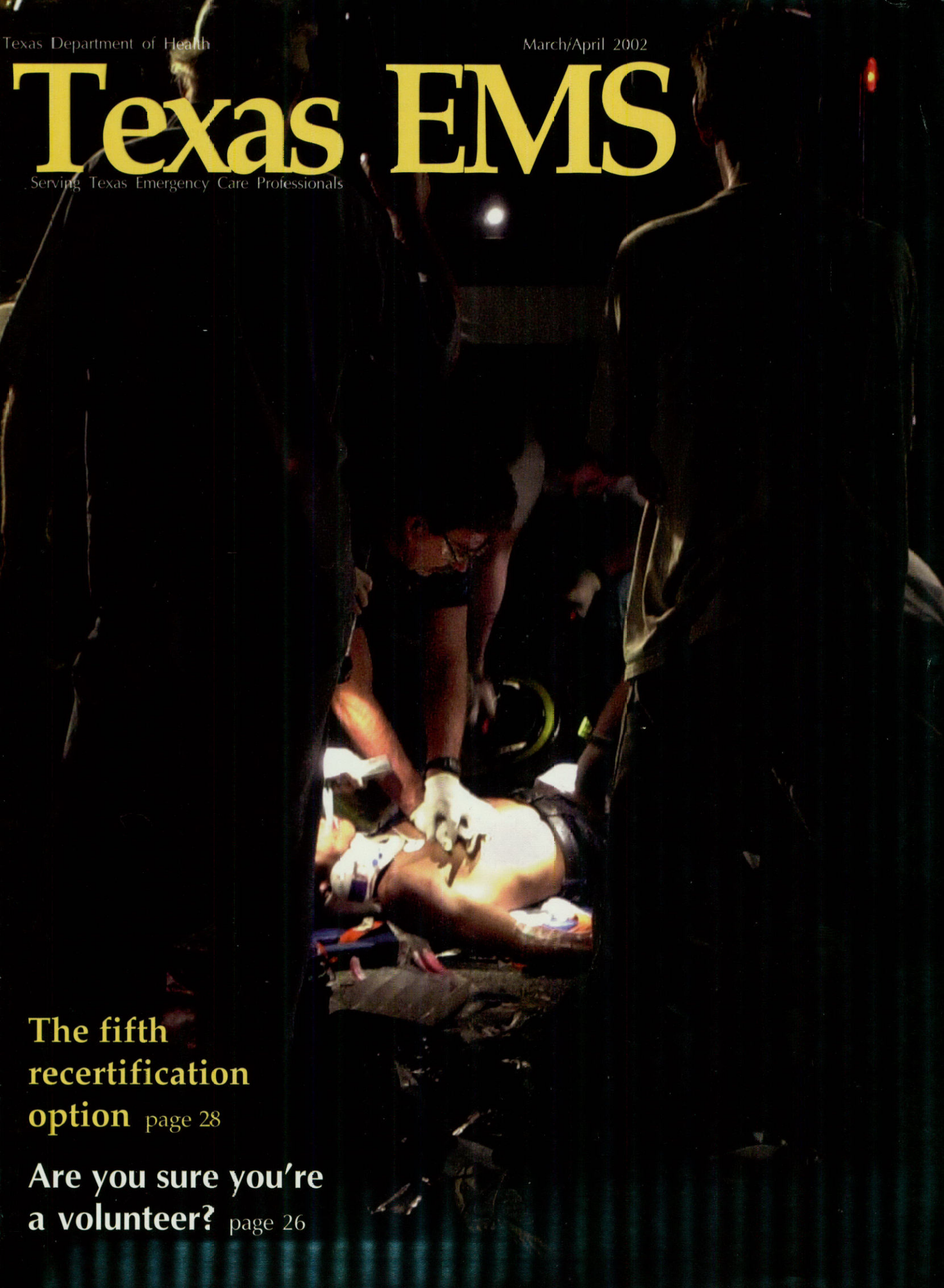


Texas EMS

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**The fifth
recertification
option** page 28

**Are you sure you're
a volunteer?** page 26

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FEATURES

- 14 **Texas EMS Awards 2002**
Are you ready to nominate the best in EMS? This will give you some tips on what to do.
- 16 **EMS Week set for May**
Are you ready for EMS Week? Here are some ideas to help get you started plus what to expect from TDH.
By PENNY WORKMAN
- 17 **PEPP offers new online renewal course**
Does your PEPP card expire soon? You might be eligible for a new online course.
By Jeff HUMMEL
- 26 **Are you sure you're a volunteer?**
Many believe they are volunteers, but do they know for sure? Check here before you check volunteer on an application. If you're not really a volunteer, you could lose your certification.
By JIM ARNOLD
- 28 **CCMP: The fifth option**
What does CCMP mean to you? If your service decides to participate, it could mean a whole new way to recertify.
By KEVIN VEAL
- 30 **Conference changes on the way**
A shift in budgets at TDH is changing the look – and price – of the conference. Plus, a move into the expanded convention center space means more elbow room for everybody.
By Kelly HARRELL

- 34 **GETAC recap**
GETAC votes to send continuing education rule for licensed paramedics to Board of Health at the February meeting.
By KATHY PERKINS

CONTINUING EDUCATION

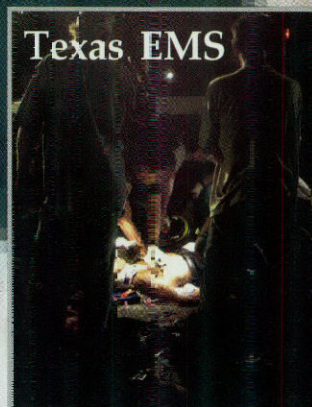
- 35 **Seizures and Convulsions**
Learn to recognize the signs and symptoms of these electrical storms in the brain while you earn 1.5 hours of medical continuing education.
CE article provided by EMCERT.COM

Texas EMS

M a g a z i n e

DEPARTMENTS

- 5 From This Side
Kathy Perkins
- 6 Deaths
- 7 Point of View
Paul Campbell
- 8 On Duty
Kelly Harrell
- 18 Local and Regional News
Penny Workman
- 24 FAQ: Standards
Linda Reyes
- 25 FAQ: Education
Eddie Waiker, EMT-P
- 47 Did You Read
Penny Workman
- 51 Disciplinary Actions
Chris Quiroz, EMT-P and Anthony Luna
- 58 Calendar
Nicole Rivers
- 60 EMS Profile
Ron Derrick, LP, NREMT-P



ABOUT THE COVER: The scene is a firefighter/EMT performing CPR on a crash victim following a 2-vehicle crash near Nacogdoches. Photo by Andrew D. Brosig.



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KATHY PERKINS, CHIEF
BUREAU OF EMERGENCY
MANAGEMENT

EMS in spotlight

Texas EMS is on the minds of a lot of high-level state officials right now. At the top, the Governor's EMS and Trauma Advisory Council (GETAC) continues with its strategic planning process at the legislature's request. The surveys you sent in are beginning to be analyzed. Thank you for the phenomenal return rate by EMS providers – more than 50 percent. The overall return rate for all four surveys is around 30 percent, which is excellent. Public hearings to get your input directly will be held this month in six areas of the state; two or three GETAC members will be in attendance at all of the sites (see page 6 for calendar). A draft plan should be developed in May for your input and finalized by September 1, 2002.

Over the last few months, the Commissioner's Council on Local Public Health (CCLPH) has been evaluating EMS and Trauma Care Systems. During the recent GETAC meeting (see page 34 for a recap), the CCLPH presented a set of recommendations to GETAC for its consideration; this document may be viewed in the News/Features section of our website at www.tdh.state.tx.us/hcqs/ems or by clicking on GETAC.

At the same time, two senate committees are conducting interim studies that involve EMS. The Senate Intergovernmental Relations Committee is looking at the provision of EMS across the state and the Finance Committee is evaluating the EMS/trauma system. The Bureau has been invited to provide information at recent hearings of these two committees. These presentations are in the News/Features section of our website at www.tdh.state.tx.us/hcqs/ems and click on legislative issues.

Many of your colleagues are also providing verbal and written information to the hearings. For more information about the Senate Committees and their charges and to listen to the actual hearings to date, go to www.senate.state.tx.us.

Finally, the Texas Institute of Health Policy Research completed an almost yearlong study related to the provision and costs of EMS/trauma systems. They presented documentation to the Senate Finance Committee as well as a number of other legislative representatives. For more info on the institute, go to <http://www.healthpolicyinstitute.org>.

EMS Week is coming up, May 19-25. You will be receiving a packet to help with your activity planning from the Bureau sometime in April. Consider conducting activities to help your community better appreciate EMS. The public knows about EMS and expects you to be there when they call, but they really don't understand what it takes for you to be able to do that. Whatever you do for EMS Week, send in a write-up and pictures and we'll include it in upcoming issues.

Finally, we have already begun preparing for the 2002 EMS Conference, which will be in Austin (we are looking at other cities for the future). Because of the Bureau's need to cover more of the costs of presenting this annual event, prices will have to be increased for both vendors and individuals. It's not something we want to do and we are making every effort to keep those increases minimal (see article on page 30). Hope to see you there!

EMS Obituaries

Vincent Davis, 42, of Cedar Hill, passed away February 11, 2002. A licensed paramedic, Davis died while fighting a fire in Dallas. He had been with the Dallas Fire Department since 1991.

Chris T. Hanger, 54, of Austin, passed away December 27, 2001. Educated as a lawyer, Hanger started as a volunteer firefighter/EMT 13 years ago. He eventually quit the law profession and became a full-time licensed paramedic with Williamson County EMS.

Darrell L. Helton, 29, of Beaumont, passed away December 29, 2001. Helton was a paramedic and field training officer with GoldStar EMS and had worked in EMS for 11 years.

Leonard D. Marks, MD, 49, of San Antonio, passed away February 1, 2002. Dr. Marks was the medical director for Kendall County EMS, North Blanco County EMS and Bandera County EMS. He had been heavily involved in EMS in south and central Texas areas for more than 20 years.

Linda Ann Suggs, 44, of George West, passed away January 14, 2002. An EMT, she was a former employee of Live Oak County EMS, Rural Metro, Goliad County EMS and South Texas EMS.

The Office of Rural Community Affairs has two funding programs for rural and frontier EMS

The Rural/Frontier EMS Provider Matching Grant program will fund approximately 35 AEDs for rural/frontier EMS organizations that have been awarded funding through the American Heart Association Texas AED Placement program. This program will provide 50 percent matching funds up to \$1075.50 for one AED per organization.

The Rural EMS Scholarship Incentive Program will fund up to ten eligible rural applicants, up to \$2,000 in matching funds per candidate, toward the costs of tuition and other expenses associated with training to obtain EMT certification or to increase the level of certification from EMT to EMT-I or from EMT-I to EMT-P.

For more information about these programs, contact Al Lewis, LP, Rural EMS Coordinator, Office of Rural Community Affairs, 512/936-6733, alewis@orca.state.tx.us.

Governor's EMS and Trauma Advisory Council

Public Hearings

EMS Regulation and Trauma/Emergency Health Care Systems in 2010

Purpose: "Where we are now, where we want to be in 2010, and how do we get there"

Participants: Anyone interested in providing input to the Governor's EMS and Trauma Advisory Council (GETAC) about the future of EMS Regulation and Trauma/Emergency Health Care Systems

Outcome: A Strategic Plan for Texas EMS Regulation and Trauma/Emergency Healthcare Systems

Locations & Dates:

Amarillo: Thursday, March 21, 2002, 1:00 p.m. — 4:00 p.m. Northwest Texas Healthcare System, Pavilion Auditorium, 7201 Evans

Corpus Christi: Friday, March 22, 2002, 9:00 a.m.—12:00 noon Science & History Museum, Watergarden Room, 1900 N. Chaparral

El Paso: Thursday, March 21, 2002, 9:00a.m. — 12:00 noon El Paso Community College, Valle Verde Campus, Cafeteria Annex

Harlingen: Friday, March 22, 2002, 2:30 p.m.— 5:30 p.m. TDH Region 11 Offices, 601 West Sesame Drive

Nacogdoches: Thursday, March 14, 2002. Time and location to be announced

San Angelo: Thursday, March 21, 2002, 4:00p.m. —7:00 p.m. San Angelo Community Medical Center Conference Room, 3501 Knickerbocker Road

For further information about these hearings or the Strategic Planning Process, contact the Bureau at (512) 834-6700 or visit our website at www.tdh.state.tx.us/hcqs/ems.

GETAC met in Austin in February.



By Paul Caldwell

Mayday, mayday! We've had engine failure!

On Saturday, January 5, 2002, the emergency medical helicopter operated by HaloFlight, Inc., in Corpus Christi, experienced engine failure.

We were flying from Christus Spohn Hospital in Beeville, transporting a critically injured burn patient. The crew consisted of two senior flight paramedics: Randy Rowe, and Mike Padron. I was at the controls.

After loading the intubated and unconscious patient, we left Beeville at 9:28 p.m. for Corpus Christi. Three minutes into the flight I called dispatch and gave the required position report. We had a 40-mph tail wind and the 34-mile flight to Corpus Christi would take only 15 minutes. Two minutes later the engine noise ceased with a lurch and we seemed to instantaneously drop from the sky. The engine had quit without any warning. I immediately put the bird into autorotation and began a sharp bank to the right to point us back into the wind. I slowed the aircraft from the 105 knot cruise to 60 knots, while calling Damen Beavers, one of our experienced dispatchers.

During the eight-second ride to the ground Randy asked me, "Are we going to hit hard?" The response was an immediate "Oh, yes!" Randy resumed patient care while saying a short prayer. I turned on my lights and all I saw was an endless expanse of trees. As an instructor I had done hundreds of autorotations, many at night, but never with the engine out and into trees. My experience told me to flare the bird to zero airspeed just above the trees, level the chopper, and as I settled into the trees, to pull pitch and pray the trees weren't too tall. Fortunately, the helicopter fell through, chopping the tops of the trees like a giant lawn mower. The aircraft free-fell only about eight feet and stopped abruptly with a loud crash. I immediately shut off the master fuel switch, rolled off the throttle and engaged the rotor break to stop the then

slow-turning blades. Thankfully, no fire ignited. But we missed several large dead trees by mere inches. If we had landed on top of any of those we would have punctured the fuel bladder and probably ended our journey as burnt toast.

We had crashed in a desolate area, three miles from the nearest road. We were obviously shaken but, other than sore backs, uninjured. The patient was still unconscious. Mike continued to bag her while Randy took the 800 MHz radio to a nearby open field to establish a rescue landing zone.

The brush was so thick he lost sight of the aircraft after walking just ten feet. We later had to resort to yelling at each other so he could return to the downed craft. Fortunately for all of us, five hunters had seen and heard our crash and found us in a few short minutes. They were wonderful and indispensable in extricating the patient.

The first emergency personnel to arrive was a Bee County deputy sheriff. San Antonio AirLife and the Coast Guard were both launched but the Coast Guard was cancelled when AirLife reported they were 10 minutes out. What a wonderful sight that was, seeing fellow EMS personnel responding in our time of need! The flight crew and the patient were taken to Christus Spohn Memorial where all four of us were admitted. Many of the staff from the hospital greeted us along with many of our fellow HaloFlight staff. What a warm, wonderful welcome following such a harrowing experience. All of us in the EMS helicopter business dread a crash. This incident could have had a catastrophic ending. Walking away, unhurt, from a night crash into trees is rare. The entire team performed their assigned duties, support rescue agencies responded correctly and the story has a happy ending!



Paul Caldwell is a retired military pilot now employed with HaloFlight, Inc.

AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

MCHD ambulance hit by car

A paramedic with Montgomery County Hospital District was treated for minor injuries in January when the ambulance was hit by a car that allegedly ran a red light.



He was in the back at the time with the patient. The ambulance was enroute to Memorial Hermann The Woodlands Hospital with a non-emergency patient at the time. The driver of the other vehicle, a Nissan 280-ZX, was cited for four traffic violations, including disregarding a red light. Neither the driver of the car or the medic driving the ambulance were injured. The patient was transferred to another ambulance.

Court rules for Houston medics



About 800 paramedics and EMTs may get as much as \$20 million in overtime from the City of Houston after an appellate court ruled in their favor. A city attorney disputes that figure. The medics had sued in 1999, alleging that they were required to abide by a fire department schedule that only paid overtime after 53 hours. Houston Fire Department has since dropped that schedule. Labor law dictates that ambulance and rescue employees may be exempt from the standard 40-hour rule if they receive training in the rescue of fire, crime and trauma victims and if they are regularly dispatched to fires, crime scenes, riots, natural disasters and 'accidents.' While the court determined that both elements applied in this case, only 17 percent of the calls in the contested years were for such emergencies. Congress did pass a law in 1999 that included paramedics under the definition of fire protection employees, but the courts ruled that the law was not retroactive.

Man steals ambulance and causes crashes

A Newport News, Virginia, man stole a ambulance outside a hospital in November and caused two crashes while trying to steal two other cars as he tried to flee. The man climbed into the parked ambulance, which had the keys in the ignition, while the crew was in the hospital. After he drove off, he stopped the ambulance and then tried to steal two other cars without success. Each time, he climbed back in the ambulance and continued driving. Police were able to stop the ambulance and arrest the driver. He was taken for



evaluation to the hospital where he stole the unit.

CE ANSWERS FOR JANUARY/ FEBRUARY 2002

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

NAEMT seats representative from Texas



At the 26th annual conference of the National Association of Emergency Medical Technicians Educational Conference in Reno, Nevada, two Texans were seated as representatives to NAEMT. Ron Haussecker, president of the Emergency Medical Services Association of Texas (EMSAT), was seated as representative governor for the state of Texas. This position with NAEMT gives Texas representation on the Board of Governors, the ruling body for NAEMT. Governors are responsible for overall guidance to the association. Dave Taylor, a member of EMSAT, is alternate governor in case Haussecker is not available. EMSAT has been working to reaffiliate with NAEMT after a short absence.

HaloFlight in the air again after crash



No one was injured in January when HaloFlight crash-landed south of Beeville after dropping 1,400 feet from the sky when the chopper's engine quit. The pilot was able to avoid some larger trees. The crew was transporting a critically injured burn patient. For more information on the crash, turn to Point of View on page 7.

Post-traumatic stress shows up after attacks

Symptoms of posttraumatic stress disorder are showing up throughout the New York fire and police departments in the wake of the September 11 attacks, and the departments are trying to help members before they reach crisis stage. So far, about 1,000 firefighters and medics, and 2,000 police officers have sought counseling. After the 1995 bombing of the Alfred P. Murrah Federal Building in Oklahoma City, research found that eight emergency responders and three police officers committed suicide, and police divorce rates increased 300 percent.

Spring Branch firefighter killed responding to fire

A Spring Branch firefighter died responding to a fire that destroyed a Comal County residence in December. Firefighter David Butler, 43, was driving southbound on US Hwy 281 in a rescue vehicle when he crossed the center median, crossed the northbound lanes and ran into rocks and trees. Spring Branch Volunteer Fire Department is a registered first responder organization that provides fire and medical response.

No bonus miles for this frequent flier

And you thought you had frequent fliers in your community. In Oakland, California, a 47-year-old homeless man has made 1,209 ambulance trips in five years to the emergency room at a cost in public funds of about \$900,000. Although the man is in poor health and suffers from high blood pressure, his complaint, sometimes as often as twice a day, is 'chest pains.'

On Duty

Court to decide if schedule bad for kids

In a case that could have national ramifications, the



Maryland Court of Special Appeals is scheduled to hear arguments on

whether a divorced firefighter's schedule is bad for his kids. The firefighter lost partial custody of 6-year-old son and 5-year-old daughter when another judge ruled that the firefighter's schedule of 24/72 provides an unstable environment. The problems stem from a divorce agreement that gave the firefighter custody two weeks a month on the condition that he would modify his schedule to a 9-to-5 work week. The man had traded shifts with other firefighters to be at home the nights he had his children. However, his wife went back to court claiming that he had not fulfilled his part of the agreement. The International Association of Firefighters has filed a friend of the court brief arguing that the ruling will have a chilling effect on firefighter recruitment and retention.

Law firm offers restocking advice

The final "safe harbor" regulation on ambulance restocking was published by the OIG in the Federal Register on December 4, 2001. The regulations, which became effective on January 3, 2002, establish "safe harbors" under the Federal Anti-Kickback Statute to permit, under certain conditions, the replenishing of drugs, linens and supplies by hospitals to ambulance services. There are some significant changes from the proposed regulations published last year.

