can now be equipped to access the web via satellite. Such a system would have been invaluable to



us in dealing with Allison. Disaster response documents and information could be stored online in several different servers. For instance, Region 6 information could be stored on the local regional servers and on the Austin servers. Even if the regional servers were offline the information could still be accessed. The lack of reliable communication capabilities was a big lesson from Allison.

From the very beginning of the storm, Dr. David Perse and the Houston Fire Department were on full alert and doing their best to attend to the needs of the citizens of Houston. Soon however, it became clear that they were going to need a lot of help. As area hospitals began to close like a row of falling dominoes, the need for a number of ambulances to meet the needs of existing patients and those patients created by the storm began to increase quickly. Fortunately, we found a number of providers within the region and outside the region that quickly mobilized to

Houston firefighter John Faubush, left; and Chris Buckner, of Houston Public Works; and Fire Department Captain Richard Mann evacuate apartment house residents. Photo from the Houston Chronicle, taken by Smiley N. Pool.

meet those needs. Rural Metro from Ft. Worth, Emerald Medical Services, AMR, Gold Star EMS from Port Arthur, ESD District 1 Harris County, Cypress Creek EMS, Montgomery County EMS, Champion EMS from Longview, St. Joseph Regional Health Center EMS from Bryan, Scott & White EMS from Temple, Rural Metro from Waco, and Southern Cross Ambulance from Victoria all began to help in response to our calls and many other providers went on standby, ready to help if needed. In addition to those who were recruited for specific tasks by the Emergency Operations System, EMS providers around the area began to pitch in and help their neighbors in any way they could. Several EMS services opened their stations to victims whose homes had been flooded. That EMS services and EMS people are generally ready and willing to pitch in was a lesson we already knew, but Allison reaffirmed it for us.

Unfortunately, there was a flip side to that lesson. In a few cases providers who were approached by Emergency Operations with requests for assistance were either reluctant or unwilling to assist based on inter-service rivalries and/

or an unwillingness to expend resources without the assurance of reimbursement. These few providers cast a shadow on an otherwise heroic effort by thousands of EMS providers and personnel.

There was another lesson we learned from Allison and it was a new and wonderful lesson. The 591 Expeditionary Medical Squadron, which is an United States Air Force Unit stationed in San Antonio, has a new Disaster Field Hospital. That hospital is a wonder to behold. It can be set up and running anywhere in the continental United States within eight hours. In the case of Allison it was set up at Reliant Center and took much of the emergency patient load that would have gone to Ben Taub and Hermann in normal times. Allison was the first actual deployment of the hospital and it went very well. Several emergency surgeries were actually performed in the Astrohall and the hospital had a complete complement of services including dental services. Our thanks to the 591st for a job well done. And also, thanks to Thelma Lemley who volunteered her time for several days to coordinate the ambulances servicing the Disaster Field Hospital. Her help was invaluable.

Unfortunately, even with all the heroic efforts, lives were lost and property damage was enormous. However, the dedication and determination of hundreds of largely volunteer EMS providers and personnel combined with the same type of effort from countless other entities and individuals prevented even greater loss of life. I cannot possibly name all the services and personnel that contributed their time and talent in the wake of Allison. None of them did it for public recognition. They did because they care. The Texas Department of Health thanks them for that caring and the service to which it leads.

Wayne Morris is the EMS director, TDH Region 6/5 South.



Houston firefighters rescued people and pets near Memorial Drive and Shepherd. Photo by Les Schlain.

By Kate Martin, MEd

The forgotten

Elderly abuse victims

Frequently forgotten in the domestic violence literature, training and services is the battered older woman. One in eight U.S. residents is 65 years of age or older and by 2030, that figure will be one out of four. Some experts estimate that only 1 out of 14 domestic elder abuse incidents is reported.

EMS personnel should be alert to signs and symptoms of abuse. Anyone who believes that a child, an elderly person (over age 65) or disabled person (over age 18) has been abused is required to report the abuse (see sidebar for phone numbers). Additionally, medical professionals, including EMS, are required to provide the adult abuse victim with written notice that family violence is against the law as well as the name and phone number of the nearest shelter if abuse is suspected. (For a sample of the form, go to our website at www.tdh.state.tx.us/hcqs/ems and click on *Texas EMS Magazine*.)

There are no official statistics on the battered older woman and no agreement on the age of "older." However, from news clippings collected by the Texas Council on Family Violence, of the 742 women killed by a partner or ex-partner between 1994 through 2000, ten percent were between 50 and 89 years old. Six women were between the ages of 80 and 89 years old. The statistics for injury are much higher. In Bexar County alone, between January 1998 and September 2000 (a 32-month period) Adult Protective Services at the Texas Department of Protective and Regulatory Services identified 160 victims of intimate partner violence who were elderly or disabled. Seventy-five percent (75 percent) of the victims were 60 years old or older. Four of the perpetrators were identified as women.

Types of elder abuse

The National Center on Elder Abuse defines seven different types of elder abuse: physical abuse, sexual abuse, emotional abuse, financial exploitation, neglect, abandonment, and self-neglect. These definitions are based on an analysis of existing state and federal definitions of elder abuse, neglect, and exploitation conducted by the Center in 1995.

Physical Abuse Use of physical force that may result in bodily injury, physical pain, or impairment

Sexual Abuse Non-consensual sexual contact of any kind with an elderly person

Emotional Abuse Infliction of anguish, pain or distress through verbal or non-verbal act

Financial/Material Exploitation Illegal or improper use of an elder's funds, property or assets

Neglect The refusal or failure to fulfill any part of a person's obligations or duties to an elderly person

Abandonment The desertion of an elderly person by an individual who has physical custody of the elder or by a person who has assumed responsibility for providing care to the elder

Self-Neglect Behaviors of an elderly person that threaten the elder's health or safety

In addition, EMS and other health professionals who treat a person for injuries that they suspect may have been caused by family violence must immediately provide information about the nearest family violence shelter; document the suspected abuse in the (*continued on page 51*)

Resources: Texas Dept. of Protective and Regulatory Services-Adult Protective Services 1-800-252-5400; National Domestic Violence Hot Line. 1-800-799-SAFE; TDD 1-800-787-3224; The Noah Project 1-800-444-3551; Texas Council on Family Violence (512) 794-1133; Texas Association Against Sexual Assault 1-888-91-TAASA.



PHOTO FOR ILLUSTRATION ONLY.

By
Jennifer Huntman

New system means EMS can TRAC-IT

Have you ever needed to get reports on your run data to justify a purchase? Have you ever wondered how your service compares to other similar services? Then you might be ready to TRAC-IT. Under the current trauma registry system, you might have felt that data were submitted to a black hole. Effective January 1, 2002, a new system, TRAC-IT, will be operational. What does that mean for EMS? When you report your runs to the TRAC-IT system, you will be able to generate reports on your data, the state or a region with the click of a mouse.

What's TRAC-IT?

TRAC-IT (an acronym for Trauma Reporting, Analysis and Collection in Texas) is a project to improve the EMS and hospital data collection system in Texas. When the Texas Legislature lowered the legal blood alcohol content in 1999, Texas became eligible for increased federal funding for traffic safety activities. The National Highway Traffic Safety Administration and the Federal Highway Administration made these funds available to the Texas Department of Transportation (TxDOT), who in turn entered into an agreement with TDH to use these federal funds to improve the EMS and hospital data collection system in the state. TDH is providing \$2.7 million in federal dollars to the Regional Advisory Councils (RACs) to purchase hardware and software for hospitals and EMS providers for the purpose of reporting to the EMS/Trauma Registry. At the state level, TDH has contracted with National Systems and Research (NSR) to upgrade the EMS/Trauma Registry.

TRAC-IT features

The TRAC-IT system offers the following features:

Web-based data entry: Hospitals and EMS providers will be able to log in to the web site and enter

data for the EMS/Trauma Registry. The data will be kept confidential. The data entry module can be used to replace the CDC and TEXEMS software. The web-based entry is only an option and EMS providers that prefer to use different software may do so as long as the software meets the EMS/Trauma Registry reporting requirements. Providers that currently use commercial or public domain software may continue to do so.

Data Transmission via the Internet:

Currently, providers submit data via a modem to the TDH EMS/Trauma Registry using a toll-free number. TDH will still accept data files through this method but with TRAC-IT, the hospitals and EMS providers will have the option to log in to a web site and electronically transfer their data files.

Data Validation: When hospitals and EMS providers send data files, they will receive information within 24 hours to let them know if TDH received their data, if the data was accepted or rejected, and the reasons for data rejection. The reporting provider will be able to select whether the data reports should be provided by email, fax or mail.

Robust Reports: A provider will be able to log into the web site and generate reports on its own data. Users will also be able to generate reports based on aggregate information for the state or a region (e.g., Trauma Service Area). Initially, there will be several standard report templates available. Additionally, a provider will be able to request at any time that TDH create a new report template. Providers will also be able to submit a request to TDH for specialized ad hoc reports.

Minimum System Requirements

The minimum hardware requirements for the TRAC-IT system are outlined on the next page. TDH is providing money to RACs to purchase computers for EMS pro-

For more information about TRAC-IT, contact Jennifer Huntman at 512/458-7266 or jennifer.huntman@tdh.state.tx.us. You can also visit the TRAC-IT website. <http://www.tdh.state.tx.us/injury/trauma/rac/trac-it.htm> and join the TRAC-IT listserver <http://groups.yahoo.com/group/tracit>.



viders and hospitals that do not have computers that meet these requirements. A provider may use any software product to report to the EMS/Trauma Registry as long as the software can generate a data file in the format required by TDH.

Timeline

TRAC-IT consists of two phases. Phase one, the Planning and System Design, began in February 2001. During this phase, NSR, the TRAC-IT consultant, held stakeholder meetings to gather requirements for the new TRAC-IT system. Representatives from each RAC attended and told us what the system should do and what it should look like. Based on input from RAC and TDH representatives, NSR developed a list of system requirements.

NSR and TDH are now working on phase two, which is the actual implementation of the TRAC-IT system. NSR is building the system by incorporating each of the system requirements identified in phase one. The TRAC-IT system will be installed at TDH this fall. Training for TRAC-IT will be provided at the Texas

EMS Conference in November and a Train the Trainer course will be conducted for RAC representatives in December. In addition, a web-based tutorial will be available. The TRAC-IT system will be operational beginning January 1, 2002.

New Reporting Rules

Currently, EMS providers are required to report trauma runs that are transported to the hospital. Effective January 1, 2002, a new rule will require providers to report all runs. When providers begin the new reporting requirements, a new dataset will also be implemented. The new data dictionary is available on the EMS/Trauma Registry website (<http://www.tdh.state.tx.us/injury/trauma/emsdict.htm>). Software vendors have been notified of these changes and will have the opportunity to submit test data before the January 1, 2002. There will be a phase-in period in which TDH will accept both the old and new datasets.

