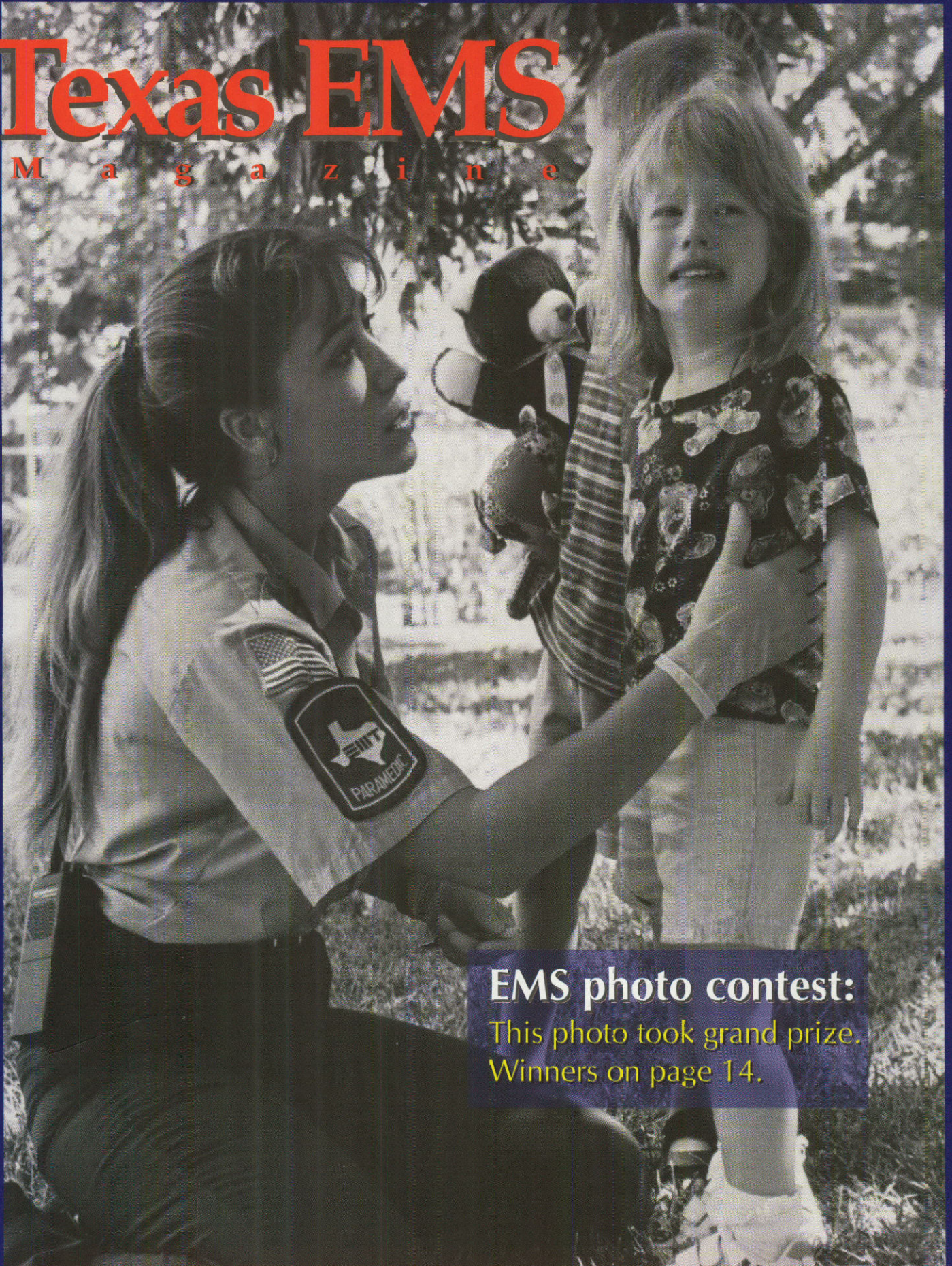


Texas EMS

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EMS photo contest:
This photo took grand prize.
Winners on page 14.



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| _____ | "Don't Guess, Call EMS" brochure. A reprint of a Department of Transportation brochure updated with Texas photos and logo. Back panel listing of public health region offices and a "For more information, call" box. (EMS-013) |
| _____ | "EMS Lifesavers—Career Information" brochure. Gives types of jobs, paid and volunteer, in various settings and salary ranges. (EMS-007) |
| _____ | "EMS Questions and Answers About Citizen Participation" brochure. Answers questions about how to call, what to do and how the community can help EMS. (EMS-008) |
| _____ | "EMS—A System to Save a Life" brochure. A 1970s title with a 1990s text, it has public health region office info and "For more information, call" box. Explains BLS and ALS. (EMS-012) |
| _____ | (Updated) "I'm an EMS Friend" sticker. Ready Teddy in a 2-½ inch, 3-color sticker. |
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 1100 West 49th Street, Austin, TX 78756-3199
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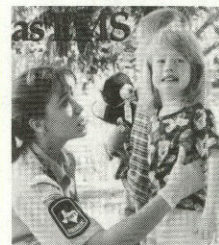
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Cover photo: This photo was chosen as the grand prize winner from all categories in the 1997 Texas EMS Photo Contest. By Sharon McIver of Kerrville, Texas.



TEXAS DEPARTMENT OF HEALTH MISSION

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the people of this state.*

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community systems that provide emergency
and health care for all individuals.*

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M a g a z i n e

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Gene Weatherall, Chief, Bureau of Emergency Management and Ready Teddy helped William R. Archer III, MD, Commissioner of Health, present EMS awards at Texas EMS Conference '97.

Was there ever a doubt? It's bigger and better in Texas EMS

It's about as official as you can get: Texas EMS Conference is the biggest EMS conference in the country. This year we topped the charts at 2,100 paid participants and about 150 booths. Our next biggest competitor—a national conference priced much higher—brought in about 1,400 paid participants this year. And with more than 110 workshops, we offer more diverse education than anyone else. We always knew Texas was the best and the biggest.

Planning a conference is a lot like putting together a jigsaw puzzle: all the pieces have to be in place for the picture to look right. Let me add something to that. All the people have to be in place for the conference to work. We simply could not have been successful without the efforts of people within in the Bureau and those outside TDH who volunteered their time. But special thanks need to go to a few outside the Bureau: Mike Berg, Austin/Travis County EMS; John Green, Austin Fire Department; Guy Benson, Austin EMS; the Austin EMS Explorers; Ed Racht, MD, medical director for Austin/Travis County EMS; Warren Hassinger, Austin EMS; James Shamard, Austin EMS; Jay Hopper and the Texas Trauma Coordinators Forum for setting up the trauma nursing track; TDH's first responders; Think Child Safety students from Paris, Texas; and Jeff Jarvis, Dan Roberts, MD, and Diane Simpson, Scott & White EMS Education Program, for coordinating the Cadaver Lab. Special thanks to Bonnie Liles and Ed Strout of Austin EMS for putting together the EMS slide show for the opening session. They made us all proud.

In my opinion, the true heroes of this conference are our own TDH staff in Austin and regions, who work hard to make sure that 2,100 people have quality education in comfortable surroundings. And a special thanks goes to Kelly Harrell and her Prevention and Community Relations team for their expert coordination of this annual event. 🚑

Letters

To Texas EMS Magazine: I recently attended a TDH town meeting concerning Project Alpha. While I see many positive changes forthcoming, one item that concerns me is the lack of responsibility for each and every county in Texas to provide EMS services.

It has been mandated that each county provide law enforcement and fire protection for many years. Does this mean that property is more important than human lives? If TDH is digressing from the role it has played in assisting rural and volunteer providers, who then will assure their existence?

I believe that it is long overdue that EMS as a whole make a voice through the legislature making counties responsible for the provision of this vital service, not only for its residents, but for those passing through these counties on the highways and byways.

If you agree that EMS should begin this process, write your letters of support to: Michael Gilbert, EMT-P, HCR 3 Box 50-0, Del Rio, TX 78840.

*Michael Gilbert, EMT-P
Del Rio, Texas*

To Texas EMS Magazine: We are fortunate at our college to have many talented and innovative stu-

dents. We like to brag about them. One such student, Shauna Evans, has invented an acronym that we are using to teach patient assessment. Here is how it goes:

Some Idiots In Paramedicine
Forget Vital Signs So Doctors
Can't Operate.

S= Scene Survey

I= Initial Assessment

I= Interventions

P= Patient Priority

F= Focused Patient
Assessment

V= Vital Signs

S= SAMPLE History

D= Detailed Patient
Assessment

C= Communicate Radio
Assessment

O= Ongoing Assessment and
Interventions

First time EMT students who are learning the steps of patient assessment tell us that it seems like a monumental task. We have found that Ms. Evans' acronym has worked very well as a learning aid. With her permission, we are sending it to you for publication, so that other students may benefit from her creativity. All she asks in return is that she be given written credit.

*Carol F. Mason, EMT-P
Houston*

*The Bureau of Emergency
Management
mourns the passing of these
EMS friends*

Steven McDonald, DO, of Temple, was fatally shot on October 10, 1997. McDonald received his bachelor of science degree from Texas A&M University and served as a paramedic and chief of EMS for Texas A&M University EMS. He was presently serving as a third year emergency medicine resident at Scott & White Hospital. He was also an instructor for Scott & White EMS Education Program.

James Alvin Warwick, 52, of Burnet, died on December 23, 1996, when he was struck by a vehicle while working an accident scene. Warwick had received his 30-year pin with Burnet Fire Department in October 1996, having served as president, vice-president, secretary, assistant fire chief and assistant fire marshal. He was also an EMS volunteer driver and had worked for the City of Burnet for several years in positions such as traffic engineer, zoning administrator, city alderman and interim city manager.

Answers

Continuing education test
in November/December
Texas EMS Magazine:

- | | |
|------|-------|
| 1. c | 6. b |
| 2. d | 7. a |
| 3. c | 8. b |
| 4. a | 9. b |
| 5. d | 10. d |

CE Clarification: Clarification on "Street Legal," the CE article in the November/December issue: Under the Duty to Act section, the fifth sentence should read, "Once you have begun care, you cannot stop until you have turned the patient over to someone with equal or higher certification." For example, if you are a paramedic and stop to render BLS care, you can turn the patient over to BLS first responders. However, if you are giving ALS care, you have to turn care over to another paramedic or someone with higher certification.

By Ruthie Fudge, EMT

An angel goes home

So many people take life for granted. We get up every morning, get ready for work or play, and never take time to tell our loved ones how much they mean to us. I'd like to share with you this 34-year-old EMT mom's Sunday off.

Telephone rings early Sunday morning, waking up the whole house. We've been invited to Granny's for a barbecue, great family fun. I'm a little tired, thinking about the eventful week with the EMS: several successful runs in three days makes you feel good inside. Later at Granny's, kids are eating, playing, fighting—you know, kids' stuff.

We're all sitting around outside talking when a page for assistance comes over the radio: a possible drowning at the state park. "Oh my goodness!" is all we say. We all listen as the voice on the radio talks on. My heart is really racing by now; we know it is a 9-year-old girl. My heart goes out to the parents of this child. The ambulance is toned out along with everyone else. Divers are coming in from out of town to help look. I'm really getting antsy, thinking, "What can I do?"

So my sister and I leave our families behind at Granny's. As we pull out in traffic, we hear over the radio that they've found the little girl. EMS is working on her. Our hearts race, minds flying: please let her be okay. When we pull up to the park, people are standing around watching. We try to make our way in to help: "EMS personnel, please let me by." As the crowd parts way, there is the scene: Mother sitting on the ground trying to reach in to touch her child. The father is looking on, watching over the medics working on his little girl.

Not a word is spoken as the

medics work. Then the paramedic calls it: "It's too late." I reach down and ask the woman, "Are you the mother?" She turns to me and answers, "Yes, I am." The father cannot believe what he has just heard. He pushes his way to the ground and with loving hands picks up his little girl. Calling out her name, he begs God to please bring her back.

By this time, the EMS crew has stepped back. The mother has crawled to the side of her husband and little girl. Taking the child and weeping in silence, the mother cradles her lifeless little girl. I turn to the paramedic and ask if we can put them in the ambulance. He says they are getting the stretcher now. I take off toward the ambulance to see if I can help.

I get the stretcher ready. I look up to see my sister gently carrying this little girl, trying to make it to the stretcher. I'm on the other side, my arms reaching out to help. "Turn her around," I say. I take her in my arms, laying her down oh, so easy, fixing her straight, covering her. The father runs over and refuses to cover his daughter's face, praying the whole time.

I crawl inside the ambulance, throw the side door open, and guide the stretcher in place. My sister asks what else she can do. The father looks up at her with tears in his eyes, "Please, could you get my vehicle and my other children and take care of them?" Off she goes, leaving me to do what I can.

The mother is sitting so quiet, trying to wipe off the mud and gravel from her daughter's face. I just stand there and watch in disbelief. I snap out of it, get a washcloth and some water and begin cleaning up the little girl's face. People come

and pray over her and my heart hurts for them. I try very hard not to show any emotions, but it overcomes my professionalism. I am crying and asking God to please help this family. I know she is gone, but in my heart, there is still hope for a miracle.

The funeral home personnel arrive. I keep telling myself that I don't even know these people. The back doors of the ambulance open. I bend down and tell the mother, "It's time." The father becomes angry. "I'm sorry," is all I can say, wiping the tears from my face.

They pull the stretcher out of the ambulance, but I just cannot make myself let go. I try my best to help them load her onto the other stretcher. I turn quickly to get away, but find the EMS stretcher needs to be put back. I hurry along, wanting to leave. But I forget my radio back in the ambulance, so I have to go back.

My sister, seeing my condition, asks if I am okay. I tell her I'm going to the car, and I try my best not to have a panic attack. I start to feel sick at my stomach. In the car, I start crying harder than I can ever remember crying. My sister comes to check on me. She tells the paramedic and he comes to give me comforting words. But my job is not finished. I have one more thing to do.

I pull myself together as best as I can. I get out of my car, make my way over to the family, and wait for the right time. The mother turns to thank me and I reach out and hug her. She is so grateful they found her daughter's body. I whisper in her ear, "She's an angel." She says, "Yes, she was." I said, "No, ma'am, she is."

EMT Ruthie Fudge has volunteered in EMS for 10 years. She currently volunteers in North Blanco County EMS.

EMS news

A compilation of news from around the state and nation

Texas receives CDC, EMSC grants

The Bureau of Emergency Management was awarded a Centers for Disease Control and Prevention grant in October. One of only two such grants given, the grant funding will be used by BEM and the Bureau of Epidemiology to further develop the state EMS Trauma system by establishing injury prevention programs, developing system evaluation tools and continuing regional EMS/trauma systems development through the trauma Regional Advisory Councils and designation of trauma facilities. BEM was also granted an EMS for Children grant from the Department of Health and Human Services. This grant will assist in the development of a pediatric facility categorization process and the expansion of pediatric injury prevention programs.

Paramedic's roles in Florida restored by state attorney general's ruling

In September, Florida's assistant attorney general ruled that emergency rescue workers can provide limited preventive care, such as immunizations and blood pressure screenings. These duties are considered to be consistent with the duties of medical assistants under Florida law, as long as the individuals are properly trained and work under the direct supervision of a licensed physician. In July, Florida's health secretary barred emergency rescue workers from offering immuni-

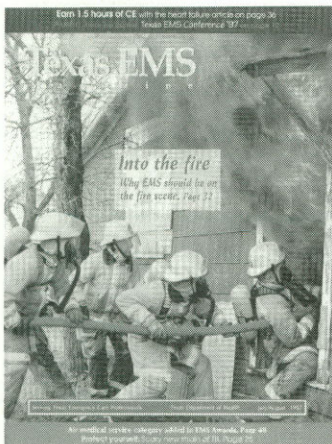
zations and screenings after a state health department lawyer said that offering preventive care would constitute practicing medicine without a license.

Austin announces new assistant fire chief

Austin Fire Department Acting Fire Chief Gary Warren announced the appointment of Lionel Bess, battalion chief, to assistant fire chief. Bess has served with AFD for 15 years and as battalion chief, was responsible for the Training Division.

Texas cities awarded MMST monies

Three Texas cities received federal money to develop Metropolitan Medical Strike Teams for their areas. Houston, Dallas and San Antonio were each awarded \$350,000 in contracts that allow them to begin developing specialized strike teams to provide medical care in incidents involving nuclear, chemical or biological terrorism. MMSTs are designed to be capable of providing initial on-site response, safe patient transportation to hospital emergency rooms, and medical and mental health care to victims of these attacks. They will also be able to move victims to other regions should local health care resources be stretched. The systems are characterized by specially-trained responders, special pharmaceuticals and decontamination equipment, on-site health care, and enhanced emergency medical transportation and emergency room



Covers

We've learned that the cover photo of the July/August '97 issue of *Texas EMS Magazine*, was taken by Al Briseno of Fort Worth. The photo features the Saginaw Fire Department.

On the cover of the November/December '97 issue, the Dalhart EMS crew was transferring the patient to Medi-vac I in Amarillo, part of the Panhandle Emergency Medical Services System.

capabilities. The first MMSTs were established in the Washington, D.C.-metropolitan area and in Atlanta in preparation for the 1996 Olympic Games.