In brief, the safe harbor regulation permits the restocking only of ambulances that are used for emergencies. It does not permit restocking of strictly non-emergency ambulances. In addition, the OIG has defined an "emergency" ambulance as one that responds to emergencies on the average of three times per week. It will not be necessary that restocking be limited to emergency calls, as long as the ambulance is an "emergency" ambulance under this "three times per week" standard.

These additional standards apply under the restocking safe harbor:

1. Under no circumstances may both the hospital and the ambulance provider bill for the replenished items;
2. All parties must otherwise comply with all applicable federal health care program payment and coverage requirements;
3. The ambulance provider, OR the hospital (or both), must maintain records of the restocked items (This may include a patient care report or trip sheet which shows the items used. This was a suggestion incorporated into the final regulations by the OIG as a result of the comments submitted by Page, Wolfberg & Wirth, LLC. The OIG has implemented numerous other aspects to the recordkeeping requirements, including a requirement that the records be maintained for 5 years.);
4. The restocking arrangement must not take the volume or value of patient referrals into account;
5. The restocking program must meet the requirements for one of the following:
 - (a) General replenishing - where the receiving facility restocks ambulance providers on an equal basis within certain categories (i.e., nonprofit ambulance services; all



Britain shares problem of non-emergency calls

The U.S. isn't the only country suffering from too much success from its 9-1-1 emergency number. The United Kingdom also is experiencing a high volume of non-emergency calls to its equivalent emergency number - 999. The UK's biggest ambulance service has launched a campaign to stop

ambulance services, or only those ambulance providers which do not charge for their services. Hospitals may exclude certain categories of providers altogether from their restocking program) and the restocking program must be conducted "publicly" (that is, the receiving facility must post a public notice of their restocking practices or it must be done pursuant to a regional EMS council plan or protocol);

- (b) Fair Market Value Replenishing - where the ambulance provider pays the receiving facility fair market value for its restocked drugs and supplies; OR
- (c) Government Mandated Restocking - where the restocking program is undertaken in accordance with a state or local statute, ordinance or regulation.

First responder programs will also be eligible for restocking under the final safe harbor regulations.

The final restocking regulations are unfortunately a good deal more complex than the proposed safe harbor regulations, and should be reviewed carefully by hospitals, EMS systems, EMS councils, and their respective attorneys, to ensure that their individual restocking arrangements comply with these new anti-kickback safe harbors.

The final regulations are now on a web site, www.pwwemslaw.com, under the new "Ambulance Restocking Resource Page." Check the web site often for new articles and information, including sample forms pertaining to ambulance restocking programs. *(Page, Wolfberg & Wirth, LLC is a national EMS, ambulance and medical transportation industry law firm that stands ready to assist clients, including public, private and non-profit ambulance services, hospitals, health care systems, government agencies and others — as well as new clients — which may require assistance in navigating and implementing these new regulations.*

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the abuse of the system by people who do not need emergency help. The worst offenders range from a 16-year-old calling a ambulance because he had a bloodshot eye to a woman who dialed 999 because her husband 'wouldn't do what she told him.' Several U.S. cities have begun launching a non-emergency number, such as 3-1-1, to lessen the burden on the 9-1-1 system.

Medics hurt, man killed, when truck hit by ambulance

Two Texas medics were injured and one man was killed in January when an ambulance struck a disabled truck on U.S. Highway 281. The man driving the truck had hit the guard-rail, causing his truck to spin around and come to a stop facing oncoming traffic. A trooper said that there were no lights operational on the vehicle. As the man got out of his truck and stood behind it, a Brooks County ambulance struck the front end of the pickup, causing it to hit the man. He died at the scene. The ambulance slid to a stop and turned over on its right side. The medics were transported by a second ambulance to Kingsville, treated and released.

Star of Life lapel pins available

Looking for more of the cool lapel pins and bags that were sold at the conference? The Texas Health Foundation is selling the pins. Minimum order is four pins and the cost



is \$20, which includes postage. For more info, go to www.texasemsconference.com or call (512) 759-1720.

CDC offers injury prevention website

Looking for a website that offers statistics on injuries and lots of good information on injury prevention? Then check out the Centers for Disease Control's National Center for Injury Prevention and Control (NCIPC) at www.cdc.gov/ncipc/ncipchm.htm. The site has information on falls, drownings, suicide, fireworks safety – just about any injury prevention topic you can name. While you're there, click on the Order Publications link. You'll find many brochures available to order at no charge. While many of the publications are available only as single copies, the booklets contain ideas on how to prevent injuries that you can take to your community. NCIPC also published a state injury profile for Texas for the year 1997. The book includes a chart of the 10 leading causes of death by age group (see below); injuries are still the leading cause of death from ages 1-34, while cancer has taken over the top spot in ages 35-64. After 65, the most common cause of death is heart disease.

Helicopter crashes into Cleveland hospital

A medical helicopter crashed and exploded in January just after taking off from a Cleveland hospital, killing a pilot and a flight nurse. A medic suffered burns over 25 percent of his body and was listed in serious condition. There was no patient on board. The helicopter crashed into a courtyard the University Hospitals of Cleveland after lifting off from a 12-story rooftop helipad. It landed on a unoccupied car and broke into pieces. No one on the ground was injured. About 16 patients from three floors were temporarily evacuated, even though no smoke or flames got inside the building. The chopper was on its way to another hospital to pick up a patient.

10 Leading Causes of Death by Age Group: 1997

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 6,178	Unintentional Injuries 2,005	Unintentional Injuries 1,534	Unintentional Injuries 1,837	Unintentional Injuries 13,367	Unintentional Injuries 12,598	Malignant Neoplasms 17,099	Malignant Neoplasms 45,429	Malignant Neoplasms 86,314	Heart Disease 606,913	Heart Disease 726,974
2	Short Gestation 3,925	Congenital Anomalies 589	Malignant Neoplasms 547	Malignant Neoplasms 483	Homicide 6,146	Suicide 5,672	Unintentional Injuries 14,531	Heart Disease 35,277	Heart Disease 65,958	Malignant Neoplasms 362,913	Malignant Neoplasms 539,577
3	SIDS 2,991	Malignant Neoplasms 438	Congenital Anomalies 223	Suicide 303	Suicide 4,188	Homicide 5,075	Heart Disease 13,227	Unintentional Injuries 10,416	Bronchitis Emphysema Asthma 10,109	Cerebrovascular 140,366	Cerebrovascular 159,731
4	Respiratory Distress Synd 1,301	Homicide 375	Homicide 174	Homicide 283	Malignant Neoplasms 1,645	Malignant Neoplasms 4,807	HIV 7,073	Cerebrovascular 5,695	Cerebrovascular 9,676	Bronchitis Emphysema Asthma 94,411	Bronchitis Emphysema Asthma 109,029
5	Maternal Complications 1,244	Heart Disease 212	Heart Disease 128	Congenital Anomalies 224	Heart Disease 1,098	HIV 3,993	Suicide 6,730	Liver Disease 5,622	Diabetes 8,370	Pneumonia & Influenza 77,561	Unintentional Injuries 95,644
6	Placenta Cord Membranes 960	Pneumonia & Influenza 180	Pneumonia & Influenza 76	Heart Disease 185	Congenital Anomalies 420	Heart Disease 3,286	Homicide 3,877	Suicide 4,948	Unintentional Injuries 7,165	Diabetes 47,289	Pneumonia & Influenza 86,449
7	Perinatal Infections 777	Perinatal Period 75	HIV 62	Bronchitis Emphysema Asthma 79	HIV 276	Cerebrovascular 678	Liver Disease 3,508	Diabetes 4,335	Liver Disease 5,253	Unintentional Injuries 31,388	Diabetes 62,636
8	Unintentional Injuries 763	Septicemia 73	Bronchitis Emphysema Asthma 50	Pneumonia & Influenza 65	Pneumonia & Influenza 220	Diabetes 620	Cerebrovascular 2,787	HIV 3,513	Pneumonia & Influenza 3,759	Alzheimer's Disease 22,154	Suicide 30,525
9	Intrauterine Hypoxia 452	Benign Neoplasms 65	Anemias 38	Cerebrovascular 51	Bronchitis Emphysema Asthma 201	Pneumonia & Influenza 534	Diabetes 1,858	Bronchitis Emphysema Asthma 2,838	Suicide 2,948	Nephritis 21,787	Nephritis 25,311
10	Pneumonia & Influenza 421	Cerebrovascular 56	Benign Neoplasms 35	Benign Neoplasms 41	Cerebrovascular 188	Liver Disease 516	Pneumonia & Influenza 1,394	Pneumonia & Influenza 2,233	Septicemia 1,852	Septicemia 18,079	Liver Disease 25,175



New poison number debuts

The Texas Poison Center Network is joining with 64 other poison centers in a campaign to raise awareness about 800-222-1222, a new life-saving national hotline for poison emergency treatment and advice. The number will automatically connect to specially trained nurses, pharmacists, and doctors at the closest local poison facility, the same poison experts who have worked for years at the Texas Poison Center Network. These poison experts will immediately respond to poison emergencies and answer poison-related questions about medications, household products and other potentially dangerous substances. The Texas Poison Center Network's current toll-free number (1-800-764-7661) will also continue to operate as it did prior to the new hotline.

The national campaign to raise awareness about the new toll-free hotline is sponsored by the American Association of Poison Control Centers (AAPCC). The campaign includes radio and printed public service announcements, stickers, magnets, brochures and posters with the new hotline number. A new Web site, www.1-800-222-1222.info, has also been developed to provide poison prevention information.

The six poison centers will distribute 1-800-222-1222 promotional materials to local citizens who call the new hotline. In addition, the local poison centers will participate in activities throughout their respective regions to promote the new toll-free hotline to area residents. The six poison centers of the Texas Poison Center Network are located in Amarillo, Dallas, El Paso, Galveston, San Antonio and Temple. The Texas Poison Center Network is a cooperative effort between the six poison centers, the Commission on State Emergency Communications, and the Texas Department of Health.

Tobacco campaign kicks off

Is it Worth It?—the newest campaign from TDH's Tobacco Prevention program—aims to tell teens about the consequences of tobacco use. Senate Bill 55, passed in 1997 by the Texas Legislature, makes it tougher on teens who try to buy tobacco products. Teens under 18 caught buying or possessing tobacco can face a fine up to \$250, community service, a tobacco awareness class and up to a six-month suspension of their driver's license. The Texas Department of Public Safety is helping to launch the campaign in the coming months and to create more awareness of law. Posters appealing to teens will be displayed in DPS Driver License offices across the state this April.



Update your TDH forms

Because the Bureau of Emergency Management's forms are on our website (www.tdh.state.tx.us/hcqs/ems), that means that forms can easily be changed—and are changed as laws, rules and policies take effect. Why should you care? It's important for you to have the latest version, so don't download a form and use it again the next time you need it. Go to the website and download the latest form to make sure you have the correct version. Some examples of things that have changed lately are privacy laws and policies concerning continuing education.

Research and more research

If you're looking for research on a bunch of different injury prevention topics, you can thank the University of Albany School of Public Health for an excellent resource. This amazing site has hundreds of research papers listed on more than 20 injury prevention topics, including falls, poisonings, drownings, sports injuries and many others. Access the site at http://www.albany.edu/sph/injury/injr_013.html.



What are all those awards?

It's up to you to nominate who's outstanding in EMS.

Have you ever been nominated for a Texas EMS Award? Have you ever nominated anyone? If you've been nominated or done the nominating, you know just how exciting it is when the awards are announced at Texas EMS Conference.

How can I nominate someone or a service for an award?

There are 11 categories of Texas EMS Awards. Each category honors a person or organization that exemplifies the best EMS has to offer. It's quite an honor to be nominated and to win. The categories and the explanations are listed on the nomination form on the following page. Once you've chosen the correct category, the rest is pretty easy.

- Fill out the information requested on the form.
- Attach no more than three pages of typewritten background information. This can include written examples of why this person or organization should win. Please be specific, using examples when possible. Keep in mind that the people who review the nominations most likely don't know the person nominated.
- One page of examples (such as brochures, other awards, etc.) that illustrates what the background information states. You can reduce the size of the items so that several fit on one page.
- Maximum of five letters of recommendation

Please make 15 copies of the nomina-

tion packet and send to us post-marked no later than **September 15, 2002**. The packets are then given to each team at the Bureau, and sent to each EMS regional office. Each team and region ranks the nominations for each category and returns the information to the Bureau, where scores are tallied. Winners are announced at the Awards Luncheon at Texas EMS Conference.

Texas EMS Hall of Honor

The Texas EMS Hall of Honor memorial honors emergency medical service personnel who lost their lives in the line of duty. The plaques hang permanently at the Texas Department of Health in Austin as a tribute to those individuals who made the ultimate sacrifice for public safety. Each plaque holds engraved names along with certifications and licensure and date of death.

Texas EMS Hall of Fame

The Texas Department of Health honors individuals who have made significant contributions to emergency medical services in Texas. This honor is intended to remain a permanent part of the EMS history of this state. Individuals inducted into the Texas EMS Hall of Fame are permanently honored in a display at the offices of the Bureau of Emergency Management. Nominations are due **June 1**. For more information on how to nominate someone for Texas EMS Hall of Honor, go the Bureau's website at www.tdh.state.tx.us/hcqs/ems and click on EMS and then on Hall of Fame. —*Kelly Harrell*

2002 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/Injury Prevention 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.

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/Injury Prevention Award honors an EMS group or individual for outstanding achievement in public education or injury prevention.

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.

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, 2002.

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 2002 during the Awards Luncheon on November 26, 2002.

Texas EMS Week

May 19-25, 2002

Texas Trauma Awareness Month

May 2002

Start planning now for EMS Week and Trauma Awareness Month—the week and month that honor emergency responders!



Have you started planning for National/Texas EMS Week, May 19-25? What about Trauma Awareness Month in May? Texas EMS Week and Texas Trauma Month honor all who work as part of the Texas EMS and Trauma Network. These two events are a perfect way to tell people in your community about what you do. It's also a perfect opportunity to bring the message of safety to your community. If you have questions or comments about EMS Week or Trauma Month, or simply want some help in planning some activi-

ties, call us at (512) 834-6700. For a list of activities you can do, go to our website at www.tdh.state.tx.us/hcqs/ems. You'll see the EMS Week link.

Here are a few things that might help you plan:

The American College of Emergency Physicians is once again sending out planning packets for EMS Week. The theme of this year is: EMS: Help is a Heartbeat Away. TDH will mail out ACEP packets in April to every EMS provider and first responder group. Packets can also be ordered directly from ACEP by calling (800) 798-1822, then pressing 6 for publications when prompted by automated voice mail. Or you can check out ACEP's website at www.acep.org.

We will add our own Texas EMS Week information to those packets, including press releases, radio spots, sample resolutions and ideas for EMS Week activities. In Texas, we'll focus on the new child car seat law in Texas and the importance of wearing seatbelts for everyone in the vehicle.

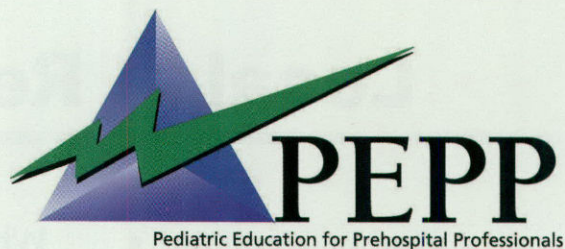
Ready Teddy coloring books and stickers are now available. Please use the order form on page 2 of this issue to order coloring books and other materials you'll need for EMS Week activities. And remember, order early!

For more information, contact Nicole Mitchell-Rivers at (512) 834-6700, extension 2380.

Safety information websites

- TDH website with Texas EMS Week information
www.tdh.state.tx.us/hcqs/ems
- Texas Safe Riders Traffic Safety Program
www.tdh.state.tx.us/injury/safe/index.htm
- Nat'l Highway Traffic Safety Admin. Safe & Sober campaign
www.SafeandSober.org and www.nhtsa.org
- American Trauma Society
www.amtrauma.org
- National Safety Council
www.nsc.org
- American College of Emergency Physicians
www.acep.org

By Jeff Hummel, EMT-I



AAP unveils the online PEPP renewal course

Be a part of the American Academy of Pediatrics' (AAP) first Pediatric Education for Prehospital Professionals (PEPP) Renewal Course. The original PEPP course has already been available for two years and it may be time to renew your PEPP course completion card. Instead of attending a complete PEPP course, the AAP has developed a renewal course that combines internet technology with practical, life-like, on-site skill refresher stations. You will experience an interactive learning environment that expands on the concepts and principles of the original classroom PEPP course. This renewal course represents a comprehensive source of prehospital medical information for the emergent care of infants and children. It is a true continuing education experience. AAP will announce the debut of this course at the 3rd National Congress on Childhood Emergencies in Dallas in April 2002.

The PEPP renewal course will take you on an interactive journey through a point-and-click web-based interface that blends your need for information with the strenuous demands of your schedule by offering you the following features:

- Interrupt the on-line course at any point and pick up where you left off at a later time
- Detailed diagrams, easy mnemonics and streaming video enrich your learning experience so you absorb more
- Point-and-click online glossary of terms
- Interactivities that engage you and provide live feedback

With a large number of Texas' EMS providers in rural or frontier areas, the web-based format of the PEPP renewal course makes on-going pediatric continuing education affordable and accessible. PEPP has won wide praise and was awarded the 2001 National EMSC Heroes Award for Innovation in EMSC Product/Program Development. If you participated in an initial PEPP Course and your PEPP provider card expires between March 30, 2002, and September 30, 2002, and you would like to participate in the first PEPP renewal course, visit the PEPP site at www.PEPPsite.com and click on "What's New" to view information. Or call the Division of Life Support Programs at 800/433-9016 ext 4795. (Requirements: your PEPP card must expire between March 30, 2002, and September 30, 2002; you must participate in a post-course evaluation; and you must have access to the internet and the world wide web prior to the on-site course date.)

PEPP's Steering Committee has distinguished representatives from:

- American Academy of Pediatrics
- American College of Emergency Physicians
- Emergency Nurses Association
- International Association of Fire Fighters
- International Association of Fire Chiefs
- National Association of EMS Educators
- National Association of State EMS Directors
- National Association of EMS Physicians

EMT-I Jeff Hummel, formerly the Texas EMSC Coordinator, is now the PEPP Program Manager for the American Academy of Pediatrics. He has over 12 years experience as a medic in EMS and emergency room settings.

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.

Wharton EMS delivers baby, mother to hospital

Wharton EMS responded to an emergency call for a woman in labor in her vehicle in January and found the father, mother and new baby waiting on the shoulder of the highway. The couple were on the way to the Gulf Coast Medical Center for a routine checkup when the mother felt the first labor pain. She had her husband pull over and call 9-1-1 and then realized that the baby was already coming. Even though Wharton EMS responded immediately, they were surprised at the quickness of the baby's birth. EMS personnel tended to the mother and child and transported them to the hospital. Mother and child, her third, were doing fine.

TX-4 DMAT announces Volunteer of the Year

TX-4 Disaster Medical Assistance Team, based in Dallas-Fort Worth, announced that Mark Butler, RN, was awarded the 2001 Volunteer of the Year Award during the team's Christmas party. Butler was deployed several times in 2001, including to the World Trade Center in New York following the September 11 attack.

Panhandle services receive equipment grant funding

Fourteen fire and ambulance departments in the Texas Panhandle will share \$200,000 in grant money from the Don and Sybil Harrington Foundation. Preliminarily chosen to receive

TX-4 DMAT honored Mark Butler, RN, center, as the 2001 Volunteer of the Year. Congratulating him on his award are, left, Ozro Henderson, RN, EMT-P, TX-4's commanding officer; and Suzanne Stiles, EMT-P, TX-4's administrative officer.



Local & Regional EMS News

grants were: Nazareth FD, \$16,517 for Jaws of Life; Happy EMS, \$800 for a hand-held pulse oximeter; Shamrock VFD, \$25,615 for a cab and chassis for a rescue vehicle; City of Howardwick VFD, \$27,500 for a front pumper engine; Stinnett EMS, \$84,870 for an ambulance; City of Panhandle VFD, \$15,930 for extrication equipment; City of Friona VFD, \$13,500 for self-contained breathing apparatus; Tulia VFD, \$20,510 for Jaws of Life; Claude VFD, \$91,025 for an ambulance; Hansford County/Spearman VFD, \$59,800 for grass fire truck; Fritch VFD, \$77,000 for mini-pumper rescue vehicle; Wayside Emergency Team, \$27,760 for heart monitor and defibrillator; Associated Ambulance Authority in Clarendon, \$22,435 for automated blood pressure machine, monitor and defibrillator; and Hoover VFD, \$2,289 for gas detection monitor. The Don and Sybil Harrington Foundation is a private organization supporting many causes in the Amarillo area.