TRAC-IT offered at conference

Need a more information? TRAC-IT will offer eight two-hour classes to choose from during Texas EMS Conference. The class will cover web-based entry, internet data transmission, automatic data quality feedback and robust data analysis tools. The classes will be at the Austin Convention Center in Room 2 (next to Registration). Times are: Sunday, 1-3 p.m. and 4-6 p.m.; Monday, 10 a.m.-12 p.m., 1-3 p.m. and 4-6 p.m.; Tuesday, 9-11 a.m., 2-4 p.m. and 4-6 p.m. The classes are free and offer two hours of additional continuing education credit.

User Access Types

Modem-Only

Users submit data via modem and receive notification and reports via fax, email or mail.

Note: Users *do not* access web pages for TRAC-IT reports or submit ad-hoc requests.

Web

Users submit data via modem or the web. **Note:** Users access web pages for TRAC-IT reports or submit ad-hoc requests.

System Configuration Recommendations

Modem-Only Access

Recommended Absolute Minimum

133MHz Processor
16MB RAM
1GB Hard drive
28.8K Modem
Windows 95

Recommended Minimum

233MHz Processor
32MB RAM
1GB Hard Drive (w/ 500MB free)
56K Modem
Windows 95

Web Access

Recommended Minimum 400MHz Processor; 64MB RAM 8GB Hard Drive (w/ 500MB free); 36X CD-ROM drive; 56K Modem; Windows 98; Internet Explorer 5.



Shotgun wound to the head

A challenging airway problem

CE article provided by
EmCert.com at www.emcer.com

PHOTO FOR ILLUSTRATION ONLY
PHOTO BY DAVID LONGORIA



Introduction

Gunshot wounds to the head are life-threatening injuries that can challenge the skills of even the most experienced EMS personnel. This case presentation is that of a 52-year-old male who apparently shot himself in the head with a shotgun and survived the initial trauma. The local EMS called the regional air ambulance service to respond. The case is presented by a member of the responding air ambulance crew.

The local ground EMS is a private ambulance company that provides MICU-level care to a large rural area. The ambulances are staffed with one paramedic and one basic EMT. The air ambulance is operated by the regional trauma facility, which is located 70 miles from the scene. The air ambulance is staffed with a pilot, a paramedic and an RN/paramedic. The ground ambulance does not have the capability to utilize paralytic medications to facilitate intubation (often called rapid sequence induction intubation, or RSII). The air ambulance can perform RSII. A small community hospital is located less than 15 minutes travel time from the scene. This facility can provide only basic emergency care, but is staffed with a physician at all times and has the capability to provide advanced airway management when needed. The regional trauma center, from which the helicopter operates, provides full trauma services with a 24-hour trauma team and board-certified trauma surgeons. The trauma facility also has neurosurgical capabilities.

The air medical response

At approximately 1400 hours we received a request from a local EMS to respond to the scene of a shooting. The scene was approximately 70 miles from our base. We retrieved blood from the blood bank and reported to the helipad

to meet the pilot. We lifted off 14 minutes after receiving the original call. Previous experiences with the EMS crew who had requested us had taught us that these two were "trauma magnets." When they called us, it never failed to be challenging, at the very least. This case was no exception.

Enroute, our dispatcher relayed to us that we were responding to a 52-year-old male who had a self-inflicted shotgun wound to the head. The patient was reported to have spontaneous respirations and strong radial pulses. We were directed to a small local airport at which the ground unit would meet us. Approximately 35 minutes after lift-off, we landed at the airport and met the ground ambulance.

Initial assessment

We found the local EMS providers obviously frustrated. However, the paramedic still managed a smile when she told us "I can't get this guy 'tubed.' I hope you brought your RSI stuff." A nasopharyngeal airway was in place and her EMT partner was ventilating

Learning Objectives

After completing this module, the reader will be able to demonstrate the following:

1. Define the terms *masseter tone*, *gastric insufflation* and *fasciculations*.
2. Describe the clinical significance of fasciculations in the patient suffering from a head injury.
3. Identify the medication commonly used to control fasciculations prior to the use of paralytic medications.
4. List the indications for the LMA device.
5. Describe the mechanism of action of the LMA device.
6. Describe the procedure of retrograde intubation.
7. Identify the mortality rate of severe, penetrating brain injuries.
8. Identify situations for which air ambulance transport is, and is not, appropriate.
9. Recognize indications for alternative airway management in a timely manner.



the patient with a BVM. The patient was completely unconscious and unresponsive with no spontaneous movement. Spontaneous respirations occurred at about eight per minute and strong radial pulses at about 120 per minute. A quick check revealed a softball-sized hole to the right parietal region of the skull. There was a large

amount of brain matter extruding from the wound with very little external bleeding.

Examination revealed that the patient's jaws were clenched (increased masseter tone) but the BVM ventilations were producing breath sounds in all fields. The airway was somewhat compromised due to positioning and the inability to insert an oropharyngeal airway. There were no other injuries found on the head-to-toe exam. Due to gastric insufflation, the patient's abdomen was distended and firm. The patient was immobilized with a cervical collar and long spine board. The EMS crew had established IV access with

a 14-gauge catheter in the patient's antecubital vein and was infusing normal saline at a keep-open rate.

The EMS crew reported that the patient had a history of depression. He was discovered in his home shortly after a neighbor heard a gunshot. A 16-gauge shotgun was found nearby. The patient's medical history was unavailable and it was unknown if the patient took medications or had any recent illnesses.

Treatment

Control of the airway was clearly our first priority. The gastric insufflation told us that ventilation with the BVM alone would not be adequate. This patient needed to be endotracheally intubated. Because the patient was displaying increased masseter tone, we elected to utilize rapid sequence induction intubation (RSII – see box). Due to the patient's serious head wound, we pre-treated him with 1 mg/kg of lidocaine IV push to reduce fasciculations. We then sedated the patient with 0.1 mg/kg of midazolam (Versed®). Finally, paralysis was induced with the administration of 1 mg/kg of succinylcholine (Anectine®).

My partner attempted intubation but was unable to visualize the vocal cords. Two "blind" attempts resulted in esophageal placement. By now (four minutes after induction of paralysis) the succinylcholine wore off and the patient's jaws became clenched again. We administered an additional dose of succinylcholine, this time at 2 mg/kg IV and paralysis was achieved within a few seconds. My partner and I switched places, and I placed the laryngoscope blade into the patient's oropharynx. I was able to visualize the epiglottis but could not see the vocal cords. Attempts to lift the epiglottis and pass the tube were unsuccessful.



After two unsuccessful intubation attempts on my part, I moved from the head position and allowed the paramedic from the ground EMS crew to attempt the intubation. She experienced the same difficulty; she was able to see the epiglottis but could not get past it. During each of the six intubation attempts, we ventilated the patient with the BVM. The patient's oxygen saturation remained in the high 90 percent range throughout.

At this point, my partner and I decided to utilize a laryngeal mask airway (LMA) device (see box). A number five LMA was successfully placed. We then loaded the patient into the helicopter for transport to the trauma center.

Transport

We lifted off from the scene 26 minutes after initial patient contact. The patient's vital signs were obtained shortly after lift-off and revealed a blood pressure of 170/90, a pulse of 124 and no spontaneous respirations. In-flight the patient's gag reflex returned and he began "bucking" against the airway device. We administered 5 mg of midazolam to sedate the patient. The patient had no other changes in status while enroute. Vital signs on arrival at our helipad indicated a blood pressure of 180/100, a pulse of 112 and no spontaneous respirations. We delivered the patient to the trauma team



and gave a verbal report to the trauma surgeon.

At the emergency department

The trauma surgeon removed the LMA device and attempted oral intubation via direct visualization. He also was unable to visualize the cords. The surgeon then performed a retrograde intubation (on page 45) and was able to successfully place an endotracheal tube.

After a quick evaluation the patient was placed on a ventilator and taken to CT scan. The CT revealed that the shotgun blast had entered the skull at the right parietal region, transgressed the brain and caused a fracture at the left lower occipital region of the skull. There was no exit wound. The patient was then taken to surgery where a craniotomy was performed to reduce the intracranial pressure and evacuate clots and damaged tissue. The patient survived to the intensive care unit, but had no apparent brain function and a poor prognosis. Several days later the patient was removed from life support and died.

Overview and lessons learned

The mortality rate of a brain injury of this magnitude is essentially 100 percent. It is unlikely that anything we did, or did not do, would significantly affect the eventual outcome in this situa-

Laryngeal mask airway

The laryngeal mask airway (LMA) is an airway management device that was invented in 1988 by Archie Brain, an anesthesiologist. The LMA was originally designed as a less-invasive alternative to the endotracheal tube for use in surgery. In the past few years, it has begun to be used as an airway rescue device for patients who cannot be endotracheally intubated. It is now considered a "second to last ditch" procedure to rescue a failed airway, prior to the use of a surgical airway. The LMA works by creating an oval-shaped seal around the opening of the trachea, effectively blocking off the esophagus and directing air into the glottic opening. You can learn more about the LMA at <http://doyle.ibm.utoronto.ca/lma/>.

Laryngeal Mask Airway (LMA)



tion. However, there was clearly some room for improvement in the management of this case.

- **To fly or not to fly.** The use of an air ambulance in this case is debat-

able. In total, our response time to the scene was over 45 minutes. It then took another 20+ minutes for us to secure the airway using the LMA device. A small community hospital, complete with an emergency department and a physician, was located about 15 minutes away from the scene. It is very likely that the physician and ED staff could have intubated this patient successfully. This would have resulted in a secure airway for the patient in less than 30 minutes, as opposed to nearly one hour it took us in this case. With an injury of this severity, it is unlikely that the patient would benefit from being transported directly to a trauma center;

even the skills and resources of a trauma center would make little difference. Other than the airway intervention, we provided no other meaningful care that could not have been provided by the ground ambulance crew. Most likely, the local ED could have provided the needed airway management in less than half the time. Therefore, if faced with a similar situation, rather than expending the time and resources to transport direct from the scene via helicopter, EMS providers might consider providing appropriate basic trauma care and transporting to the closest facility.

- **The air crew got "paralytic myopia."** Although instituting the RSII

procedure and securing the airway via endotracheal intubation was certainly the preferred approach in this situation, it was not the *only* option. The air crew spent nearly 30 minutes on the ground with the patient, almost all of which was spent trying to secure the airway. Rather than realizing the procedure wasn't working and we needed to try something else, we remained fixated on using the RSII and oral endotracheal intubation procedures to secure the airway. In serious trauma cases, airway intervention takes priority over almost anything, *except timely transport*. Our goal should always be to initiate transport (of the non-entrapped patient) within 10 minutes of patient contact. In this case, when the first two or three intubation attempts were unsuccessful, we should have moved immediately to the LMA and initiated transport.