NHTSA adds document to web site

The National Highway Traffic Safety Administration has added a new booklet to its line of EMS documents currently on the web page. "A Leadership Guide to Quality Improvement for EMS Systems" is presently only available through the NHTSA web site, but a print version is expected soon. NHTSA's web page can be found at <http://www.nhtsa.dot.gov/people/injury/ems/leaderguide/index.html>.

Project SAVE begins in Texas

Project SAVE (Stop Alcohol Violations Early) is an education and awareness campaign geared toward addressing the problems associated with underage drinking in Texas. Created and taught by the Texas Alcoholic Beverage Commission, the program teaches children grades 4th-9th about what alcohol is, alcohol's effects on the body, alcohol's use and consequences of its use. The program also addresses the issue of peer pressure in underage drinking. For more information about Project SAVE, contact Kirk Dalchau, TABC Regional Education Coordinator at (888) THE-TABC.

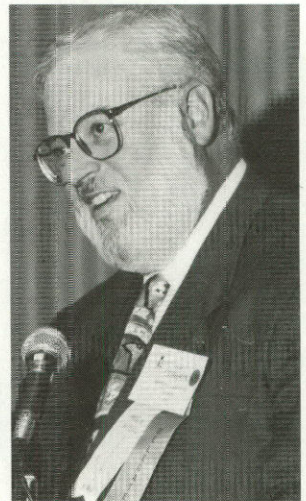
Guardian dive computers recalled

In October, Mares America Corporation of Norwalk, Connecticut, recalled Guardian dive computers. The computers are used to determine dive depth, dive time and other automatic

measurements during scuba diving. The computers can fail to function if water leaks into the battery compartment, by not automatically switching on during a dive or by failure of the control buttons. For information contact Mares American Corporation at (800) 874-3236.

San Antonio doctor receives Golden Apple Award

The Texas Medical Association presented the 1997 Golden Apple Award to Donald Gordon, MD, in November. The award recognizes a Texas physician for significant contributions to public health. Dr. Gordon was recognized for his service with EMS providers and volunteer fire departments in San Antonio and Bexar County.



Donald Gordon, MD

TCEP moves

The Texas College of Emergency Physicians has moved. The new contact information is TCEP, 512 East 11th Street, Suite 207, Austin, Texas, 78701. Their phone numbers are (800) TEX-ACEP; (fax) 512-478-4092.

| TEXAS EMS CERTIFICATIONS AS OF NOVEMBER 12, 1997 | |
|---|--------|
| ECA | 7,126 |
| EMT | 24,344 |
| EMT-I | 3,747 |
| EMT-P | 11,345 |
| TOTAL | 46,562 |
| | |
| COORDINATOR | 394 |
| INSTRUCTOR | 1,959 |
| EXAMINER | 2,285 |

Web pages of interest

Looking for child injury prevention information? Check out the Think Child Safety page at <http://www.1starnet.com/safety>

The National Registry of EMTs has a web page at <http://www.nremt.org>

For a statewide schedule of BEM meetings, visit our web site at <http://www.tdh.state.tx.us/hcqs/ems/emshome.htm>

The Texas Society of EMTs has online CE credits for \$1 per hour. Find their web page at <http://www.lapp-companies.com>

By David Wampler, EMT-P

Locked up

Prison van call gives new meaning to extrication


A recent accident on the interstate approximately seven miles outside Kerrville put our fire department personnel to a major rescue test. In my seven-year EMS career, I could never have even conceived the potential complications of a mass casualty incident inside a heavy-duty, reinforced steel cage.

At about 3:30 a.m., a 9-1-1 call came in for a major accident involving a van vs. an 18-wheel truck. As bad as this call sounds, it only gets worse. Our first arriving ambulance reported possibly ten victims inside a prisoner transport van, and requested more help—a lot more help!

I was in the second ambulance unit on the scene, arriving at the same time as the first fire unit and approximately five minutes before the rescue truck. My initial scene survey revealed a suburban pulling a travel trailer that had jack-knifed at the bottom of a steep hill with a blind curve, and had laid over on its side. The first bystander on scene had pulled his 18-wheeler half into the right lane and half onto the shoulder.

The second vehicle on the scene was a Texas Department of Corrections van transporting seven prisoners to be released the next day. One guard, who had been riding in the front passenger seat, had gotten out to help the victims of the original accident when a second 18-wheeler coming from the same blind curve lost control, jack-knifed and rear-ended the prisoner van with enough force to push the van under the first tractor trailer.

Neither the guard who had gotten out or the second truck driver were injured. The driver of the van was pinned between the dash and the back of the bench seat, but was alert and complaining only of difficulty breathing due to the pressure of the dash on his chest; he was otherwise uninjured. In the second forward-facing seat were two prisoners; the one on the left was alert and uninjured. Next to him on the same seat, right side, was an unconscious, breathing prisoner with a piece of his skull stuck to the cage directly behind him. This forward-facing seat was enclosed on all sides

 **EMS Fact:** In 1995, 29.5 percent of high school seniors acknowledged having five or more drinks in a row during the previous two weeks. —National Highway Traffic Safety Administration

by a heavy-duty, steel-reinforced cage. Directly behind this cage was a second cage with two center-facing bench seats: one seat holding two prisoners, the other holding three. These two seats were both in the same type of cage described above; however, the victims had been thrown to the floor like dice in a game of human Yahtzee.

It was immediately clear that the incident had multiple complications. Number one was the helpless feeling of the rescuers who had no equipment to gain access to the victims in the van until the rescue truck arrived on the scene. Adding to that, all of the prisoners were wearing shackles and belly chains, as well as being trapped in the cages. The victims could not help themselves or anyone else, nor could they move off of the seriously injured people.

Once the rescue truck arrived on scene, another major question arose: Where do we start? With only two power plants to operate the hydraulic equipment, so many critical patients and the inability to triage, the decision-making process became less based on initial assessment and more on where we could do the most good by gaining access to the most victims.

Once the rescue operations began, we quickly gained access into the van but were then confronted with the security cages. Nobody in our department had been trained on how to get into these cages, and since the locking mechanism had been destroyed by the impact, the cage doors had to be forced. Since the cages were made of reinforced steel, there was no place to get a bite with the spreaders. The size

of the holes in the heavy duty chain link caused the cutters to be ineffective, and with the proximity of the victims, the rescuers saw this as far too dangerous anyway.

With the overlapping nature of the gates, we discovered that the only way to force them open was to use Halogen tools to manually spread the support structure to get the tips of the hydraulic spreaders far enough into the gap to be effective. This maneuver had to be done at the very top corner, the weakest point, then worked down to the actual locking mechanism. Once at the lock, the spreaders needed to be positioned to provide lateral force to separate the locking pin from the post, as opposed to attempting to shear the locking pin. After the lock had been disengaged, the door still had to be forced open due to structural damage. This process had to be repeated to gain access into the second cage.

We were then faced with the extrication of five patients from the rear cage, all of whom had been unrestrained. We could immediately see that the patient on the bottom of this pile was unconscious. This made everybody in the compartment a candidate for rapid extrication, starting from the top and working down.

Extrication was complicated due to the shackles and belly chains, as well as the small working space. Placing a medic inside the van and two outside the van, each patient was fitted with a cervical collar and as carefully as possible, untangled from the others one by one and put onto backboards. The primary consideration was to stabilize the C-spine

EMS Fact:

Alcohol is the "drug of choice" for 52 percent of all young people ages 12 to 17, with alcohol use and abuse starting as early as sixth grade. —National Highway Traffic Safety Administration

while getting to the bottom of the pile as rapidly as possible.

From the initial call to the time the last patient was transported was just over an hour with this injury list: three femur fractures (one person had

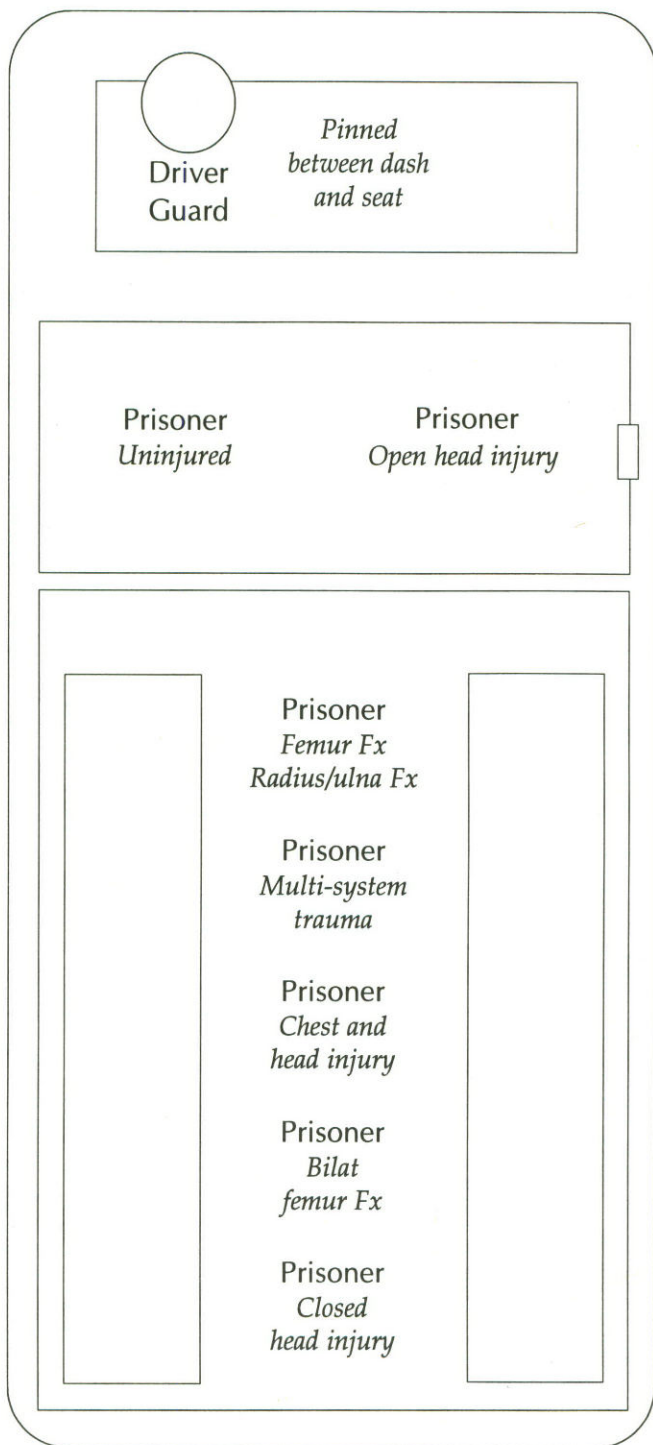
a bilateral fracture), one open skull fracture, multiple closed head injuries, a few pneumothoraxes and multiple internal injuries. The most seriously injured were enroute by air to a trauma center within forty-five minutes.

Although at first glance it appears that the cages were a major cause of injury and a significant extrication complication, there is another side of this issue. It could well be that the prisoners were somewhat protected by the reinforced structure of the cages, which reduced passenger compartment intrusion. In my experience, an impact of this magnitude should have caused a multiple fatality situation.

In retrospect, the rescue operation was handled efficiently considering all of the obstacles encountered. Total patient outcome was improved by rapid scene survey and the help of other agencies. Texas DPS, Kendall County EMS and San Antonio Airlife assisted with scene control and transportation of the injured.

This was a situation that nobody in EMS, outside of Texas Department of Corrections perhaps, would ever think about handling. But with the growing number of prisons, this incident could happen in any jurisdiction. Combined training with emergency personnel and TDC transportation jailors is the best way to be prepared for this type of disaster.

David Wampler has been a field paramedic for four years and works for the Kerroville Fire Department. He is also an instructor for UT Health Sciences Center in San Antonio.



By
Starr Eaddy, EMT


Protease inhibitors: *new drugs bring hope and side effects*



Drugs for HIV/AIDS fall into three basic classes that attack HIV/AIDS at different points in its life cycle. The protease inhibitors, the newest class of AIDS drugs, work late in the cycle. Initial data suggest that protease inhibitors are effective in reducing the amount of circulating HIV/AIDS particles present in the blood, called viral load. Some people living with HIV/AIDS report "undetectable" viral loads after being on one of these drugs. People believe this optimistic news signals the end of AIDS without understanding what the success of protease inhibitors may really mean. The good news is that we have one more weapon to fight HIV/AIDS; unfortunately the battle is far from over. First, the fact that a viral load is "undetectable" does not mean that HIV/AIDS is absent. Research suggests that HIV/AIDS may remain dormant in parts of the body inaccessible to conventional testing techniques. Also, since protease inhibitors have been available only a brief time, no one knows how long they will work or if HIV/AIDS will develop resistance to them, as it has with many other drugs. And protease inhibitors don't work for everyone.

It is important to note that if an individual

has been exposed to HIV/AIDS, he or she will test positive for antibodies regardless of the viral load. Once an individual is exposed to HIV/AIDS he or she will carry antibodies for the rest of his or her life. An HIV/AIDS test looks for antibodies; viral load tests look at the number of copies of HIV/AIDS in the blood stream.

As with many chronic or life-threatening illnesses, the sheer number of drugs and their possible interactions with each other presents a considerable challenge for patients and health care providers alike. Protease inhibitors are most effective when given in combination with other AIDS-fighting drugs, in what is commonly called a "cocktail" treatment regime. An individualized combination of drugs attacks HIV/AIDS at a variety of points in its life cycle, making it more difficult for the virus to replicate and infect other cells. 

This article was completed with the assistance of OUT magazine's Extra, Ms. Jeannette Bailey and Mr. Craig Hayworth. Additional information on HIV/AIDS medications can be obtained by contacting the pharmaceutical company. This list is a brief overview of protease inhibitors in current use at the time of publication, and it is not meant to be comprehensive.

| PROTEASE INHIBITORS | | |
|--|---|---|
| Drug/Dosage | Side Effects | Adverse Interactions |
| Invirase (saquinavir) 1,800 - 7,200 mg/day | few | Rifampin, rifabutin, ketoconazole |
| Norvir (ritonavir) 1,000 - 1,200 mg/day | Nausea, vomiting, weakness, diarrhea, numbness around mouth | Many, some life-threatening. |
| Crixivan (Indinavir) Three 800 mg doses/day | Kidney stones, sludge | Rifabutin, ketoconazole, rifampin, terfenadine. Use caustin during pregnancy |
| Viracept (nelfinavir) Three 750 mg doses/day | Few. Diarrhea, elevated liver enzymes. | Potentially life threatening if taken with Seldane, Hismanal, halcion or Versed. Reduces levels of the oral contraceptive ethinyl estradiol by 50%. |

Winning photos

Some outstanding photography can be seen at the Texas EMS Conference—the display of all the EMS photo contest entries

More than 100 photos were a big attraction to the nearly 3,000 people who visited the exhibit hall at the Texas EMS Conference. EMS people gathered around to see what other EMS people are doing in their jobs—and to look for friends and coworkers in the photos. Entries come from every area of Texas—sometimes entries even come from other states.

Photographers enter photos of emergency scenes, rescue scenes, educational settings and community events. EMS, firefighters and law enforcement are shown in action. Photos of the elderly, children and even pets being rescued come in, along with many more EMS situations.

Winning photographers receive money, plaques or ribbons. They also get the chance to see their photos used in *Texas EMS Magazine*, EMS brochures, posters, displays and presentations. We

have used many photo contest entries on the cover of *Texas EMS Magazine*.

Photos are used to make the EMS materials produced by the Bureau of Emergency Management more interesting and educational. Articles about emergency or nonemergency situations are made more interesting with photos showing how EMS personnel do their jobs.

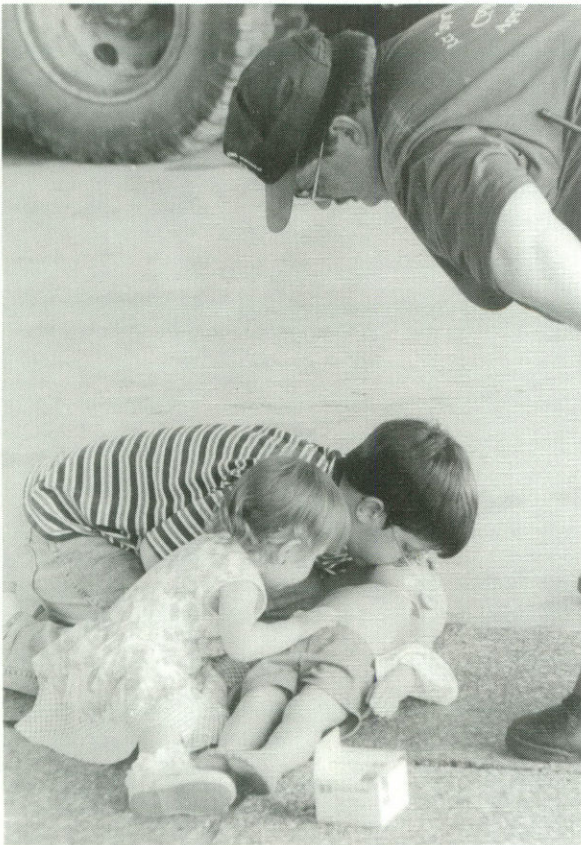
The judging is done by all Texas EMS Conference attendees. The rules state that the guidelines used to select winning photographs are based on artistic composition, originality, visual appeal and good patient care. Six photographs win.