Lavaca County adds AEDs to county response

Lavaca County Sheriff's Department and all fire departments in Lavaca County received 11 AEDs to use when they arrive on the scene before the ambulance. The sheriff's office received seven of the AEDs, and the others went to fire departments in Hallettsville, Shiner, Moulton and Sweet Home. The equipment was purchased

through funding from Lavaca County and a grant from the Raymond Dickson Foundation.

Bexar County Fire Marshal holds awards banquet

The annual Bexar County Fire Marshal's Awards Banquet recognized the more than 600 volunteer firefighters and 25 departments in Bexar County in December. The "Granny" Hale Firefighter of the Year award was presented to Winifred "Fox" Gipson, chief, Gardendale VFD, for his work in creating extra rescue units in south Bexar County. The Most Progressive Fire Department award was presented to the Sandy Oaks VFD, which was awarded more than \$300,000 in FEMA grants and increased the number of volunteers in its service. The Outstanding Firefighter of the Year was Pete Templin, EMT, Windcrest VFD, for his dedication to service. The First Responder of the Year award was

presented to Lisa Davis, EMT, medical coordinator, Gardendale VFD, for her dedication to emergency response. The Dispatcher of the Year award was presented to Starla Blake, for professionalism, patience and ability to maintain order. The awards were presented by Bexar County Fire Marshal Carl L. Mixon.

System works for the Bolleter family

Personnel with Port Olivia VFD, Calhoun County EMS and Port Lavaca Memorial Medical Center recently were recognized for their life-saving actions. When Port Alto resident Robert Bolleter began having chest pains, his wife activated the emergency response system by calling 9-1-1. The first responders arrived just as he went into cardiac arrest. The first responders reverted him to a profusing heart rhythm with an AED. EMS arrived and transported the patient to the hospital. He was conscious and alert

Bexar County Fire Marshal Carl L. Mixon, at left, presented the Bexar County First Responder of the Year award to Lisa Davis, EMT, Gardendale VFD. Ms. Davis is also a dispatcher for San Antonio AirLife. The honor was announced at the County Fire Marshal's 18th annual Awards Banquet held on Saturday, December 1, 2001.



Local & Regional EMS News



A member of Somervell Co. VFD reminds a parent that everyone in the vehicle should be properly buckled up at any time the vehicle is moving, while Sparky the Fire Safety Dog watches. During Texas EMS Week 2001, SCVFD emphasized the Buckle Up America theme.

upon reaching the hospital and has since had bypass surgery. Robert Bolleter is a strong supporter of EMS and father of Scott Bolleter, a paramedic with San Antonio AirLife and frequent speaker at the Texas EMS Conference.

Adopt-A-Fire Station works for Huntsville firefighters and medics

Children in two fourth-grade classes at Gibbs Elementary School gave Huntsville firefighters and medics restaurant gift certificates and edible gifts, such as cookies and muffins, in its Adopt-A-Fire Station program. The firefighters and medics brought two fire trucks and an ambulance to the school and showed the children how they fight fires and treat injuries. Parents of the elementary school children started the program to

give children an alternative to celebrities and sports figures as role models. Every two weeks, a different group of students will present a token of appreciation to the responders.

Paramedic students for Dallas FD perform blood pressure and blood glucose screenings on Dallas citizens. The screenings were a community project that was part of the students' EMS training.



SA firefighter writes tribute to fallen emergency personnel

San Antonio firefighter/EMT-P Kevin Scott recently wrote and recorded "911," a tribute to the emergency response personnel who were killed in the September 11, 2001, tragedy. A songwriter for 30 years, Scott created the lyrics from his 25 years of firefighting experiences, writing lines such as "They rush in past those who flee/into the place where dragons breathe." Proceeds from the sale of '911' will be donated to the Sept. 11 Counseling Support Foundation. The foundation, created by the International Association of Firefighters, offers counseling and support for emergency response personnel who have been at Ground Zero.

Local & Regional EMS News

DFD paramedic students participate in community project

Dallas FD paramedic students recently participated in a city-wide community project. The 32 students performed blood pressure screenings and blood glucose screenings at various locations in December. Nearly 1,000 people were screened and given written documentation of the screening results. Their test results were explained to them in terms of how their future health could be affected, and those identified with high blood glucose levels or high blood pressure were advised to see their physicians or invited to visit one of the DFD fire stations within the next few days for monitoring.

DFD paramedic students are required to perform a community service project as part of their paramedic training. EMS educators are contemplating the addition of ECG readings for the next class' community project.

Get ready for Texas EMS Week, May 19-25! Here's what some providers did last year:

Somervell County VFD encourages the community to stay safe

Somervell County VFD reminded all the local children about staying safe through the summer. EMS personnel and Sparky the Fire Safety Dog reminded the children about fire prevention safety, such as not playing with matches, and water

safety and seat belt safety. EMS personnel also stood outside of schools and reminded parents about buckling up themselves and the children. They gave out flyers, puzzles, bumper stickers and backseat drivers licenses to children who buckled up correctly. They also stood along busy intersections in Glen Rose and reminded people to buckle everyone up properly.

City of Luling/Caldwell County EMS educates children about EMS

During Texas EMS Week 2001, City of Luling/Caldwell County EMS visited the local schools and allowed the children to tour the ambulances, showing them the equipment EMS uses during emergencies. EMS per-

Local children toured Luling/Caldwell County EMS ambulances and learned about calling 9-1-1 from Ready Fox during Texas EMS Week 2001.



Local & Regional EMS News

sonnel and Ready Fox also taught the children about calling 9-1-1. The local newspaper and TV stations ran advertising thanking the EMS personnel for their service to the community. And EMS personnel taught CPR classes and allowed the citizens to tour the ambulances at a local grocery store.

Adrian EMS teaches local children about EMS and calling 9-1-1

During Texas EMS Week, Adrian EMS gave elementary students tours of the ambulance and taught them about calling 9-1-1. Safety packets were sent home with the children, and the

local newspaper ran articles about EMS for three weeks. The service also participated in a farm safety program through the Oldham County Extension Service.

Lake Jackson EMS teaches kids to play safe during the summer

Lake Jackson EMS presented bicycle, seat belt and car seat safety programs to local elementary students during Texas EMS Week 2001. The presentation included a video on safety, and bike helmets and knee and elbow pad sets were given as door prizes.

TEXAS EMS CERTIFICATIONS AS OF FEBRUARY 7, 2002

ECA	5,319
EMT	24,632
EMT-I	3,966
EMT-P	9,677
LIC-P	4,966
TOTAL	48,560
COORDINATOR	359
INSTRUCTOR	2,021
EXAMINER	710



Students at Brannen Elementary learn about bicycle safety and seat belt safety from Lake Jackson EMS personnel during Texas EMS Week 2001.

Correction: The correct funding information for Local Projects grants awarded in 2002 is 24 ambulances, 22 AEDs and 18 monitor-defibrillators.

Local & Regional EMS News

Texas Department of Health EMS Offices

**Bureau of
Emergency Management**
<http://www.tdh.state.tx.us/hcq/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/hcq/ems/r2&3home.htm>

Kevin Veal
 1301 South Bowen Road, Suite 200
 Arlington, TX 76013
 (817) 264-4500

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

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

Public Health Regions 4 & 5
<http://www.tdh.state.tx.us/hcq/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/hcq/ems/r910home.htm>

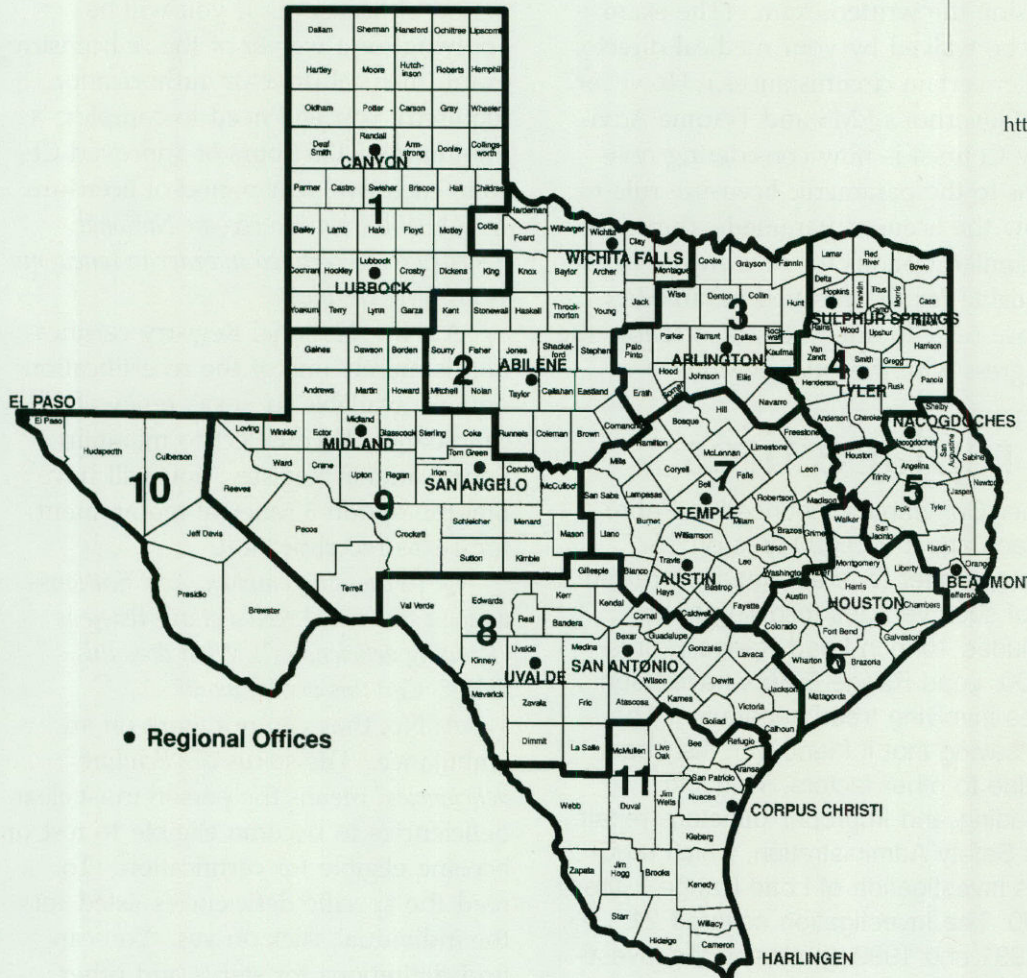
Tom Cantwell
 Anthony Viscon
 401 E. Franklin, Suite 210
 El Paso, Texas 79901
 (915) 834-7708

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

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

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

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



By
Linda Reyes

FAQ *EMS Standards*

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/stndhome.htm>
Internet certification
verification is now on web
site.
Certification verification
phone line:
512-834-6769
Fax number:
512-834-6714
email: emscert@tdh.state.tx.us

Q: *I was told I will not be able to renew my paramedic license by choosing one of the four options allowed under the new certification rule. Why are you not allowing renewal options for licensed paramedics?*

A: The changes made to the certification rule effective January 1, 2002, did not affect the paramedic licensure rule. As the rule currently stands, you will re-license by completing CE hours and passing the written exam. (The exam can be waived by your medical director under certain circumstances.) However, the Governor's EMS and Trauma Advisory Council is now considering revisions to the paramedic licensure rule to allow the licensed paramedic the same, or similar, options for re-licensure as are available for the certified paramedics. Please refer to our web site to follow the progress with the rule revision.

Q: *As a licensed paramedic, am I supposed to comply with the new CE hour totals and content areas?*

A: No. Though the CE rule was recently revised, no changes were made to paramedic licensure CE requirements. During the four-year licensure period, you must accrue a minimum of 96 hours of CE credit. Half of the hours (48) must be accrued during each two-year period of licensure. If you will be applying for a waiver of the re-licensure exam (medical director authorization required), you will need to complete a minimum of 136 hours of approved CE, 68 in each two year period of licensure.

Q: *Will I have to become National Registry (NR) certified in order to renew my Texas EMT certificate?*

A: No. National Registry certification is merely one of the recertification options available to Texas renewal candidates. If you elect to maintain your National Registry, you will have met the option 3 renewal requirement for Texas recertification.

Q: *In checking employee certifications on your web site, I read a status listed as "Pending deficiencies". What does this mean? Can this person work?*

A: No, they can not work on an ambulance. The status of "Pending deficiencies" means the person must clear deficiencies to become eligible to test or become eligible for certification. To read the specific deficiencies listed for the individual, click on yes. You can find definitions for status and other terminology on our web site at: http://160.42.108.3/ems_web/blh_html_page1.htm.

Goodyear to replace tires

Goodyear Tire and Rubber Company announced in February that it will voluntarily replace about 200,000 tires on 15-passenger vans and ambulances after federal regulators raised concerns about the stability of such vehicles following tread separation. The program includes 16-inch Load Range E tires made between 1996 and 2000. Load Range E tires have been linked to 11 deaths in crashes involving tread separation. The company did not admit fault, saying that it found that the tread separation in all cases was due to other factors, including underinflation, severe overloading and improper puncture repair. The National Highway Traffic Safety Administration, which regulates tires, said it will close its investigation of Load Range E tires that began in November 2000. The investigation covered 21 million tires made between 1991 and 1999. In closing the investigation, the government will not make any decision on whether the tires were defective and will not order a recall. For more information, call Goodyear at (866) 797-8977.

By
Eddie Walker, EMT-P

FAQ *Education*

Q: *I was looking at the new recertification rule and noticed that in the continuing education and recertification course content areas have changed. One of the areas I haven't seen before is clinically-related operations. What does that cover?*

A: The clinically-related operations content area deals with subjects that are not direct patient care, but are directly related to patient care. Some examples of subjects allowed are: emergency vehicle driving course, CISM, crime scene awareness, rescue operations and use of aero medical services by ground units. Some examples that are **not** allowed are: ambulance vehicle maintenance, administrative budgeting of EMS operations, billing for EMS runs or fundraising.

Q: *What is the difference between a refresher course and a recertification course?*

A: That is a question that has been asked quite often lately. Historically, a **refresher course** has been conducted as a part of an initial course for students that failed both attempts at the state exam, but is shorter than the initial course. After successfully completing the refresher course a student is eligible to take the state exam again. By the way, the term refresher is being phased out and replaced by the term **remediation course**. TDH believes this is a more accurate description of the course a student must complete who has failed both attempts of the state exam.

A **recertification course** is designed to enhance the skills and knowledge of those currently working in the field. Designed to be taught in the traditional classroom setting with instructors, textbooks, skills labs and exams, it will not

only review subjects but also incorporate material the participants may not have had before. For example, an ECA recertification course (24 hours) may include EMT pharmacology; an EMT course (48 hours) may have advanced airway management techniques; an EMT-I course (72 hours) may include cardiology and a paramedic recertification course (96 hours) could have critical care subjects in it. A sample syllabus is being developed by TDH and should be available and posted on the Bureau's website soon.

Q: *I am in an EMT class and considering going to a paramedic class, but some of my preceptors tell me I will have to get a degree in EMS to become a paramedic. Is this true?*

A: No, you can become certified as a paramedic without having a degree in EMS. Texas has both certified (EMT-P) and licensed paramedics (LP). To become certified as a paramedic, you must successfully complete a paramedic course and pass the state exam. Rule 157.40 states a currently certified paramedic may apply for licensure if the candidate has met one of the following requirements:

- (A) at least 60 hours of college credit from a regionally accredited college or university which includes the Academic Core Curricula as defined by the Texas Higher Education Coordinating Board;
- (B) an associate degree;
- (C) a baccalaureate degree; or
- (D) a postgraduate degree from a regionally accredited college or university.

Beginning September 1, 2002, a currently certified paramedic may apply for a paramedic license if the candidate has at least one of the following requirements:

- (A) an associate degree in emergency medical services (EMS);
- (B) a baccalaureate degree; or
- (C) a postgraduate degree from a regionally accredited college or university.



Merkel EMS, which uses volunteer medics, attends a two-vehicle crash on a road in Taylor County. Photo by Audra Horton.

By Jim Arnold

So, you're a volunteer? Are you sure?

Texas law exempts volunteer EMS personnel from paying certification and licensure fees, but what does TDH consider to be the qualifications for you to claim that exemption? The two established criteria are as follows:

The certificant must be affiliated with a volunteer EMS provider or registered first responder organization.

This means that the EMS service or the FRO is registered with TDH as a volunteer service. In order to qualify as a volunteer service organization, it must be a function of a political subdivision, such as a city volunteer fire department, or it must be an IRS-designated 501(c)(3) non-profit entity, such as a volunteer EMS association. The service may not have more than five paid staff, including administration, maintenance, dispatching, and record keeping. Further, the paid staff must be limited to no more than a total of 200 hours per week.

The certificant must be an active EMS volunteer and may not receive remuneration for performing EMS duties from any organization.

This means that the individual routinely and actively volunteers with a volunteer service and does not get paid under any circumstances for providing emergency care. The law is intended to help a person who gives his time and talent freely to help the ill and injured by offering that person a free EMS certificate.

Questions and Answers

- Q.** *I am a paid full-time medic with the city's fire department but I volunteer with a little ambulance service in my hometown on my weekends off. Can I claim the exemption to the certification fee?*
- A.** No. We appreciate your willingness to volunteer on your days off, but you are earning your principal wage working as a paramedic and you still must pay the fee.
- Q.** *I'm the director of a county EMS service and I pay my volunteers a stipend to be on call. Is this considered "remuneration?"*
- A.** Possibly. If the stipend you're paying is intended to cover expenses your volunteers incur, then it isn't remuneration. On the other hand, if the stipend is greater than the expenses incurred, then it is considered pay and your staff is in violation of the fee exemption statute.
- Q.** *What expenses can be reimbursed legally for volunteers?*
- A.** The only allowable expenses for which a provider may reimburse volunteers are:
- Uniforms, if the service requires them (this does not include pins, insignia, or other uniform decoration);
 - Gas and oil allowance for driving their own vehicles to and from the station or the scene;
 - Medical supplies and equipment

for patient care purchased by the volunteer;

- Training that is related to the provision of emergency medical care; and,
 - Meals, if the volunteer must travel out of town for an extended period (two hours or more).
- Q. *I was a volunteer for the first two years I was certified, but then took a paid position as an EMT with an ambulance company. Am I supposed to pay the fee now or just the next time I recertify?*
- A. At the time a certificant ceases to be a volunteer, he or she is required to pay the certification fee, prorated by the amount of time remaining in the certification period. As an EMT, you must pay a prorated fee of \$12.50 for each year you are not a volunteer. You owe TDH \$25.00 for the two years left on your certification.
- Q. *I paid the fee for my certification two years ago but I just recently started volunteering for a first responder organization. Will TDH refund half of the fee now?*
- A. Sorry. EMS fees are non-refundable under the law. (But that was a nice try.)
- Q. *I'm certified, but I'm not in EMS, volunteer or otherwise. Since I don't get paid to be an ECA, am I exempt from the fee?*
- A. No. Remember, you must be an **active volunteer** with a volunteer EMS or first responder organization to qualify for the fee exemption.
- Q. *I am the director of a volunteer ambulance service. I have 22 volunteers on my roster but I can only depend on five of them to actually respond. What can I do?*
- A. In order to qualify for the fee ex-

emption, the department requires that a certificant actively and routinely volunteer. This means that each volunteer must be willing to respond equally as often as the other volunteers. You should report those who don't to your regional EMS office.

- Q. *I didn't pay the fee because I was a volunteer when I last recertified but I've been a paid paramedic for the last three years. Am I in trouble now?*
- A. As long as you voluntarily pay the fee for the past three years you won't be in violation. Looks like you owe TDH \$56.25 (\$18.75 per year for the three years you've been a paid medic).
- Q. *How do I pay the prorated fee? Do I need another application?*
- A. No. Simply send in the amount you owe with a note explaining what it is for and provide your name, certification level and certification ID number. You may mail it to either the bureau office or to your regional office.
- Q. *What is the penalty for falsely claiming volunteer status?*
- A. In accordance with rule §157.36, subsection (b) paragraph (15), the department may suspend or decertify an EMS certificant, or suspend or revoke a licensed paramedic, for falsifying a department application. Further, rule §157.16, subsection (d), provides for a monetary administrative penalty of \$1,000 per day per offense, and/or suspension of the provider license, for a service provider that falsely claims volunteer exemption or knowingly uses volunteer staff in paid positions.