Summary

Gunshot wounds to the head are life threatening injuries that can challenge the skills of even the most experienced EMS personnel. Control of the airway in serious trauma cases is always the first priority. Ventilation with the BVM alone is often not adequate and the patient may require endotracheal intubation. Rapid Sequence Induction Intubation (RSII) is a protocol usually indicated for patients who cannot be endotracheally intubated via other means. RSII utilizes a combination of medications to sedate and paralyze a patient, allowing easier intubation. However, these medications can cause muscle tremors called fasciculations, which can increase the risk of intracranial pressure in the head trauma patient. Use of lidocaine to minimize these fasciculations should be weighed against the risks, since

Rapid Sequence Induction Intubation (RSII) and Fasciculations

Usually indicated for patients who cannot be endotracheally intubated via other means, RSII utilizes a combination of medications to sedate and paralyze a patient, allowing easier intubation in most cases. Some of the medications used for paralysis, such as succinylcholine ("Sux", Anectine®), can cause rapid small muscle tremors called "fasciculations". Fasciculations can be dangerous in patients with head injuries because they can result in a significant increase in intracranial pressure (ICP), which can in turn worsen brain damage. Most protocols employ lidocaine to minimize or control the occurrence of fasciculations. Since lidocaine is not a benign medication and has serious side effects itself, its use should be limited to cases in which the risk of increased ICP outweighs the risks of the lidocaine itself.

lidocaine can have serious side effects itself.

The LMA (laryngeal mask airway) device is relatively new airway rescue alternative for patients who cannot be endotracheally intubated. This technique is considered to be a "second to last ditch" procedure prior to the use of a surgical airway. The LMA works by creating a seal around the trachea opening, blocking off the esophagus and thereby redirecting air into the glottic opening. Retrograde intubation is another rescue maneuver for patients who cannot be endotracheally intubated via other means. In this technique, the endotracheal tub is fed onto a guide wire that is introduced into the trachea via the cricoid membrane and retrieved through the patient's mouth or nose.

In serious trauma cases, airway intervention takes priority over almost

anything, *except timely transport*. The goal of the EMS provider should be to initiate transport within ten minutes of patient contact; therefore when initial intubation attempts are unsuccessful, the EMS crew should be prepared to move to an alternative airway device (such as the LMA) and transport immediately. The mortality rate of a brain injury of the magnitude encountered in this case is essentially 100 percent. With an injury of such severity, the benefits of transporting via air ambulance to a trauma center is highly doubtful since the local emergency department would be equally capable of providing advanced airway management in significantly less elapsed time.

Other articles like this available at www.emcert.com.

Vocabulary

Increased masseter tone:

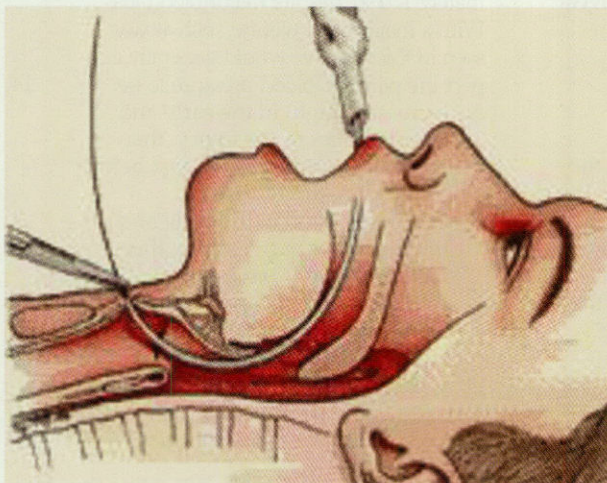
The masseters are the muscles that power the lower jaw (the mandible). When the jaws are "clenched shut", the person is said to have increased tone in the masseter muscles. Increased masseter tone is a common reflex seen in patients with significant increased intracranial pressure, such as head injuries or strokes.

Gastric insufflation: This term refers to the introduction and presence of free air into the stomach. This is generally caused by positive pressure ventilation in a patient without the use of an endotracheal tube. In such a patient, a great deal of the air introduced into the patient's oropharynx is passed into the stomach. As the air volume (and pressure) increases in the stomach, it can have serious consequences. The negative effects of gastric insufflation include: decreased ventilation, as the increased abdominal volume impedes the movement of the diaphragm; increased likelihood of vomiting; decreased blood pressure and heart rate, as the enlarged stomach presses on the vagal nerve and increases the vagal tone to the heart.

Fasciculations: Involuntary contractions, or twitchings, of groups of muscle fibers. In patients at risk for increased intracranial pressure (ICP), these contractions can cause worsening of ICP as muscle contractions in the head and neck reduce venous return from the brain.

Retrograde Intubation—a technique for difficult airways

Retrograde tracheal intubation is another rescue maneuver for patients who cannot be endotracheally intubated via other means. In this technique, a guide wire is introduced through the cricoid membrane into the lumen of the trachea. The wire is then advanced up the trachea toward the patient's pharynx and into the oropharynx. The wire is retrieved from the oropharynx, typically with the help of Magill forceps, and brought out through the patient's mouth (or nose). An endotracheal tube is then fed onto the guide wire and advanced along the wire into the trachea. Once the ET tube is in place, the guide wire is removed.



Continuing Education Questions

BLS questions

1. A patient with a head injury is receiving ventilatory assistance with a bag valve mask device. The patient's abdomen is becoming distended. What is the most likely reason for the abdominal distention?
 - A. Gastric insufflation
 - B. Ruptured aortic aneurysm
 - C. Aspiration of gastric contents
 - D. Abdominal bleeding
2. Fasciculations in a patient with a head injury can cause:
 - A. Increased intracranial pressure
 - B. Aspiration
 - C. Hypoxia
 - D. Dental trauma
3. In which of the following cases would evacuation from the scene via helicopter be *inappropriate*?
 - A. A trauma patient for whom transport by helicopter to the trauma center will take 10 minutes longer than transport by ground to a community hospital.
 - B. A patient with an unsecured airway in whom transport by helicopter will take 20 minutes longer than transport to a local community hospital.
 - C. Any case in which the helicopter's response time exceeds 30 minutes.
 - D. Any case in which the helicopter is more than 90 miles away.
4. Which of the following BEST describes the mechanism by which the laryngeal mask airway (LMA) provides an improved airway to a patient?
 - A. The LMA secures the airway through the cricothyroid membrane.
 - B. The LMA creates a seal around the trachea, redirecting air into the glottic opening.
 - C. The LMA passes oxygen through the vocal cords into the trachea.
 - D. The LMA creates a seal around the esophagus directing air into the trachea.
5. The effects of gastric insufflation on a patient include all of the following EXCEPT:
 - A. Decreased ventilatory volume
 - B. Increased heart rate
 - C. Increased risk of aspiration
 - D. Increased vagal tone

6. In this case, the air crew's first priority in treating the patient was:
 - A. Control of the airway
 - B. Establishing IV access
 - C. Bleeding control
 - D. Ensuring proper spinal immobilization
7. A patient with a head injury and increased masseter tone is being ventilated with a bag valve mask device. The paramedics are unable to intubate the patient. The patient has a GCS of 4. A small hospital is 15 minutes away. A local helicopter is 90 miles away at the trauma center. Which of the following would be the best decision in this case?
 - A. Begin transport to the trauma center and meet the helicopter approximately half way.
 - B. Take the patient to the small community hospital immediately.
 - C. Stay on the scene and await the arrival of the helicopter.
 - D. Transport to the trauma center without the helicopter.
8. The laryngeal mask airway (LMA) device was originally developed to:
 - A. Allow blind invasive airway management by basic EMTs
 - B. As a "backup" device in cases where the patient could not be intubated
 - C. As a less invasive option for airway management during surgery
 - D. To control bleeding in the oropharynx and pharynx.
9. This patient's blood pressure was approximately 170/90, despite major blood loss. With a major head wound such as was seen in this case, we would generally expect the patient's blood pressure to be:
 - A. Increased (high) in the early and middle stages of the injury, then possibly low (decreased) just before cardiovascular collapse
 - B. Decreased (low) in the early and middle stages of the injury, then increased (high) just before cardiovascular collapse
 - C. Head injuries generally do not affect blood pressure
 - D. The blood pressure would be expected to fluctuate from low to high and back again every few minutes.
10. Fasciculations cause increased intracranial pressure by:
 - A. Directly "squeezing" the brain tissue
 - B. Causing arterial dilation in the brain
 - C. Producing increased heart rate and blood pressure
 - D. Inhibiting venous blood flow out of the brain

ALS questions

11. You have administered a paralytic medication to a patient with a head injury. The patient begins to display small muscle twitching to his head, face, neck and arms. This twitching most likely represents:
 - A. Grand mal seizures
 - B. Focal convulsions
 - C. Fasciculations
 - D. Increased masseter tone
12. You are treating a trauma patient who is unconscious. He displays increased masseter tone and fasciculations. Which of the following would be the BEST way to manage his airway and ventilation?
 - A. Bag valve mask with oral airway
 - B. Rapid sequence intubation
 - C. Non rebreather mask at 15 liters/min
 - D. Retrograde intubation
13. Which of the following describes the retrograde intubation procedure?
 - A. Passing a tube into the posterior pharynx that seals the opening of the trachea
 - B. Using a fiber optic device within an endotracheal tube to guide the tube into the trachea
 - C. Using a guide wire for passage of an endotracheal tube through the cricoid membrane to the trachea
 - D. Placing an endotracheal tube through the vocal cords via the oropharynx with the use of a laryngoscope
14. For the most prudent care of the patient, alternative airway management (LMA, surgical airway, etc.) should be considered in which of the following circumstances?
 - A. Only in the hospital; never in the field.
 - B. After 2-3 unsuccessful intubation attempts
 - C. Never; if unable to intubate you should just "bag" the patient
 - D. Only by air medical crews
15. Which medication is used to suppress fasciculations caused by the use of paralytic drugs?
 - A. Atropine
 - B. Diazepam
 - C. Lidocaine
 - D. Solumedrol

This answer sheet must be postmarked by October 19, 2001.

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
areacode

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
areacode

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 75390-8890

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

Answer Form

Check the appropriate box for each question. Answer all questions.

BLS-answer questions 1-10; ALS-answer all questions.

- | | | | | | |
|--------------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|
| 1. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | 8. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> |
| 2. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | 9. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> |
| 3. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | 10. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> |
| 4. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | 11. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> |
| 5. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | 12. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> |
| 6. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | 13. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> |
| 7. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | 14. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> |
| | | | 15. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> |

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



Did you read?

Stanford University researchers recently discovered that nicotine can promote the growth of new blood vessels, increasing the growth speed of tumors and the formation of plaque in arteries. These findings also show that nicotine might help treat medical conditions in which blood flow has been impaired, such as in strokes and wound healing. Researchers are now concerned that people using nicotine gums and patches may be at an increased risk of developing heart disease and cancerous tumors if they use the nicotine devices for too long. Stanford University has patented the use of nicotine to promote the formation of new blood vessels. From *Houston Chronicle*, "Study links nicotine to new vessels," by David Perlman, July 4, 2001.

Eating fruits and vegetables increases the amount of salicylic acid, the active ingredient in aspirin, in the blood. A recent study compared the salicylic acid levels of a group of Buddhist monks (vegetarians), nonvegetarian residents of the same region and a group of diabetic patients taking 75 milligrams of aspirin daily and found that the monks had as much salicylic acid in their blood as the patients taking aspirin. While eating fruits and vegetables doesn't provide all the benefits of taking aspirin, salicylic acid from either source reduces inflammation that can lead to hardening of the arteries and to certain kinds of cancer. From *Houston Chronicle*, "Study links fruits, veggies to heart health," July 6, 2001.