The cover photo of this issue was entered in the 1997 photo contest by Sharon McIver, from Kerrville, Texas, and was chosen as the grand prize winner from all categories.

Photo entries can be in black and white or in color. We keep the standard sizes of 8x10 or 5x7 so they will be easier to display.

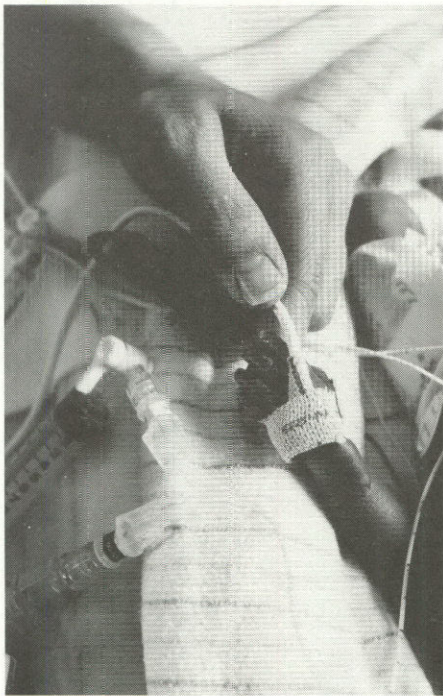
The entry form is on the next page—remember to keep your camera loaded with film and be ready for the 1998 photo contest. The deadline for the contest is November 1. All photos will be displayed at this year's conference and winners will be announced during the conference. The photo contest rules are on the next page.—Jan Brizendine 📷

A young boy learning CPR because his sister had sleep apnea. First Place, black and white, by Francis Guinn of Hondo.





(Left) A father tries to comfort his children after an auto accident. First place color, by John Davenport of San Antonio. (Right) A candle started the fire that firefighters keep under control. Third place, by Ryan Holohan of McKinney.



(Above) A tiny hand reaches out in a neonatal ward. Second place, by Fernando Serna of San Antonio. (Below) Paramedics work an auto-train accident. Honorable mention, by Cary Avey, EMT-P of Daisetta.



1998 Texas EMS Photography Contest entry form

Photographer's Name _____

Employed by _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

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

Deadline for entering: November 1, 1998

Tape this form to the back of the photo.

For more information call Jan Brizendine at (512) 834-6748.

Photo Contest Rules

- Anyone is eligible; no entry fee is required.
- Entries must be received **no later than November 1, 1998**. Winners will be announced at the Texas EMS Conference, November 22-25, 1998.
- Unmatted prints **8x10 inches** or **5x7 inches** may be submitted in color or black and white. Fill out the entry form on this page, tape it to the back of your photograph, and mail your entry to: Texas EMS Photo Contest, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756-3199. Judges will select winning photographs based on artistic composition, originality, visual appeal, and good patient care.
- The Texas Department of Health will keep all photo entries and will have the right to publish entries in TDH publications. The photographer's name will be printed along with the photo. Ownership of the negative will remain with the photographer.
- Winning categories and prizes:
 - One grand prize winner from all photos—\$100 and a plaque
 - Two first place winners (one color and one black and white)—each wins \$75 and a plaque
 - Second place—\$50 and a ribbon
 - Third place—\$25 and a ribbon
 - Honorable mention—\$15 and a ribbon

LOCAL AND 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

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.

South Texas EMS gives back-to-school shots

South Texas EMS in Alice participated in a back-to-school project in August. STEMS, along with Shots Across Texas, DARE and Driscoll Children's Hospital Mobile WIC unit, gave child and adult immunizations at a Wal-Mart. Ready Teddy and DARE's Super Pup were there to make the clinic more entertaining.

EL Paso ComSAR team escorts governor

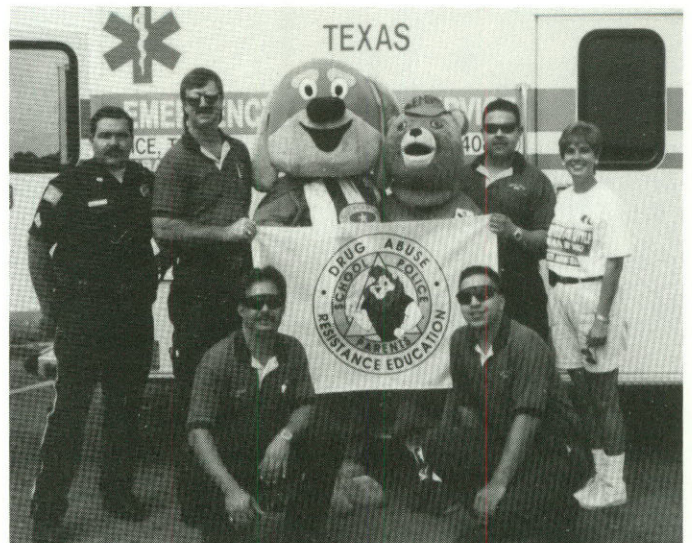
The El Paso Combined Search and Rescue Team was requested to accompany Governor George Bush and his wife during their visit to Franklin Mountain State Park in August. The governor, his wife and several local high school students hiked through the state park. Franklin Mountain State Park is surrounded by the City of El Paso and the U. S. Army

Air Defense Center at Fort Bliss. Search and rescue services for the park are provided by the EMS-led El Paso ComSAR team, which is made up of paramedics, firefighters and police officers.

9-1-1 call foils bus hijackers' plans, telecommunicator honored

In November 1996, a bus headed from Texas to casinos in Louisiana was hijacked by three men demanding the passengers' money. While people cried and coughed and the hijackers' shouted, a woman called 9-1-1 from her cellular phone. Telecommunicators dispatched two Smith County sheriffs who quickly located and stopped the vehicle. After firing two shots, the three armed men ran from the bus into a nearby wooded area. All three were captured by the following morning. One of the telecommunicators, Bill

South Texas EMS, along with other agencies, participated in a Shots Across Texas event, giving immunizations to people at a local WalMart. Participating were, from left, back row, Tony Aguilar, DARE instructor; K.M. Herrington, EMT-P; Super Pup; Ready Teddy; Adan Garcia, EMT; and Mari Perez, EMT, TDH Public Health Region 11 Immunizations. From left, front row, are J.R. Gonzalez, EMT; and Pete Vela, EMT.



LOCAL AND REGIONAL EMS NEWS

Governor George Bush, center back, stands with members of the El Paso ComSAR team at the Franklin Mountain State Park. Pictured with the governor are, from left, back row, Chief W.H. Brown; Carlos Prado, EMT-P; Sven Wahlroos, EMT-P; Emiliano Soto, EMT-P; Don Wilson, EMT-P; and District Supervisor Don Janes, all members of El Paso EMS. On the front row, from left, are Captain Javier Renteria and Captain Greg Burns, members of the El Paso Fire Department.



Mullins of East Texas Medical Center EMS, was presented the 9-1-1 Telecommunicator of the Year award by the State Advisory Commission on Emergency Communications for his actions during the 9-1-1 call.

Best Care EMS recognized in newspaper

Best Care EMS in Bellaire was recognized by the *Houston Chronicle* for its efforts in educating children about calling 9-1-1 and EMS. The article listed details about Best Care EMS' and Ready Teddy's visits to a local Head Start program and four elementary schools, where they presented the Make the Right Call program and a seat belt safety program.

TechStar EMS, Dawson VFD hold EMT class

TechStar EMS and Dawson Volunteer Fire Department held an EMT class over the summer

with 11 students from Navarro and Hill counties. As part of the course, a mock vehicle collision was set up, allowing the students to get hands-on experience. Students took turns being crash victims and medics.

Fire chief sees victim's point of view

Eric Metzger, fire chief of Flower Mound Fire Department, found himself on the other side of the situation when his 18-year-old daughter was critically injured in a car wreck in August. The fire department organized a blood drive to assist her recovery.

Tri-County EMS sponsors examiner class

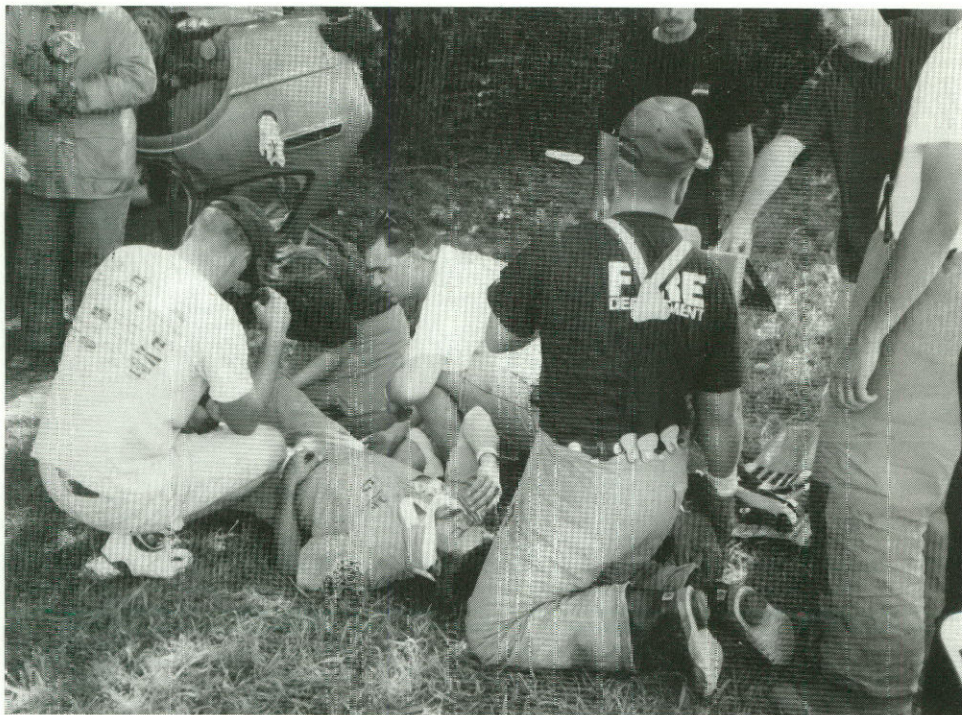
A 16-hour EMS Examiner course was completed by nine EMS personnel in Public Health Region 8 in July. Personnel from Eagle Pass FD, Val Verde EMS, Comstock Volunteer Rescue

and River City EMS participated in the class. The class, sponsored by the Tri-County EMS Training Program, was held at Val Verde Regional Medical Center in Del Rio.

Think Child Safety recognized, Think Senior Safety begins

The Think Child Safety program was recently recognized in the *Paris News* for dedicating memorial "Slow - Think Child Safety" signs to the community. Several other Texas cities, such as Brownsville and Plainview, are presently participating in the Think Child Safety program. The *Paris News* also recently announced that the Think Senior Safety program had spun off of the TCS program, with many of the same supporters. "Safe homes for seniors also will mean safe homes for children....We were seeing injuries to children as a result of problems within

LOCAL AND REGIONAL EMS NEWS



EMT students from Navarro and Hill counties practice their skills in a mock motor vehicle crash. The class, instructed by Tim Dennis, EMT-P, was set up by TechStar EMS and Dawson VFD.

grandparents' homes," said Stewart Dodson, a paramedic in Paris. The Think Senior Safety program has already placed more than 100 fans in seniors' homes and is now placing smoke detectors in homes.

AMR teaches emergency medicine to Mexico City medics

American Medical Response in McAllen held its 10th annual workshop in August for emergency medical providers from Mexico City. During this week-long workshop, the students received training in CPR, basic EMT skills and extrication tools and techniques. They also rode out on AMR ambulances. The students are brought by Dr. Jose Luis Lopez Cruz, presidente, Asociación

Mexicana Para La Ensenanza De Los Servicios De Emergencia, A.C.

Darrouzett builds classroom

Darrouzett Volunteer Ambulance Service in the Texas Panhandle recently completed a new

classroom in its ambulance facility. Built by volunteers, the classroom was immediately put to use for an EMT class with 10 students. The new classroom was dedicated in memory of Ellen Garris, a former Darrouzett VAS member.

From left, EMT Lisa Jarvis, Ready Teddy and EMT Harrclid Goodin pose in front of a Best Care EMS ambulance.

The service allows children in area schools to tour the ambulance as part of its injury prevention program.



LOCAL AND REGIONAL EMS NEWS



Children pose for a picture in a Think Child Safety car in Paris recently. The Think Child Safety program has recently spun off another injury prevention program, Think Senior Safety.

International relief agency seeks used ambulances, medical equipment

Feed the Children, an Oklahoma City-based international relief agency, is seeking donations of used ambulances and medical equipment. The donated ambulances and equip-

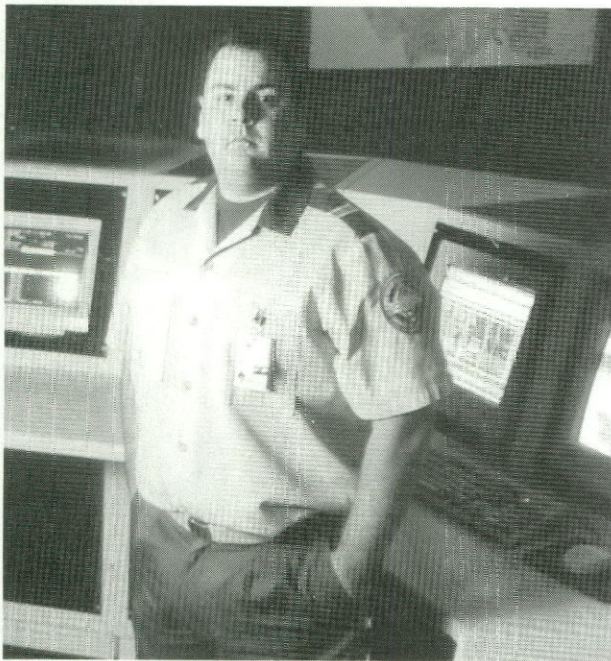
ment will be used in countries that are impoverished or experiencing famine, flood, drought, war and other calamities. One unit donated by Reliable Emergency Vehicles, Inc., of Comanche, and given to Juamave, Mexico, recently was credited with saving the lives of five missionaries. The unit

responded when the missionaries' van collided with a large truck in the Sierra Madre mountain range. Other ambulance manufacturers have also donated ambulances to Feed the Children. Feed the Children has provided assistance to all 50 states, the District of Columbia and 74 foreign countries.



South Texas has nine new EMS examiners, thanks to a Del Rio course in July. From left, front row, are Wayne Ramsey, EMT-P; Roy De La Cruz, EMT-I; Martin Seca, EMT-I; Robin Thompson, EMT, RN; Karen Clopton, EMT-P; Susie Jechow, course instructor; and Felipe Zavala, EMT-I. From left, back row, are Chris Wheeler, EMT-P; Nancy Perry, course instructor; Ray Flores, EMT-I; and Robert Graham, EMT-P.

LOCAL AND REGIONAL EMS NEWS



Bill Mullins, EMT, of East Texas Medical Center EMS, received the 9-1-1 Telecommunicator of the Year award in August from the State Advisory Commission on Emergency Communications. The award recognized his response to a 1996 9-1-1 call from a hijacked bus.

Bay City EMS holds blood drive

Bay City EMS looked beyond prehospital treatment when it sponsored its second blood drive of 1997 in October. The first was held during Texas EMS Week in May. The two blood drives produced 68 blood donations. In addition to donating blood, Bay City EMS personnel grilled hot dogs for donors during the events.

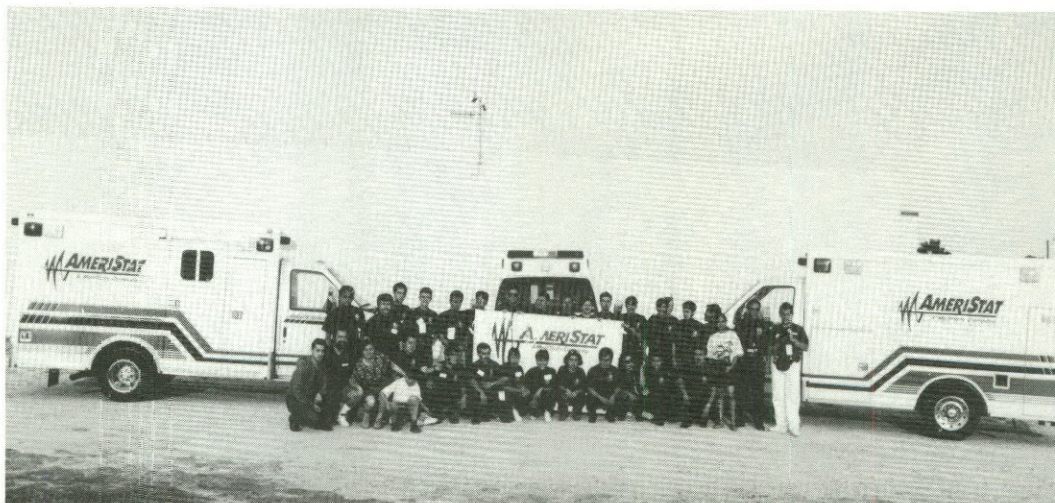
Tri-County EMS establishes memorial scholarship

Tri-County EMS in Aransas Pass established a memorial scholarship in memory of former Aransas Pass Mayor James Attaway, Jr. Attaway had served eight terms as mayor in Aransas Pass. When he died, he was serving as the treasurer of Tri-County EMS and a board member for Coastal Bend Hospital Foundation.