Jim Arnold is assistant bureau chief for EMS regulation at TDH's Bureau of Emergency Management.

**Texas EMS
Conference fact -**
Number of square feet in the exhibit hall this year: 129,000

By Kevin D. Veal, LP

The Fifth Recert Option: *The Comprehensive Clinical Management Program*

EMS HAS EVOLVED IN TEXAS FROM HUMBLE beginnings. The first piece of EMS legislation that had to do with what would become Texas EMS was passed around 1943 and required only a traction splint, a first aid kit and an attendant with eight hours of first aid training. There were no vehicle requirements. The first aid kit was not even defined. It was left to the attorney general to decide that it would consist of 15 simple items such as scissors, bandages and splints.

Around 1971, the Texas Department of Health's Civil Defense and Traffic Safety Division decided to begin offering voluntary ECA training. In 1984, the Texas legislature passed the first comprehensive EMS Act in Texas. For the first time, personnel who staffed an ambulance had to be at least an ECA.

In the next two decades, Texas adopted Federal Department of Transportation standard curriculums for its EMTs as well as modified DOT curriculums for intermediates and paramedics. EMS training began to be offered around the state.

Today, EMS in Texas is evolving rapidly into sophisticated prehospital systems. The personnel within these developing systems are being called upon to learn more, do more and be more than ever before. The key to continued success is no longer just willingness to serve. The key to success is ongoing

system improvement and individual professional development.

The Comprehensive Clinical Management Program, or CCMP, will be the next step in the evolution of EMS in Texas. The CCMP is the fifth option for recertification in §157.34 of the EMS rules and is currently being developed by a workgroup of EMS medical directors, administrators, paramedics and TDH personnel. Once the process has been tested and evaluated, a final version of the rule, which will make the CCMP a reality, will be submitted to GETAC for approval.

Even though the CCMP is offered as a recertification option for individuals, it is truly an EMS provider function. Once completed, EMS providers and medical directors will have direct influence over the recertification of their personnel.

The CCMP will **not** be just minimum standards that a provider must meet for a state license. Much like national accreditation, it is a voluntary option that EMS providers may attempt in order to raise the standard in their communities. Operating a successful CCMP will require experience and resources that providers may not want to dedicate on a full-time basis. There is nothing wrong with that decision; operating a CCMP is not for every provider and participation is not required. EMS providers that choose to attempt this option have freely accepted the higher standards imposed by a program such as the CCMP.

The program, as the name suggests, will be comprehensive in nature and will focus on improvement of the clinical aspects of an EMS provider. EMS personnel will be required to accept much more stringent requirements for education,

Larger providers may have an easier time implementing the stringent CCMP recertification option. A committee is working to develop a pilot program for the fifth recertification option. Photo by Cyndi Adams.



improvement and oversight. So although this recertification process may be more localized, it will not be the simplest option to complete. On the contrary, if done correctly, the CCMP option will take far more time and effort than the other four options.

Planning and preparation are the first steps toward approval of a Comprehensive Clinical Management Program. Before submitting an application for a new program, the potential applicant should assess its available resources. An active medical director, who has adequate time to dedicate to the program, is essential.

Approval of a CCMP will work much like the EMS education program approval process. Interested providers will have to submit a "self-assessment" that outlines their ability to successfully maintain a CCMP. Preparation of the self-assessment is the responsibility of the medical director and provider administrator. The provider must document its ability to address multiple criteria in several different categories. Currently, the CCMP requirements are divided into the following areas:

- Initial Assessment of New Care Providers
- Preceptor/Internship
- Required Professional Development
- Protocol/Standards of Care Management
- Credentialing Process
- Quality Improvement
- Service and Performance Inquiry System
- On-going Corrective Action
- Established Committees
- Medical Director Accreditation

The self-assessment will be submitted in writing to the appropriate TDH regional office for review, verification and approval. Each regional office will offer technical assistance by providing guidance and support to providers. Regional staff will help the program ensure that the quality standards expected for each CCMP are met.

In addition to addressing all the program components in the self-assess-

ment, the provider must also develop plans as to how program activities will be documented, how staff will be evaluated and how outcomes can be substantiated. Complete records must also be maintained that document problems, successes, administrative actions and program revisions that unfold as the program progresses.

Once the self-assessment has been approved, the provider will be expected to implement the program for at least six months prior to having a formal on-site review. During this time, the provider will be expected to put into place and begin documenting all of the processes that were outlined in the self-assessment.

The formal site visit will be required before the CCMP is approved as a recertification option for the provider's personnel. This phase of the approval process requires medical directors and administrators to verify all required components of the self-assessment during an on-site visit. The site visit is a vital part of the evaluation and improvement cycle. It requires cooperation, maturity and the ability to take and act upon constructive criticism. Improving any process or program requires participation from everyone associated with the program or process. Therefore, the site visit team will insist upon talking with the medical director, staff, administrators and other appropriate parties during the site visit.

The successful completion of the on-site review is the last step for program approval. This does not, however, end the provider's responsibilities. In fact, the work has just begun. In addition to the self-assessment/site visit process, a provider must maintain all components of its CCMP throughout its approval period. This will consist of constant review, revision and documentation. Each component will be going through continuous change and must be modified to keep up with current practices. In other words, the CCMP is a "living" program that will change to meet the needs of the provider, its personnel and the public they serve.

EMS providers that choose to attempt this option have freely accepted the higher standards imposed by a program such as the CCMP.

Licensed paramedic Kevin Veal is EMS regional director for Region 2/3 and is on the CCMP committee. He worked as an EMS specialist for TDH in Region 6 for five years and as a paramedic in Beaumont.

Conference changes on the way

Most people probably don't realize it, but for years Texas EMS Conference has been living the good life. We've been able to keep prices much lower than other conferences our size because TDH covered the cost of staff for the time spent throughout the year on the conference. We appreciate that TDH did that for all these years. However, with state budgets tightening, we've been told that we need to cover all our costs—including the four core staff devoted to the conference. That means conference prices are going to have to go up. There's not a good alternative; if we don't cover the costs, the conference may go away.

We're going to do our best to cut costs so we don't have to raise prices too much. We anticipate going up to about \$125 this year for attendee registration. Our partner, the Texas Health Foundation, will also actively be looking for sponsors to help defray our costs. We will continue making this the best conference around for the lowest price.

Even at higher rates, our price does not come close to other conferences. The well-known national conferences, which don't include any meals, run about \$300 to \$400. The Wisconsin EMS Conference, which was discussed in January on the EMS listserver, attracts about 1100 people per day. If you went to three days of the conference, it would cost you about \$230. I hope that helps you put our conference prices into perspective.

Now the good news: the Austin Convention Center is doubling in size and we'll be moving into the expansion. We're adding 50 percent more exhibit space for a total of 120,000 square feet. We want to fill that hall up! The more exhibitors we have, the better the show. More exhibitors will also help contain the costs for attendees. We're also adding a presentation stage in the middle of the hall so that exhibitors will have more space to show off their products. Even better news: no more elbowing for a space in a class. The meeting rooms

for the workshops are all much bigger. For starters, we'll have a room that seats 2,800 for general session along with four rooms next to it that seat 400 or more (last year, the room for the general session sat only 1,400). And we'll have plenty of other large meeting rooms as well. The meeting rooms are situated directly above the exhibit hall, so we will stay in one end of the building. In addition, we'll be adding some new preconference classes in addition to the old favorites such as high angle and cave rescue.

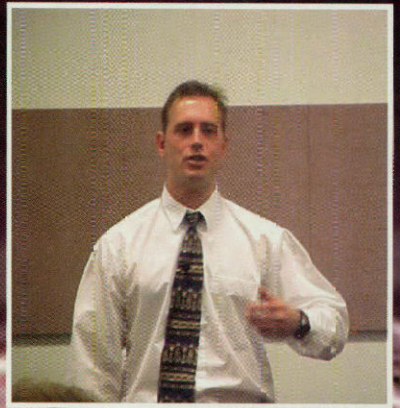
Thanks to those of you who have supported the conference all these years. We try to make it the best conference we can at the best cost. Hope to see you this November 24-27 in Austin. Watch our website and look in the May/June issue of the magazine for more information on registration and preconference classes. —Kelly Harrell

The photos on these two pages were taken at Texas EMS Conference 2001. This photo (left) was taken at the popular preconference Moulage class. The background photo is of the exhibit hall.



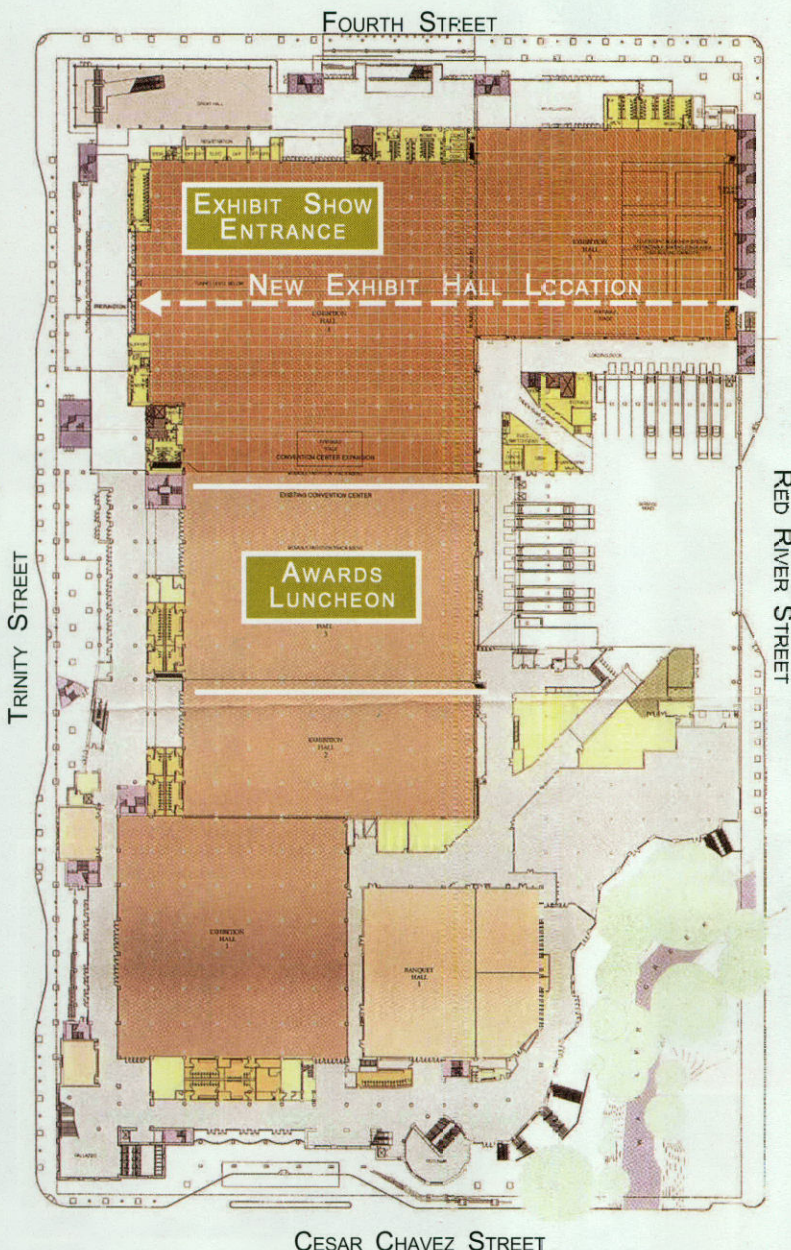
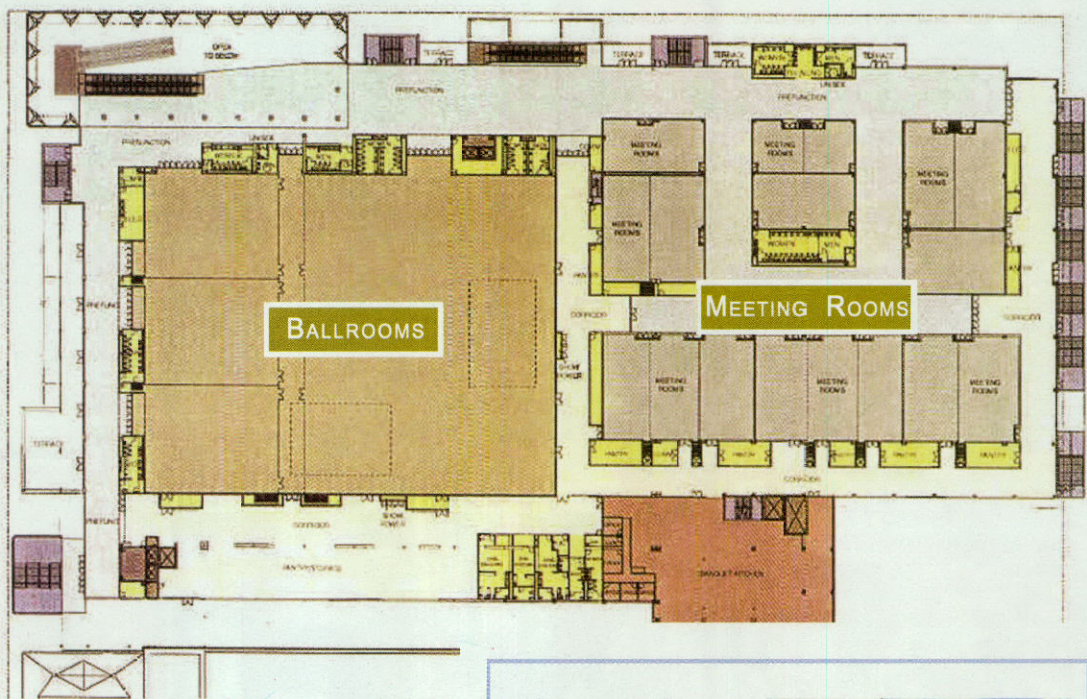


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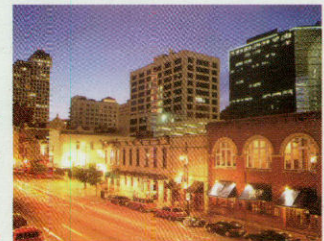
Austin
Convention
Center
Austin, Texas

The new meeting
space and new
exhibit hall will
be ready for
Texas EMS
Conference 2002.



Austin

As the Capital City of Texas, it's only natural that the State Capitol Building is the cornerstone of Austin's sights (*top photo*). Some of Austin's additional attractions include Sixth Street (*middle photo*), which houses a wide variety of restaurants and shops; and beautiful Town Lake (*bottom photo*).



Hotels

Conference Hotels: Texas EMS Conference has contracted for special rates with eight downtown Austin hotels.

Hyatt (<i>Host Hotel</i>)	\$80/105	(512) 477-1234
Radisson	\$80/100	(512) 478-9611
Four Seasons	\$120/160	(512) 478-4500
Omni Hotel	\$80/105	(512) 476-3700
Sheraton	\$70/90	(512) 480-8181
Embassy Suites	\$149/159	(512) 469-9000
Marriott Capitol	\$72/72	(512) 404-6946
Holiday Inn-Town Lake ..	\$62/62	(512) 472-8211

Schedule

Conference At-A-Glance

Tuesday, November 26

Sunday, November 24

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

Monday, November 25

7:00 am - 6:00 pm Registration in the Convention Center
Inside Exhibit Hall
8:15 am - 9:30 am Opening Session Ballroom D
9:45 am - 10:45 am Workshop Breakouts
10:00 am - 6:00 pm Exhibit Hall Open
11:00 am - 12 noon Workshop Breakouts
12 noon - 1:00 pm Lunch on Exhibit Hall
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts

*Workshop Breakouts in Ballrooms D-G,
Rooms 12,14 and 16-19*

7:00 am - 3:00 pm Registration in the Convention Center
Inside Exhibit Hall
7:30 am - 8:30 am Early Bird Workshop Breakouts
8:45 am - 9:45 am Workshop Breakouts Ballroom
9:00 am - 11:45 am Exhibit Hall Open
(closed during Awards Luncheon)
10:00 am - 11:00 am Workshop Breakouts
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
3:00 pm Exhibit Hall Closes
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts
*Workshop Breakouts in Ballrooms D-G,
Rooms 12,14 and 16-19*

Wednesday, November 27

8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - 12 noon Workshop Breakouts
*Workshop Breakouts
in Ballrooms D-G, Room 19*

Conference Adjourns

WIN! GRAND PRIZE - \$250; SECOND PLACE - \$100; THIRD PLACE - \$75 AND HONORABLE MENTION - \$50

2002 Texas EMS Photography Contest entry form

Photographer's
Name _____

Employed by _____

Address _____

City _____ State ____ Zip _____

Phone (HM) ____ / ____ - ____ (WK) ____ / ____ - ____

E-mail Address _____

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

Deadline for entering: November 15, 2002

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

- **Winning categories and prizes:**
One Grand Prize winner (either color or black and white)—wins \$250 and a plaque.
One Second place—\$100 and a ribbon.
One Third place—\$75 and a ribbon
One Honorable mention—\$50 and a ribbon
- **Deadline:** Entries must be received no later than **November 15, 2002**. All photos will be displayed at Texas EMS Conference and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmatted prints, in color or black and white (5 X 7 to 9 X 12 is best). 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:** Please print out a copy and mail a printed copy with the entry form attached. You may also e-mail the photo in a .jpg format, use CMYK colors and e-mail to Jan.Brizendine@TDH.state.tx.us.
- **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.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- **Photo ownership:** The ownership of the negative will remain with the photographer.

GETAC *observes two-year mark*

Dr. Ed Racht presented a summary of the council's work over the last two years, which includes almost 60 council, committee, and task force meetings.

The Governor's EMS and Trauma Advisory Council (GETAC) met on February 1 in Austin. There were more than 100 stakeholders in attendance at the meeting. The meeting marks the two-year anniversary of the council. GETAC approved minutes from their November meeting and heard reports from the chair, staff, standing committee chairs, and task force leaders. Chair Ed Racht appointed the standing committees for the next year (revised member lists are posted on the Bureau website). He presented the members with a summary of the council's work over the last two years, which included almost 60 council, committee, and task force meetings. Minutes from the GETAC meeting, revised member lists and a summary of the meeting is available at www.tdh.state.tx.us/hcqs/ems, click on GETAC.

Issues addressed by staff included updates on implementation of the recertification options rule; national registry testing planning; ECA training project; TRAC-IT; establishment of an EMS/Trauma Registry Workgroup; strategic planning (see discussion on page 5); and senate interim studies on Texas EMS/trauma systems. Questions about these staff reports may be directed to Bureau staff at (512) 834-6700 or staff at the Bureau of Epidemiology, (512) 458-7266.

The major topics of work by the standing committees/task forces included: combined Medical Directors/EMS/Education - recommendations for revisions to current 157.40, Licensed Paramedic; Pediatrics - categorization of hospitals as to emergency pediatric care capabilities; Trauma Systems - essential criteria for Regional Advisory Councils; Injury Prevention - evaluation of injury prevention programs; Rural EMS - potential sources of funding for rural/frontier EMS providers and strategic planning; and Diversion

Task Force - the continuing escalation of diversion issues in the state and planning for the use of the data collection form from Phoenix. Questions about these reports may be directed to that committee chair/task force leader or the Bureau.

GETAC heard public comment on the reports, draft revised 157.38, and other general issues. All draft, proposed and final EMS and trauma system rules may be accessed through the Bureau website. The next GETAC meeting is scheduled for May 31st in Austin (standing committees/task forces will likely meet beginning on May 29th). Watch our website and e-lists for details.

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

A motion was made by John Simms and seconded by Ronnie Stewart to have the Diversion Task Force hold a meeting with key stakeholder leadership to develop strategies to address the current diversion situation to improve the EMS/trauma system. The motion passed unanimously.

A motion was made by F.E. Shaheen and seconded by Maxie Bishop to recommend that the draft revisions to current rule §157.40, Licensed Paramedic, developed by the combined EMS, Education, and Medical Directors committees, be approved for staff to develop into a Board of Health proposal packet and to seek approval from the TDH legal department. This would allow non-clinical professional development continuing education hours to supplant the Preparatory [12 hours] and Additional "any category" [48 hours] content areas. The motion passed unanimously.