Your neighborhood design just might influence how much exercise you get. The Centers for Disease Control and Prevention is currently studying to find correlations between America's suburban design and its increasing obesity rates. The study has

found that suburban design factors such as ample free parking, malls and traffic congestion has decreased the amount of day-to-day exercise that Americans are getting, as in no longer walking to the corner store or the park. The current study will map obesity rates by neighborhoods, while outfitting 800 people with satellite packs so researchers can study how much they walk. Several years ago, moderate exercises such as walking were not considered important to good health, but several recent studies have shown that as little as 40 minutes of walking a day, even in smaller increments, can be beneficial for health. From *San Antonio Express-News*, "Suburbs' design may feed obesity," by Lori Montgomery, July 9, 2001.

A new study has found significant discrepancies between the reports of husbands and wives as to how they practiced birth control. In all 23 developing countries studied, researchers found that the husbands reported greater use of birth control methods than wives, but the wives' accounts sound more believable. The study found that the better educated the couple or the more the couple had talked about family planning, the more their answers coincided. Researchers theorize that the husbands might have been including periodic abstinence in their answers or trying to give the "right" answers, or that the wives might have been embarrassed to report condom use. From *The New York Times*, "Different Stories on Birth Control," July 24, 2001.

Researchers have found that nicotine appears to blunt the effects of alcohol, leading some people to drink more to receive the desired intoxication level. In rat studies, the rats'

blood alcohol levels were found to stay lower when they were given nicotine. While researchers do not know if these findings hold true for humans, they are still concerned because while nicotine may cause people to drink more heavily, it does not suppress the level of alcohol's breakdown products, such as acetaldehyde, which damages the heart and the liver. From *The New York Times*, "Where There's Smoke, There's More," July 24, 2001.

The CDC is predicting a shortage of flu vaccine again for this year. They are encouraging health care providers to administer the vaccine as early as September to at-risk populations and to delay mass vaccination campaigns until November, when the rest of the vaccine will be distributed. The flu season usually occurs from November until April, with the most activity between late December and early March, and the vaccination takes one to two weeks to provide protection. The at-risk populations during the flu season are people with compromised immune systems; people with chronic respiratory or cardiovascular disorders, such as asthma; people 65 and older; nursing home residents; and women who will be in the second or third trimester of pregnancy. From *Dallas Morning News*, "Vaccine delays prompt call for early flu shots," July 20, 2001.

New England recently reported the area's first known case of hantavirus pulmonary syndrome. A 61-year-old Vermont man who cleaned out a mouse nest and trapped mice in his kitchen fell ill with a hantavirus infection and was hospitalized for 23 days, according to the CDC. Hantavirus pulmonary syndrome symptoms include fainting, chills, fever, nausea and vomiting, and can be deadly. Since the

disease was first identified in 1993, only 284 cases of HPS have been confirmed in the U.S. and only 15 of those were east of the Mississippi River. From *San Antonio Express-News*, "Vermont man contracts rare disease," July 19, 2001.

Just when you think you've seen it all Officials in Australia are considering changing the environmental laws to prohibit people from coming within 100 meters of whales, dead or alive, after seeing film footage of people standing on a floating dead southern right whale, petting the great white sharks eating the carcass. One Australian official stated that "it is clear that the state government will

A new source of potential infections is harbored in the medical setting: computer keyboards used by doctors and nurses who don't wash their hands.

need to look at changing the law in order to protect people too stupid to protect themselves." The southern right whale had been dead for approximately one week when the film footage was shot. Boat operators had been ferrying dozens of customers to the site for a closer look. From *Houston Chronicle*, "Atop dead whale, tourists pat great white sharks," July 24, 2001.

A team of infectious-disease specialists at Tripler Army Medical Center in Honolulu recently discovered a new source of potential infections in the medical setting: computer keyboards used by doctors and nurses who don't wash their hands. When the team cultured ten computer keyboards in the intensive care unit eight

Did you read?

Did you read?

times over a two-month period, they found that about 25 percent of the samples harbored multi-drug-resistant staphylococcus aureus, responsible for 95 percent of hospital-acquired infections nationwide, and some had enterococcus, which can cause life-threatening gastrointestinal infections. The medical center has planned to institute new infection control procedures, including using plastic keyboard covers that can be cleaned and changed frequently and emphasizing hand washing to the employees and doctors. From *Houston Chronicle*, "Keyboards hold harmful bacteria, research finds," by Sandra G. Boodman, July 3, 2001.

The first entirely new antibiotic in 35 years has been beaten by staphylococcus aureus just a year after the new antibiotic was introduced. Zyvox is the first in a new group of antibiotics that stop bacteria from forming proteins, which stops their growth, and allows the body's immune system to finish off the bacteria. It was introduced in the U.S. in April 2000 and Great Britain in January 2001. In July, an 85-year-old man on dialysis came down with a staph infection in his intestinal lining that did not respond to Zyvox, making him the first reported case of staph resistance to the new antibiotic. From *Houston Chronicle*, "New antibiotic is vulnerable to supergerm," July 20, 2001.

Inadequate sleep may contribute to a condition known as insulin resistance, a risk factor for Type 2 diabetes. Researchers recently studied the insulin sensitivity of 27 healthy adults and found that the chronic "short sleepers," people who slept less than five hours a night for more than six months, were 40 percent less sensitive to insulin, requiring their bodies to secrete more of the hormone to maintain blood sugar levels. Researchers theorize

that inadequate sleep may disrupt the body's normal functions, including blood sugar regulation. From *Austin American-Statesman*, "Study links lack of sleep with risk of diabetes," by Marian Uhlman, June 26, 2001.

The Mayo Clinic in Rochester, Minnesota, recently began mounting doctor's photographs in the rooms of their patients, so that patients could more easily identify the doctors in charge of their care. The clinic also found that patients who could identify who was in charge of their care reported more satisfaction with their care. The study involved 224 patients, half of whom had the photos of doctors, relevant residents and medical students posted in their rooms. The patients with the posted photos were more like-

The Australian government will look at changing laws in order to protect people "too stupid to protect themselves" after seeing film footage of people petting great white sharks eating the carcass of a dead whale.

ly to be able to identify their doctors and more likely to describe their doctors as being responsive. There are several ideas as to why these patients seem to be happier with their care: patients might be more satisfied with their care when they know their doctors; the patients who are more satisfied are more likely to know their doctors; or some doctors might have felt a greater need to establish rapport with the patients since they were so prominently identified. From *The New York Times*, "Hospitals Put Doctors in the Picture," July 24, 2001.



In efforts to rescue citizens even Houston Fire Department fell victim; the lights are still flashing on this submerged firetruck on the Loop 610 at I-10. Photo by Paul Carrizales.

(Continued from page 33)

Several emergency surgeries were performed. Thelma Lemley, vice chair of SETTRAC, coordinated all the ambulances that came to Reli-

ant Astrohall.

The command center continued to function 24 hours a day for four weeks. When activity started slowing down, the command center operations were phased out. Hospitals began reopening. Memorial

Hermann experienced a partial opening on July 17th and was fully operational on August 7, 2001. However, it will be several months before all the hospitals closed by floods are completely recovered.

For such a sweet-sounding name, Allison brought more destruction than we could have imagined. Yet Allison did some-

thing else: the storm brought together hospitals, EMS providers and individuals from inside and outside of Texas. Special credit is due to Ben Taub General Hospital and University of Texas Medical Branch for shouldering the load. The response of the individual participants of SETTRAC is a perfect example of quiet heroism. In addition, many volunteers came forward to offer help in dealing with the myriad of problems that were encountered. The success of the recovery effort is a direct result of the willingness of committed individuals to work together to find solutions for each situation. It made me proud to be a part of the medical community in Texas.

(The forgotten continued from page 37) medical report including the reason the medical professional thinks the injuries were caused by family violence; and give the person a written notice. For a copy of the notice, go to our website at www.tdh.state.tx.us/hcqs/ems and click on *Texas EMS Magazine*.

For a copy of the mandatory Notice to Adult Victims of Family Violence, links to the reporting laws and more information on how to spot adult abuse, go to our website at www.tdh.state.tx.us/hcqs/ems and click on *Texas EMS Magazine*.

Kate Martin, MEd, is interpersonal violence coordinator for the San Antonio Health District and serves on the injury prevention committee of GETAC. She and Gary Kesling, PhD, are collaborating on a CE article on domestic abuse for an upcoming issue of the magazine. You can contact Kate Martin at (210) 207-2028.

In addition to the barriers to leaving a violent relationship that older women share with younger women, such as fear of perpetrator's behaviors, lack of safe options (shelters or friends), and the feelings of being overwhelmed by immediate and/or long-term physical and psychological trauma, the battered older women also may face:

1. Illness and other health problems;
2. Cultural customs that make women reluctant to get a divorce;
3. Lack of financial resources ("you won't get social security...");
4. Shelters that are not physically accessible and are not able to handle long term or numerous health problems;
5. Misunderstanding by professionals of intimate partner violence and caregiver stress;
6. Traditional support activities, such as support groups, may not meet the needs of the older woman. (Imagine trying to share a "secret" that you have had for 40 years with people you do not know.);
7. Conflicts in reporting laws and confidentiality may pose barriers for the older woman;
8. Lack of mental capacity to make informed choices about safety and the receipt of social or advocacy services;
9. Long term drug (prescription) or alcohol addictions;
10. Continuing intimate partner violence if elderly victim is placed in a nursing home or assisted living facility.

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.

Allison, Phillip G., Whitewright, TX. 12 months probated suspension of EMT certification through February 28, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Amb-Trans Ambulance Service, San Antonio, TX. 24 months probated suspension of EMS provider license and a \$2,500 administrative penalty through June 30, 2002.

Anderson, Theresa L., Buna, TX. 12 months probated suspension of EMT certification through March 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive 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.

Andrews, Wanda, Pasadena, TX. 6 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 H&SC, 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 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.

Arredondo, David, Rio Grande City, TX. 24 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 exclusive 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.

* **Baldwin, John**, Spring, TX. 24 months probated suspension through August 2003. EMS Rule 157.36(b)(1), (2), (26), (27) and (28)... violating any provision of the H&SC, Chapter 773, and/or Title 25 of the TAC, as well as Federal, State, or local laws, rules or regulations affecting, but not limited to, the practice of EMS; any conduct which is criminal in nature and/or any conduct which is in violation of any criminal, civil and/or administrative code or statute; engaging in any conduct that has the potential to jeopardize the health or safety of any person; abusing alcohol or drugs to such an extent that, in the opinion of the bureau chief, the health or safety of any person is, or may be, endangered; and engaging in any activity that betrays the public trust and confidence in EMS.

Barefield, Shannan, Henderson, TX. 12 months probation of EMT-P certification through October 31, 2001. EMS Rules 157.51(b)(1), (2), (10) 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; abandon a patient; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Barrera, Richard L., Round Rock, TX. 24 months probated suspension of ECA certification through March 14, 2003. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Bass, Barbara, Channelview, TX. 12 months probated suspension through March 2002. 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 has the potential to jeopardize the health or safety of a patient, the public or other EMS personnel.