Austin opens first jointly-built fire/EMS station

South Austin had a new fire/EMS facility open in October. This facility was the first Austin station to be initially built as a joint fire and EMS station. A grand opening ceremony was held for the public. Special guests included Austin Mayor Kirk Watson, Austin EMS Director Sue Edwards and Acting Fire Chief Gary Warren.

Employees of AMR in McAllen recently sponsored a workshop for EMS providers from Mexico City. For the last ten years, AMR in McAllen has held the annual educational workshop for a group of emergency medical providers from Mexico City.



LOCAL AND REGIONAL EMS NEWS

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Austin, Texas 78756-3199
(512) 834-6700

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Public Health Region 7
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Temple, Texas 76504-7168
(817) 778-6744

Public Health Region 8
Lee Sweeten
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(210) 278-7173

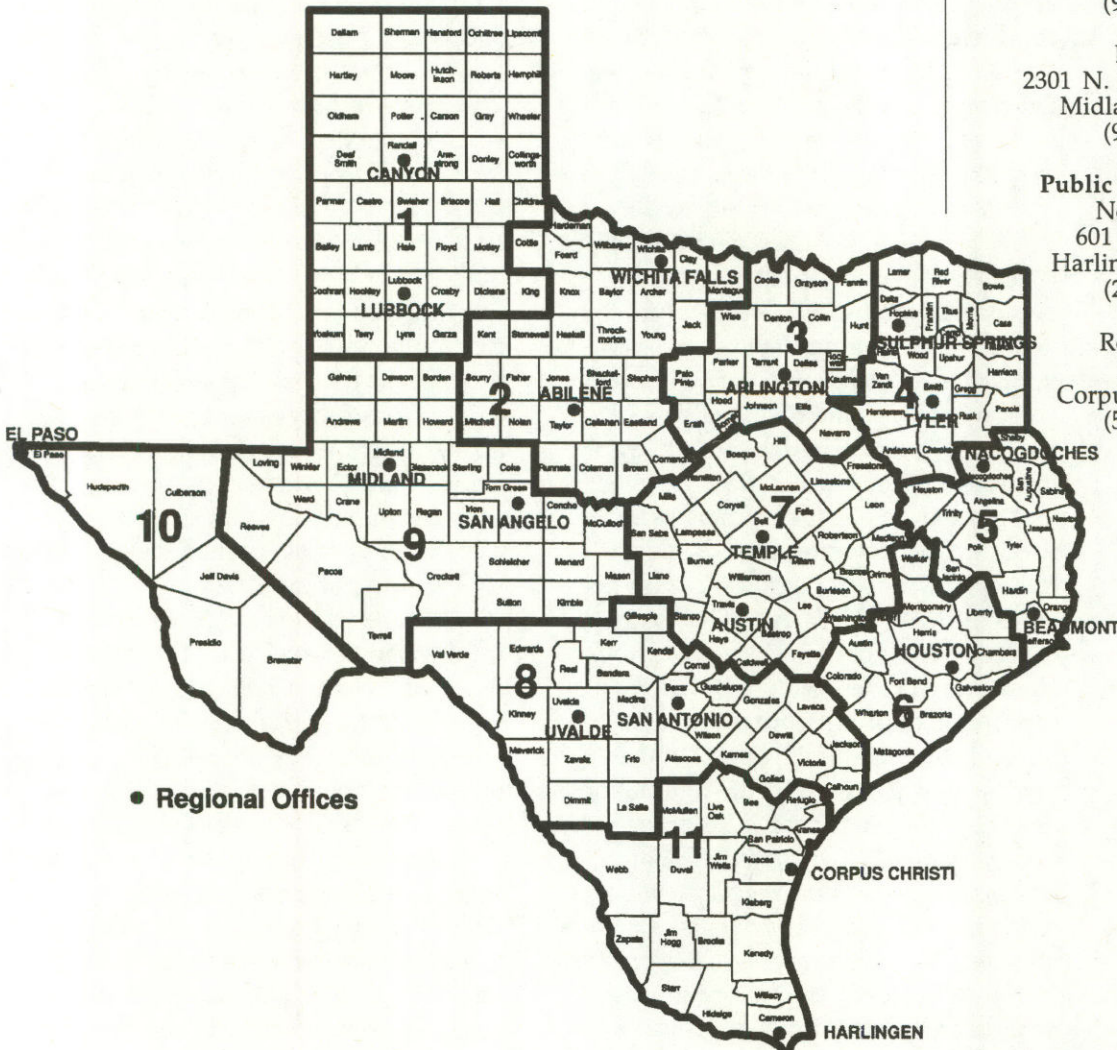
Steve Hanneman
Fernando Posada
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Public Health Regions 9 & 10
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Public Health Region 11
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(210) 423-0130

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



By
Neil Coker, BS,
EMT-P

Frequently asked questions about EMS Education

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

Q. Can we count time spent practicing skills toward our CE requirements?

A. Yes, skills practice sessions can be included in an On-going Program. In fact, the On-going Program Application specifically asks whether the program will be lecture, skills or a combination of both. Skills practice sessions conducted for CE credit must meet the same criteria as lecture sessions. There should be a lesson plan with objectives on file; the session must be supervised by a qualified instructor; and a post-test requiring demonstration of skills proficiency must be conducted.

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

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

Q. Can I get CE credit for attending sessions of a course being taught for initial certification? I was told by a course coordinator that initial courses weren't CE-approved.

A. All courses taught for initial certification are automatically approved for


CE credit. However, the course coordinator has the option of limiting participation to initial students. Some coordinators simply do not want to assume the additional administrative burden required to grant CE credit to certified persons. Others feel that having to handle the paperwork and testing requirements for CE students takes too much time away from working with those taking the course for the first time. When a course coordinator says you cannot attend an initial course for CE, this is a decision he or she has made, not a restriction imposed by TDH.

Q. I'm the nurse manager of a hospital department that serves as a clinical site for an EMS training program. My staff and I have noticed that the students frequently spend a lot of time standing around even though we have work for them to do. What can we do to help get them more involved?

A. If you talk to the course coordinator, you probably will discover one or more of the following problems:

1. The objectives for the rotation are not well-defined or the students are not being oriented adequately. You might review the orientation that students receive from your staff when they come to the department for rotations.

2. Students are being sent to clinical rotations too early during the didactic phase of the course. Since they lack the knowledge base and skills to participate in patient care, they are reluctant to get involved. Consider working with the course coordinator to help identify when it would be appropriate for students to begin rotations in your department.

3. Too many students are being sent to your department at a time. This can result in students gathering together in groups to gain a feeling of security. 

By
Linda Reyes

Frequently asked questions about EMS Standards

Q: How long before the health department will provide a quick way for providers like me to verify EMS certification for prospective employees?

A: EMS certification verification status is now available via the Internet! Anyone with Internet access can look up an individual's certification status. Our goal is to make certification verification as simple and expeditious as possible for providers and employers. The Internet address for the certification verification page is: <http://www.tdh.state.tx.us/hcqs/ems/certqry.htm>.

Q: One of my employees is a Texas EMT and has recently taken his exam for paramedic certification. How soon will I be able to verify his new certification level on your web certification verification page?

A: The web certification verification page is a look-up screen directly linked to our live database. As soon as our technicians complete data entry for an applicant, you will be able to inquire and see the status of that particular application. After a candidate takes an exam it should take no more than two weeks after test date for you to see the new certification status, but it can be as quickly as five days.

Q: I have not been able to find the EMS Standards home page on the Texas Department of Health (TDH) web site. Where are you located?

A: When you are at the TDH home page, click on the star labeled, "Health in Texas" and follow the signs to "Emergency Medical Services Standards." Our web site address is: <http://www.tdh.state.tx.us/hcqs/ems/stdndhome.htm>.

Q: Where can I get up-to-date informa-

tion for maintaining and renewing my EMS certification?


A: We have staff located throughout the state in regional offices available to answer your questions. The most innovative source is our Internet site. On our site you will find forms (downloadable), course schedules, continuing education requirements, application procedures, policies, rules, region office staff internet addresses, and much, much more.


Q: I've used the certification status look-up page and some days I'm not able to retrieve any information. What's the problem?

A: Several people have notified us about the certification status page not working. As far as we can tell, the wide area network (WAN) has been down. During the month of November the WAN was down each Saturday morning for servicing. Please bear with us as we try to improve our system.

Q: Will you accept the National Registry exam in place of the TDH exam?

A: Yes. But you still must submit an application, a fee and a copy of a course completion certificate from a Texas-approved course. Further, the National Registry exam or retest must be passed within six months of course completion date.

We ask that you let us know you will be taking the National Registry exam in place of ours when you submit your application. The National Registry regularly sends us grades for those who tested in Texas, but we request that you send us a copy of your grades as a prompt for us to verify. 



January/February 2000
CE Summary Report Due
If your certification expires
in January or February
2000, your CE summary
report is due now.

EMS Standards
Internet certification
verification now on our
web site

Certification verification
phone line:
(512) 834-6769; Fax
number: (512) 834-6736
Web home page
address: <http://www.tdh.state.tx.us/hcqs/ems/stdndhome.htm>

Austin conference sets new records for attendance

Top-quality education seemed to be a top draw: Texas EMS Conference '97 drew the largest number of attendees ever. Nearly 2,100 people traveled to Austin to choose from more than 110 different quality workshops covering topics ranging from seizure management to the tornado response in Jarrell. Add to that another 600 exhibitors, faculty and staff, and you've got a big bunch of people in the Austin Convention Center. Besides the workshops, one of the most popular attractions was the exhibit hall, which was set with about 160 booths, including 30 ambulances and rescue vehicles, and even a fire truck. TDH staff began working on the 1998 conference in mid-December. Look in the March/April issue of *Texas EMS Magazine* for Texas EMS Conference '98 information. See you next year in Austin!



Michelle Rosa of Kinney County EMS accepts the keys to the TDH ambulance on behalf of her service. The ambulance, which TDH has used two years for demonstrations, was presented to Kinney County in a special grants presentation during the luncheon Tuesday.

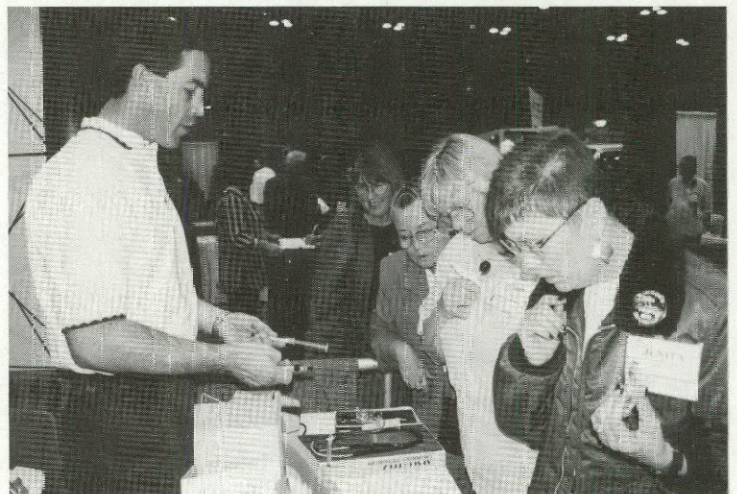


The exhibit hall had about 160 booths, including 30 ambulances and rescue vehicles, a fire truck and a helicopter.

*Thanks to the Public Health
Regional staff for their help with Texas
EMS Conference '97*

- | | |
|--------------------|-----------------|
| PHR 1 | David Rives |
| Terry Bavousett | Kevin Veal |
| Denny Martin | PHR 7 |
| PHR 2/3 | Rod Dennisor |
| Jimmy Cunn | Mike Fcegelle |
| Jerry Bradshaw | Chris Quiroz |
| Andrew Cargile | PHR 8 |
| David Post | Lee Sweeten |
| Randal Martin | Steve Hannemann |
| PHR 4/5 | Fernando Posada |
| Jim Arnold | PHR 9/10 |
| Pat D'lday | Tom Cantwell |
| Valerie Turrlinson | Leland Hart |
| Joe Amlin | Tony Viscon |
| PHR 6 | PHR 11 |
| Wayne Morris | Noemi Sanchez |
| Brett Hart | Rothy Moseley |
| Scott Reichel | Carlos Tello |

An exhibitor explains what's new in EMS equipment to an attentive audience. Thousands of people visited the exhibit hall each day to learn about state-of-the-art EMS.

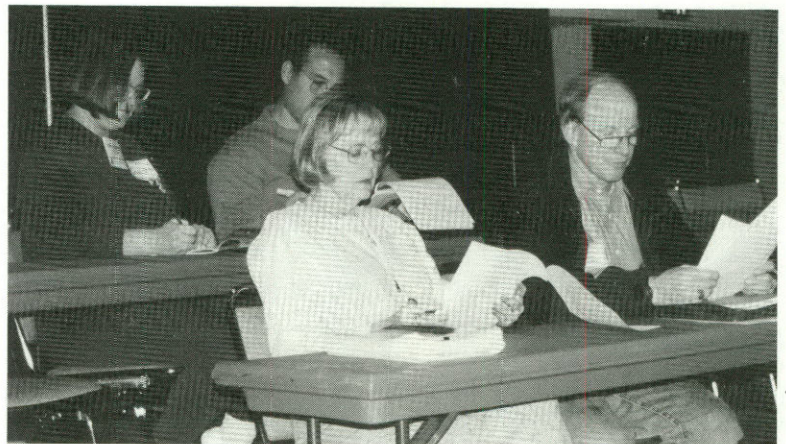




People at the EMS awards luncheon sat at tables with red, white and blue tablecloths decorated with teddy bears. The bear centerpieces went to the volunteer, public and private services who won Texas EMS awards, to give to children they transport.

(Right) Students wait for class to begin in the preconference Cadaver Lab on Sunday. Instructor Dan Roberts, MD, gave students a chance for some hands-on experience during the lab, which was coordinated by Scott & White's Paramedic Education Program.

(Bottom) North Paris High School health occupation/Think Child Safety students volunteered at the conference, helping at registration and handing out CE after classes. In all, about 60 volunteers from Austin/Travis County EMS, Paris high schools, Austin EMS Explorers and TDH first responders helped the conference run more smoothly.



Thanks to the 1997 Texas EMS Conference Committee

| | | |
|-------------------|-----------------|-----------------|
| Dan Bailey | Brenda Hall | Mike Polk |
| Andy Blum | Kelly Harrell | Jessica Prewitt |
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By Jean Brender, PhD, RN

The C Report

CDC releases new recommendations for hepatitis C and health care workers

The Centers for Disease Control and Prevention (CDC) recently released recommendations for the follow-up of health-care workers after occupational exposure to hepatitis C virus (HCV) (1). Occupational exposure to HCV is a concern for emergency medical technicians (EMTs) and paramedics who come in contact with blood in the course of their work duties. This article reviews the epidemiologic and clinical aspects of HCV and the types of follow-up that should be done if an employee has an occupational exposure to HCV.

Hepatitis C is caused by an RNA virus that was previously classified as one of the non-A, non-B hepatitis agents (2). This virus causes infection and inflammation of the liver. Transmission is primarily through the parenteral (piercing into or under skin or mucous membranes) route, although sexual and perinatal (mother to fetus) transmission can occur. Parenteral transmission can occur from transfusions or transplants from infected donors (rare now because of testing and screening for this virus); injecting drug users sharing contaminated needles; hemodialysis; and accidental injuries with needles and sharps. In studies of healthcare workers, approximately 3.5 percent (range of zero to 7 percent) of workers who sustained percutaneous exposures to blood from HCV-infected patients

developed hepatitis C infections (3). Transmission of HCV by a blood splash to the conjunctiva was recently documented in a sheriff after he intervened during a fight between two inmates, one of whom was bleeding and infected with HCV (4).

The incubation period (time between exposure and onset of the infection) for HCV is six to seven weeks with a range of two to 26 weeks. HCV infection is diagnosed by detecting anti-HCV antibodies in the blood. No tests, however, are currently available to distinguish an acute infection from a chronic or past infection. About 30 to 40 percent of persons with acute HCV infections develop symptomatic illnesses and 20 to 30 percent have jaundice (yellowing of the eyes and skin). At least 85 percent of persons with acute infections will develop persistent infections and 70 percent will develop chronic liver disease. Persons with HCV are at increased risk for cirrhosis and primary hepatocellular carcinoma. No vaccine is available to prevent HCV. The CDC also does not recommend immune globulin because it does not prevent HCV infection.