A motion was made by F.E. Shaheen and seconded by Raymond Holloway to recommend that the current draft §157.38 be sent to the Texas Board of Health for proposal (note: Texas Higher Education Coordinating Board recommendations will be addressed during the comment period). The motion passed unanimously.

By David Phillips, LP

Electrical storm in the brain: *Seizures and Convulsions*

Introduction

Case Study

Your unit is dispatched to a local diner for a "sick call." When you arrive, you find a 49-year-old man lying on the floor at a small diner. Bystanders state that he began acting strange after wandering into the restaurant. The patient reportedly approached the cashier's station and began displaying a bizarre repetitive behavior in which he quickly raised his right hand to his right ear, briefly grabbed the right ear, then quickly lowered his hand back to his side. When approached by bystanders, he seemed disoriented and confused, responding to verbal queries with incoherent mumbling. Fearing that the man was ill in some way, the restaurant manager called 9-1-1. The bystanders report that after a few minutes of this behavior, the patient let out a loud "yelp" and fell to the floor. He "stiffened" briefly, arching his back and extending his arms and legs suddenly. He then displayed violent spasms of his arms, legs, head and neck for approximately two minutes.

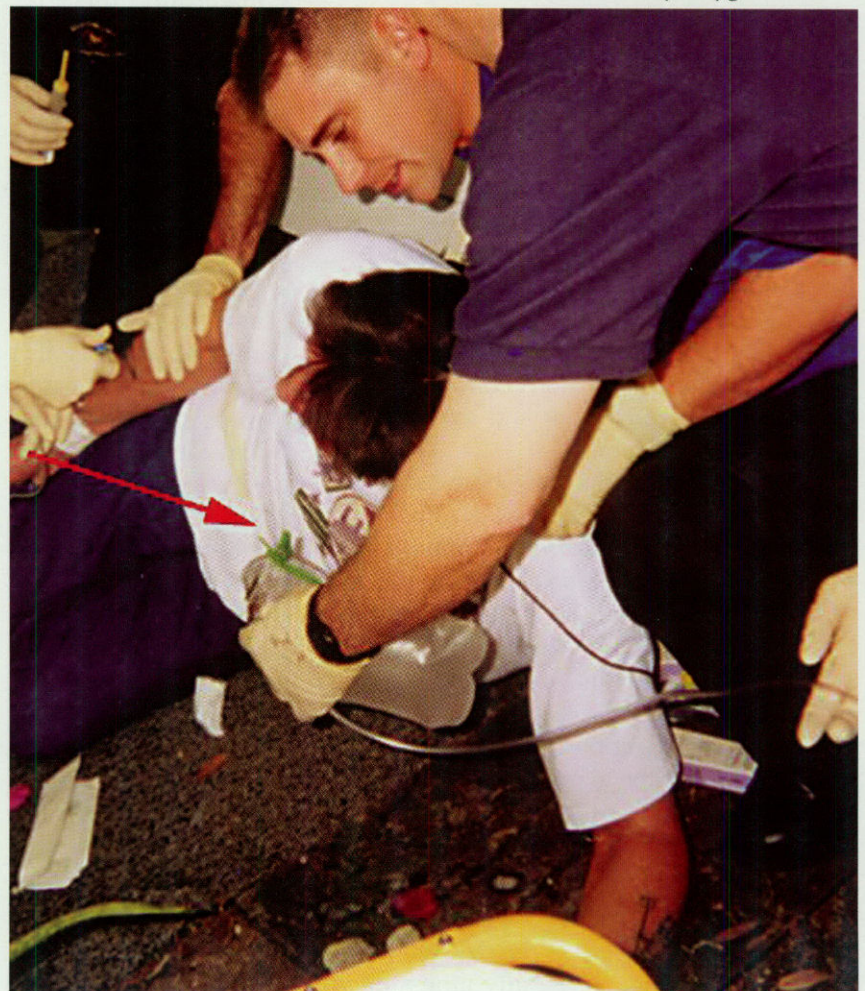
At the time of EMS arrival, the patient is supine on the floor of the restaurant; he is snoring and appears to be asleep. He has urinated on himself and there is some blood mixed with saliva around his mouth. When you make contact with the patient, he awakens easily to touch and verbal stimulus. He is very agitated when he is awakened and quickly becomes combative. He is disoriented and can tell you only his name; he does not know where he is or what has happened to him, and denies any history of medical problems. He seems almost paranoid and

is very fearful of the responders who surround him. One of the other responders comments "I think this guy is whacked out on something. I'm gonna call for the police." But you believe you know what is really going on.

Incidence and Prevalence

Seizures are the most common serious neurological disorder. Approximately 2 - 5 percent of the population in the

Proximity oxygenation



Learning Objectives

After completing this course, the student will be able to demonstrate the following behaviors and knowledge on a written exam with an accuracy of at least 70%:

1. Discuss and apply the key morbidity and mortality issues related to seizures.
2. Identify and apply the definitions of key terms as provided in the course material.
3. Describe the functioning of the neuronal membrane as it relates to the development and propagation of seizures.
4. List and describe factors which affect membrane threshold.
5. Describe how membrane threshold acts as a suppression and control mechanism of ectopic activity in the brain.
6. List and describe the pathophysiological mechanisms which are believed to cause seizures.
7. List and describe the factors which contribute to the development and propagation of seizures.
8. List and describe the common types of seizures.
9. List and describe the mechanisms by which convulsions cause harm to the patient.
10. List and describe the mechanism by which seizures cause harm to the patient.
11. Given appropriate clinical and assessment information, correctly identify a seizure event and specify the type of seizure.
12. List and describe the phases of a generalized convulsive seizure.
13. List and describe the out-of-hospital treatment for partial and absence seizures.
14. List and describe the out-of-hospital treatment for an active convulsive seizure.
15. List and describe the out-of-hospital treatment for a post-ictal patient.

It is unclear what causes this disparity, but seizure patients appear to be at greater risk for bad outcomes from virtually any illness or injury. Status seizures (de-

scribed later) account for about 70,000 deaths per year in the U.S. and Canada. About 15 percent of seizure patient deaths are classified as "sudden unexpected" deaths, occurring when the patient is alone and unobserved. The exact cause of death in these cases is unclear.

United States and Canada suffer from seizures at least once in their lifetime, while 0.5 percent of the population experience recurrent or regular seizures.

Seventy-five percent of all new cases of seizure disorders occur before age 20. Seizures are slightly more common in males than females, and more prevalent in lower socio-economic classes.

About half of all seizure patients continue to experience seizures despite medication therapy.

Morbidity and Mortality

Seizures are associated with serious implications for the patient. About 60 percent of patients with regular or recurrent seizures also have significant neuro-psychiatric problems, including:

- Learning difficulties.
- Behavioral and social disturbances.
- Cognitive impairments which affect life skills and functioning.

Overall mortality is higher for seizure patients than for the general population.

Central Nervous System Physiology

Seizures are essentially "electrical storms" occurring in the nerve cells of the brain. To understand these storms, it is necessary to understand the basic physiology of the central nervous system.

The electro-chemical impulse which constitutes the transmission of a nerve signal is called an action potential. The action potential is, in essence, a change in the electrical charge across the membrane of the nerve cell. The ability of the nerve cell membrane to maintain a difference in charge across the membrane, and to allow that charge to move across the membrane, is essential to the functioning of nerve cells. This property is also fundamental to the development and propagation of seizures.

In a manner of speaking, the neuronal membrane acts as an electro-chemical "wall" which keeps positive ions on one side and negative ions on the other side. When stimulated to do so by an electrical or chemical stimulus, this wall drops, allowing the ions to move across and switch sides. This movement of the ions becomes the signal that travels down the nerve body and to the next nerve, carrying the message from one neuron to another.

The amount of stimulus required to make the wall drop and allow movement of the ions across the membrane is called the "membrane threshold". Membrane threshold is affected by a wide range of factors, including:

- Temperature.
- Ion concentration (gradient).
- Presence of certain substances.
- Acid-base balance (pH).

In general, factors which decrease

threshold make it easier for a stimulus to be generated by a neuron and/or for a neuron to respond to, and therefore re-transmit, or propagate, a stimulus coming from another neuron.

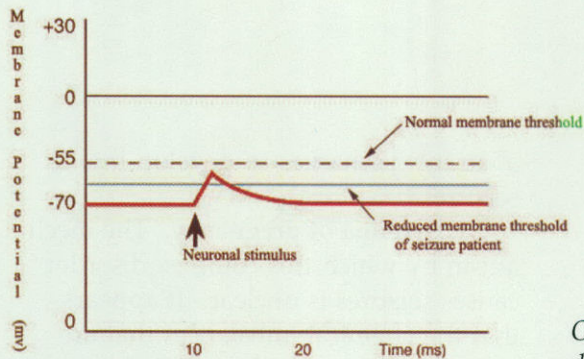
In relation to seizures, a decrease in membrane threshold results in an increase in the development of aberrant electrical "sparks" in the neurons. An area of neurons with such properties becomes a focus that generates ectopic electrical discharges. These discharges can spread to become the electrical "storm" that is a seizure. These sparks also occur occasionally in normal, healthy neurons.

Normal membrane threshold in the surrounding neurons prevents these "sparks" from spreading to a significant number of nearby neurons. Therefore, normal membrane threshold acts as a suppression and control mechanism that limits the spread of these small aberrant electrical firings. By controlling and limiting these ectopic firings to very few neurons, normal threshold prevents the sparks from developing into a storm, thereby preventing a seizure. Decreased threshold, on the other hand, may allow the ectopic occurrences to spread and grow into a seizure.

Pathophysiology

A **seizure** is best described as an ectopic electrical storm in the brain which disrupts normal brain functioning. As described above, it is believed that there are two basic sources:

- **Normal small discharges with failure of suppression mechanism.** As discussed previously, the brain normally has mechanisms that control and suppress small ectopic discharges that occur in the brain tissue. One proposed mechanism for the development of a seizure is that the suppression mechanism fails, allowing the small, normally controlled ectopic discharge(s) to propagate and recruit more neurons. As this ectopic discharge spreads, at some point it involves enough neurons to affect brain function,



thereby becoming a seizure.

- **Ectopic focus (or foci) that generate large aberrant discharges** which overwhelm the normally functioning suppression mechanisms and cause a seizure. These foci consist of malfunctioning or damaged neurons that generate large "sparks" which cannot be controlled by the normal membrane threshold suppression system.

Some seizures may be the product of a combination of these two factors: a larger-than-normal ectopic discharge in the presence of weakened or poorly functioning suppression mechanisms.

In any case, the result is an electrical "storm" which moves through the brain, disrupting normal brain function. This is a seizure in the purest sense of the word. This "storm" may move through only a limited area, most or all of the brain. When the aberrant electrical activity involves only a limited part of the brain, the resulting seizure is referred to as a "partial" seizure. If the electrical storm involves most or all of the brain, it is called a "generalized" seizure.

Causes of Seizures

There are a number of causes of seizures. Essentially, these pathologies or events result in the development of a focus that causes failure of the suppression mechanism to control small aberrant depolarizations or produces a large aberrant depolarization, or both. The causes include:

Factors which cause decreased threshold and impair the suppression mechanism:

- **Hyperthermia and fever.** Increased temperature of brain cells lowers the membrane threshold, allowing the small

One mechanism for the development of seizures is a lowered membrane threshold. A normal membrane threshold (dashed line at -55 mV in this graph) will suppress or control small electrical stimuli, such as that shown in this graph. However, with a lowered threshold (as indicated in this graph by the blue line at about -65 mV), the small stimulus can exceed the membrane threshold and cause a depolarization of the affected neurons. This can result in a seizure.

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Terms to Know

- Aberrant:** Differing from the normal.
- Anti-pyretic:** A substance which reduces or prevents fever.
- Convulsion:** An uncontrolled and uncontrollable spasm or jerking of skeletal muscle.
- Ectopic:** Out of place or of abnormal functioning.
- Epilepsy:** A condition characterized by chronic recurring episodes of seizures.
- Focus:** The center or starting point of a disease or disorder.
- Idiopathic:** A disease of unknown cause.
- Idiosyncratic:** A unique, individual characteristic or peculiarity.
- Nystagmus:** Rhythmic oscillation of the eyeballs.
- Post-ictal:** The period following a convulsion ("post" = after; "ictal" = convulsion).
- Propagate:** To reproduce or to pass along.
- Seizure:** A sudden attack of disordered brain activity.
- Status epilepticus or status seizures:** Continuous seizure(s) or seizures which occur without an intervening period of lucidity.
- Tetany:** A clinical neurological syndrome characterized by muscle twitches, cramps and spasms, usually secondary to electrolyte imbalances.

aberrant discharges to develop into a seizure.

- **Toxemia of pregnancy.** The mechanism by which this complex disorder causes seizures is unclear. It appears that the chemical imbalances that are part of toxemia interfere with the brain's suppression mechanisms.

- **Psychological stress.** It is believed that emotional stress results in a reduction of membrane threshold in the central nervous system.

Factors which produce a large ectopic discharge which overwhelms the suppression mechanism:

- **Hypoglycemia.** Brain cells which are hypoglycemic become highly irritable and can become foci for powerful aberrant discharges.

- **Trauma.** Injured brain cells can also act as foci producing large ectopic electrical sparks.

- **Tumors or neoplasms.** These growths can cause mechanical damage to nearby brain cells, producing foci of aberrant electrical activity.

- **Idiopathic.** This term refers to seizures of unknown etiology. In most patients, it is believed that foci producing significant ectopic electrical discharges are the culprit.

Factors which do both:

- **Hypoxia.** Ischemic brain cells become foci for significant aberrant depolarizations. Diffuse or generalized brain hypoxia also inhibits the functioning of the suppression mechanism.

- **Increased intracranial pressure.** Increased ICP can damage brain cells, thereby producing foci as described above under "trauma". Increased ICP can also inhibit the functioning of the suppression mechanism.

- **Central nervous system infections.** Infections of the CNS, such as meningitis or encephalitis, may damage brain cells and produce foci, or may interfere with the brain's suppression mechanism.

Idiopathic etiology constitutes 50 percent of seizure diagnosis in the U.S. and Canada.

Types of Seizures

Seizures are categorized into two broad types; partial and generalized.

Partial seizures. Partial seizures involve only a limited portion of the brain. Partial seizures are sub-divided into *simple* or *complex*. *Simple partial seizures* are sometimes referred to, incorrectly, as "focal" seizures. Simple partial seizures are characterized by strange or unusual sensations, such as odors, visual disturbances or even emotions. They may also present with localized convulsions (tremors or twitches) to small groups of skeletal muscles. Consciousness is not impaired with simple partial seizures.

Complex partial seizures are characterized by complicated actions and loss of awareness. The patient who has suffered a complex partial seizure appears confused during the event and does not remember his/her actions.

Complex partial seizures are the most common form of seizures, accounting for about 60 percent of all seizure occurrences.

Some partial seizures, especially the complex forms, will spread and develop into generalized seizures. Our opening scenario involved a complex partial seizure which spread into a generalized convulsive seizure.

Generalized seizures. Generalized seizures involve most or all of the brain and include two types: absence (also called "petit mal") and convulsive (often referred to as "grand mal"). *Absence seizures* are characterized by episodes of unresponsiveness and loss of awareness. Typically, these seizures last less than one minute, but it is not uncommon for

them to last as long as 10 minutes and they may even last for hours. During an absence seizure, the patient is unresponsive to external stimulus but maintains full control of his/her airway and respiratory functions. These seizures occasionally present with small, localized convulsions (tremors or twitching). Absence seizures occur almost exclusively in children; the syndrome usually disappears in adolescence and is virtually unheard of in adults.

Generalized convulsive seizures are characterized by unconsciousness and a generalized convulsion. A generalized convulsion usually lasts only a few minutes and is followed by a post-ictal state lasting 20 minutes or less.

Convulsions

A convulsion is defined as uncontrolled and uncontrollable muscle activity. In the setting of seizures, a convulsion represents the physical manifestation of the aberrant electrical activity occurring in the brain. Convulsions can exist without (in the absence of) seizures. Examples of such non-seizure convulsive states include shivering and tetany. Convulsions secondary to seizures are produced by the transmission of neurological "commands" to the skeletal muscles from the seizing brain cells.

Convulsions secondary to generalized seizures sometimes result in 100 percent muscle capacity use during the first few seconds of the clonic phase (as described later). This means that the muscles involved, including the muscles of the jaw (which are very powerful), arms and legs are contracting with 100 percent of their available force for the first few seconds. This can result in serious harm to the patient and to any well-intentioned responders who get in the way of these contractions.

Pathophysiology of convulsions. Convulsions can cause significant harm

to the seizure patient through several mechanisms. The powerful muscle activity associated with the convulsions can result in:

- **Hypoglycemia.** The large volume of diffuse skeletal muscle activity utilizes an enormous amount of glucose and can cause acute hypoglycemia.

- **Hypoxia.** Along with glucose, the muscles "burn" oxygen at a very high rate. Typically, the patient is not ventilating well as the intercostal and diaphragmatic muscles are also involved in the convulsion. This combination of increased oxygen use and decreased oxygen intake can result in a dangerous hypoxic state for the patient.

- **Hyperthermia.** The muscle activity generates a great deal of heat, in much the same manner as shivering. This can cause an increase in body temperature of a degree or two, which can be harmful in some patients (especially those already suffering from fever or hyperthermia).

- **Increased Intracranial Pressure (ICP).** The twitching of the muscles in the head and neck cause an increase in intracranial pressure by decreasing venous drainage from the head.

- **Acidosis.** Hypoventilation during the convulsion results in increased levels of CO₂ in the patient's respiratory system. Combined with hypoxia and hypoglycemia, this can lead to a significant acidosis which in turn can cause organ dysfunction and damage.

Note that most of the products of a generalized convulsion are also common causes of seizures (as listed earlier). It is this relationship that triggers the deadly cycle of status epilepticus; a generalized convulsive seizure produces hypoxia (for example), which decreases the patient's seizure threshold and causes another generalized convulsive seizure, etc. Unless broken, this cycle will cause serious organ damage and even death.

Texas EMS
Conference fact -
Number of cups of
coffee attendees
drink at the confer-
ence: 10,000

Indirect and Direct Injury

In addition to the pathologies described above (hypoxia, hypoglycemia and acidosis), seizures also cause injury to the patient via two other mechanisms.

Indirect injury. Indirect injury is possible with all types of seizures (simple and complex partial seizures, absence seizures and generalized convulsive seizures). Indirect injury occurs as a result of the impairment of the patient's mental status, awareness or functionality. For example, a patient who experiences an absence seizure while driving a car will likely crash and suffer injuries. A patient who has a complex partial seizure while climbing a ladder at work may fall, while a patient who experiences a generalized convulsive seizure while standing could strike the ground with sufficient force to cause injury.

Direct injury. Direct injury is unique to generalized convulsive seizures. The strong muscle contractions associated with the convulsions can cause a variety of injuries. The powerful masseter muscles of the jaw can cause the patient to bite his/her tongue and/or inner cheek and cause significant damage to these soft tissues. In some cases, the resulting bleeding can compromise the patient's airway. The skeletal muscles and ligaments of the arms and legs can be strained, sprained and even torn by the powerful contractions which occur in the first few seconds of a convulsion. Rarely, these contractions can even cause a fracture, typically of the distal humerus or proximal radius/ulna. There are even reports of spinal fractures secondary to convulsions.

Clinical Presentation

The signs and symptoms of seizures vary tremendously, depending on the type of seizure. Typical signs and symptoms of the more common seizures are listed below.

Simple Partial Seizure

- Sudden, restless movements

- Distortion of hearing and/or vision
- Visual, auditory or olfactory hallucinations
- Stomach discomfort
- Sudden sense of fear
- Small, localized convulsions ("twitch" to face or hands, for example)
- No alteration in awareness or consciousness

Complex Partial Seizure

- Random walking (including in some cases "sleep walking")
- Incoherent mumbling
- Repetitive, idiosyncratic behaviors such as head-turning, lip-smacking, pulling on clothing, picking up and then putting down an object, etc. (The behavior displayed by the patient in our opening scenario is an example of this.)
- Altered mental status; the patient is unable to recall the events or his/her actions afterwards.