Best Care Ambulance, Houston, TX. 24 months probation through September 30, 2001, and an administrative penalty of \$10,000. EMS Rules 157.11(d)(1)(A) and (m)(13) and (k)(1), a BLS provider shall staff BLS vehicles...with at least 2 certified Emergency Care Attendants; 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; assuring that a vehicle, when response ready is staffed and equipped in accordance with the H&SC, Chapter 773, and this section for each level of care provided.

Bloodworth, Michael B., Marshall, TX. 12 months probated suspension of EMT-P certification through December 28, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Boldware, James L., Houston, TX. 12 months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Bonnett, Matthew R., Horse Shoe, NC. 12 months probated suspension of EMT-I certification through January 29, 2002. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Boswell, Bart Paul, Houston, TX. 4 years probation of EMT-P certification through October 17, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor convictions while certified.

* **Bowman, John C.**, Bowie, TX. 12 months probated suspension of EMT certification through June 29, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Bradshaw, Billy, College Station, TX. 24 months probation of EMS Coordinator and EMS Examiner certifications through September 2002. EMS Rules 157.64(2)(a)(G), (H), (P) and (R), compromises the department approved course examination process; fails to maintain the integrity of the course; fails to maintain professionalism in the department approved course; fails to comply with the responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63.

Breiten, Debbie, Hondo, TX. Letter of warning effective February 22, 2001. EMS Rules 157.36(b)(1), (13), (26) and (28), violating any provision of the H&SC, Chapter 773, and/or Title 25 of the TX Administrative Code, as well as federal, state or local laws, rules or regulations affecting, but not limited to, the practice of EMS;

misrepresenting level of any certification or licensure; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

Brown, Jack D., Cleburne, TX. 48 months probated suspension of EMT certification through November 3, 2004. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Brown, Kelly James, Kilgore, TX. 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.

Browning, Kenneth P., Breckenridge, TX. 24 months probated suspension of EMT certification through October 12, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Buchanan, Thomas W., Dallas, TX. 12 months probated suspension of EMT certification through November 28, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Buford, Justin F., Lafayette, Louisiana. 12 months probated suspension of EMT certification through December 13, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

* **Bynum, Dwayne**, Etoile, TX. Decertification of EMT-P certification effective May 4, 2001. EMS Rules 25 TAC 157.36(b)(1), (2), (14), (18), (21), (25) (28) and (29), violating any provision of the H&SC, Chapter 773, and/or Title 25 of TAC, as well as Federal, State, or local laws, rules or regulations affecting, but not limited to, the practice of EMS; any conduct which is criminal in nature and/or any conduct which is in violation of any criminal, civil and/or administrative code or statute; misappropriating medications, supplies, equipment, personal items, or money belonging to the patient, employer or any other person or entity or failing to take reasonable precautions to prevent such misappropriations; obtaining, attempting to obtain and/or assisting another in obtaining or attempting to obtain any advantage, benefit, favor or gain by fraud, forgery, deception, misrepresentation, untruth or subterfuge; failing or refusing to give the department full and complete information and cooperation, upon request; failing to notify the department within 10 days of an arrest for any alcohol or drug related offense; engaging in any activity that betrays the public trust and confidence in EMS; and engaging in any conduct listed in §157.37(a)-(c) of this title whether or not resulting in a conviction.

Cerda, Gilberto, Laredo, TX. 6 months suspension and eighteen months probation of EMT certification through November 2002. EMS Law 773.064 (a), 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.

Chadwick, James E., Mineola, TX. 12 months probated suspension of EMT-I certification through October 26, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) are not exclusive 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.

Champion EMS, Longview, TX. 18 months probated suspension through May 2002 and a \$30,000 administrative penalty. EMS Rules 157.19(c)(1)(U), (H)

Disciplinary Actions

and (M), violates any rule or standard that has a potential negative effect on the health or safety of a patient; has a history of staff violations which resulted in disciplinary action as described in 157.51 of this title; and fails to maintain confidentiality of patient records according to H&SC, Chap. 773.

Chancellor, Bryan, Lake Worth, TX. Letter of warning against EMT-I certification effective May 30, 2001. EMS Rules 157.51(b)(25), violates any rule that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Cleveland, Erin, Channelview, TX. 12 months probated suspension through March 2002. 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 has the potential to jeopardize the health or safety of a patient, the public or other EMS personnel.

Community EMS, Hondo, TX. Letter of warning effective February 22, 2001. EMS Rules 157.16(b)(14), fails to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel.

Cone, Jason P., Quitman, TX. 12 months probated suspension of EMT certification through November 29, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Contreras, Camile, North Charleston, South Carolina. 24 months probated suspension of EMT certification through February 5, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Cox, Deanna F., Rusk, TX. 12 months probated suspension of EMT-I certification through April 6, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Crim, Jack D., Van, TX. 12 months probated suspension of EMT-I certification through March 9, 2002. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Croft, James D., Spring, TX. 12 months probated suspension of EMT certification through April 6, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Dallas Ambulance Service, Dallas, TX. \$12,000 administrative penalty probated for 12 months through February 28, 2002. EMS Rules 157.16(d)(1) and (19), failing to comply with any requirement of provider licensure as defined in 157.11; having been found in violation of any local, state or national code pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

De La Garza, Diane, Pleasanton, TX. 24 months probation of EMT certification through October 15, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Donaldson, Dan R., Canyon Lake, TX. 18 months probated suspension of EMT-P certification through August 2, 2002. Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not

exclusive 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.

Douglas, Randall, Avinger, TX. 12 months probation for EMT-I certification through September 2001. EMS Rules 157.51(b)(1), (2), (10) and (25), fails to follow EMS standards of care in patient management; fails to administer medications and/or treatments in a responsible manner according to medical director's orders or protocols; abandons a patient; violates any rule or standard that has a potential negative effect on the health or safety of a patient.

Dunagan, Kenneth A., Corsicana, TX. 12 months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Edgar, Jeffrey, Austin, TX. Decertification of EMT-P certification and denial of recertification application effective April 10, 2001. EMS Rules 157.51(b)(15), (16), (23), (24), (26) and 157.53(6), (7) and 157.36(b)(1), (2), (15), (18) and (28), attempts to obtain certification by fraud, forgery, or subterfuge; has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44; fails to comply with H&SC, Chapter 773, and adopted rules; fails to give the department complete information, upon request; falsifies the application for certification; misrepresenting requirements for certification; violating any provision of the H&SC, Chapter 773, and/or Title 25 TAC, as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; falsifying or altering, or assisting another in falsifying or altering, any department application, EMS certificate or license, or using or possessing any such altered certificate or license; engaging in any activity that betrays the public trust and confidence in EMS; HSC Chapter 773.063(b)... A person who violates this chapter or a rule adopted under this chapter is liable for a civil penalty in addition to any injunctive relief or other remedy provided by law; and HSC 773.064(a) A person commits an offense if the person knowingly practices, attempts to, or represents himself to be an EMT, EMT-I, EMT-P, ECA, or licensed paramedic and does not hold an appropriate certificate.

Eisenmenn, Bradley G., Austin, TX. 24 months probated suspension of EMT certification through May 30, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Ellis, Jeffery A., Waco, TX. 12 months probated suspension of EMT-I certification through October 4, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

* **Englade, Larry J.**, Laporte, TX. 12 months probated suspension of EMT-P certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Estes, Phillip, Chilton, TX. 24 months probation of EMT certification through July 31, 2002. EMS Rules 157.51(b)(8), (25) and (28), is under the influence of alcohol or is using a controlled substance which affects the certificant's ability to render aid; violates any rule or standard that has a potential negative effect on the health or safety of a patient; abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Evans, Krystal S., Taylor, TX. 24 months probation of

EMT certification through August 8, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Falls County EMS, Inc., Marlin, TX. 12 months probated suspension through January 31, 2002 and an administrative penalty of \$12,000 probated through January 31, 2002. EMS Rules 157.16(b) and (c) and (d)(17) and (19), an administrative penalty may be assessed when an EMS provider is in violation of the H&SC Chapter 773, Chapter 157 or the reason outlined in subsections (c) and (d) of this section; a licensed EMS provider may not claim a defense when one or more staff members, acting with or without the consent and knowledge of the license holder, commit(s) multiple violations in this section, or perform(s) contrary to EMS standards while on EMS business for the provider and/or 157.16(d)(1) failing to comply with any requirement of provider licensure as defined in 157.11; having been found to have operated, directed, or allowed staff to operate any vehicle while on EMS business in a reckless or unsafe manner dangerous to the health or safety of any person; and having been found in violation of any local, state, or national code or regulation pertaining to EMS operations or business practices and/or violation any rule or standard that could jeopardize the health or safety of any person.

Farmer, David M., Weatherford, TX. 12 months probated suspension of EMT certification through February 28, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Fedro, Robert, Marlin, TX. Decertification of EMT-P certification effective April 10, 2001. EMS Rules 157.51(b)(11), (16), (22), (23), (24) and (25), appropriates and/or possesses without authorization medications, supplies, equipment, or personal items inappropriately acquired in the course of duty; has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44; 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; fails to comply with H&SC, Chapter 773; fails to give the department or its representative full and complete information, upon request, regarding an alleged or confirmed violation of H&SC, Chapter 773 or rules adopted thereunder; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

* **Fitzhugh, Robert**, Belton, TX. Emergency suspension of EMT certification effective July 26, 2001. EMS Rules 157.36 (a) the bureau chief may issue an emergency suspension order to any EMS certificant or licensee if the bureau chief has reasonable cause to believe that the conduct of any certificant or licensee creates an imminent danger to public health or safety.

* **Gaddis, William**, Spring, TX. 6 months probated suspension of EMT certification through November 21, 2001. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Galvan, Martin, Jr., Rio Grande, TX. 48 months probated suspension of ECA certification through October 12, 2004. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Garner, Judy R., Richland Springs, TX. 12 months probated suspension of ECA certification through December 13, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) are not

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exclusive 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.

Garza, Jess, Jr., Perryton, TX. 24 months probated suspension of EMT certification through November 2, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Garza, Roberto, Mission, TX. 24 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, TX. 2 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.

Gatewood, Tae, Houston, TX. Denial of EMT-I certification effective April 10, 2001. HSC 773.041(b)... A person may not practice as any type of emergency medical services personnel unless the person is certified under this chapter and rules adopted under this chapter; HSC 773.064(a) A person commits an offense if the person knowingly practices as, attempts to practice as, or represents himself to be an ECA, EMT, EMT-I, EMT-P, or licensed paramedic and the person does not hold an appropriate certificate issued by the department under this chapter; 25 TAC 157.51(b)(9), (12), (15), (22), (24), (25), (26), and 157.53(1), (6) and (7), represents that he or she is qualified at any level other than his or her current certification level; materially alters or uses any department EMS certificate; attempts to obtain or obtains certification by fraud, forgery, deception, misrepresentation, or subterfuge; 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; fails to comply with H&SC, Chapter 773 and the rules adopted thereunder; fails to give the department or its representative full and complete information, upon request, regarding an alleged or confirmed violation of H&SC, Chapter 773 or rules adopted thereunder; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel; falsifies an application for certification or recertification; failure to meet the standards as required in 157.41 or 157.45; falsifies the application for certification; misrepresenting any requirements for certification or recertification.