The CDC, in collaboration with the Hospital Infection Control Practices Advisory Committee, recommends the following policies for follow-up after occupational percutaneous or permu-

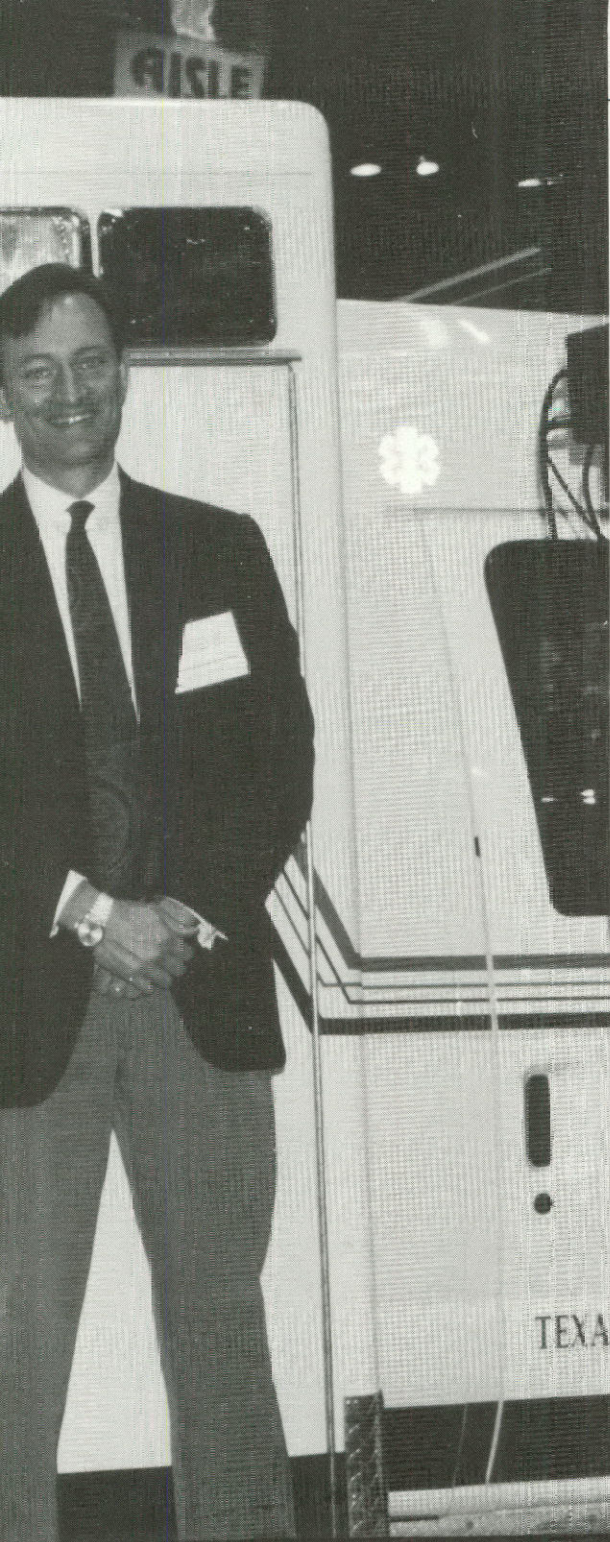
(Continued on page 33)

Jean D. Brender, R.N., Ph.D., is an epidemiologist with TDH's Infectious Disease Epidemiology and Surveillance Division. For further information and questions about hepatitis C, contact Dr. Brender at 512/458-7676.



EMS Awards

*honors Emergency Medical
leaders with 1997*



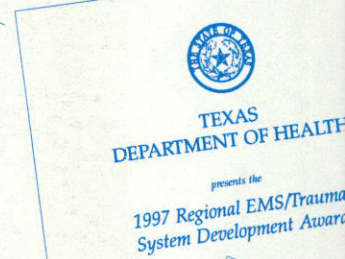
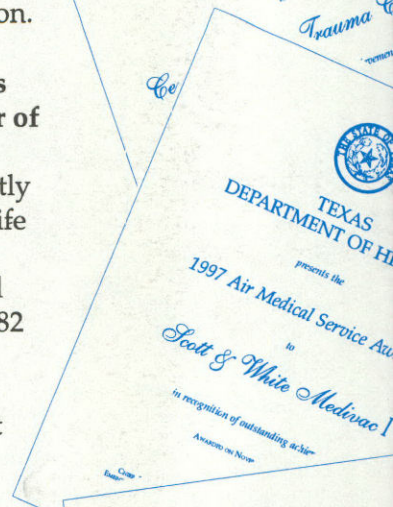
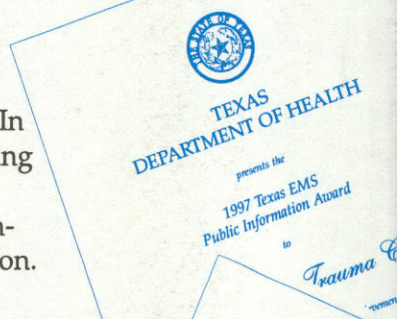
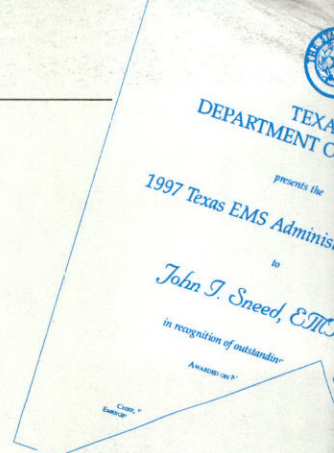
The Texas Department of Health announced its annual emergency medical services awards on November 25 at the 12th annual Texas EMS Conference in Austin. The awards honor EMS leaders in 11 categories.

EMS Educator Award - posthumously to Mark M. Reger, Hondo, for ensuring quality education in rural communities. In 1989, Reger was instrumental in establishing an associate degree in paramedicine at Victoria College and was a founding member of the Texas Region #8 BTLS Association. Reger died earlier this year.

EMS Medical Director Award - James Potyka, MD, for work as medical director of San Antonio AirLife and Baptist Health System Emergency Departments. Presently the medical director for San Antonio AirLife and Baptist Health System Emergency Departments, Potyka was also the medical director of SAFES EMS in Schertz from 1982 to 1993. Potyka is actively involved in training and the quality review process, demonstrating his continued commitment to quality assurance in EMS.

EMS Administrator Award - John Sneed, EMT-P, director of Williamson County EMS, for leadership in quality pre-hospital patient care and community-wide emergency response. As EMS administrator for one of Texas' fastest growing counties, Sneed has been instrumental in doubling the size of Williamson County EMS over the last five years. Sneed led the emergency personnel response to the May 28 tornadoes that hit Jarrell and Cedar Park.

John Sneed, EMT-P, of Williamson County EMS was honored as Texas EMS Administrator of the Year for his role in coordinating relief efforts after the Jarrell/Cedar Park tornadoes last May. Williamson County is the fastest growing county in Texas. From left, Gene Weatherall, chief, Bureau of Emergency Management; John Sneed; Ready Teddy; and Texas Health Commissioner William R. Archer III, MD.



TDH Services Awards

TEXAS DEPARTMENT OF HEALTH
presents the certification of
Honorary Paramedic
to
Mr. R. Archer III, M.D.
Awarded on November 25, 1997

TEXAS DEPARTMENT OF HEALTH
presents the
EMS Citizen Award
to
Goodspeed, Lt., ITSC, USOC
Recognition of outstanding achievement
Awarded on November 25, 1997

TEXAS DEPARTMENT OF HEALTH
presents the
Texas EMS Volunteer Provider Award
to
Friona Ambulance Service
Recognition of outstanding achievement

TEXAS DEPARTMENT OF HEALTH
presents the
Texas EMS Medical Director Award
to
James Polk
Recognition of outstanding achievement

TEXAS DEPARTMENT OF HEALTH
presents the
1997 Texas EMS Private Provider Award
to
LifeNet Medical Transportation System
Recognition of outstanding achievement



Corpus Christi Fire Department/EMS took Public Provider of the Year. The service, which includes 163 paramedics, has a response time of just under five minutes for ALS first response.

EMS Public Information Award - Central Texas Trauma Council, Temple, for educational programs across a seven-county area. The Central Texas Trauma Council offers educational programs for prehospital providers, hospital healthcare providers, first responders, physicians, law enforcement, children and the general public.

EMS Citizen Award - Lieutenant Darwin G. Goodspeed, for his research in trauma systems funding that led to the passage of Senate Bill 102. While serving as an Administrative Resident to the Greater San Antonio Hospital Council, Goodspeed researched methods of permanent funding for trauma systems and drafted a proposal for legislative funding of trauma systems in Texas. Goodspeed's efforts were rewarded in the passing of Senate Bill 102, which set up methods of trauma system funding for the first time in Texas.

EMS Private Provider Award - LifeNet Medical Transportation System, Texarkana, for providing caring and compassionate prehospital care to citizens in Texas, Oklahoma, Arkansas and Louisiana. LifeNet provides advanced life support EMS service for

two Texas counties and one Arkansas county, while providing air medical service to parts of Texas, Oklahoma, Arkansas and Louisiana. The service also provides community programs such as Operation Prom Night and Think Child Safety to decrease the number of injuries and fatalities in its area.

EMS Public Provider Award - City of Corpus Christi Fire Department, EMS Division, Corpus Christi, for making continuous educational improvements in order to deliver quality prehospital care. The Corpus Christi Fire Department, EMS Division provides EMS training to incoming cadets to insure that all members are trained to the paramedic level. Since Corpus Christi Fire Department is the sole provider of prehospital emergency care in Corpus Christi and responds to much of the surrounding Nueces County, each engine carries ALS supplies and equipment and is staffed by a paramedic.

EMS Volunteer Provider Award - City of Friona Ambulance Service, Friona, for providing excellent service to its residents. Since 1995, Friona Ambulance Service has doubled the number of volunteers and increased the

level of care by providing Basic Trauma Life Support, Advanced Cardiac Life Support and Pediatric Advanced Life Support training. The service has also begun to promote EMS awareness with weekly newspaper reports, CPR training, and injury prevention education. The volunteers also conduct non-emergency visits to area nursing homes to acquaint themselves with the residents.

EMS First Responder Award - Salado Fire Department, Salado, for leadership in EMS training and community awareness. Salado Fire Department has begun a new program, known as the "Junior Firefighters Group," to train and recruit volunteers. This program is open to all high school seniors over age 17. Salado Fire Department also teaches DWI awareness, CPR, fire prevention and EMS awareness within their community.

EMS Air Medical Service Award - Scott & White Medivac 1, Temple, for

leadership in providing air medical services to their communities. Medivac 1 delivers quick access to advanced levels of medical care for critically ill or injured patients in 13 central Texas counties. The crew includes a pilot and a medical crew, consisting of a registered nurse and a paramedic, specially-trained in trauma, cardiac, pediatric, obstetrical, burn care and advanced life support. Having a registered nurse in the crew allows Medivac 1 to deliver blood to patients while in flight.

Outstanding Regional Advisory Council Award - Trauma Service Area - A Regional Advisory Council, Amarillo, for submitting a complete regional EMS/Trauma plan and extensively promoting Senate Bill 102. In addition, this RAC has distributed more than 2,200 bicycle helmets and participated in a letter writing campaign supporting state bicycle helmet legislation. 🐾



(Continued from page 29) **The C Report CDC releases new recommendations for hepatitis C and health care workers**

cosal exposure to HCV (1):

- baseline testing of the source for antibody to HCV, if the HCV-status of the source is unknown;
- baseline and follow-up (e.g., six months) testing for anti-HCV and alanine transferase (ALT) activity (liver function test) for the exposed person;
- all anti-HCV antibody results reported as repeatedly reactive by enzyme immunoassay (EIA) should be confirmed by supplemental anti-HCV antibody testing.

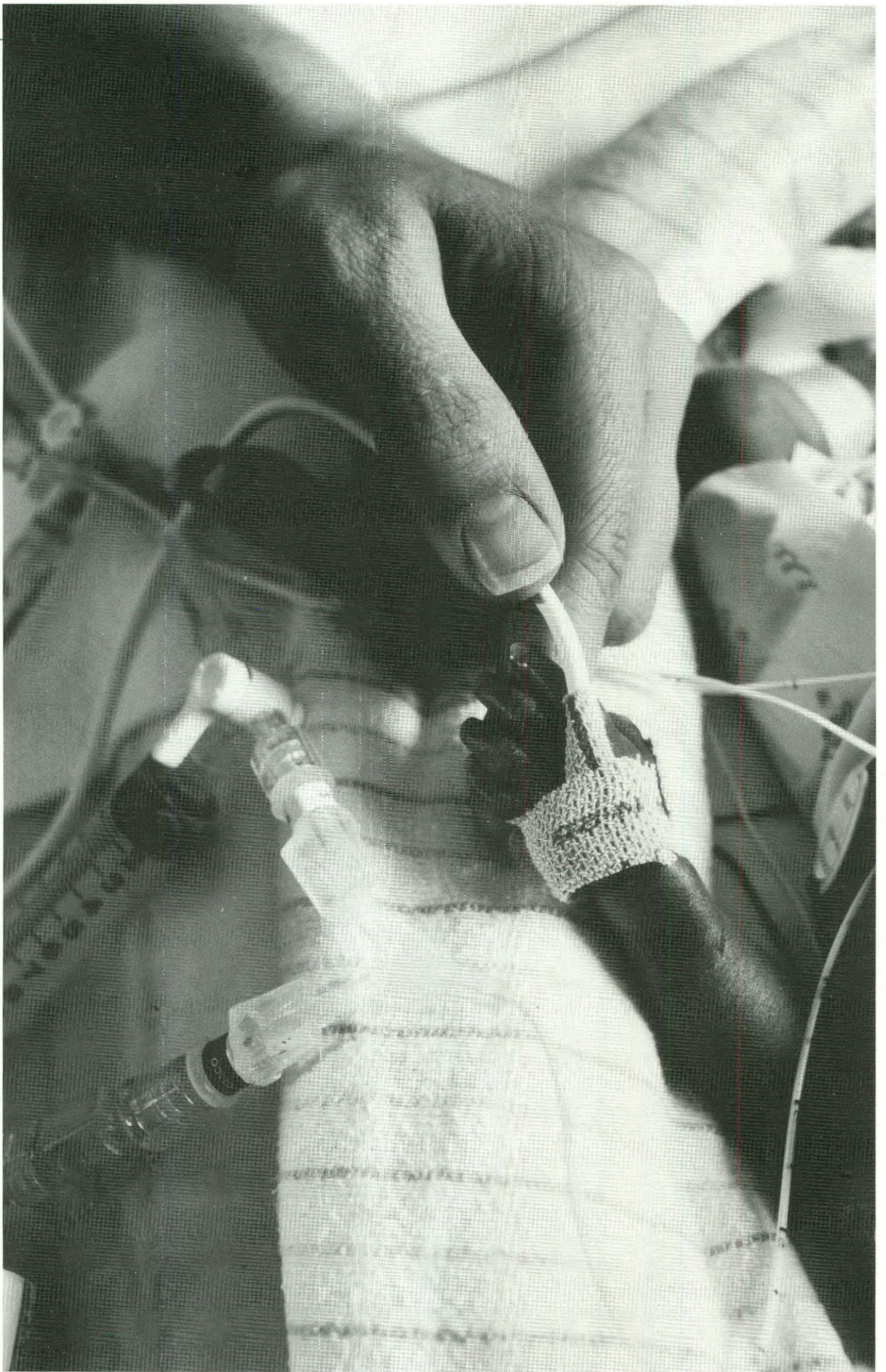
In addition, it is important that all EMTs and paramedics receive education about the risk for and prevention of bloodborne infections, including hepatitis C, in occupational settings. They should consider all patients' blood and body secretions to be infectious and use appropriate personal protective equip-

ment and barrier techniques accordingly (5). Prehospital care providers should wash their hands as soon as possible after arriving at the receiving health care facility. Waterless "hand-washing" antiseptic products such as liquids, gels, wipes and foams can be used in the field when handwashing facilities are inaccessible. Any percutaneous or permucosal exposures to blood or other potentially infectious materials should be reported to the receiving facility as well as the employer of the prehospital care worker.

In summary, exposure to HCV is a concern to any paramedic or EMT who comes into contact with blood in his or her course of duties. Strict adherence to standard precautions when handling patients and appropriate follow-up are needed to prevent and manage these bloodborne exposures. 🐾

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By Dan Edwards, EMT-P

ILLUSTRATION PHOTO BY FERNANDO SERNA

Special delivery

Labor and delivery care of the neonate

The call: MICU #32 responds to the scene of an abdominal pain, arriving at an apartment complex with firefighters/first responders only seconds ahead. A woman at the top of the stairs shouts down to the firefighter that the baby is coming now. The medics add pedi and OB kits to their carry-in bags. As they climb the stairs, a firefighter advises that the patient is crowning.

On entry to the dimly-lit apartment, the medics see an approximately 90kg female in a hands and knees position with her head resting on the couch. A firefighter is supporting the delivered head of the infant at the external os of the birth canal while telling the mother to push:

One of the medics assumes care of the neonate while the other takes charge of the mother and delegation of equipment setup. The medic attending the infant removes a bulb syringe from the OB kit and suctions the oropharynx first, then the nares. He checks for the presence of a loop of umbilical cord wrapped around the infant's neck as the unresponsive infant's head lies limp in his gloved hand.

During the next two contractions the infant turns to a normal shoulder anteroposterior position and the medic applies gentle upward pressure to the head and neck to help pass the shoulders. The mother is not able to push the infant any further, so the medic gently guides the baby's head downward. The anterior shoulder slips through the birth canal, and then while gently guiding upward, the posterior shoulder delivers. The rest of the body follows easily and the infant is laid on a receiving wrap and dried.

The airways are suctioned again, the cord is clamped in two places and cut between the clamps. With light tactile stimuli the infant starts taking

Objective

After reading this article, the reader should acquire knowledge in the application of labor and delivery assessment, management, and treatment.

her first breaths of air. As she is wrapped in a blanket, she begins to cry weakly and move her extremities. The time of birth is recorded along with the one minute Apgar score of eight as the baby is placed on oxygen.