Generalized Absence Seizure

- Staring into space
- Unresponsive to normal external stimuli (but in many cases the seizure can be interrupted with strong or unusual stimulus)
- Small, localized convulsions ("twitch" to face or hands, for example)
- No recall of event afterwards

Generalized Convulsive Seizure

These seizures present in four stages, which include:

- **Aura.** Many patients who experience generalized convulsive seizures report experiencing an aura immediately prior to the seizure. An aura is a sensory experience or disturbance and typically involves visual or auditory hallucinations, strange smells or tastes, or sensations of fear. The aura usually lasts a few seconds and is immediately followed by the tonic phase of the seizure. In some patients, the onset of the tonic phase is heralded by a "bark", a short, sharp verbal noise uttered by the patient.

- **Tonic phase.** In the tonic phase of a generalized convulsive seizure, the patient loses consciousness. There is then a generalized stiffening of the skeletal muscles; the patient typically displays extended, rigid extremities and an arched back. This stage lasts a few seconds and is followed by the clonic phase.

- **Clonic phase.** In this phase the patient displays strong and sometimes violent jerking or twitching of the skeletal muscles. Bladder and/or bowel control may be lost as well. This activity usually lasts one minute or less. Clonic muscle movement which extends longer than one minute is characterized by increasingly less visible activity as the available fuel (oxygen and glucose) for the muscle contractions is rapidly depleted. Clonic activity which lasts longer than two minutes is generally considered to represent a status seizure state.

Patients in a prolonged convulsion can only "drive" the clonic activity for a few minutes. As they rapidly deplete stores of oxygen and glucose, organ damage, failure and even death is imminent. Recognition that the patient is in a status convulsive state is the key to their survival.

Indications that a patient is still convulsing even though you can no longer see clonic movement are:

- Unresponsiveness *with*
- Increased muscle tone ("stiffness")
- Head turned to one side
- Deviated gaze
- Nystagmus

These patients require aggressive treatment in order to avoid life-threatening hypoxia, hypoglycemia and acidosis.

- **Post-ictal phase.** Following the clonic phase, the patient moves into the post-ictal state. The post-ictal state is characterized by altered mental status and lethargy which gradually improves to normal mental functioning. The pa-

tient is typically very tired and may be agitated or even combative as his/her level of consciousness increases. Normally, the post-ictal phase should last no longer than about 20 minutes; a post-ictal state lasting longer than 30 minutes is considered prolonged and may represent a sign of some other pathology (e.g., hypoglycemia).

The exact etiology of the post-ictal state is not known. It is hypothesized to be the result of depletion of oxygen, glucose and neurotransmitter stores and represents the patient's physiological exhaustion after the seizure. Some neurobiologists believe that the post-ictal state is actually an intentional control mechanism by the patient's brain; neuronal activity is markedly decreased and membrane thresholds are increased as protective measures in order to prevent another seizure. During this state of decreased CNS function, the patient is slow to respond and disoriented.

Only generalized convulsive seizures are associated with auras and post-ictal states.

Treatment

Partial Seizures and Absence Seizures

The treatment of partial (simple and complex) and absence seizures is directed primarily at protecting the patient from secondary injury. The seizure itself poses no threat of direct harm to the patient. However, a patient experiencing a partial or absence seizure is at risk for injury from a fall, a car crash or other trauma due to his/her altered mental status or reduced ability to function. Treatment for these seizures should consist of:

- Controlling the patient's activities and restricting his/her movements during the seizure to help ensure the patient's safety.
- Evaluating the patient for hypoxia, hypoglycemia, head injury, and other causes that might have triggered the

**Texas EMS
Conference fact -
Number of CE hours
awarded: 30,000**



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This assessment should include a complete physical exam, vital signs (including temperature), blood glucose level evaluation, pulse oximetry and ECG monitoring.

- Encouraging the patient to accept EMS transport for evaluation at the hospital.

Generalized Convulsive Seizures

The goals for treatment of the generalized convulsive seizure are:

- Prevent or minimize the injury and damage from the convulsion. This includes direct and indirect injuries as described earlier, as well as hypoxia, hypoglycemia, increased intracranial pressure and the other physiological consequences of convulsions as discussed previously.
- Reduce the likelihood of additional or status seizures.
- Facilitate the timely follow-up with a physician to determine the underlying cause of the seizure.

Active convulsion. The treatment of an actively convulsing patient should include:

- **Protect the patient from injury.** Do not restrain the patient, as the powerful muscle contractions can cause serious injury to the patient if the movements are forcefully restricted. Instead, gently control, guide and cushion the patient's extremities and head to prevent injury. Do not attempt to force an object into the patient's mouth as a "bite stick" once the convulsion has begun; doing so is unlikely to prevent injury to the tongue or cheek (which will probably occur in the first few seconds of the convulsion), but is likely to cause injury to the teeth, gums, lips or even jaw of the patient.
- **Protect the airway.** Turn the patient on his/her side if possible. This will allow any saliva or blood that is in the patient's oropharynx to drain safely away from the airway. Place a nasopharyngeal airway if possible. Use suction to keep the oropharynx as clear as possible.

- **Provide oxygenation and ventilation.** Administer oxygen at high-flow by

non-rebreather mask. If the patient has diminished respiratory effort or tidal volume (which is common), administer ventilations via the bag-valve-mask (BVM) device.

- **For BLS-level providers: Rapid transport.** If no advanced life support is immediately available, rapid transport is indicated if convulsions persist more than five minutes or status seizures are evident.

- **Establish IV access.** As soon as possible, attempt to establish IV access. Normal saline is the fluid of choice, as it is compatible with all anti-convulsant medications used in both the field and hospital settings.

- **Control and/or suppress convulsions with medications.** Convulsions should be controlled/suppressed with medications if the convulsion lasts more than two minutes or the patient has suffered more than one convulsion recently. The medications of choice in the out-of-hospital management of active convulsions include:

Benzodiazepines. These include diazepam (Valium®), lorazepam (Ativan®) and midazolam (Versed®). Benzodiazepines, especially diazepam, are the most commonly used class of medications for the emergent control of convulsions. The key advantages of benzodiazepines are that they are easy to administer, they work quickly to suppress the convulsion and they are reversible if needed with flumazenil (Romazicon®). Benzodiazepines, however, are associated with significant respiratory and cardiovascular depression. They also do not have much effect on the underlying seizure; they primarily suppress the muscle activity (convulsion) while leaving the electrical storm of the seizure largely untouched.

Barbituates. Although uncommon in EMS, phenobarbital and other related CNS depressants are sometimes used as a primary or secondary intervention for the emergent control of convulsions. Barbituates can be relatively short-acting and have only moderate effects on cardiovascular status. Unlike the benzodiazepines,

barbituates suppress both the seizure and the convulsion.

Phenytoin (Dilantin®). Phenytoin is difficult to administer and has a slow onset of action (as long as 15 minutes in most cases). However, it is very effective for the suppression of seizures and, when given properly, has very few side effects. A new form of phenytoin, called *fosphenytoin*, may dramatically change the emergency management of seizures.

Fosphenytoin can be given via IV push and even IM and has a more rapid onset of action than standard phenytoin.

Magnesium sulfate. Magnesium sulfate is generally recommended as the first-line treatment for seizures secondary to toxemia of pregnancy (eclampsia). This electrolyte solution is an effective anti-convulsant which has little or no effects on the fetus (unlike virtually all other anti-convulsant medications). However, magnesium sulfate is a powerful vasodilator and can cause significant hypotension. It is rarely used in any setting other than eclampsia.

Advanced airway control. If the convulsion and/or severe altered mental status persist after treatment with anti-convulsants, the patient may require intubation. Be prepared to utilize alternative approaches such as nasal intubation or medication-facilitated intubation in the seizure patient.

Assess for and manage treatable causes for the seizure. EMS personnel should consider the following underlying pathologies:

- **Alcohol withdrawal (delirium tremens).** Treatment includes the administration of thiamine and dextrose.

- **Hypoxia.**

- **Hypoglycemia.**

- **Fever.** Treatment should include the administration of an anti-pyretic (acetaminophen and/or ibuprofen) when appropriate. In some extreme cases, external cooling may be indicated.

- **Increased intracranial pressure and/or cerebral ischemia.** Treatment should include intubation and ventilation and, in

rare cases, the administration of an anti-hypertensive medication.

- **Toxemia/eclampsia.** Treatment includes the use of magnesium sulfate.

Post-ictal patient

The main issues of concern in the treatment of the post-ictal patient are airway maintenance, resolution of hypoxia and hypoglycemia and prevention of indirect injury due to the actions of the disoriented patient. The out-of-hospital treatment of these patients should consist of:

Airway maintenance. The post-ictal patient is at significant risk for airway compromise due to a combination of profound altered mental status, exhaustion and the possible presence of fluids (blood and saliva) in the oropharynx. Establish a patent airway with proper positioning (head-tilt/chin-lift or jaw-thrust as appropriate). Place the patient on his/her side if possible and use suctioning to keep the airway clear. Place an oral or nasal airway if the patient will tolerate it. Advanced providers should consider intubation if the patient has profound and prolonged (more than 20 minutes) altered mental status.

Oxygenation and ventilation. Oxygen administration is crucial to the treatment of the post-ictal patient. Oxygenation will shorten the post-ictal phase (which will make the patient easier to manage) and raise the patient's seizure threshold, thereby reducing the chances of additional seizures. Since these patients are often agitated and even combative, providers may need to employ an alternative method to provide oxygen, called "proximity oxygenation". If the patient is unconscious and/or displays poor respiratory effort or tidal volume, the provider should use the BVM to provide ventilatory support and oxygenation.

Assess for and manage treatable causes.

Causes to consider include: alcohol withdrawal, hypoglycemia, hypoxia and increased intracranial pressure. The

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EMS personnel administer oxygen to an agitated and combative, but critically ill, patient via the "proximity" method. The EMT just out of frame to the right manually holds the non-rebreather mask, which is flowing at a high rate, and brings it as close to the patient's face as the patient will tolerate. By paying close attention, the EMT will be able to get the mask fairly close to the patient without causing undue agitation and thereby improve the patient's inspired oxygen concentration.



patient's ECG should also be evaluated and monitored for dysrhythmias, which can be associated with seizures in some cases.

- *Protect the patient from indirect injury.* The disoriented post-ictal patient is at risk for injury due to his/her actions. Providers should restrict and even restrain disoriented post-ictal patients as per local protocol to prevent injury from falls, car crashes, etc.

To Transport or Not To Transport?

There is some debate among out-of-hospital care experts regarding the need or appropriateness of transporting all seizure patients to the hospital emergency department. A few retrospective studies have been published on this topic and the resulting body of literature appears to support the idea that certain cases of uncomplicated seizures do not benefit from EMS transport to the hospital. These cases include post-ictal seizure patients who:

- Are now awake, alert and oriented in EMS' presence.
- Are declining transport to the hospital after EMS assessment and treatment, and in the setting of informed consent.
- Have a history of seizures like the one which triggered the EMS response.
- Had only a single seizure today.
- Have no evidence, after an ALS-level exam, of any other underlying problems or pathologies.

- Had a normal (less than 20 minutes long) post-ictal period.

The literature seems to indicate that these patients do not need transport to the emergency department. EMS systems should consider this issue when developing or revising transport protocols and guidelines.

Summary

Seizures are a common but serious neurological disorder affecting millions of people. Seizure patients appear to be at greater risk for unfavorable outcomes from virtually any illness or injury, and the overall mortality is higher for these patients than for the general population.

Seizures are essentially "electrical storms" occurring in the nerve cells of the brain which disrupts normal brain functioning. This malfunction is the result of an excessive increase in the development of aberrant electrical "sparks" within the neurons and/or failure of the normal suppression mechanism to control their spread. A number of pathological conditions can precipitate this disorder.

Seizures come in several forms, each of which presents in a unique way. They are categorized into two main types: partial and generalized. Partial seizures involve only a limited portion of the brain and are sub-divided into simple or complex. Generalized seizures involve most or all of the brain and include two subtypes; absence (or "petit mal") and convulsive (or "grand mal"). Convulsions are potentially the most dangerous form of this disorder as they can cause significant harm to the patient through several mechanisms resulting from the powerful muscular contractions involved. Treatment of both partial and generalized seizures is directed primarily at airway maintenance, resolution of hypoxia and hypoglycemia, and prevention of secondary injury due to the actions of the disoriented patient.



CE questions - Seizures and Convulsions

1. What type of seizure can result in direct injury to the victim?
 - A. Generalized convulsive seizures.
 - B. Simple partial seizures.
 - C. Complex partial seizures.
 - D. Generalized absence seizures.
2. An ectopic "electrical storm" in the brain which disrupts normal brain functioning is called a(n):
 - A. Seizure.
 - B. Focus.
 - C. Ectopic foci.
 - D. Idiopathic propagation.
3. During a seizure, the neuronal membrane threshold is:
 - A. Positive.
 - B. Increased.
 - C. Decreased.
 - D. Unchanged.
4. The amount of stimulus required to allow movement of ions across the neuronal membrane is called the:
 - A. Negative Ion.
 - B. Nerve charge.
 - C. Membrane threshold.
 - D. Positive ion.
5. One of the mechanisms by which convulsions cause harm to the victim is:
 - A. Decreased intracranial pressure.
 - B. Hypothermia.
 - C. Hyperglycemia.
 - D. Hypoxia.
6. An environmental factor which can decrease the membrane threshold and result in a seizure is:
 - A. Psychological stress.
 - B. Elevated temperature.
 - C. Toxemia of pregnancy.
 - D. Trauma.
7. The two basic types of generalized seizures are:
 - A. Simple and grand mal.
 - B. Petit mal and absence.
 - C. Absence and convulsive.
 - D. Simple and complex.
8. The two basic categories of seizures are:
 - A. Partial and generalized.
 - B. Simple and complex partial.
 - C. General and complex.
 - D. Partial and complex.
9. The electro-chemical impulse which constitutes the transmission of a nerve signal is called the:
 - A. Sodium-potassium pump.
 - B. Action potential.
 - C. Nerve potential.
 - D. Reflex.
10. What age group typically suffers from generalized absence seizures?
 - A. Elderly.
 - B. Children.
 - C. Young adults.
 - D. Middle-aged adults.
11. How does "normal" neuronal membrane threshold prevent a seizure?
 - A. It creates a positive aura for the patient.
 - B. It makes a "wall" around the seizure focus.
 - C. It controls and limits the spread of aberrant electrical firings.
 - D. It helps generate counter-active electrical "sparks".
12. A seizure characterized by unconsciousness and convulsions is a(n):
 - A. Simple partial seizure.
 - B. Generalized convulsive seizure.
 - C. Generalized absence seizure.
 - D. Simple complex seizure.
13. Status epilepticus is the result of:
 - A. A seizure patient not complying with his medication regimen.
 - B. The products of convulsions also being the cause of them.
 - C. Intermittent aberrant electrical discharges of the membrane.
 - D. An untreated simple partial seizure.
14. A seizure characterized by complicated actions and loss of awareness is a(n):
 - A. Simple partial seizure.
 - B. Generalized absence seizure.
 - C. Generalized convulsive seizure.
 - D. Complex partial seizure.
15. The primary suppression mechanism for aberrant electrical activity in nerve cells is the:
 - A. Membrane threshold.
 - B. Cell nucleus.
 - C. Mitochondria.
 - D. Cell wall.
16. This stage of a seizure can rapidly deplete stores of oxygen and glucose, making organ failure a possibility.
 - A. Aura
 - B. Tonic
 - C. Clonic
 - D. Post-ictal
17. The center or starting point of a disease or disorder is called the:
 - A. Beginning.
 - B. Alpha point.
 - C. Ectopic.
 - D. Focus.
18. A factor which affects membrane threshold is:
 - A. Temperature.
 - B. Cell size.
 - C. Time.
 - D. Color.
19. Overall mortality for seizure patients when compared to the general populations is:
 - A. Lower.
 - B. Higher.
 - C. The same.
 - D. Unknown.
20. A seizure characterized by episodes of unresponsiveness and loss of awareness is a(n):
 - A. Simple partial seizure.
 - B. Complex partial seizure.
 - C. Generalized absence seizure.
 - D. Generalized convulsive seizure.

This answer sheet must be postmarked by April 19, 2002.

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

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

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

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

- | | | | | | | | |
|---------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 11. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 2. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 12. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 3. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 13. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 4. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 14. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 5. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 15. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 6. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 16. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 7. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 17. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 8. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 18. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 9. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 19. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 10. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 20. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |

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

Dallas had more drunken-driving fatalities in the mid-1990s than any other U.S. city. Researchers at Louisiana State University studied federal crash statistics for 97 cities and found that between 1995 and 1997, Dallas had 10.23 alcohol-related fatalities per 100,000 residents—more than twice the national average of 4.75 alcohol-related fatalities per 100,000 residents. Kansas City, Missouri, ranked second in the study with 10.1 fatalities. Lincoln, Nebraska, ranked the lowest in the study, with 0.86 alcohol-related fatalities per 100,000 residents. Funding for the LSU study was provided by the national Substance Abuse Policy Research Program. From *Houston Chronicle*, "Dallas No. 1 in drunken-driving deaths," January 14, 2002.

Dallas had more drunken-driving fatalities in the mid-1990s than any other U.S. city reported researchers at Louisiana State University.

Certain nutrition tips, such as avoiding foods with high sugar content if you have lung diseases, can ease the problems of chronic diseases suffered by many older Americans. The American Dietetic Association, the National Council on the Aging, the American Academy of Family Physicians and 25 other national health organizations are sponsoring the new Nutrition Screening Initiative, a doctor's at-a-glance guide to nutrition concerns regarding cancer, chronic obstructive pulmonary disease, congestive heart failure, coronary heart disease, dementia, diabetes, high blood pressure and osteoporosis, and have placed more comprehensive nutrition tips on a web site,

www.aafp.org/nsi. A national study recently found that nearly 85 percent of seniors have at least one chronic illness that could benefit from nutritional interventions, but many seniors have problems with malnutrition, due to physical, economical and societal changes of aging. From *Houston Chronicle*, "Obscure tips on diet can help the elderly," January 21, 2002.

German measles, or rubella, has almost been eliminated in the U.S., according to the Centers for Disease Control and Prevention. Before the vaccine was introduced in 1969, rubella infected more than 58,000 people each year. In 1999, 272 cases were reported and almost all of those cases were among Hispanic adults born in other countries, leading researchers to believe that the virus may no longer be circulating in the U.S. general population. Rubella can cause miscarriages and stillbirths in pregnant women and cataracts, heart defects, hearing damage and developmental delays in babies. From *The New York Times*, "German Measles Nearly Eliminated in U.S., Study Finds," January 23, 2002.

Researchers at University of Chicago recently found evidence that a community of American Hutterite (a Mennonite sect) women prefer the odor of men who are genetically similar, but not too similar, to themselves. Many species avoid inbreeding and outbreeding through a scent created by the proteins of major histocompatibility complex, or MHC, genes. MHC genes produce proteins that identify the body's cells as self. T-shirts worn by Hutterite men for two days were placed in boxes where they could be smelled and not seen and the women



Did you read?

Did you read?

were asked to choose which box smelled more to their liking. Despite the faintness of the odor, the women were able to distinguish one from another, and researchers found, when comparing the MHC genes of women and the men, the women preferred men whose MHC genes intermediately matched the woman's paternal genes. The researchers believe the gene matching system fits with the ideal that extremes in both inbreeding and outbreeding are best avoided. The subjects were not asked about their mate choices. From *The New York Times*, "Scent of a Man Is Linked to a Woman's Selection," by Nicholas Wade, January 22, 2002.

Researchers at the University of Tokyo recently found that restrained front-seat passengers were five times more likely to die in a collision if back-seat passengers were not also belted in the vehicle.

Researchers at the University of Tokyo recently found that restrained front-seat passengers were five times more likely to die in a collision if back-seat passengers were not also belted in the vehicle. They studied data from 100,000 car crashes with at least two front passengers and estimated that 80 percent of the front-seat passenger deaths could have been prevented if the rear-seat passengers had been wearing seat belts. The study also found that the risk of death in frontal collisions increased up to seven times when the rear-seat passengers were unbelted. Researchers theorized that the unbelted occupants become mis-

siles when the vehicle is involved in a crash. The study is the first to establish a definite link between front-seat passenger risk and rear-seat passenger seat belt usage. From *Houston Chronicle*, "New study links use of seat belts in rear to survival up front," by Eric Berger, January 4, 2001.