Gatlin, Michael, B., Lubbock, TX. 12 months probated suspension of EMT-I certification through October 4, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Gault, Shelley Wells, Corpus Christi, TX. 4 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.

Gilcrease, Shawn, Rosharon, TX. 24 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.

Gill, Gina E., Carrollton, TX. 12 months probated suspension of EMT certification through October 12, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Gladson, Alan E., Fort Worth, TX. 24 months probated suspension of EMT-P certification through December 6, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Golden, Donna, League City, TX. 12 months probated suspension of EMT certification through May 2002. EMS Rules 157.51(b)(1), (2), (10), (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; abandons a patient; fails to comply with H&SC, Chapter 773 and rules adopted thereunder; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Goliad EMS, Goliad, TX. Letter of warning against provider license effective May 30, 2001. EMS Rules 157.16(b)(14), failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel.

Gooden, James A., Harker Heights, TX. 12 months probated suspension of EMT certification through December 13, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Gordan, Carl L., Houston, TX. 24 months probated suspension of EMT certification through May 9, 2003. EMS Rules 157.37(c)(2) (3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Graham, Priscilla M., Spring, TX. 12 months probated suspension of EMT certification through December 28, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

*** Graves, Byron,** Fort Worth, TX. Decertification of LP license and denial of all future applications for EMS certification/licensure effective April 26, 2001. EMS Rules 157.36(b)(2), (6), (26) and (28), any conduct which is criminal in nature and/or any conduct which is in violation of any criminal, civil and/or administrative code or statute; causing or permitting physical or emotional abuse or injury to a patient or the public, and/or failing to report such abuse or injury to the employer, appropriate legal authority and/or the department; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

*** Guerrero, Arturo,** Anthony, TX. 12 months probated suspension of EMT certification through July 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Harris, Josh D., Frazier, Colorado. 12 months probated suspension of EMT certification through January 11, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Harris, Kevin L., McAllen, TX. 4 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.

Henry, Douglas A., Kirbyville, TX. 4 years probation of EMT-P certification through February 5, 2002. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

Hernandez, Roberto, Powderly, TX. 12 months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

*** Hill, Tommy, N.,** Claredon, TX. 12 months probated suspension of EMT certification through July 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Hill, Virgil A., Austin, TX. 12 months probated suspension of EMT certification through May 30, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

*** Hix, Dustin A.,** Royce City, TX. 12 months probated suspension of EMT certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Houston Fire Department, Houston, TX. \$33,000 administrative penalty probated for 12 months effective February 16, 2001. 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 rules or standard that has a potential negative effect on the health or safety of a patient; a BLS provider shall staff BLS vehicles, when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, 7 days per week.

Hurst, Richard Ashley, Temple, TX. 24 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, TX. 24 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.

Jewett EMS, Inc., Jewett, TX. 24 months probation and a \$1,500 administrative penalty probated of EMS provider license through September 2002. EMS Rules 157.19(c)(1)(A) and (U) and 157.13(c), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that has a potential negative effect on the health or safety of a patient; and required equipment.

Jordan, Colby R., Combine, TX. 12 months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Kellar, Shanna, Terrel, TX. 4 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, Kristen, Lake Jackson, TX. 12 months probated suspension of EMT certification through May 15, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Keys, Melissa M., Longview, TX. 12 months probated suspension of EMT certification through May 15, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in

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subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Land, Jimmy P., Amarillo, TX. 12 months probated suspension of EMT certification through March 27, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Leake, Titus, Euless, TX. 12 months probated suspension of EMT certification through April 9, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Little Elm VFD & EMS, Little Elm, TX. 24 months probated suspension of EMS providers license through March 31, 2002 and a \$5,000 administrative penalty. EMS Rules §157.19(b), 157.19(c)(1)(A) and (U), administrative penalty assessed due to violation of the provisions of the H&SC, §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.

Lopez, Tessie J., La Feria, TX. 12 months probated suspension of EMT certification through November 14, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Manuel, Larry K., Leakey, TX. 12 months probated suspension of EMT certification through February 2, 2002. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Martin, Kimberly G., Houston, TX. 9 months probated suspension of EMT certification through February 30, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

***Martin, Randal**, Arlington, TX. Decertification of EMT-P certification and EMS Examiner certification and denial of any future applications for EMS certification effective July 15, 2001. EMS Rule 157.36(b)(2), (26), (28) and (29)...any conduct which is criminal in nature and/or any conduct which is in violation of any criminal, civil and/or administrative code or statute; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS; engaging in any conduct listed in §157.37(a)-(c) of this title whether or not resulting in a conviction.

Martinez, Dagoberto, Fort Worth, TX. 12 months probated suspension of EMT certification through March 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Mata, Daniel, Edinburg, TX. 12 months probated suspension of EMT-I certification through March 2, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Mata, Joseph, Uvalde, TX. 24 months probation of EMT-I certification through November 2002. EMS Rules 157.36(b)(1), (4), (7), (13), (26) and (28), violating any provision of the H&SC, Chapter 773, and/or Title 25 of

TAC, as well as federal, state, or local laws, rules or regulations affecting, but not limited to, the practice of EMS; falsifying any EMS record, patient record or report, or making false or misleading statements in a oral report, or destroying a patient care report; performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure; misrepresenting level of any certification or licensure; engaging in any conduct that jeopardizes or has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

Mauro, Donald, Houston, TX. 12 months probated suspension of EMT certification through May 2002. EMS rules 157.51(b)(1), (2), (10), (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; abandons a patient; fails to comply with H&SC, Chapter 773 and rules adopted thereunder; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

McDonald, Debra, Schertz, TX. 24 months probated suspension of EMT-P certification through April 2003. EMS Rules 157.36(b)(1), (6), (26) and (28), violating any provision of the H&SC, Chapter 773, and/or Title 25 of the TAC, as well as federal, state or local laws, rules or regulations affecting, but not limited to, the practice of EMS; causing or permitting physical or emotional abuse or injury to a patient or the public, and/or failing to report such abuse or injury to the employer, appropriate legal authority and/or the department; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

McElwee, Cory D., Lubbock, TX. 12 months probated suspension of EMT-P certification through November 8, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

McGee, Thomas R., Kingsville, TX. 24 months probated suspension of EMT certification through January 11, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

***McGrew, Robert**, Houston, TX. 24 months probated suspension of EMT certification through June 21, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

McInemey, Brian Michael, Lewisville, TX. 24 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.

Meeks, Bryan R., Kermit, TX. 12 months probated suspension of EMT certification through March 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Mendez, Abel, Del Rio, TX. 12 months probated suspension of EMT certification through February 12, 2002. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Mitchell, Marklyn, Stockton, TX. 24 months

suspension of EMT-I certification through April 12, 2003. EMS Rules 157.51(b)(16), (23), (24), (25), (28) and 157.44(c)(1)(C), has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44 of this title; fails to comply with H&SC, Chapter 773, and rules adopted thereunder; fails to give the department full and complete information, upon request; violates any rule or standard that has a potential negative effect on 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; when a person's conviction of a felony or misdemeanor directly relates to the duties and responsibilities of EMS personnel, the department may decertify or suspend an existing certificate.

Morgan, Elmer R., Jr., Brenham, TX. 12 months probated suspension of ECA certification through November 2, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Morgan, Russell, Bullard, TX. 3 months suspension of EMT certification followed by 12 months probation through December 31, 2001. H&SC 773.041(b), EMS Rules 157.51(b)(23) and (25), a person may not practice as any type of emergency medical personnel unless the person is certified under this chapter and rules adopted under this chapter; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

***Navarro, Kimberly D.**, Yoakum, TX. 12 months probated suspension of EMT-P certification through July 19, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

North Bosque County EMS, Inc., Meridian, TX. 24 months probated suspension through January 31, 2003 and an administrative penalty of \$5000 probated through January 31, 2003. EMS Rules 157.16(b) and (c) and (d)(4), (14), (17) and (19), an administrative penalty may be assessed when an EMS provider is in violation of the H&SC, Chapter 773, 25 TAC Chapter 157, or the reason outlined in subsections (c) and (d) of this section; failing to correct deficiencies as instructed by the department; a licensed EMS provider may not claim a defense when one or more staff members, acting with or without the consent and knowledge of the license holder, commit(s) multiple violations in the section, or perform(s) contrary to EMS standards while on EMS business for the provider; failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel; having been found to have operated, directed or allowed staff to operate any vehicle while on EMS business in a reckless or unsafe manner and/or in a manner that is dangerous to the health or safety of any person; and having been found in violation of any local, state or national code or regulation pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

***Olthoff, Matthew D.**, Arlington, TX. 12 months probated suspension of EMT-P certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Paramed Systems, Inc., Watuga, TX. Letter of warning against provider license effective May 30, 2001. EMS Rules 157.19(c)(1)(U), violates any rule that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Parker, Michael Ray, Clifton, TX. 24 months probation of EMT certification through November 4, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/

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misdemeanor convictions.

Parnell, Christopher, Harker Heights, TX. 12 months probated suspension of EMT certification through April 4, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Pederson, Erik, Cisco, TX. Voluntary surrender of EMT-I certification in lieu of proposal for suspension effective March 19, 2001. EMS Rules 157.36(b)(1), (3), (9), (26) and (28), violating any provision of the H&SC Chapter 773, and/or Title 25 TAC, as well as federal, state, or local laws, rules or regulations; failing to make accurate, complete and/or clearly written patient care reports documenting a patient's condition upon arrival at the scene, prehospital care provided, and patient's status during transport; abandoning a patient, turning over the care of a patient or delegating EMS functions to a person who lacks the education, training, experience, knowledge to provide appropriate level of care for the patient; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

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.

Pippin, Brian, Lipan, TX. 48 months probated suspension of EMT certification through April 9, 2005. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Pitchett, Brenda K., Palestine, TX. 8 months probated suspension of EMT certification through November 1, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

* **Prime Care Ambulance**, Houston, TX. \$7,000 administrative penalty against the provider license effective July 24, 2001. EMS Rules 157.16(b), (c), and (d)(1), (14) and (19)...failing to comply with any requirement of provider licensure as defined in §157.11; failing to staff each vehicle deemed to be in service or response ready with appropriately certified personnel; having been found in violation of any local, state or national code or regulation pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

Pulido, Gilberto, Laredo, TX. 24 months probation of EMT certification through October 15, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Ramsey, Donald Dean III, Portland, TX. 4 years probation of EMT certification through January 15, 2002. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Regional Ambulance Service, Victoria, TX. \$8000 administrative penalty and 12 months probated suspension through February 28, 2002. EMS Rules 157.16(d)(1) and (19), failing to comply with any requirement of provider licensure as defined in 157.11 of this title; having been found in violation of any local, state or national code or regulation pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

Richardson, Jeffery, Lubbock, TX. 12 months probated suspension of LP certification through January 16, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Ripley, Jimmy J., Winters, TX. 24 months probated suspension of EMT certification through February 5, 2003.