The first medic hands the infant to the second medic as they exchange roles in expectation of the third stage of labor. The perineum and vaginal mucosa are examined for lacerations, then the mother is placed in a position of comfort. Oxygen is administered, and an IV of Lactated Ringer's is established as preparations to transport are made. A five-minute Apgar score of 10 is recorded, and both patients are moved to the MICU without incident.

When the baby is reassessed, a slight leak of blood past the umbilical clamp is found. A second clamp is applied proximal to the first. The mother has no further contractions to deliver the placenta and is not hemorrhaging. Her vital signs remain within normal limits, and her demeanor is relaxed. The baby appears normal and is in no distress. Transport is non-emergent. At the hospital, both patients are in stable condition.

Introduction

In 19th century cemeteries, you find numerous headstones of mothers and children who died during labor and delivery. The complications that caused the deaths of these individuals have, for the most part, been successfully controlled by modern medicine.

Even with modern medicine, nature frequently takes its own course and patients will progress rapidly to a prehospital delivery. Most of these deliveries are routine, a normal function that poses little risk to mother and child. But the prehospital provid-

er must be able to deal with critical complications.

Normal Presentation

Preparation of the cervix usually begins several hours to several days prior to the onset of actual labor, with contractions that are irregular in force, duration and interval. They are often accompanied by a "bloody show," a discharge of the mucous plug that has protected the uterus from infection during gestation. This latent phase of labor serves to efface (soften and thin) and dilate the cervix. The fetal cranium begins to mold as it presses against the dilating cervix.

Within 24 hours of onset of labor, there is a possibility of the membranes rupturing. Often this will induce labor, or if labor has already begun, labor will become more active. If a watery discharge is reported, the introitus should be visualized to rule out overt prolapse of the umbilical cord. Meconium (brown or green) staining of the amniotic fluid can indicate fetal distress.

Abnormalities in fetal heart rate can also indicate distress. The fetal heart beat can usually be auscultated in the LLQ at midclavicular line. As effacement and dilation become complete, the contractions become regular and increase in force and duration. The mother feels pressure, as if she needs to have a bowel movement.

As the fetal head starts into the cervix, the active phase of labor begins. The mother will need to push with the contractions to pass the baby through the birth canal. If the mother pushes too early, it may lacerate the cervix or waste her energy.

When crowning occurs, one hand should be placed on the head to slow its progress to allow the introitus to dilate. Drape a towel over the other

hand and place the cupped fingers over the perineum at the brow and chin of the infant. Applying gentle pressure on the brow will help advance the face over the perineum slowly to reduce perineal laceration. When the head is delivered, the mouth should be suctioned first, then the nares. A finger is slipped along the baby's neck to the shoulder to feel for an umbilical cord; if the cord is felt, hook it with the finger and pull it over the baby's head. If it is too tight or wrapped twice, double clamp and cut the cord.

With the head delivered, the body will usually turn in a shoulder antero-posterior position. Gently turning the infant's head will help to gain this alignment. The infant's head should be gently pushed down (posteriorly toward the mother's perineum) to pass the anterior shoulder under the symphysis pubis; then gentle lifting will pass the posterior shoulder through the birth canal. Allowing the posterior shoulder to pop out suddenly may tear the perineum.

With delivery complete, the airways are suctioned again and the cord is double clamped and cut. If the baby is breathing there is no hurry to cut the cord. The newborn should be placed near the level of the uterus to avoid over- or under-transfusion of blood from the placenta while clamping the cord. Over-transfusion is thought to result in polycythemia, and loss of blood to the placenta may cause anemia in the infant.

The infant's need for air, stimulation from gentle handling and temperature change will stimulate the infant's breathing. The baby should be dried and wrapped in a blanket to prevent heat loss. Apgar scores and time of birth should be recorded.

The last stage of labor is delivery


of the placenta. The placenta usually delivers on the first or second contraction after birth of the baby. A gush of up to 500 ml of blood from the separating placenta is normal. After the placenta delivers, gentle massage of the fundus of the uterus (just below the maternal umbilicus) will help stimulate the uterus to continue contracting to stop hemorrhage. Failure of the uterus to continue contracting is the most frequent cause of postpartum hemorrhage. Frequent checks for hemorrhage are required.

The baby may be allowed to breastfeed to stimulate the release of oxytocin, a pituitary hormone that promotes uterine contraction.

Abnormal Presentations

The most common abnormal presentation is a face-up or occipitoposterior presentation. Since the main complication of a "sunny side up" presentation is prolonged labor, it is unlikely to be encountered out of hospital. If the delivery proceeds quickly, there will be no adverse complications.

The second most abnormal presentation is a breech delivery. Breech delivery may be frank with the buttocks crowning, the hips flexed and the legs extended, or complete breech with the hips and knees flexed so that the buttocks and feet present. Also one or both legs may be extended as the presenting part. The complication encountered with a breech delivery is that the soft lower body molds to fit through the cervix, but the cranium has had no chance to mold. As the head contacts the cervix it compresses the umbilical cord resulting in anoxia. Too much traction on the infant can result in cervical damage. As much as possible, allow a spontaneous delivery to take place. By having the mother

 **EMS Fact:** During 1995, a person under the age of 20 died in a traffic crash an average of once an hour during the weekend and once every two hours on weekdays. —National Highway Traffic Safety Administration



push hard while applying gentle downward pressure on the body of the infant, the head should start through the cervix. When the shoulders deliver, the baby is held slightly upward by his feet so that the head delivers facing the perineum. A finger may be placed in the infant's mouth to help gently ease the chin and brow over the perineum.

A prolapsed cord, where the cord appears at the vaginal opening before the infant's head does, places the fetus at high risk for anoxia. A prolapsed cord may be hidden with only a small loop trapped in the cervix by the presenting part. Or it may be overt with a long loop extending into the vagina. Rupture of the membrane prior to the head engaging the cervix is the most common cause. Breech presentations are also at high risk of cord prolapse. The woman with a ruptured membrane should not be allowed to walk until a vaginal exam has been done. In the event of an overt prolapsed cord, the woman should be placed in a hands and knee position, or supine with legs and hips elevated to reduce fetal pressure on the cervix. A sterile, gloved hand should be placed in the vagina to hold the presenting part off the cord. Transport in this position. If the cord is limp and pulseless, the effort is probably too late.

Twins are usually small and premature due to the overstretched uterus being stimulated into early labor. They are often in abnormal positions that complicate delivery, and delivery of the first twin causes the uterus to contract, frequently shearing the second twin's placenta. Morbidity and mortality rates are higher for the second twin due to placental abruption. If twins are expected, transport while delivering the first one.

Shoulder dystocia is a very unusual presentation in which the anterior shoulder is not able to pass the symphysis pubis. As the head delivers, it is pulled tightly back against the vulva, keeping the mouth closed, and pressure on the infant's chest prevents respirations. Within four to five minutes, oxygen deficit will occur. First attempt to have an assistant place firm suprapubic pressure on the impinging shoulder; then apply fundal pressure to disengage the shoulder. The mother should be in knee-chest position to straighten the birth canal. If this fails to disengage the shoulder, a hand is placed inside the posterior vagina until the posterior shoulder is felt. Turning the infant in either direction should free the shoulder. EMS personnel must be trained and authorized by their medical director to perform this maneuver.

If both of these maneuvers fail, the posterior shoulder is pushed back into the uterus until the arm can be pulled out of the vagina and used like a crank to turn the shoulders. When all attempts fail, a cesarean section will need to be done. On recognition of a shoulder dystocia, the disengagement maneuvers should be done during transport.

Care of the Neonate

In an uncomplicated delivery, the first care given to the neonate is airway clearance. One of the most developed CNS responses to external stimuli is the sucking reflex. This sucking reflex causes the infant to breathe through the nose. Since oral stimulus may initiate a sucking reflex and nasal stimulus may initiate respiratory effort, the oropharynx should be suctioned first, taking care to stay at the sides of the mouth. Deep central suctioning may elicit a gag reflex.

EMS Fact: Universal bicycle helmet use by children ages 4 to 15 would prevent 39,000 to 45,000 head injuries, and 18,000 to 55,000 scalp and face injuries annually. — National Highway Traffic Safety Administration

Suctioning of any meconium is very important prior to the first inspiration of air.

As the head is delivered, turn it in the direction of least resistance to position the shoulders anterioposteriorly. Suction the oropharynx, then the nares, to remove mucus and amniotic fluid. Vaginal pressure compresses the thorax restricting inspiration. As soon as the torso is delivered, the thorax expands mechanically, inspiring the first small breath of air. With delivery complete, repeat suctioning and follow procedures for cord cutting, drying and warming.

The first respiratory efforts will be labored due to atelectasis. Each breath will expand more alveoli and within minutes full volume should be reached. Infant respirations are diaphragmatic at a rate of 30 to 50. Retractions, grunting or abnormal rates may indicate respiratory distress. Irregular respirations with apneic periods lasting up to ten seconds are normal as the CNS adapts to the changing chemical stimuli of carbon dioxide and oxygen. The lungs should be auscultated at the midaxillary line because the small thorax transmits sound, making it difficult to distinguish one lung from the other. Some slight sounds are normal due to amniotic fluid that will be absorbed by the lymphatic system.

Cardiovascular assessment proceeds with palpation of the brachial pulse and auscultation of apical heart rate, noting resolution of central and peripheral cyanosis. Resuscitation equipment should be on hand.

An Apgar score, a scale to assess an infant's condition, should be done 60 seconds after birth and again at five minutes (see box on page 40). Although the maximum score is ten, rarely does a neonate score more than

eight on initial assessment. A score of less than seven indicates an intervention of oxygen and stimulus, along with constant monitoring. At five minutes, a score of nine or ten indicates the infant has made a successful transition from the womb.

Adequate heart rate and ventilatory status in the neonate who retains central cyanosis indicates a failure of the foramen ovale and/or ductus aeteiosus to begin closure. Supplemental oxygen should be given.

Apgar scores less than five will require resuscitation. Medications will not be needed for the majority of those requiring resuscitation. Intubation facilitates oxygenation and resolves hypoxia, which is the major cause of cardiac arrest. Assisted ventilations should be delivered with low pressure and volume to prevent rupture of the lungs.

If thick meconium is present, the trachea should be intubated and suctioned repeatedly until meconium no longer returns. The infant's respirations should not be stimulated until the lower airway is completely cleared of meconium. Suction should be applied directly to the ET tube rather than using an endotracheal suction catheter. The pharynx should also be suctioned visually.

Premature infants should be considered high risk, and the umbilical cord should be clamped and cut quickly to increase access for resuscitation. Premature infants have a large surface-to-volume ratio and lose heat rapidly. The thermoregulatory center is incapable of adapting to temperature changes, and body fat is insufficient to maintain body temperature. The infant must be dried, kept warm and monitored for respiratory distress. The lungs may not be mature enough to produce the surfactant that



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 Multiple contributors

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is needed to keep the alveoli from collapsing on expiration. The premature infant should be transported to a facility with a neonatal intensive care unit.

The infant born to a drug-dependent mother may require aggressive resuscitation attempts with ACLS.

Care of the Mother

Patients in labor should be given high-concentration oxygen to maximize oxygen delivery to the fetus. After the secondary exam is completed, a large bore IV of Lactated Ringer's is indicated to facilitate fluid administration. LR should be given at 100 to 200 ml/hr as a maintenance infusion for exertion and anticipated blood loss.

Perineal lacerations are treated with bandages and direct pressure. Do not pack the vagina. When laceration bleeding stops, place a clean bandage over the original bandage and dressing to reassess for postpartum hemorrhaging. Frequent checks for postpartum hemorrhage are needed.


A Pitocin (oxytocin) drip should be considered if postpartum hemor-

rhage continues. A drip is preferable over intramuscular injection. Ten units of Pitocin should be mixed in 1000ml of Lactated Ringer's and run at a rate necessary to sustain uterine contraction. Two to four ml/min is the recommended initial rate. Since the adverse effects of Pitocin include hypertension and dysrhythmias, the patient's blood pressure and ECG should be monitored.

Do not attempt to deliver the placenta by pulling on the umbilical cord. If the placenta delivers spontaneously, transport it to the hospital so it can be examined for completeness. Placental fragments left in the uterus can cause hemorrhage and infection.

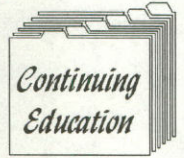
Finally, be gentle with mom. She's tired and sore.

Conclusion

During labor and delivery it is important to remember that you have two patients who need careful and appropriate care to make the birthing experience a positive event. The role of the EMS professional changes in this situation from the person who begins the repair process after trauma to the one who minimizes trauma as it is happening. Birthing can be accomplished with a minimum of skills and equipment by being confident and emotionally supportive. Confidence is based on knowledge, and emotional support is based on a genuine concern for the well-being of your patients. 

Paramedic Dan Edwards works for MedStar in Tarrant County.


| APGAR SCALE | | | | |
|--------------------|-----------------------|--------------------|-----------|-----------|
| INDICATOR | DESCRIPTION | VALUE | 1 MINUTES | 5 MINUTES |
| Heart Rate | >100 | 2 | | |
| | <100 | 1 | | |
| | Absent | 0 | | |
| Respiratory Effort | strong cry | 2 | | |
| | weak cry | 1 | | |
| | Absent | 0 | | |
| Muscle Tone | Active motion | 2 | | |
| | Some flexion | 1 | | |
| | Flaccid | 0 | | |
| Reflex | Vigorous cry | 2 | | |
| | Some motion | 1 | | |
| | No response | 0 | | |
| Color | Fully pink | 2 | | |
| | Body: pink/ Ext: blue | 1 | | |
| | Blue; pale | 0 | | |
| | | TOTAL SCORE | | |



1. Contractions in the first stage of labor:
 - a. push the fetus into the cervix.
 - b. efface and dilate the cervix.
 - c. position the fetus for delivery.
 - d. separate the placenta from the uterus.
2. Watery fluid leaking from the vagina is an indication:
 - a. that the umbilical cord has prolapsed.
 - b. of fetal distress.
 - c. the membrane has ruptured.
 - d. contractions have started.
3. Active labor begins:
 - a. with rupture of the membrane.
 - b. with crowning.
 - c. as the fetus enters the cervical opening.
 - d. prior to effacement.
4. Retarding delivery of the head:
 - a. gives the mother a chance to rest.
 - b. reduces the chance of a nuchal cord.
 - c. reduces tearing of the perineum.
 - d. compresses the infant's thorax.
5. With placental separation from the uterus, up to _____ blood loss is normal.
 - a. 500ml
 - b. 1000ml
 - c. 250ml
 - d. 100ml
6. After the third stage of labor, uterine contractions:
 - a. deliver the placenta.
 - b. stop hemorrhage from the uterus.
 - c. dilate the cervix.
 - d. contract the cervix.
7. Pitocin is a:
 - a. pituitary hormone that contracts the uterus.
 - b. breast hormone that contracts the uterus.
 - c. only available as injection.
 - d. pituitary hormone that relaxes the uterus.
8. In a frank breech delivery:
 - a. the feet present first.
 - b. the feet present with the buttocks.
 - c. the buttocks present first.
 - d. the buttocks cannot pass the cervix.
9. Breech deliveries may be complicated by:
 - a. maternal contractions.
 - b. shoulder presentations.
 - c. failure of the cranium to mold through the cervix.
 - d. excessive dilation of the cervix.
10. Breech deliveries have a high incidence of:
 - a. maternal hemorrhage.
 - b. prolapsed cord.
 - c. congenital deformities.
 - d. abruption placenta.



11. A prolapsed cord:
 - a. is always extruding from the vagina
 - b. is treated as a normal delivery.
 - c. may cause anoxia in the fetus.
 - d. should be cut and clamped.
12. If the water breaks prior to fetal/cervical engagement:
 - a. contractions will start.
 - b. the placenta may abrupt.
 - c. delivery is imminent.
 - d. the cord may prolapse.
13. A patient with a prolapsed cord:
 - a. should be ambulated to stimulate contractions.
 - b. should be transferred in a position of comfort.
 - c. should be transferred in a hands and knees or Trendelenburg position.
 - d. should not have manual manipulation of the fetus.
14. Shoulder dystocia:
 - a. is a common occurrence.
 - b. poses no threat to the infant.
 - c. requires intervention within 4-6 minutes to prevent anoxia.
 - d. cannot be disengaged by prehospital personnel.
15. The sucking reflex predisposes the infant to:
 - a. obligatory mouth breathing.
 - b. obligatory nose breathing.
 - c. excessive gag reflex.
 - d. aspiration of amniotic fluid
16. Expansion of the infant's thorax on delivery of the torso:
 - a. clears the infant's airways.
 - b. promotes peripheral circulation.
 - c. increases lung compliance.
 - d. mechanizes the first inspiration of air.
17. The infant's lungs should be auscultated at the:
 - a. apex
 - b. midclavicular.
 - c. bases.
 - d. midaxillary.
18. The first respiratory efforts of a newborn will be labored due to:
 - a. atelectasis of alveoli.
 - b. weak thoracic muscles.
 - c. diaphragmatic respirations.
 - d. upper airway mucous.
19. The premature newborn umbilical cord should be cut and clamped quickly to:
 - a. avoid over-transfusion of blood from the placenta.
 - b. facilitate resuscitation efforts.
 - c. stimulate hypoxic respiratory drive.
 - d. decrease transfusion of blood to the placenta.
20. Surfactant produced by well developed lung tissue:
 - a. makes alveolar walls stick together.
 - b. produces mucous.
 - c. prevents alveoli from collapsing.
 - d. causes increased difficulty in breathing.