A Texas Children's Hospital study has found that 37 percent of Houston schoolchildren weigh at least 20 percent more than they should. The study examined 5,264 students with varying socioeconomic and ethnic backgrounds in eight schools. Researchers weighed and measured the students; the students then filled out questionnaires about their diets and lifestyles. Using the body mass index, researchers determined that 19 percent of the students qualified as obese, which is between 35 and 40 percent more than they should weigh. A national study in 1980 found that 15 percent of students were overweight and in 1990, 22 percent. Physicians are concerned about the rising percentages, citing worries about the recent increases in Type II diabetes and other diseases previously considered to affect only adults later in life. From *Houston Chronicle*, "Study shows Houston kids getting fatter," by Todd Ackerman, January 22, 2002.

The Food and Drug Administration recently approved CareLink, a wireless system from Medtronic Inc. that allows heart patients to provide data from implanted defibrillators to their doctors over the Internet. The data is downloaded from the cardiac device using a small wireless receiver and then transferred to CareLink through a regular dial-up connection. Doctors can log into the system to

for the CareLink network to begin supporting pacemakers, other heart-failure devices and diagnostic devices as the FDA approves the network's use of them. Right now, the FDA approval only affects about 23,000 of the two million people who have implanted Medtronic heart devices. From *The Dallas Morning News*, "FDA approves wireless monitoring of heart devices," January 3, 2002.

One study sponsored by Abbott Laboratories examined consumption of fish and the incidence of postpartum depression in 23 countries. Researchers found that nearly 25 percent

Several studies sponsored by Abbott Laboratories have found a possible link between the consumption of fish and overall mental health.

of South African women, averaging a consumption of 8.6 pounds of fish per year, reported postpartum depression; less than one percent of Singapore women, averaging a consumption of 81.1 pounds of fish per year, reported postpartum depression; and 11.1 percent of American women, averaging a consumption of 48.1 pounds of fish per year, reported postpartum depression. Several studies sponsored by Abbott Laboratories have found a possible link between the consumption of fish and overall mental health. The FDA has cautioned pregnant and nursing women to not consume certain types of fish, such as shark, swordfish, king mackerel and tilefish, because those types might be contaminated with mercury. From *Fort Worth Star Tele-*

gram, "Health benefits not another fish story," January 29, 2002.

Studying potential causes of post-traumatic stress disorder, scientists at an Israeli pharmaceutical company recently found that the brain tissue of mice stressed by being forced to swim for relatively short time periods produced an abnormal version of the chemical acetylcholinesterase (AChE) that is important in helping nerve impulses jump from one nerve to the next. The brain tissue also appeared to be hypersensitive to AChE for weeks after the event. The scientists chose to investigate AChE because of similarities in symptoms between patients with post-traumatic stress disorder and people poisoned by certain agricultural chemicals that target the cholinergic system and because the cholinergic system is involved in memory, behavior and alertness. These findings lead scientists to believe that even brief stress can change the brain's chemistry for weeks after the event and might even be accumulative over time. This is just one of many theories on the cause of post-traumatic stress disorder. From *Houston Chronicle*, "Even brief stress found to affect brain for weeks," by Lauran Neergaard, January 29, 2002.

According to a recent study, men who suffer from depression, anxiety and other psychological problems are more likely to die from strokes than men who do not suffer from psychological problems. However, they are not more likely to have strokes. The researchers studied the men for more than 14 years and found that those whose surveys indicated psychological stress were three times more likely to have a fatal stroke. The

Did you read?

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evaluate patient data. Medtronic Inc. plans authors of the study theorized that strokes suffered by men under psychological stress may be more serious, or that the men's mental state might make it more difficult for them to recover from a stroke. The relationship between psychological stress and cardiovascular disease has long been suspected, but is not completely understood. From *The New York Times*, "At Risk: Linking Anxiety, Depression and Strokes," by Eric Nagourney, January 29, 2002.

Head injuries in early adulthood may raise the risk of depression later in life. A study of World War II veterans has found that head trauma patients are susceptible to depression immediately after the injury and can remain at high risk for depression for up to 50 years later. Researchers found the prevalence of major depression during life was almost one and a half times as high for head-injured veterans as it was for veterans who had been hospitalized for other reasons. The researchers also found similar depression rates between veterans who had received their head injury during combat and those who'd received their head injury elsewhere, ruling out post-traumatic stress syndrome as a cause for the depression. Researchers are now studying implications for athletes and others who have had head injuries. From *Dallas Morning News*, "Depression may be tied to head injuries," January 15, 2002.

A new Harvard University of Public Health study has found that men who eat lots of red meat, high-fat dairy products and refined-flour baked goods are 60 percent more likely to develop Type-II diabetes after 40. The study of 42,504 men ages 40-75 also

found that men who consumed more fruits, vegetables, whole grain products, fish and poultry were 20 percent less likely to develop Type-II diabetes. Researchers are now theorizing that the low-fat diets regularly recommended for diabetic patients may not provide as much protection from Type-II diabetes as initially thought, because this study showed that the lack of grain fibers and the nutrients found in whole grains were tied more closely with the absence of the disease. From *Houston Chronicle*, "Study links diabetes risk with rich diet," February 5, 2002.

A Duke University Medical Center study has found that teaching patients how to manage stress may be as effective as aerobic exercise in decreasing the long-term risk of further coronary illness. Although the idea of managing stress to lower risk is not new, the authors believe that this is the first measure of the benefits of stress management over a sustained period – in this case, five years. The participants were divided into three groups: one group attended a four-month aerobic exercise program; a second participated in stress management classes for the same period; and a control group received usual care for cardiac patients, including medications and doctor visits. After five years, the stress management group had an average of 0.8 additional cardiac events, compared with 1.3 for the control group. After adjusting the exercise group for age and history, the differences between the exercise group and the stress management group were not statistically significant. From *The New York Times*, "Gauging Stress Management's Many Benefits," by David Tuller, January 22, 2002.

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.

Adams, Chadwick, Tyler, TX. 24 months probated suspension of EMT-P certification through October 12, 2003. 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 (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.

Aranda, Carlos, San Antonio, TX. 12 months probated suspension of ECA certification through September 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.

Arredondo, David, Rio Grande City, TX. 24 months probated suspension of EMT certification through June 30, 2002. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) 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.

Austin, Brian, Garnerville, NV. Decertification of EMT-P certification effective July 15, 2001. EMS Rule 157.51(b)(1), (2), (7), (17), (21), (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; discriminates in the provision of services; practices beyond the scope of certification without medical direction; has an EMS certificate or license suspended or revoked in another state, or has another health provider certificate/license suspended or revoked while holding a Texas certificate; 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.

Baldwin, John, Spring, TX. 24 months probated suspension through August 2003. EMS Rule 157.36(b)(1), (2), (26), (27) and (28)... violating the H&SC, Chapter 773, and/or TAC Title 25, 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; engaging in conduct that has the potential to jeopardize the health or safety of any person; abusing alcohol or drugs that, in the opinion of the bureau chief, may endanger the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

* **Banda, Irene**, Taft, TX. Suspension of EMT certification thru May 2002 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28), violating any provision of the H&SC, Chap 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 in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

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 Rule 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.

* **Bewley, Avery**, Axtell, TX. Decertification of EMT-I certification effective December 28, 2001. EMS Rules 157.36(b)(10) failing to comply with the terms of a department ordered probation or suspension.

Blake, Danny, Dayton, TX. 24 months probated suspension of EMT certification through August 13 2003. EMS Rule 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.

Boettcher, Laura G., Houston, TX. 24 months probated suspension of EMT certification through August 3, 2003. EMS Rule 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.

Bowman, John C., Bowie, TX. 12 months probated suspension of EMT certification through June 29, 2002. EMS Rule 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 probated suspension 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.

Bratcher, Josh, Harper, TX. 12 months probated suspension of ECA certification through September 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.

Brazosport College, Brazosport, TX. Letter of reprimand against educational program effective October 19, 2001. EMS Rules 157.32(t)(2)(A), failing to comply with the responsibilities of a program as defined in subsection (o) of this section.

Broughton, Timothy, Huffman, TX. Decertification of EMT-I certification effective July 27, 2001. EMS Rule 157.36(b)(1), (2), (6), (7), (13), (26), (28), (29) violating HSC Chapter 773, and/or Title 25 of TAC as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any violation of any criminal, civil and/or administrative code or statute; causing, permitting and/or failing to report physical or emotional abuse or injury to a patient or the public; performing advanced level or invasive treatment without medical direction, or practicing beyond the scope of certification or licensure; 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; any conduct listed in §157.37(a)-(c) of this title whether or not resulting in a conviction.

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), fails to comply with the terms of a probated suspension; fails 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 (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.

Buckner, Mallie Wayne, Port Arthur, TX. Suspension of ECA certification for CE violations through June 30, 2002. EMS Rules 157.36(b)(1), (2), (21) and (28), violating the HSC Chap 773, and/or TAC Title 25, 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; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

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 (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.

* **Bull, Kenneth**, Fort Worth, TX. Letter of reprimand against EMT-P certification effective December 19, 2001. EMS Rules 157.36(b)(3) failing to make accurate, complete and/or clearly written patient care reports documenting a patient's condition upon arrival at the scene, the prehospital

Disciplinary Actions

care provided, and patient's status during transport, including signs, symptoms, and responses during duration of transport.

Cerda, Gilberto, Laredo, TX. 6 months suspension and eighteen months probated suspension 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.

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) 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 HSC, Chap. 773.

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.

Cole, Patrick J., Keller, TX. 12 months probated suspension of EMT certification through August 3, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in (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 (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.

Cranfill, Jamie, Goldsmith, TX. 24 months probated suspension of EMT certification through August 8, 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.

Cravens, Charles, Winters, TX. Letter of reprimand against EMT-P certification effective October 22, 2001. EMS Rules 157.36 (b)(1), (2), (26) and (28), violating the H&SC Chap 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; any conduct that has the potential to jeopardize the health or safety of any person; engaging activity that betrays the public trust and confidence in EMS.

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.

Crowe, Gary, Dale, TX. 48 months probated suspension of EMT certification through November 5, 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.

* **Cruz, Jesus**, Wharton, TX. 12 months probated suspension of EMT certification through January 2, 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.

* **Dahse, John**, Freeport, TX. Letter of reprimand against EMT-I certification effective January 7, 2002. EMS Rules 157.36(b)(7) performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure.

Dailey, Barton, Pearsall, TX. 12 months probated suspension of EMT-I certification through August 22, 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.

DeBerry, Anthony C., Midland, TX. 12 months probated suspension of EMT certification through September 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.

* **Desopo, James A.**, Waco, TX. 12 months probated suspension of EMT certification through December 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.

* **Downey, Allen**, Wichita Falls, TX. Decertification of EMT certification effective November 15, 2001. EMS Rules 157.36(b)(1), (2), (6), (7), (18), (19), (21), (26), (27) (28) (29), violating any provision of the H&SC, Chap 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 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; performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure; obtaining/attempting to obtain/assisting another in obtaining/attempting to obtain any advantage, benefit, favor or gain by fraud, forgery, deception, misrepresentation, untruth or subterfuge; attempting to and/or illegally possessing, dispensing, administering or distributing controlled substances as defined by H&SC, Chap 481 and/or Chap 483; failing or

refusing to give the department full and complete information and cooperation, upon request; 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 may be endangered; 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.

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.

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 probated suspension 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.

Estrada, Jamie, San Juan, TX. 12 months probated suspension of EMT certification through August 3, 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.

Evans, Krystal S., Taylor, TX. 24 months probated suspension 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.

Farnsworth, Kim, Stafford, TX. 12 months probated suspension of EMT certification through August 22, 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.

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.

* **Florence, Gertrude**, Leaky, TX. Suspension of EMT certification thru September 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) (28), violating any provision of the H&SC, Chap 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 in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; and/or engaging in any activity that betrays the public trust and confidence in EMS.

Disciplinary Actions

Frio County EMS, Pearsall, TX. Letter of reprimand effective September 19, 2001. EMS Rules 157.16(d)(1) failing to comply with any requirement of provider licensure as defined in §157.11 of this title.

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.

Garza, Bart, Edinburg, TX. 42 months probated suspension of EMT-I certification through April 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.

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.

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 (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; abandons a patient; fails to comply with HSC Chapter 773.

Gonzalez, Rolando, Rio Grande City, TX. 36 months probated suspension of EMT certification through August 22, 2004. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in (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.

Grabs, Teresa, Valley Mills, TX. 108 months probated suspension of Licensed Paramedic through September 26, 2010. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in (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.

* **Granger, Tracey**, Beaumont, TX. Letter of Reprimand of EMT-P certification effective January 16, 2002. EMS Rules 157.36(b)(1), (2), (21), (28), violating any provision of H&SC, Chap 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 in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; 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.

Gutierrez, Jesus, Houston, TX. Letter of reprimand against EMT-B certification effective October 22, 2001. EMS Rules 157.36 (b)(1), (2), (4), (28), and (29) violating the H&SC Chap 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; falsifying any EMS record, patient record or report, or making false or misleading statements in a oral report, or destroying a patient care report; 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.

Hall, Christine S., Alvin, TX. 24 months probated suspension of EMT certification through August 31, 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.

* **Hansen Jr., Richard Allen**, El Paso, TX. Suspension of EMT-I certification thru August 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28), violating any provision of H&SC, Chap 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 in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

Harris, Kevin L., McAllen, TX. 4 years probated suspension of EMT certification through July 5, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) 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.

* **Harris, Patrick**, Houston, TX. 12 months probated suspension of EMT certification through January 25, 2003, for a misdemeanor deferred adjudication probation. In violation of EMS Rules 157.37; 157.36(b), (c).

Hartley, Sherman, Bay City, TX. 56 months probated suspension of EMT certification through July 5, 2006. 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

Hitchcock, Mike, Blanco, TX. 24 months probated suspension of EMT certification through October 22, 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.

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.

* **Hobbs, Malcolm**, Lewisville, TX. Suspension of ECA certification thru July 2002 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28), violating any provision of the Health and Safety Code, 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 in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

Hurst, Richard Ashley, Temple, TX. 24 months probated suspension of EMT-P certificate through June 30, 2002. EMS Rules 157.44, 157.51(b)(16), misdemeanor/felony conviction.

* **Jarmon, Sr., Joseph Lloyd**, San Antonio, TX. Suspension of EMT certification thru October 2003 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28), violating any provision of the H&SC, Chap 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 in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; and/or engaging in any activity that betrays the public trust and confidence in EMS.

Jewett EMS, Inc., Jewett, TX. 24 months probated suspension 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.

* **Jones, Douglas**, Royce City, TX. Suspension of ECA certification thru May 2002 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28), violating any provision of H&SC, Chap 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 in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

Jones, Duke K., Houston, TX. 24 months probated suspension of EMT-P certification through September 24, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in (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.

Jordan, Russell, Dickinson, TX. Letter of reprimand against EMT-I certification effective October 22, 2001. EMS Rules 157.36 (b)(1), (2), (4), (28) and (29), violating the H&SC Chap 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 is in violation of any criminal, civil and/or administrative code or statute; falsifying any EMS record, patient record or report, or making false or misleading statements in a oral report, or destroying a patient care report; 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.

Kellar, Shanna, Terrel, TX. 4 years probated suspension of EMT certification through June 30, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) 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 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.

* **Kowalski, Michael**, Friendswood, TX. 12 months probated suspension of EMT-P certification through January 2003. EMS Rules 157.36(b)(2), (3), (26) any conduct which is in violation of any criminal, civil and/or administrative code or statute; failing to make accurate, complete and/or clearly written patient care reports documenting a patient's condition upon arrival at the scene, the prehospital care provided, and patient's status during transport, including signs, symptoms, and responses during duration of transport; engaging in any conduct that jeopardizes or has the potential to jeopardize the health or safety of any person.

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.

Lane, Amanda, Longview, Tx. 12 months probated suspension of EMT-P certification through September 2003. 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; abandons 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.

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.

Lemon, James, Channelview, TX. 12 months probated suspension of ECA certification through October 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, Jacob R., Corpus Christi, TX. 12 months probated suspension of EMT certification through November 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. **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 (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.

Martinez, Michael J., Texas City, TX. 12 months probated suspension of EMT certification through September 27, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in (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.

* **Mask, Steven**, Abilene, TX. 24 months probated suspension of EMT certification through October 12, 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.

Masters, Casey, Rowlett, TX. 24 months probated suspension of EMT certification through November 16, 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.

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 probated suspension of EMT-I certification through November 2002. EMS Rules 157.36(b)(1), (4), (7), (13), (26) and (28), violating the HSC Chapter 773, and/or TAC Title 25, as well as federal, state, or local laws, rules or regulations affecting 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; practicing beyond the scope of certification or licensure without medical direction or supervision; 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.

* **Maurer, Garrison**, Canyon Lake, TX. 48 months probated suspension of EMT certification through January 3, 2006. 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.

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 HSC 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.

* **McCrary, Ronnie, L.**, DeKalb, TX. 12 months probated suspension of EMT certification through January 3, 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.

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 HSC Chapter 773, and/or TAC Title 25, as well as federal, state or local laws, rules or regulations affecting the practice of EMS; causing, permitting and/or failing to report physical or emotional abuse or injury to a patient or the public; 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.

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.

Medevac EMS, Inc., Brownwood, TX. Letter of reprimand against the EMS provider license effective October 22, 2001. EMS Rules 157.16(d)(12) and (18), failing to give the department true and complete information when asked, regarding any alleged or actual violation of the H&SC Chapter 773, or the rules adopted thereunder or failing to report such a violation; operating, directing, or allowing staff to operate any vehicle that is not mechanically safe, clean and in good operating condition.

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.

Middleton, Michael E., College Station, TX. 12 months probated suspension of EMT-P certification through August 3, 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.

Miller, Jason, Corpus Christi, TX. 24 months probated suspension of ECA certification through October 22, 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.

DISCIPLINARY ACTIONS

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; fails to comply with HSC 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.

Murray, Jeffrey, Schulenburg, TX. Decertification of the EMT-P certification effective September 20, 2001. EMS Rules 157.36(b)(1), (2), (3), (4), (7), (26) and (28), violating H&SC Chap 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 is in violation of any criminal, civil and/or administrative code or statute; failing to make accurate, complete and/or clearly written patient care reports documenting a patient's condition upon arrival at the scene, the prehospital care provided, and patient's status during transport, including signs, symptoms, and responses during duration of transport; 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; 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.

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.

* **Nelson Jr., Melvin**, McGregor, TX. Suspension of ECA certification thru June 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) (28), violating any provision of the H&SC, Chap 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 in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; and/or engaging in any activity that betrays the public trust and confidence in EMS.

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 appropriately and currently certified personnel; having 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; violating 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.

* **North Texas EMS**, Fort Worth, TX. 24 months probated suspension and administrative penalty of \$6,000 against provider license. EMS Rules 157.16(b); 157.16(c); 157.16(d)(1), (10), (11), (12), (14), (19); 157.11(l)(1), (3), (12), (13) and (e)(6), failing to comply with any requirement of provider licensure as defined in §157.11 of this title; falsifying a patient care record or any other document or record resulting from or pertaining to EMS provider responsibilities; obtaining any fee or benefit by fraud, coercion, theft, deception, or misrepresentation; failing to give the department true and complete information when asked, regarding any alleged or actual violation of H&SC, Chap 773, or the rules adopted thereunder or failing to report such a violation; failing to staff each vehicle deemed to be in service or response ready with appropriately and currently 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; assuring that all response-ready and in-service vehicles are maintained, operated, equipped and staffed in accordance with the requirements of the provider's license; monitoring and taking appropriate action regarding the performance of all personnel involved in the provision of EMS; and ensuring that all personnel are properly certified or licensed; assuring that all documents, reports or information provided to the department are current, truthful and correct; maintaining compliance with all applicable laws and regulations; MICU - when response-ready or in-service - one certified or licensed paramedic and one EMT.

Novak, Beth, Burton, TX. Decertification of EMT-P certification effective September 25, 2001. EMS Rules 157.36(b)(1), (2), (26), (28) violating HSC Chapter 773, and/or TAC 25, as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of criminal, civil and/or administrative code or statute; engaging in conduct that has the potential to jeopardize any person; any activity that betrays the public trust and confidence in EMS.

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 (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.