EMS Rules 157.37(c)(2)(3)(G)... the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Roberts, Tammy, Cedar Hill, TX. 24 months probation of EMT certification through October 28, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Robertson County EMS, Franklin, TX. 24 months probation and a \$1,600 administrative penalty of the EMS provider license through September 2002. EMS Rules 157.19(c)(1)(A) and (U), and 157.13(c)(3), (5) and (6), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that has a potential negative effect on the health or safety of a patient; advanced airway devices and/or endotracheal tubes in sizes specified by the medical director with laryngoscope and blades; one copy of the Medical Treatment Protocols/Standing Orders that were provided in the provider licensing application packet; a list signed by the medical director which contains the following items as identified in the medical treatment protocols/standing orders.

Ruben, Allen M., Houston, TX. 12 months probated suspension of ECA certification through May 9, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Ruiz, James J., Luling, TX. 12 months probated suspension of EMT certification through March 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Rural Metro Abilene, Abilene, TX. \$15,000 administrative penalty probated for 12 months through June 2002. EMS Rules 157.16(d)(1), (10), (14), (17) and (19), failing to comply with any requirement of provider licensure as defined in §157.11; falsifying a patient record or record resulting from or pertaining to EMS Provider responsibilities; failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel; having been found to have allowed staff to operate any vehicle while on EMS business in a reckless or unsafe or dangerous manner; having been found in violation of any local, state, or national code or regulation pertaining to EMS operation practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

Rural Metro Ambulance Service-Dallas, Dallas, TX. 24 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; violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient; and a BLS provider shall staff BLS vehicle(s), when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, seven days per week.

Saenz, Daniel L., San Antonio, TX. 12 months probated suspension of EMT-P certification through March 2, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

* **Schaefer, Steven**, Uvalde, TX. 12 months probated suspension of EMT certification through June 21, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Schuchardt, Ronald, Pipe Creek, TX. 12 months probated suspension of EMT certification through March 2,

2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive 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.

Senko, Cynthia, Conroe, TX. 12 months probated suspension of EMT-I certification through January 4, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive 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.

Sheppard, Jude J., Vidor, TX. 24 months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Shipp, Patrick L., Laneville, TX. 4 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, TX. 24 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 EMT/certificiant.

Smiley, Matthew M., Port Boliver, TX. 12 months probated suspension of EMT certification through February 28, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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-Green, Tonya Sue, Burleson, TX. 48 months probation of EMT certification through October 15, 2003. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

South TX Rural Health Services, Inc., Cotulla, TX. 24 months probation through May 31, 2002. EMS Rules 157.19(c)(1)(A), (B) and (U), fails to comply with provider licensure requirements 157.11; repeats or commits an offense of a different nature within 12 months of a previous probation; violates any rule or standard that has a potential negative effect on the health or safety of a patient.

* **Southworth, Raymond N.**, Kyle, TX. 12 months probated suspension of EMT certification through June 7, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Spicewood VFD & EMS, Spicewood, TX. 24 months probation of 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.

Steger, John S., Denton, TX. 24 months probated suspension of EMT certification through May 15, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive 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.

Stevens, Jeffrey, Nederland, TX. Decertification of EMT-P certification effective January 22, 2001. EMS Rules 157.51(b)(1), (2), (23) and (25), fails to follow the EMS

Disciplinary Actions

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 H&SC, Chapter 773, and rules adopted thereunder; and violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Strimpell, Marc, San Antonio, TX. 24 months probated suspension of EMT-P certification through April 4, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive 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.

Stonewall County EMS, Aspermont, TX. Letter of warning against provider license effective May 30, 2001. EMS Rules 157.16(b)(14), failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel.

* **Tanner, Stewart R.**, Palacios, TX. 12 months probated suspension of ECA certification through July 6, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Taylor, Fred, Bryan TX. 12 months probation of EMT-P license through September 2001. EMS Rules 157.51(b)(25), violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

* **Taylor, Steven C.**, Powderly, TX. 12 months probated suspension of EMT certification through July 5, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

* **Thornton, Odis C.**, College Station, TX. 48 months probated suspension of EMT certification through June 18, 2005. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

* **Tiner, James H.**, Vidor, TX. 12 months probated suspension of EMT certification through July 6, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act.

Transfer One Medical Service, Inc., Harlingen, TX. Administrative penalty of \$3,500 against provider license effective April 10, 2001. EMS Rules 157.16(b)(c)(d)(1); (19); 157.11(d)(1), (2) and (3), failing to comply with any requirement of provider licensure as defined in §157.11; having been found in violation of any local, state, or national code or regulation pertaining to EMS operations; and/or violating any rule or standard that could jeopardize the health or safety of any person; all EMS vehicles must be adequately constructed, equipped, maintained and operated to render patient care, comfort and transportation safely and efficiently; when response-ready or in-service, EMS vehicles shall have operational two-way communication capable of contacting appropriate medical resources, shall have the name of the provider prominently displayed on both sides of the vehicle. Providers who operate rotor or fixed wing aircraft must comply with all requirements of §157.12 or §157.13; substitution, replacement and additional vehicles.

Treadway, Roy Gene, Nash, TX. 18 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, Robert P., Troy, TX. 12 months probated suspension of EMT-I certification through December 15, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in

subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Tumbow, Brandon L., Lubbock, TX. 24 months probated suspension of EMT certification through March 14, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Turner, Charles L., Fort Worth, TX. 12 months probated suspension of EMT-P certification through May 30, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

UTMB Correctional Managed Care, Huntsville, TX. 12 months probated suspension and a \$4,000 penalty probated through November 2001. H&SC 773.050(a), 773.041(b) and EMS Rules 157.19(c)(1)(A), (C) and (U), and 157.11(d)(1)(A), each basic life support emergency medical services vehicle when in service must be staffed by at least two individuals certified as emergency care attendants or certified at a higher level of training; a person may not practice as any type of emergency medical personnel unless the person is certified under this chapter and rules adopted thereunder; violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient.

Uvalde EMS, Uvalde, TX. 12 months probated suspension and a \$6000 administrative penalty probated through December 2001. EMS Rules 157.16(b) and (c) and (d)(1), (4), (14) and (19), a licensed EMS provider may not claim a defense when one or more staff members, acting with or without the consent and knowledge of the license holder, commit(s) multiple violations in this section, or perform(s) contrary to EMS standards while on EMS business for the provider; violating any provision of the H&SC, Chapter 773, and/or TAC Title 25, as well as Federal, State or local laws, rules or regulations affecting, but not limited to, the practice of EMS; falsifying any EMS record, patient record, report, or making false or misleading statement, or destroying a patient care report; misappropriating medications, supplies, equipment, personal items, or money belonging to the patient, employer or any other person or entity; illegally possessing, dispensing, administering or distributing, or attempting to illegally dispense, administer or distribute controlled substances as defined by the H&SC, Chapter 481 and/or Chapter 483.

Van Burskirk, Michael, McKinney, TX. 12 months probation of EMT-Instructor certification through September 2001. EMS Rules 157.64(2)(a)(G) and (R), compromises the department approved course examination process; fails to comply with the responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63.

* **Vasquez, Michael P.**, Temple, TX. 12 months probated suspension of EMT certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Wankowski, Jason D., Mertz, TX. 12 months probated suspension of EMT certification through March 2, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive 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.

Warren, Ganesa K., Houston, TX. 12 months probated suspension of EMT certification through February 12, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Wesley, Larry, Houston, TX. Decertification of EMT certification effective January 22, 2001. EMS Rules 157.51(b)(1), (2), (5), (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 the terms of a probation or suspension; fails to comply with H&SC, Chapter 773, and rules adopted thereunder; and violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

* **White, Ben**, Houston, TX. Letter of warning of the EMT certification effective July 2, 2001. EMS Rules 157.36(b)(13) and (26), misrepresenting level of any certification or licensure; engaging in any conduct that has the potential to jeopardize the health or safety of any person.

White, Peter S., Edna, TX. 12 months probated suspension of EMT-I certification through October 26, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Wieburg, Tomey J., San Angelo, TX. 12 months probated suspension of EMT certification through October 26, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Wilganowski, Kevin L., Houston, TX. 12 months probated suspension of EMT-P certification through November 1, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Windham, Todd L., Orange, TX. 12 months probated suspension of ECA certification through February 5, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Womack, Jason M., Fort Worth, TX. 48 months probated suspension of EMT certification through November 1, 2004. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

* **Wright, Christopher A.**, Cedar Hill, TX. 12 months probated suspension of EMT certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive 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.

Wright, Harold A., Tomball, TX. 12 months probated suspension of EMT certification through October 4, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) are not exclusive 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.

Zachary, Jessy L., Humble, TX. 48 month probated suspension of EMT-I certification through December 5, 2004. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) are not exclusive 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.

Meetings & Notices

Calendar

September 14-15, 2001. **Trauma Nursing Core Course.** Scott and White Memorial Hospital. 18 CEs RNs/200, 12 CEs LVNs/\$120, 12 CEs for EMTs/Paramedics/\$150. Contact Nan Greeno, 254/724-4798.

September 21-22, 2001. **17th Annual Tri-State Trauma Symposium.** Amarillo College Business and Industry Center, 1314 South Polk, Amarillo. Exhibits, exciting speakers, refreshment breaks and meals. Contact Jeff Doiron 806/354-6086.

October 1-5, 2001. **EMT Refresher Course.** North Central Texas College. Call Suzanne Stiles 940/668-4272.

November 1, 2001. **Trauma Symposium.** Scott and White Memorial Hospital. CE available. Contact Nan Greeno, 254/724-4798.

November 15 & 16, 2001. **Advanced Trauma Nursing Course.** Scott and White Memorial Hospital. 15.6 Nursing CEs \$150.00. Contact Nan Greeno, 254/724-4797.

November 18-21, 2001. **Texas EMS Conference.** Call 512/834-6700 for more information.

Deadlines and information for meetings and advertisements

Deadline: Meetings and notices must be sent in six weeks in advance. Timeline: 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-work-in-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.