 **EMS Fact:** Sixty percent of fatal or injury crashes occur on roads with posted speed limits of 40 miles per hour or less. —National Highway Traffic Safety Administration



This answer sheet must be postmarked by February 21, 1998

CE Answer Sheet # 11 *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

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

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

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

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

Answer Form

Check the appropriate box for each question.

- | | | | | | | | | | |
|-----|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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?

By
Barry Sharp, EMT

Fielding calls



Some medics extoll the virtues of street medicine. Others say wilderness EMS is the greatest. For a real challenge, try EMS in a college football stadium with 70,000+ fans of all ages, shapes and health problems packed into a four-block oval for three to four hours on a hot Saturday afternoon. This is already a prescription for multiple heat problems and when some fans disregard the rules (and common sense) by partaking of spirits before or during the game, the action in the stands can get busier than the action on the field.

At any given home game at the University of Texas at Austin, there are approximately 30 two-person EMS teams (seven ALS, 23 BLS), two paramedics who each cover one side of the stadium, three doctors, three two-man stretcher teams, and four first aid stations staffed by nurses providing care to those who become sick or injured while at the stadium. All operate under the watchful eyes of medical director John Blewett, MD, president, Capital Emergency Physicians and medical director of Columbia St. David's Hospital emergency department; and UT EMS founding coordinators

Two medics survey the University of Texas home game crowd of 70,000, ready to answer a call for help.

Thousands of screaming fans make life interesting for football medics



Pat and Harold Crutsinger, founding coordinators of UT EMS, watch the crowd from an aid station.

Pat and Harold Crutsinger.

Working a football game is not unlike doing a confined space rescue in an open street market. While you have lots of open room around you and the patient, every available inch of that space is taken up with warm bodies, who may or may not appreciate the fact that they may miss seeing a touchdown run because you're reviving the person sitting next to them. And it never fails, when the patient feels faint, he lays down between the rows of bleachers, providing very tight access.

During the early season, most of the calls involve heat-related problems.

However, medical and trauma calls that aren't heat-related abound, with trauma (falls), cardiac and diabetic emergencies topping the list. During the really cold game days, problems with exposure come into play. Fortunately, we don't have that many really cold game days in Central Texas!

Like street medicine, there are occasional problems...radio traffic so heavy you can't get a word in, radios that don't work, dispatcher radios that can't reach the upper deck, aid stations closed off because they are overflowing and too many calls at once. But the rewards of helping those in need are just as fulfilling as they are on the street. Plus, if you're lucky, you get to see most of the game. 🚑

When he's not at UT football games, EMT Barry Sharp works in TDH's Adult Health and coordinates the agency's first responder team. Look for Sharp's byline in a series of wellness articles in upcoming issues.



Texas EMS Hall of Fame

What is the Texas EMS Hall of Fame?

The purpose of the Texas EMS Hall of Fame is to recognize individuals who have made a significant and dramatic contribution to EMS in Texas during their careers. This award is presented during Texas EMS Conference, sponsored by the Texas Department of Health and Texas Health Foundation. This award may be presented annually, but does not have to be presented annually. Individuals selected for this honor have earned an esteemed place in the history of EMS in the state of Texas. They are recognized by the Texas Department of Health in a permanent display located at TDH's Bureau of Emergency Management offices. This honor is intended to remain a permanent part of the history of Texas EMS.

How is someone nominated?

Nominations are open to anyone residing in Texas. These nominations should be mailed to the Bureau of Emergency Management no later than June 1 of each calendar year. Only written nominations that follow this outlined and published form will be accepted. Any nomination received after June 1 of any particular year will automatically be considered for induction during the next calendar year. Nominations for the Texas EMS Hall of Fame should contain the following components:


1. An historical perspective of the EMS work history of the individual as related to statewide EMS.
2. A list of results achieved by this individual as relates to statewide EMS.
3. The short-term and long-term benefits to Texas EMS as a result of the direct effort of the individual being nominated.
4. A description of how this individual's contribution to Texas EMS was above and beyond the ordinary job that would have been performed by the majority of individuals had they been in a similar position.

5. A resume or vita for additional background information. Nominations must contain the above five items in an explicit and detailed manner. Ten copies of the nomination should be mailed to 1100 West 49th Street, Austin 78756, post-marked no later than June 1, to be considered for induction during the calendar year. Nominations that do not meet these requirements will be returned to the individual from which they were received with a brief description of the deficiencies.

Copies of the nominations will be distributed to the following:

- All living members of the Texas EMS Hall of Fame.
- The chief of the Bureau of Emergency Management.
- The current chairperson of the Emergency Health Care Advisory Committee.
- The Commissioner of the Texas Department of Health.

The individuals identified above shall constitute the voting members of the Texas EMS Hall of Fame Selection Committee. A "no" vote by any member of the committee shall result in elimination of that particular nomination for that year. To be voted into the Texas EMS Hall of Fame, an individual must receive a "yes" vote by all members of the selection committee. Votes should be returned to the chief of the Bureau of Emergency Management no later than August 15 of the year in which they were received.

The chief of the Bureau of Emergency Management will only be responsible for notification of the disposition of the nomination to the individual from whom the nomination was received. The only response reported will be "yes" or "no." At no time shall the chief of the Bureau of Emergency Management reveal anything other than a positive or negative response, with all other information to be considered confidential information. This confidential information shall include the votes of the individual members of the selection committee as well as any and all information that was discussed among the members. 

HALL OF FAME MEMBERS AND YEAR OF INDUCTION: CHARLES E. KING, 1987; CARL B. YOUNG, JR., 1988; LIN VICKERS, 1989; L.O. "WHITEY" MARTIN, 1991; BABE AYCOCK, 1994; JACK PEACOCK, MD, 1994; AND JAMES ATKINS, MD, 1996. THIS DISPLAY IS PERMANENTLY LOCATED AT THE MAIN OFFICE OF THE BUREAU OF EMERGENCY MANAGEMENT.

95-year-old Mabel McCullough's birthday party brought five fire engines, two ladder companies and 24 firefighters when she blew out all 95 candles on her birthday cake. The smoke from blowing out the candles triggered a fire alarm.

Overdoses of acetaminophen, the active ingredient in Tylenol and many other pain and cold medications, can cause severe or even fatal liver failure, according to a study released in the *New England Journal of Medicine*.

Five fire engines, two ladder companies and 24 firefighters came to 95-year-old Mabel McCullough's birthday party at the First United Methodist Church in Tulsa, Oklahoma. Why? After she blew out all 95 candles on her birthday cake, the smoke from blowing out the candles triggered a fire alarm. While firefighters did not stay for cake, they did pose for pictures with McCullough.

From CNN Interactive, "Firefighters report for birthday candle blowout," <http://www.cnn.com>, October 11, 1997.

A study suggests that "burning the midnight oil" may actually cause your brain to process information more slowly. Circadian rhythms, or the body's internal clock, influence the body's need for sleep, and fighting that need can slow thought processes and reaction times at night, and even when the individual is completely awake during the following day. Researchers consider the main implications of this study to affect those who operate dangerous machinery at night and those who work at night, such as those in hospitals or emergency departments. These people are often asked to make decisions that require the brain to rapidly process information.

From TDH EMS Mailing List, September 22, 1997.

The misconception that infant bathtub seats are infant safety equipment has been cited as a contributing factor to the increased number of infant drownings in the home. According to a Consumer Product Safety Commission report, use of the bathtub seats has been linked to bathtub drownings because the seat increases the likelihood that the baby will be left unattended in the tub. In

more than 90 percent of the infant drownings associated with the bathtub seat, the child was momentarily left alone while the caregiver answered a telephone, got a diaper or checked on a crying child.

From TDH's News Clips, *San Antonio Express News*, "Babies' bathtub seats linked to drownings," October 17, 1997.

Overdoses of acetaminophen, the active ingredient in Tylenol and many other pain and cold medications, can cause severe or even fatal liver failure, according to a study released in the *New England Journal of Medicine*. The study also found that fasting and drinking alcohol made the drug more harmful. The study described 71 patients admitted to Parkland Hospital in Dallas for liver damage from acetaminophen. Of the 71 patients, 21 had accidentally taken too much medicine. The researchers, along with the manufacturer of Tylenol, noted that people should not take more than the recommended dosage of the drug, especially if they have more than three alcoholic beverages a day, and dosages given to children should be carefully monitored.

From TDH's News Clips, *Dallas Morning News*, "Tylenol ingredient linked to liver failure," by Sue Goetinck, October 16, 1997.

A new type of needle may make your next dental visit less painful. The Wand, a new computer-controlled needle, starts off with a drop of anesthetic to numb the needle site and then delivers the rest at a slow, regular pace, unlike present anesthetic shots that force the medicine into the tissue. The Wand can also numb a site as small as a single tooth, instead of half a patient's mouth. This innovation has been heralded by

both dentists and patients. While decreasing the patient's fear of needles and dental visits, the needle will decrease the time each dentist spends giving injections and caring for patients after the injection. The Wand was made widely available in October 1997.

From TDH's News Clips, *Dallas Morning News*, "New type of needle takes the ouch out of dental visits," October 17, 1997.

Scientists have identified genetic defects that can leave some people smelling like rotting fish. "Fish-odor syndrome," an uncommon disorder that generally appears shortly after birth, is caused by genetic defects that cripple the body's ability to produce the enzyme FMO3, which normally works within the liver to process a smelly protein called trimethylamine. TMA is produced by bacteria in the gut; when it goes unprocessed, it seeps out in a person's breath and perspiration. While scientists do not know how common the disorder is, references to fishy-smelling people have been found in ancient literature and even in Shakespeare's "The Tempest." The disorder can be partially treated with diet modifications and antibiotics.

From CNN Interactive, "Genetic defects make people smell like rotting fish," <http://www.cnn.com>, December 1, 1997.

Older women who took vitamin C supplements for at least 10 years were 77 percent less likely to develop early cataracts, reported a Boston research study. The study also reported that women who had taken vitamin C supplements had an 83 percent lower rate of moderate cataracts than women who had not taken supplements. Cataracts are a common part of aging; almost 50 percent of adults age 65 and older have at least one.

From TDH News Clips, *Dallas Morn-*

ing News, "Vitamin C may fight cataracts," by Sally Squires, October 22, 1997.

An extract from the leaves of the *Ginkgo biloba* tree might slow the mental decline in some people with Alzheimer's disease for at least six months, according to a study at the New York Institute for Medical Research. The study found that 29 percent of people who took ginkgo for six months did not decline on two tests that measure the severity of the illness. Just 13 percent of the volunteers in the placebo group showed similar scores. While the study was initially one year in length, the results from the last six months of the study were considered meaningless because about half of the ginkgo group and almost two-thirds of the placebo group dropped out of the study. The extract, known as ginkgo biloba extract, has been used in Chinese medicines for 5,000 years and the tree is commonly believed to have been growing in China during the age of the dinosaurs.

From TDH News Clips, *USA Today*, "Ginkgo extract stalls Alzheimer's effects, study suggests," by Steve Sternberg, October 22, 1997.

Sperm counts of men around the world have been declining for years. A total of 61 different studies were analyzed by the reproductive epidemiology section at the California Department of Health Services and showed a significant decline in sperm counts around the world. The National Institutes of Health said that data collected from 1938 to 1990 showed that sperm counts decreased 1.5 percent per year during that period.

From CNN Interactive, "Sperm counts falling around the world, experts say," <http://www.cnn.com>, November 24, 1997.

A new type of needle may make your next dental visit less painful. The Wand, a new computer-controlled needle, delivers the anesthetic at a slow, regular pace, unlike present anesthetic shots that force the medicine into the tissue.

A total of 61 different studies were analyzed by the reproductive epidemiology section at the California Department of Health Services and showed a significant decline in sperm counts around the world.

EHCAC recap

The Emergency Health Care Advisory Committee (EHCAC) met on November 24, 1997, at the Austin Convention Center in conjunction with the Texas EMS Conference. All committee members were present and there was an excellent audience turnout.

Associate Commissioner's Report

Ron Mansolo informed EHCAC that the rules to distribute the monies from the EMS and Trauma Care System Fund created by SB-102 were proposed for a 60-day comment period by the Texas Board of Health (BOH) at its November 21, 1997, meeting. A public hearing will be held sometime during the comment period. Mansolo advised the committee that there has been some controversy surrounding the proposed funding formula, which would distribute approximately 60 percent EMS allocation to rural counties and 20 percent each to frontier and urban counties. EHCAC voted to support the proposal and to send a letter and supporting documentation to the Board of Health. These proposed rules as well as the Level V

rules (see below) are located on the Bureau's homepage at <http://www.tdh.state.tx.us/hcqs/ems/emshome.htm>.

Bureau Chief's Report

Gene Weatherall informed the committee members that the rules to implement designation of Level V Trauma Facilities were also proposed by the Board of Health in November. The comment period for these rules is thirty days. There will be a public hearing, most likely in conjunction with the SB-102 rules hearing. Weatherall also reported that the Bureau has been awarded two federal grants (See EMS News, page 8). The CDC grant, in the amount of \$250,000, will help to continue implementation of the Texas EMS/trauma system. The EMS for Children grant, approximately \$65,000, will be used to continue development of a pediatric hospital categorization process. Four new people will be hired in the department as a result of these awards.

Review of Project Alpha

Pam West reviewed the Project Alpha proposal, which is a project to re-define EMS regulation in Texas. Because there has been some controversy regarding this project, EHCAC voted to establish a task force to bring interested parties together to work on the various components of the proposal. For information on Project Alpha, see the Bureau's web site.
—Kathy Perkins

Emergency Health Care Advisory Committee

Allan Ray Helberg, EMT-P
Texarkana, Texas

Leticia Anne Goodrich
Amarillo, Texas

John W. Holtermann
San Marcos, Texas

Ronald Clark Redus, DDS,
MSD
Amarillo, Texas

Lance Douglas Gutierrez,
RN, CEN, EMT-P
Tyler, Texas

R. Donovan Butter, DO
San Antonio, TX

William Leo Moore, MD,
FACEP
Tyler, Texas

Gilbert Perez, RN, EMT-P
Corpus Christi, Texas

Ray Mason
Midland, Texas

Gary D. Cheek, RN, EMT
Clyde, Texas

Joan E. Shook, MD,
Houston, Texas

Jorie Diane Klein, RN
Dallas, Texas

James Henry Duke, Jr., MD
Houston, Texas

Next meeting dates

The next meeting of the Emergency Health Care Advisory Committee will be Friday, February 13, 1998, in Austin; subcommittee meetings will be February 12. No location has been set.

Two-year continuing education Emergency Suspensions

The following is a list of EMS personnel with certification expiration dates of 6/99 and 7/99, who have been emergency suspended for failure to comply with the two-year continuing education (CE) reporting requirement mandated in EMS Rule §157.38, Section k.

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

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

A list of Two-Year Continuing Education Emergency Suspensions is available on internet at: <http://www.tdh.state.tx.us/hcqs/ems/certqry1.htm>. This list is comprehensive and routinely updated.

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

Texas Department of Health

Bureau of Emergency Management
Emergency Medical Services Rule

§157.38, Section k

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

Corrections:

The suspension list for the November/December issue should *not* have included:

ID# 19741 **Laura Ellen Garis**, Darrouzett
ID# 65380 **Kimberly Redus**, Riveria

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

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

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

Ashmore, Lee Fran, Lufkin, Texas. Two years probation of EMT-Paramedic certification through August 31, 1998. EMS Rule 157.51 (2)(A), failure to follow EMS standards of care in the management of a patient.

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

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

Callahan, Ronald G., Palacios, Texas. Twelve months probation through March 14, 1998. EMS Rule 157.51 (2)(A) and (B)(old rules), failure to follow EMS standards of care in the management of a patient.

***Chapa, Adalberto Eli**, Rio Grande City, Texas. Twelve months probation of EMT certification through October 20, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.

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

***Corson, Kevin Patrick**, Santa Fe, Texas. Twelve months probation of EMS Examiner certification through July 23, 1998. EMS Rule 157.53(e)(1), failure to conduct skills proficiency verification in an objective manner according to criteria and standards established by the department for each skill examined.

County Life EMS, Uvalde, Texas. Administrative penalty of \$100. EMS Rule 157.11(d)(2), failure to staff ALS vehicle properly.

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

Creel, Joel Lamar, Houston, Texas. One year probation of EMT certification through July 30, 1998. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Culberson County EMS, Van Horn, Texas. Twelve months probation through April 2, 1998, plus an administrative penalty of \$625. EMS Rule 157.11 (b)(1), operating vehicle without provider license.

Curry, Elizabeth Anne, Athens, Texas. Twelve months probation of EMT-Paramedic certification by reciprocity through January 29, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Degolier, Paul Anthony, Austin, Texas. Twelve months probation of EMT recertification through July 1, 1998. EMS Rule 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

Dement, Scott Wayne, Bellville, Texas. Suspension of EMT certification through January 31, 1998. EMS Rule 157.44 and 157.51 (b)(16), misdemeanor conviction while certified.

***Dollar, Stace Douglas**, Lubbock, Texas. Denial of RN equivalency at the EMT-Paramedic level and decertification of EMT certification effective October 27, 1997. EMS Rules 157.44, 157.51(b)(16) and (26), misdemeanor conviction while certified and falsification of application for EMS personnel certification.