Orta, Fermine, Roma, TX. 24 months probated suspension of ECA certification through November 2003. EMS Rules 157.36(b)(1), (2), (17), (18), (21) and (28), violating H&SC Chap 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 is in violation of any criminal, civil and/or administrative code or statute; cheating and/or assisting another to cheat on any department examination or the examination of any provider licensed by the department or any institution or entity conducting EMS training; obtaining, attempting to obtain and/or assisting another in obtaining or attempting to obtain any advantage, benefit, favor or gain by fraud, forgery, deception; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

* **Parker, Michael**, Waco, TX. Suspension of EMT certification thru September 2005. EMS Rules 157.36(b)(1), (2), (10), (21), (28), violating any provision of H&SC, Chap 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; and/or any conduct which is in violation of any criminal, civil and/or administrative code or statute; failing to comply with the terms of a department ordered probation or suspension; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

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.

Pearland EMS, Pearland, TX. Letter of reprimand effective August 29, 2001. EMS Rule 157.16(b)(19) having violated 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.

Pinedo, Marisela, Los Fresnos, New Mexico. probated suspension 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.

* **Pro-Medic EMS**, San Juan, TX. \$2,000 administrative penalty against provider license effective January 15, 2002. EMS Rules 157.16(d) (1), (19); 157.11(d)(3)(B), (l)(9), (l)(13), (l)(15)(B) 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; if a provider adds a vehicle to the fleet, a nonrefundable fee is required and the department shall be notified within 10 days of the designation assigned to the vehicle; making available on each vehicle current protocols, current equipment and supply lists, a copy of the provider license and the correct designation; maintaining compliance with all applicable laws and regulations; notification of the department within 10 days if: a vehicle is added, with submission of the nonrefundable fee if applicable.

* **Pulido, Gilbert**, Laredo, TX. Suspension of EMT certification thru September 2003. EMS Rules 157.36(b)(1), (2), (10), (21), (28), violating any provision of H&SC, Chap 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; and/or any conduct which is in violation of any criminal, civil and/or administrative code or statute; failing to comply with the terms of a department ordered probation or suspension; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

Ravizza, Robert, Houston, TX. Letter of reprimand effective August 29, 2001. EMS Rule 157.36(b)(26) engaging in any conduct that has the potential to jeopardize the health or safety of any person.

Riffe, Jennifer, Dublin, TX. Letter of reprimand against EMT-B certification effective October 22, 2001. EMS Rules 157.36 (b)(1), (2), (26) and (28), violating the H&SC Chap 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 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; any activity that betrays the public trust and confidence in EMS.

* **Riley, Stephen**, Humble, TX. 47 months probated suspension of EMT certification through December 10, 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.

Rios, Heradio, Rio Grande City, TX. Denial of ECA application for certification effective October 23, 2001. EMS Rules 157.36(b)(1), (2), (17), (18), (21) and (28), violating the H&SC Chap 773, and/or Title 25 of TAC, as well as Federal, State, or local laws, rules or regulation affecting, but not limited to, the practice of EMS; any conduct which is criminal in nature and/or is in violation of any criminal, civil and/or administrative code or statute; cheating and/or assisting another to cheat on any department examination or the examination of any provider licensed by the department or any institution or entity conducting EMS training; obtaining or attempting to obtain and/or assisting another in obtaining or attempting to obtain any advantage, benefit, favor or gain by fraud, forgery, deception, or subterfuge; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust in EMS.

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.

Robertson County EMS, Franklin, TX. 24 months probated suspension 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; list signed by the medical director which contains the following items as identified in the medical treatment protocols/standing orders.

* **Rock, Barbara**, Freeport, TX. Letter of reprimand against EMT-I certification effective January 7, 2002. EMS Rules 157.36(b)(26) engaging in any conduct that has the potential to jeopardize the health or safety of any person.

Rodriguez, Luis, College Station, TX. 12 months probated suspension of EMT certification through October 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.

Roquemore, Joseph, Atlanta, TX. 48 months probated suspension of EMT certification through August 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.

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 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; 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 probated suspension 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.

* **Salinas, Rene**, McAllen, TX. 51 months probated suspension of EMT certification through April 25, 2006, for a felony conviction. In violation of EMS Rules 157.37; 157.36(b), (c).

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) 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 probated suspension of EMT-I certification through July 28, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) 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.

Simmons, Richard Brent, Houston, TX. Denial of application effective July 27, 2001. EMS Rule 157.36(b)(1), (2), (7), (13), (26) (28) violating HSC Chap 773, and/or TAC Title 25 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; practicing beyond the scope of certification or licensure without medical direction or supervision; 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.

Sistrunk, Robert, New Waverly, TX. 24 months probated suspension of EMT-P certification through March 31, 2002. EMS Rules 157.51(b)(11) and (22), appropriates and/or possesses without authorization medications, supplies, equipment or personal items inappropriately acquired in the course of duty; obtains or attempts to obtain any benefit to which not otherwise entitled by duress, coercion, fraud or misrepresentation while in the course of duties as an EMS certificant.

* **Smith Sr., Michael**, Denton, TX. Suspension of ECA certification thru March 2002 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28), violating any provision of H&SC, Chap 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 in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

Smith Jr, Roosevelt, Houston, TX. 48 months probated suspension of EMT certification through November 5, 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.

Smith-Green, Tonya Sue, Burleson, TX. 48 months probated suspension of EMT certification through October 15, 2003. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Snyder, Michael, Baytown, TX. 12 months probated suspension of EMT certification through October 23, 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.

South TX Rural Health Services, Inc., Cotulla, TX. 24 months probated suspension 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 probated suspension; 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.

Spears, Richard D., Iowa Park, TX. 24 months probated suspension of EMT certification through September 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.

Spencer, Shannon Ray, Deer Park, TX. 12 months probated suspension of EMT certification through November 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive

Disciplinary Actions

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.

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.

Stillwell, Landon, Dallas, TX. 26 months probated suspension of EMT certification through November 6, 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.

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.

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, 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.

Thomas, David, Early, TX. 12 months probated suspension of EMT certification through September 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.

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.

Tidwell, Jeremy W., Orange, TX. 12 months probated suspension of EMT certification through September 24, 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.

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.

* **TLC Ambulance Service**, Houston TX. Letter of reprimand against EMS provider license effective December 19, 2001. EMS Rules 157.16(d)(19) 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.

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.

Turnbow, 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.

* **Van Meter, Ronald, S.**, Midland, TX. 36 months probated suspension of EMT certification through December 17, 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.

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.

Walker, Edwin, Bastrop, TX. Letter of reprimand against EMSC certificate effective October 19, 2001. EMS Rules 157.43(m)(3)(B), failing to comply with the responsibilities of a course coordinator as defined in subsection (h) of this section.

Wankowski, Jason D., Mertzon, 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, Andrew**, Floresville, TX. 36 months suspension (first 18 months actual suspension, second 18 months probated suspension) of EMT-I certification through December 2004. 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.

* **Weststarr Ambulance**, Odessa, TX. 12 months probated suspension of provider license and \$22,000 administrative penalty probated for 12 months through August 2002. EMS Rules 157.16(b), (c), and (d)(1), (4), (17), (19); 157.11(d)(2), (1)(2), (f), (g), (i)(1); failing to comply with any requirement of provider licensure as defined in §157.11 of this title; failing to correct deficiencies as instructed by the department; having been found to have operated, directed, or allowed staff to operate any vehicle while on EMS business in a manner that is dangerous to the health or safety of any person; 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; when response-

ready or in-service, EMS vehicles shall have operational 2-way communication capable of contacting appropriate medical resources, and shall be in compliance with all applicable state and/or federal laws and; except for fixed wing aircraft shall have the name of the provider prominently displayed on both sides of the vehicle; monitoring and taking appropriate action regarding the quality of patient care provided by the service; provider shall submit protocols approved by the provider's medical director identifying procedures for each EMS certification or license level utilized by the provider; provider shall submit an equipment and supply list which is approved by the medical director and which is consistent with, and fully supportive of, the protocols; at least the following equipment and supplies shall be present on each in-service vehicle and on, or immediately available for, each response-ready vehicle at all times.

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, Darra, Corpus Christi, TX. 6 months probated suspension effective August 16, 2001. HSC Chapter 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; EMS Rule 157.36(b)(1), (2), (13) violating the HSC Chapter 773, and/or Title 25 of the 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; misrepresenting level of any certification or licensure.

Whitney, Michael, Houston, TX. Letter of reprimand effective August 29, 2001. EMS Rule 157.36(b)(26) engaging in any conduct that has the potential to jeopardize the health or safety of any person.

Williams, David T., Dallas, TX. 24 months probated suspension of EMT certification through November 26, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in (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 (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.

Zachary, Jessy L., Humble, TX. 48 months probated suspension of EMT-I certification through December 5, 2004. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in (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.

Zais, John, Mineral Wells, TX. 36 months probated suspension of EMT certification through November 7, 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.

* 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

March 8, 2002. **Orthopedic Update.** \$45, 7.5 CNE (PT/OT, Rad Tech and EMS approval requested). Contact Kathy Jordan, Texarkana College, at (903) 832-5565, ext 3270.

March 9-10, 2002. **PALS.** \$195, includes AHA card, PALS test and lunch for 2 days. Must preregister. Contact Kathy Jordan, Texarkana College, at (903) 832-5565, ext 3270.

March 14, 2002. **Violence and Tragedy: Recovery.** Focuses on violence impact and recovery. \$45, all approvals requested. Contact Kathy Jordan, Texarkana College, at (903) 832-5565, ext 3270.

April 4, 2002. **It's Been a Great 10 Years!** Focuses on new advances in medicine and nursing. \$55, 7.2 hours Type I Nursing (PT/OT, Respiratory, Rad Tech, N.H. Admin, Social Worker and other approvals requested). Contact Kathy Jordan, Texarkana College, at (903) 832-5565, ext 3270.

April 9th-11th, 2002. **BioDefense Mobilization Conference** Westin Hotel, Seattle. Limited space register at www.bio-defense.org or 800-275-9198,

biodefense@csnwseattle.com.

April 13, 2002. **PALS Update.** \$95. Contact Kathy Jordan, Texarkana College, at (903) 832-5565, ext 3270.

April 13-14, 2002. **Advanced Cardiac Life Support Course (ACLS).** Contact hours for nurses. \$175.00. Text book included. At Alvin Community College registration deadline April 5th. Call 281-756-3807 or 281/756-3787.

April 13-14, 2002. **Advanced Cardiac life Support Instructor Course.** \$175.00/ includes instructor textbook. At Alvin Community College registration deadline April 5th. Call 281/756-3807.

May 4-5, 2002. **Pediatric Advanced Life Support (PALS).** Contact hours for nurses. \$200.00/ includes textbook. Registration deadline April 26. Pearland College Center. 281/756-3807 or 281/756-3787.

May 4-5, 2002. **Pediatric Advanced Life Support Instructor Course.** \$200.00/ includes instructor textbook. Pearland College Center. Registration deadline April 26th 281/756-3807 or 281/756-3738.

June 8-12, 2002. **126th Annual SFFMA Training Conference & Convention.** Beaumont, TX. For more information call 512/454-3473.

Jobs

Operations Manager: \$34,000-\$40,000. Bulverde-Spring Branch EMS accepting applications for an operations manager. Benefits. Paramedic with 5 yrs exp/2 yrs mgmt exp. Mail resume to Bulverde-Spring Branch EMS PO Box 38, Spring Branch, TX 78070. +

Firefighter/Paramedic: \$2,727/mo. Must be certified. City pays 70% of family health insurance premium. Apply at or send resume to City of Kerrville, Personnel Dept., 800 Junction Hwy Kerrville, TX 78028, 830/792-8300, fax 830/792-3850. +

EMT, EMT-I Paramedics: The US Naval Reserve is hiring part-time positions. One month exp required. Excellent benefits and retirement package. Contact Joel Greenwood 1-800-544-2562 ext. 248. +

Paramedics: Llano County EMS is accepting applications. Upgraded pay scale with health/dental insurance, 401K. Paid CE and training available for swiftwater, vertical, lake rescue, and scuba. Mail resume to Llano Co. EMS, 200 W. Ollie, Llano, TX 78643, 915/247-7890. +

EMS Instructor: Associate degree in EMS, fire science, emergency mgmt or related field (bachelors or masters preferred) and 3 years full-time paid experi-

ence with fire department or EMS service. Prefer 3 years as a EMS instructor or NFPA fire instructor II. Associate degree candidates must be willing to attain a bachelors degree within 5 years and a masters within 8 years. Submit application with position title #021184TXEMS. Package must include cover letter, resume/CV, 3 letters of recommendation, and photocopies of transcripts by close of business on April 26, 2002. Alamo Community College District, HR Dept., 201 W. Sheridan, San Antonio, TX 78204, fax 210/208-8052, 210/208-8051 or emresume@accd.edu. +

Senior Manager: ACLS & PALS products. Must have 3+ yrs project mgmt exp, advanced trng as a healthcare provider in ACLS & PALS, knowledge of OSHA regs. Contact American Heart Assn, HR Dept-E671, 7272 Greenville Ave, Dallas, TX 75231, fax 214/706-1191; email aharesume@heart.org. *

EMTs, EMT-Is, paramedics: Enterprise Ambulance Inc. has added several new openings for full/part/PRN staff. Contact Danny Riggs, Enterprise Ambulance Inc., 335 E. NASA Rd 1, Webster, TX 77598, fax 281/ 332-6716. *

EMTs, EMT-Is, paramedics: Williamson Co Sheriff's Dept is hiring full-time staff in the jail infirmary. Competitive wages, benefits. Contact Pam Marsters at 512/ 943-1300. *

EMTs, EMT-Is, paramedics: South Texas EMS is now hiring full-time positions. \$7-10/hour/ 24-48 shift rotation, \$500 sign-on bonus. Contact Mary or Tammy, South Texas EMS, PO Box 90, Alice, TX 78333, 361/ 664-4088. *

EMT-I, paramedic: Ruidoso EMS is accepting applications for 1 paramedic and 1 EMT-I position. Hospital-based ALS service in year-round resort community in Sacramento Mountains, New Mexico. Fax resumes to 505/ 257-3617, email rlcems@zianet.com, call 505/ 430-8500. *

EMS Director: The City of Fritch is accepting applications for EMS director. Must be certified/licensed paramedic, ACLS & PALS preferred. 5+ yrs exp required. Competitive wages, benefits. Call 806/ 857-3143 for app, send app/ resume to City of Fritch, PO Box 758, Fritch, TX 79036, attn City Manager. *

Paramedic: Full-time position, rotating shift work at a chemical plant in Houston TX. Clinical and emergency response team within plant facility. Must be able to work overtime, weekends and holidays. \$14/hour starting wage, 401(k), medical benefits, and safety, attendance and yearly bonuses. Fax resume to 713/

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-working-day process*), then on to our mailing service (*a 4-day process*), and then to the post office to get mailed out. Please send in your calendar items six weeks in advance to make the next issue.

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

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

Meetings & Notices

520-0003, attn Ben. *

Paramedics: Alpha Therapeutic Corp has 1 opening in Lubbock, 1 in El Paso and 1 in San Antonio. Ensure donor safety, welfare and suitability. Must have 2+ years exp, be able to work flexible work schedule. Excellent compensation, 401(k), pension program, benefits, incentive program. For more information contact Barbara Fleming, 661/ 299-9492, fax 661/ 299-9442, email flemingb@pacbell.net. *

For Sale

For Sale: 1995 F350 type III ambulance with 78,000 miles \$38,500. Call 830/ 980-9452 or e-mail bsbems@gvtc.com. +

For Sale: Dictaphone Guardian Recorders. 24 and 32 Channel, Pro logic available. Previously owned. Call 407/ 292-5246 or 972/979-2604. +

Miscellaneous

"Quick! How do you dial 9-1-1?" Lifelines and laughlines of a firefighter paramedic. Captain Randy Nickerson of Denton Fire Department reflects on some of the most memorable moments of his career—some hilarious, some horrific—in this thoughtful and amusing book. Tattersall Publishing, 940/565-0804, www.tattersallpub.com. +

EMS Specialties. Multi-part run tickets, telephone labels, scratch pads, t-shirts, etc. Free brochure. AAA Graphics, 281/ 331-3615. +

Rope Rescue Training: Training for fire, EMS, law enforcement and industry in Technical Rescue, Rope Rescue, Fire Rescue, Cave Rescue, Vehicle Rescue and Wilderness First Aid. John Green 361/938-7080, www.texasroperescue.com. +

MBS MedExpress Billing Service: Complete billing services for ambulance services. Contact 713/530-0334.*

Express Billing: Electronic billing including Medicare, Medicaid, insurance. Custom reports, consultation for EMS office and field employee on HCFA guidelines. Contact 877/521-6111, 713/484-5700 or fax 713/484-5777, www.express

Fax items for this section to 512/834-6736

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

bill.ppg.com, www.eexpressbill@aol.com*

EMS/Fire Billing: Electronic claims, 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.*

CE Solutions: EMS continuing education, 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. *

Specialized Billing: EMS and Fire billing services to counties, municipal paid and volunteer services through 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 six person minimum. Call 281/ 837-8375.*

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 professionals. Individual, group subscriptions, customized features. Call 877/EMS-HERO, www.emcert.com.*

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

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.

Texas EMS Consulting Service: Evaluation of EMS/site review, advanced medical life support, QA/QI services, prep class for TDH paramedic exam. Extensive mgmt exp as FD lieutenant/EMS director. Call Max Smith, LP, 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.*

Providers Billing Service: Electronic claims submission and collection. Local or long distance. We handle all claims in the Texas area. Please call 817/910-2283 or 817/ 910-2197 ask for Mascha or fax 817/910-2198.*

+ This listing is new to this issue.

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

Placing an ad? Moving? Renewing your subscription?

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

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

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

EMS Profile: *Fredericksburg EMS*

Some of the EMS personnel include Kevin Scherer, EMT-I; Dennis Loth, EMT-P Commander; Greg Swift, EMT-P; David Jung, EMT-P



Name of Service: Fredericksburg EMS

Number of Personnel: FEMS has a full-time staff of 13 paramedics and one EMT-I; part-time staff of five paramedics, two paramedic/RNs, one EMT-I and two EMTs; and five volunteer EMTs. We have two crews on 24/48 hour shifts. One crew works 24 hours and one crew works 12 hours and on call for emergency transfers and second calls the last 12 hours. The director of EMS is Ron Derrick, LP, NREMT-P; accounts administrator (EMS billing) is Lori Seewald, EMT-P; and medical director is Dr. Stan Parker. FEMS has three shift commanders and three assistant commanders. FEMS also has personnel certified in ACLS, BTLs, Pediatric BTLs, PEPP, swift water rescue, high angle rescue and hazmat.

How Many Years in Service: Fredericksburg took over EMS operations from Gillespie County in October 2000 and billing from a private company. Gillespie County EMS was formed in 1974 when

Hill Country Memorial Hospital took over the administration of the EMS, but the personnel were Gillespie County employees. In 1979, the county took over all aspects of the EMS and administered it until Fredericksburg took over in 2000. The city and the county now financially share the EMS budget not covered by revenues. The FEMS continues to have great relations with HCMH and does many of their transfers, emergency and non-emergency.

Number of Units and Capabilities: We have a total of four units in the county. Three of the units are certified at BLS/MICU capable (stationed in Fredericksburg) and one is certified BLS (stationed in the Doss community). Each of the advanced units are fully equipped. FEMS is also capable of doing RSI in the field under standing orders for which we carry Versed, Succinylcholine and Norcuron. FEMS is expecting a new 2002 ambulance this spring. FEMS also works very closely with all the volunteer fire departments in the county, as they provide first response and patient care in remote areas. FEMS just moved into its new 10,500 square foot EMS facility, with ample storage, cleaning and meeting facilities.

Number of Calls: In 2001, FEMS ran 1775 emergency and non-emergency calls. Our service area includes the city of Fredericksburg and most of Gillespie County. FEMS provides advanced mutual aid to Harper VFD EMS which covers the western portion of the county.

Current Projects: FEMS believes in community service. We have an instructor with the Child Safety Seat Coalition that sets up classes for teaching the proper techniques to secure a child seat and giving seats to parents who may not be able to afford them. Our EMS volunteers are involved with both high schools in the county, and present the Shattered Dreams program to them. We spend countless hours supporting the George Bush Museum and all the dignitaries that come to our town and have on-going EMT classes. One of our shifts is in charge of public relations and they provide community talks, first aid classes, EMS-related public relations and talks with community groups about health care prevention and public safety. 🇺🇸

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

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