Jobs

EMT-I, EMT-P, LPN: Alpha Therapeutic Pharmaceutical Co. is accepting applications to fill our medical staff associate position in McAllen donor center. Bilingual applicants preferred. Contact Barbara Fleming 661/299-9492. +

Paramedic: Llano County EMS is accepting applications. Call Shane Alitzer 915/247-3088. +

Paramedics/EMT-Is/EMTs: Sabine County is hiring personnel with a minimum two year experience. Competitive salary, benefits. Mail resumes to Sabine County EMS, PO Box 578, Hemphill, TX 75948, attn David Whitmire. +

EMT/EMT-I/EMT-P: Emerald Medical Services is now hiring full/part time for Baytown and Stafford locations. Benefits, flexible scheduling. Call 281/837-8375, fax resume to 281/420-0354. +

EMS Educator: UTHSC-SA is accepting applications for two full-time faculty. Requirements include current EMT-P/Instructor cert, 2 years teaching exp., 2 years exp advanced pre-hospital emergency care. Prefer Bachelor degree in education, health sciences, related field. Send resume to Charles Garoni, Dept. of EMT, 4201 Medical Drive, Ste 250, San Antonio, TX 78229-5631. +

EMS Educator: Medical Center of Plano is hiring a full-time position in medical control for a FD-based EMS system. Responsibilities include classroom and field instruction and QI activities. RN paramedic with ER/EMS educational and pre-hospital experience. Send resumes to Human Resources, Medical Center of Plano, 3901 W. 15th, Plano TX 75075, fax 972/519-1423, call Kala Halliburton 972/519-1581. +

Paramedics: Seymour/Baylor Co. EMS is accepting applications. Competitive wages, benefits. Contact M.W. 940/888-3448 or sbcems@wf.quik.com. +

Assistant EMS Director: City of Austin. Must have five years of progressively responsible financial experience and a bachelor's degree in business/public health/hospital administration/public administration/related field. Closes Sept 15. Contact Charles Williams 512/974-3258, charles.williams@ci.austin.tx.us. +

Fire Chief: City of McAllen is currently accepting applications. Coordinates emergency management operations for the city. Bachelors degree in fire science, public administration, equivalent, and 5 years experience in upper level supervision of a

fire department. Salary range \$46,000 - \$56,920, benefits. Send resume to City of McAllen, Director of Human Resources, P.O. Box 220, McAllen TX 78502-0220. *

Paramedics: Knox County EMS is currently accepting applications for full/part-time positions. Competitive salary, benefits. ACLS required. Will consider EMT-I/current paramedic student. Contact Lissa at 940/658-3535. *

Paramedics, EMTs: MetroCare EMS, a 9-1-1/transfer system, is currently hiring full/part-time positions. Competitive wages, benefits. Fax resume to 409/842-1656, mail to MetroCare EMS, Human Resources, 4770 Washington Blvd, Beaumont, TX 77707, contact Kyle Knuppel/Tate McIntire at 888/276-2267. *

EMTs/Paramedics/Firefighters: Full-time position with City of Edna FD/EMS. 24-hour advanced life support and fire department system. Must be Texas certified and relocate to Edna area. Contact Loyd Chase 361/782-3159, LCHASE@JUNO.COM. *

Paramedics: Terlingua Medics, Inc. is hiring full-time positions. MICU, rescue and expanded scope care in Big Bend area. Send resume to Terlingua Medics Inc., PO Box 290, Terlingua, TX 79852, 915/371-2536, tmedics@brooksdata.net. *

Paramedic: Alpine EMS-WTAS is hiring one paramedic position for city/county 9-1-1 and interfacility transfers. Contact Mike Scudder 915/837-1119 or mail resume to Alpine EMS-WTAS, PO Box 338, Alpine, TX 79831. *

Firefighters/engine crew/dispatchers/forestry techs/engine foreman/helitack/supervisors: National Park Service Team is currently hiring in Wildland Fire Management. Areas with the most needs: Everglades National Park, FL; Bandelier National Monument, NM; Ozark National Scenic Riverways, MO; Buffalo National Rivers, AR; Indiana Dunes National Park, IN. To apply, www.nps.gov/fire/jobs, call 1-866-NPS-FIRE. *

Paramedics: South Lake Houston EMS is accepting applications for full-time 24/72 schedule. Competitive salaries, benefits. Call Joe Fress 281/459-2807, send resume to South Lake Houston EMS, 14418 Beaumont Hwy, Houston, TX 77049. *

EMT/EMT-I/Paramedic: Marble Falls Area EMS is accepting applications for full-time positions. Retirement, medical/dental insurance, life insurance and athletic club memberships. Average 175 calls per month. For application call 830/693-7277 or mail resume to PO Box 296, Marble Falls, TX 78654. *

Director Of Operations: Unique Am-

Meetings & Notices

balance is accepting applications. Must be a paramedic with experience in day to day operations of ambulance company. Fax resume & salary request to 281/499-6898. *

Paramedics: Faith Community Hospital EMS is accepting applications. Job includes MICU, ER, cardio-pulmonary rehab. If interested contact J.D. Hailey 940/567-6633, www.FaithCommunityHospital.com.*

EMS Faculty: Northeast Texas Community College is accepting applications. Associate's degree preferred, teaching exp in EMS required. Request application from 903/572-1911, NTCC, P.O. Box 1307, Mt. Pleasant, TX, 75456, www.ntcc.cc.tx.us.*

For Sale

For Sale: 1991 Ford E350 National Type III ambulance, 1990 Ford E350 Collins Type III ambulance and 1993 Ford E350 Wheeled Coach Type III ambulance (all 138" Wheelbase). Call Mike Scudder, Alpine EMS-WTAS, 915/837-1119 for price information.*

For Sale: 1996 Collins Type III ambulance, 95,000 miles, good maintenance records, dual Redi-Line generators, air and O2 cylinders, designed for critical care transport, \$15,000. Contact Jack Sosebee 817/885-4281.*

Miscellaneous

Galveston College: Offers courses in EMT, EMT- I, Paramedic, EMS Research. Contact Chris Nollette, Galveston College, 44015 Avenue Q, Galveston, TX 77550, 409/763-6551 ext 114, cnollette@gc.edu. *

San Antonio Business Services: Professional medical billing and collection services for 16 years. Call Rayleen at 210/696-0028.*

Cowboy Investigations: Pre-employment, discreet investigations for your organization. Contact Brett Shayler at 817/579-1194 or mail 1407 N. Plaza Dr., Granbury, TX 76048.*

Angelina College Fire Academy/Lufkin: Conducts basic recruit fire academies, fire and arson investigator, fire inspector certification and others. Contact 936/633-5362. *

EMCert: Provides online CE for EMS

Fax items for this section to 512/834-6736

There is not a charge to run items in the calendar.

professionals. Individual, group subscriptions, customized features. Call 877/EMSHERO, www.emcert.com.*

EMS/Fire Billing: Electronic, standard and individualized reports, education on billing guidelines for federal and state billing. Contact Health Claims Plus at 888/483-9893 or visit www.healthclaimsplus.com or hcp@imsday.com. *

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), call 888/447-1993, mail CE Solutions, PO Box 594, Pearsall, TX 7806. *

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, 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 management experience as FD lieutenant/EMS director. Contact Max Smith, pager with voice mail, 254/ 918-9033, texasems@hotmail.com, www.maxpages.com/emsservices.*

On-line CE: Specializing in EMS, real estate, social work and hazmat (safety). www.universityofthenet.com or call 214/293-7193.*

Provider Billing Service: Electronic claims submission and collection experience. Ambulance billing electronically. Call 817/279-7386 or fax 817/279-9658.*

DriveCam Digital Video Systems, a tool to insure safe driving. DriveCam continuously monitors audio, visual and G-force inside the vehicle. Craig Gray, 713/761-7569,

www.drivecam.com.*

Training: EMT*S offers ECA-paramedic programs, CPR, basic first aid, and all levels of hazmat. Provide CE hours at no charge for Texas and national recertification. Contact W. Younger at 915/ 855-0083.*

Rope Rescue: Training for fire, EMS, law enforcement & industry. Technical, fire, cave & vehicle rescue and wilderness first aid. John Green 361/938-7080, www.texasroperescue.com*

Express Billing: Electronic billing including Medicare, Medicaid, insurance. Medicare electronic remittance download for accurate posting. Custom reports, consultation for EMS office and field employee on HCFA guidelines. Contact 877/521-6111, 713/484-5700 or fax 713/4845777, eexpressbill@aol.com. *

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Specialized Billing: EMS and Fire billing services to counties, municipal paid and volunteer services throughout Texas utilizing the latest hardware and EMS software. For info contact Karen Laake or Bruce Glover at 1-800-999-2417.+

CPR Classes: \$25.00 per person in house six person minimum or \$35.00 your location. Call 281/837-8375.+

Texas Ambulance Association: The Michael Lawson Scholarship Awards money will be made available for EMT tuition and books. To apply submit name, address and summary of why you qualify for aid. Remit for review to Texas Ambulance Association PO BOX 700635, Dallas, TX 75370-0635. +

+ This listing is new to this issue.

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

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EMS Profile: *Scott and White EMS*



Top, left to right, Tammy Morgan EMT-B; Travis Loafman, EMT-B; Frank Selvera, EMT-P; Barry Rudnick, EMT-E, Jason Feaster, EMT-P; Mike Beimer, RN, LP, Manager of Operations; Stephen Paine, EMT-P, supervisor; Scott Evan, EMT-P, supervisor; Rhonda Gray, LP, supervisor; Dan Weiermann, EMT-P; Keith Games, LP; Micheal Olson, EMT-B; Steve Hites, EMT-P. Bottom, left to right, Debbie Harrison, EMT-B; Cheryl Strincorb, EMT-I; Eric Korsmo, EMT-P; D.W. Beckham, EMT-I, field training officer; Heather Henninger, LP, field training officer; Misty Vargas, EMT-B; Stanley Grygar, EMT-E; Kristine Moore, EMT-B; Brenda Weiermann, EMT-I; Rodney Duckett, EMT-P; Kathy Constancio, EMT-P; Tina Amlin, LP.

Name of service: Scott and White Emergency Medical Services

Number of personnel: Scott and White EMS is currently staffed with 83 emergency medical personnel: 37 EMTs, six EMT - Is, 33 paramedics and seven LPs. The service has four instructors/examiners, five AHA instructors and two PALS instructors. The service has four supervisors and seven field training


officers. Mike Beimer is the operations manager and Dr. Daniel Roberts is the medical director.

How many years in service: In 1985, Scott and White first established a medical transport service. This consisted of providing non-emergency transports as well as a back-up service for 9-1-1 to Temple Fire Department. In 1996, the name changed to Scott and White EMS and we began providing service for all 9-1-1 calls in the Temple and outlying areas. In 1996, we added 9-1-1 service to Rockdale and in 1998, Cameron.

Number of units and capabilities:

There are currently 18 licensed ambulances with BLS/MICU capabilities in the Temple service area; seven are fully staffed 24 hours a day and one is staffed Monday through Friday 8am-5pm. Scott and White EMS has its own communications specialists that provide dispatch service for the ground EMS units as well as the aeromedical service Medivac. The service covers a total of 1,587 square miles extending over Bell and Milam counties. The service provides all 9-1-1 and non-emergency transports for the communities of Temple, Morgan's Point, Cameron, Rockdale, Little River -Academy, Moffat and Holland, and provides back-up service to Belton and Salado.

Number of calls: In 2000, the Temple area crews made approximately 14,400 calls and the Milam County area crews made approximately 2,700 calls for a total of 17,100 calls.

Current projects: Scott and White EMS is actively involved with the local RAC, the Central Texas Trauma Council. The service also provides a ride-out service for EMS students from local college programs as well as for medical students from the Texas A&M University System Health Science Center College of Medicine. Scott and White EMS also sponsors the Venture Scout Crew, as well as providing first aid coverage at Camp Tahuaya during summer camp. The mission of Scott and White EMS is to provide personalized, comprehensive, high quality emergency medical care enhanced by medical education and research. 

Bureau of Emergency Management
Texas Department of Health
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