Fernandez, Victor M., San Antonio, Texas. Twelve months probation of EMT certification through September 11, 1998. EMS Rules 157.44, 157.51(b) and (c), 157.53, misdemeanor convictions.

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

Garlington, John Mac, Port Aransas, Texas. Eighteen months probation of EMT-Intermediate certification through July 29, 1998. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction.

Gassaway, Douglas Ray, Blum, Texas. Emergency suspension of EMT certification. EMS Rule 157.51(a)(1)(A), imminent danger to public health or safety.

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

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

***Guerra, Michael Santos**, Pharr, Texas. Twelve months probation of EMT certification through October 31, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.

Hartwick, John Paul, Charleston, South Carolina. Decertification of EMT certification effective July 23, 1997. EMS Rules 157.51(d) and Article 6252-13c Sec. 4(e), convicted by military justice while certified.

***Hippe, Richard S.**, Flint, Texas. Twelve months probation of EMT-Paramedic certification through August 1, 1998. EMS Rule 157.51 (b)(11), appropriation and/or possession without authorization of medications, supplies... inappropriately acquired in the course of duty.

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

Hull Daisetta Volunteer Ambulance Service, Hull, Texas. Twelve months probation with conditions of provider license through January 11, 1998. EMS Rule 157.19 (c)(1)(U), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

Jordan, Richard Todd, Friona, Texas. Twenty-four months probation of EMT certification through August 27, 1999. EMS Rules 157.44,

157.51(b) and (c), and 157.53, misdemeanor conviction.

***Jordan, Ricky Lynn**, Ennis, Texas. Decertification of EMT-Intermediate certification effective October 10, 1997. EMS Rules 157.44, 157.51(b)(16) and (26) and 157.51(d), misdemeanor conviction while certified and falsification of an application for EMS personnel certification.

King, Dan S., Burkburnett, Texas. Twelve months probation of EMT certification. Health and Safety Code 773.063, knowingly practicing as an EMT without EMS certification.

King, Julie Ann, Sour Lake, Texas. Twenty-four months probation of EMT-Intermediate certification through April 18, 1998. EMS Rule 157.51(2)(A), failure to follow EMS standards in patient management.

***Maldonado, Cesar Guillermo**, Devine, Texas. Decertification of EMT certification effective October 10, 1997. EMS Rules 157.44, 157.51(b)(16) and (26) and 157.51(d), misdemeanor convictions while certified and falsification of an application for EMS personnel certification.

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

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

***Medical Transport Service**, McAllen, Texas. Revocation of EMS Provider license. EMS Rule 157.24(e)(1)(A)(B)(C), failure to have liability insurance.

***Moreno, Antonio Juan**, Rio Grande City, Texas. Twelve months probation of Emergency Care Attendant certification through October 30, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

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

***Padron, Michael L.**, McKinney, Texas. Twelve months probation of EMT certification through October 31, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction and misdemeanor conviction.

Patterson, Carrie Ann, Caldwell, Texas. Sixteen months probation of EMT certification through May 23, 1998. EMS Rules 157.44, 157.51 (b) and (c) and 157.53, misdemeanor convictions.

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

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

***Riley, John Irvin**, Smithville, Texas. Twelve months probation of Emergency Care Attendant certification through November 4, 1998. EMS

Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

***Scown, Rex Burton**, Odessa, Texas. Twelve months probation of EMT certification through October 31, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

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

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

***Simmons, R. Brent**, Houston, Texas. Decertification of EMT-Intermediate certification. EMS Rule 157.51(b)(25), jeopardize the health and safety of a patient, the public or other EMS personnel.

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

Smith, Christopher A., Arlington, Texas. Eighteen months probation of EMT-Paramedic certification through February 6, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

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

Terry, Samuel R., Gainesville, Texas. Twelve months probation of EMT-Intermediate certification until March 14, 1998. EMS Rule 157.51 (b)(1), failure to follow the EMS standards of care in the management of a patient.

***Thetford, Jon Wesley**, Houston, Texas. Twelve months probation of EMT certification through October 17, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

Thomason, Phillip, Lubbock, Texas. Decertification of EMT-Paramedic certification. EMS Rule 157.51(b)(16), conviction of a felony in accordance with the provisions of EMS Rule 157.44.

***Upchurch, Kristal Michelle**, Schulenburg, Texas. Twelve months probation of EMT certification through October 31, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

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

Wells, John Michael, Sweetwater, Texas. Twelve months probation of EMT certification through March 24, 1998. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Wind, Jon Todd, Nederland, Texas. Twelve months suspension of EMS Examiner certification through March 5, 1998. EMS Rule 157.63 (e)(1), failure to conduct skills proficiency verification in an objective manner according to the criteria and standards established by the department for each skill examined.

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

MEETINGS AND NOTICES

Calendar

January 28, 1998. **12-lead ECG Class.** Paul Rosenberger, Baylor Medical Center at 817/329-2815.

January 28, 1998. **Paramedic Course.** Offered on "A" shift. \$1,500. Includes ACLS, PHTLS, PALS. Internship at DFW area hospitals and MICUs. For information call Metrocrest Medical Services 972/484-1158.

February 9-18 & 10-19, 1998. **BTLS classes.** \$75. Tyler Junior College. Call 903/510-2236 for registration information.

February 13 and February 27, 1998. **ACLS Class.** Paul Rosenberger, Baylor Medical Center at 817/329-2815.

February 17, 1998. **EMT-Basic Course.** For information call Metrocrest Medical Services 972/484-1158.

February 18-19, 1998. **EMS Instructor Class.** \$75. Tyler Junior College. Call 903/510-2236 for registration information.

February 19-22, 1998. **Disaster '98 - Assessing the Threat to Your Community.** Orlando, Florida. Call 407/281-7396.

February 21, 1998. **The Concho Valley EMS Expo '98.** Angelo State University Ballroom. \$20. Nationally known speakers. EMS Expo line 915/947-6181.

April 9-10, 1998. **BTLS Class.** Paul Rosenberger, Baylor Medical Center at 817/329-2815.

March 2, 1998. **EMT-Basic Course.** For information call Metrocrest Medical Services 972/484-1158.

March 20-22, 1998. **The 15th Annual Georgia Extrication School.** For information contact Marty Billings or Kathy Stocum, Northeast Georgia Region 10 EMS, 468 North Milledge Ave., Ste. 100, Athens, GA 30601-3808 or call 706/542-9500 or fax 706/227-7960.

April 1-13 & 2-14, 1998. **PPPC Courses.** \$75. Tyler Junior College. Call 903/510-2236 for registration information.

CPR Classes. San Antonio, Austin or Corpus Christi. For more information call Metroplex Medical Training at 800/583-0097.

Jobs

EMTs, Paramedics, Field Training Officer: Rural/Metro Ambulance. Generous benefits package. Qualified individuals should apply at: 201 McKenzie, Ste. 115, Carrollton, TX 75006; for more information call 972/263-7268.+

Paramedic: The City of Harker Heights is accepting applications for dual certified paramedic-firefighters. Advanced protocols and procedures. Health and retirement plan. Starting salary \$23,426 plus incentives. Send resume to: Harker Heights Fire Department, attn: Captain Philen, 401 Indian Trail, Harker Heights, TX 76548.+

EMS Director: The City of Dublin is seeking a qualified applicant to provide leadership and direction for day-to-day EMS operations. In charge of EMS personnel and management of all related fields of EMS and financial matters. Must be a paramedic with at least 2 years of field experience and possess current ACLS, PALS, and BLS certification. Salary depends on qualifications. Send resume to: City of Dublin EMS, 213 East Blackjack, Dublin, TX 76446.+

Paramedics: Hull-Daisetta EMS, a rural 9-1-1 service is accepting applications for paramedics. Send resumes to: Hull-Daisetta EMS, PO Box 351, Hull, TX 77564 or e-mail emsmcmichael@imsday.com+

Paramedics, EMTs, dispatchers, billing specialists: Life Line Universal Transport, Inc. Offers exciting work environment and an excellent benefit package. We are seeking self-motivated individuals certified in Texas with a good driving record. Please call

(281) 970-2273 or fax your resume to (281) 970-1726.+

Paramedics and EMTs: Needed for new shifts in Houston area. 48-60 hour weeks. Call bonuses/quarterly bonuses/23-25K. Send resume to Thomas Ambulance, 4527 Spring Cypress Road, Spring, TX 77388 or call 281/353-4949.+

BLS Instructors: 10 positions in the Dallas area. Send resume to: Steve Cutler, Metroplex Medical Training, 3637 Trinity Miles Road, Ste. 414, Dallas, TX 75287.

Paramedics: Calhoun County EMS is a MICU 9-1-1 provider. Salary \$23,362 located in Port Lavaca, Texas. Call 512/552-1140 or write Carl King at 216 E. Mahan St., Port Lavaca, TX 77979.*

EMT-I or EMT-P: Needed for slow-paced small rural service. Salary based on experience. Send resume to Hardeeman Co. EMS, Box 30, Quanah, TX 79252. For more information call 940/663-2911.*

EMTs and Paramedics: Olney EMS is accepting applications for full time positions. Salary based on experience. Send resume to Gib Wright, Olney EMS, PO Box 158, Olney, TX 76374. Phone 940/564-5521 or fax 940/564-2188.

Paramedic: Alpine EMS/WTAS has immediate openings for paramedics. EMS provides MICU service for city/county 9-1-1 calls and hospital transfers. Contact Alpine EMS, PO Box 338, Alpine, TX 79831 or call 915/837-3028.*

EMS Director: Dimmit County EMS is seeking a qualified applicant to provide leadership and direction for day-to-day EMS operations. In charge of EMS personnel and management of all related fields of EMS and financial matters. Must have strong administrative and financial skills and experience in EMS protocol. Benefits and salary depending on qualifications. Only qualified applicants need apply. Send resume to Dimmit County EMS, PO Box 341, Carrizo Springs, TX 78834.*

EMS Director: Manager of busy department serving Hopkins County Memorial Hospital. Averages 2,250 calls a year. The director should be a certified paramedic with 3-5 years of MICU experience and 2-4 years of progressive management experience. Competitive salary and benefits. Contact Don Magee, Administrator, Hopkins County Memorial Hospital, PO Box 275, Sulphur Springs, TX 75483 or call 903/439-4051.*

EMT-I or EMT-P: Seymour/Baylor County EMS. Hospital-based service looking for qualified person with at least

Meetings and advertisements deadlines and information

Deadline: Six weeks in advance. After the pages of this magazine have completely gone through editorial, design and layout, then it goes to the printshop to get printed, then to our mailing service to get mailed out. Add a few days to get through the U.S. mail system. 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 AND NOTICES

1 to 2 years experience. Rural area serves 4,200 population. Send resume to: Lou Schafer, SBC EMS, 200 Stadium Dr., Seymour, TX 76380. For information call 940/888-5351 or fax 940/888-3337.*

Firefighter/Paramedic: Kerrville, \$1,976/month. Certified firefighter/paramedic. City pays 80% of family health insurance. Apply to City of Kerrville, Personnel Dept., 800 Junction Hwy, Kerrville, TX 78028 or fax 830/792-3850. Call 830/257-8000 for more information.*

Paramedics and registered nurses: Entry level flight positions, both helicopter and fixed wing, now available nationwide. Send check or money order for \$12 to receive the latest AirMed Services Employment Directory. Air Medical Resources, PO Box 292753, Lewisville, TX 75029-2753.*

Regional Director: Houston area. Duties include marketing BLS courses. Must be CPR instructor. EMT or EMT-P, TDH-certified. Must live in the Houston area. Send resume to: Steve Cutler, Metroplex Medical Training, 2429 E. Hwy 80 #101, Mesquite, TX 75750.*

Paramedic: Wharton EMS is accepting applications for paramedic with an advanced MICU 9-1-1 service. CPR instructor is a plus. Must be willing to work overtime. Contact Wharton EMS, 2010 Fulton Street, Wharton, TX 77488. Call 409/532-2491, ext. 700 for more information.

Paramedic: With national registry certification to conduct NREMT-P review courses. Must be willing to travel. Resume: Metroplex Medical Training Services, 2429 E Hwy 80, #101, Mesquite, TX 75150 or call 800/583-0097.*

FOR SALE

For Sale: Two-1994 Type II Ford ambulances and a 1993 Type III ambulance. Very good condition. Call Manuel at 512/851-8422.+

For Sale: EMT-I, EMT-P needed. Full or part-time positions. Dallas, Houston and San Antonio areas. Send resumes to: AHC, PO Box 948, Lancaster, TX 75146.+

For Sale: Simulaid casualty moule kit. Contains everything necessary for realistic looking injuries, used only once \$450.

For Sale: (2) Maxon 16 ch UHF mobile radios 450-470 Mhz excellent condition \$250 each. Maxon desk mic new in box,

\$45. Icom F40LT UHF hand held, 99 channel alpha keypad, includes 1 hour fast charger and programming software, \$425. S. Carson 817/232-5801.+

For Sale: Protocols, BLS and ALS written to your specifications, American Heart Association. ACLS and BTL standards. Sheet or computer disk. For more information contact Kay or Greg McMichael at 409/298-3204 or fax 409/298-2831.+

For Sale: (2) Marquette 1500 AED/defibrillators. Purchased new in 1993, software upgrade in 1996. Pacer, manual override, with simulator/tester. \$5,000 each. Contact Chris Israel at Brazoria Fire Dept. 409/798-4275.+

For Sale: 1994 ambulance, International Series 4700. 406 diesel engine, dual compressor air conditioning. Minimum bid \$50,000. Contact Mike Stillwell, Fleet Service, City of Carrollton, TX, 972/466-3492 or fax 972/466-3486.+

Wanted: Type II ambulance for training only—to be donated to community college for educational purposes. College will offer tax credit and publicity to your organization. Please call David Pearse at 903/753-2642.*

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

CPR manikins for rental use: for the Corpus Christi and San Antonio area. Please call Metroplex Medical Training Services at 1-800/583-0097.+

BLS or ALS equipment for rental use: CPR classes available in the San Antonio, Corpus Christi and Austin areas. Please contact Steve Cutler at 800/

583-0097 or 972/270-0857.+

Billing: Alexander Consulting, Inc., state-of-the-art billing system is designed to increase your cash flow, and give you more time to focus on growth and service. Call 210/344-9444, 888-991-9444 or fax 210/344-9777.+

Ambulance billing: Electronic billing for medicare and commercial insurances. Call or write 888/282-9203, Elite Billing Services, PO Box 948, Lancaster, TX 75146.+

Business Opportunity: If your background is in EMS? Do you have the desire to own your own ambulance company in your area of service? If the answer is yes, please send a letter describing your transfer service background, your service area and your updated resume to PO Box 2586, Spring, TX 77383. Attn: Roy Peoples.+

Exam Study Guide: Firefighter or paramedic exam study guide. Written for Texas firefighters and paramedics. Mail checks or money order for \$19.99 to: TQE, 2603 N. Arkansas Ave, Suite 6, Laredo, TX 78043.+

Classes: Metrocrest Medical Services Education Department offers CPR classes each week. 40-hour ECA courses, CE packets by mail/\$5 per hour. For information call 972/484-1158.+

Accepting Bids: Shackelford County Hospital District is now accepting bids for management of Small County Wide Ambulance Service. Averages 300-350 calls a year. The district owns two units. Contact SCHD at 915/762-3313, Diedre Stewart, Steve Hobbs, EMT-P, or Jerami St. Clair, EMT-P, for more information.

+ 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.

Profile: Camp County EMS



Members of the Camp County EMS are (front row and left to right): Jae Elwell, EMT-P; Chris Currey, assistant director; Brenda Brabaw, EMT-P; Lcurisa Thompson, EMT-B; and Mike Reynolds, EMT-P, director; (back row) Daryl Mochman, EMT-P; Michael Hooper, EMT-P; Robbie Moore, EMT-P; Lonnie Tarrant, EMT-P; Willie Mitchell, EMT-P; and Tom Bridges, EMT-P.

Name Of Service: Camp County Emergency Medical Service

Areas Of Service: CC- EMS serves the city of Pittsburg (pop: 4,000) and the County of Camp (pop: 9,904), which

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

Periodical
Rate Paid
At Austin, Texas

includes parts of Hwy. 271, three rural communities, and a portion of Lake Bob Sandlin. The city of Pittsburg is located on Hwy. 271 between I-30 at Mount Pleasant and I-20 at Tyler.

Number Of Personnel: CC-EMS has eight full-time personnel, including six paramedics and one intermediate, and ten part-time personnel. CC-EMS has four MICU ambulances, with three staffed from 7am to 7pm, and two staffed from 7pm to 7am.

Years In Service: CC-EMS has been in service since 1979.

Number Of Calls: CC-EMS responds to 150-200 calls per month.

Favorite EMS Activity: Six of CC-EMS personnel are certified CPR instructors and offer several free courses each year to the community and school district. CC-EMS is also active in the local school district, presenting 9-1-1 safety programs along with DWI awareness programs.

Current Projects: CC-EMS is working toward educating the community in the importance of early 9-1-1 access when there are signs and symptoms of heart attack, stroke and other life threatening emergencies. CC-EMS also works closely with the local school district to find new ideas and programs to help lower the uses of drugs and alcohol. 🚑