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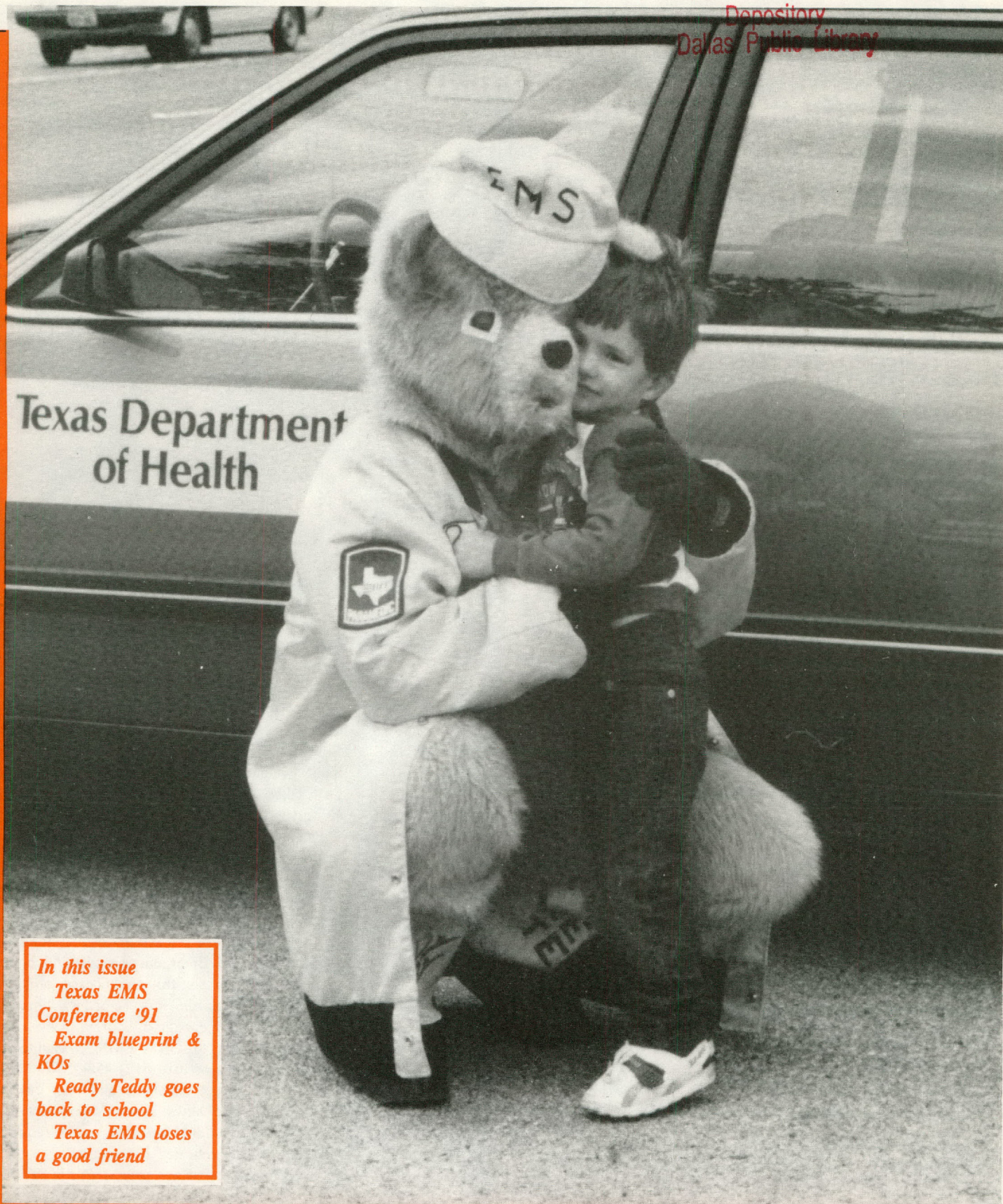
Texas EMS

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In this issue
Texas EMS
Conference '91
Exam blueprint &
KOs
Ready Teddy goes
back to school
Texas EMS loses
a good friend

About this issue



COVER PHOTO: Ready Teddy gives one of his kids a hug as he heads back to school. See the feature article by Becky Heinkel on page 16. Doit Lee from Public Health Region 3 shot this photo when Ready Teddy visited Odessa earlier this year. Texas Society of EMT's Melissa Reddin plays the bear here.

Texas EMS M e s s e n g e r

August 1991

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Texas Department of Health

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*25 Years of EMS - Texas EMS Conference '91
November 25, 26, 27 1991*

From This Side

At press time for this issue of the *Texas EMS Messenger* there is great potential for legislative change. There have been entirely too many proposed changes in the organization of state government to list them in this column. The two potential organizational changes that could affect emergency medical service are the creation of a health and human services agency and the creation of a licensing and certification agency. Either or both of these changes could affect the way we conduct some of our activity in emergency medical services. I hope we will have more definite facts to report next month.

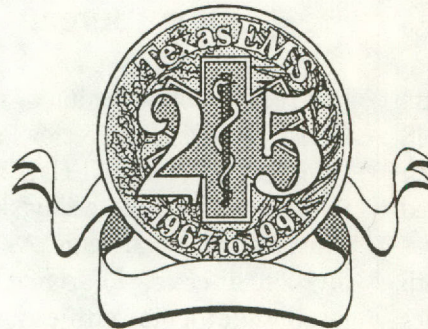
Each year activity regarding our annual conference steadily increases as we get closer to the date. This year the magic dates are November 25, 26, and 27. We were very pleased to learn from the Hyatt Regency Hotel that you have already reserved about 100 rooms for the EMS Conference. If you have not made your hotel reservation I would urge you to make

it as soon as possible. The \$55 room rate we have arranged at the Hyatt is really a special rate. This Hyatt is a luxury hotel on the banks of Town Lake and within walking distance of Palmer Auditorium.

Since we will be celebrating the 25th year of emergency medical service in Texas we want to create a commemorative coin for everyone who attends the conference. Below is the preliminary artwork for this special coin. We hope you will approve of the design and will be proud to have one of these special coins celebrating 25 years of EMS in Texas.



*Gene Weatherall
Chief
Bureau of
Emergency
Management*



Free rescue equipment available from Texas A&M

The Law Enforcement and Security Training Division, Texas Engineering Extension Service (TEEX), Texas A&M University System will distribute a minimum of ten sets of hydraulic rescue equipment to needy EMS or Fire Rescue agencies.

In order to be considered for these awards, agencies must prepare and submit a written proposal justifying why it should receive the equipment. Agencies should provide facts and solid evidence, rather than opinions or feelings, about why the equipment is needed. Proposals **MUST** address the following items:

1. Based upon previous experiences in

your area, how often would you anticipate use of the equipment?

2. Describe both the short term and long term financial stability of your agency.
3. Indicate that you have contacted and received a recommendation from your Texas Department of Health Regional EMS Program Administrator. TEEX will verify the Regional EMS Program Administrator's support during the review of your submitted proposal.
4. Provide a written statement indicating that your agency will return the equipment, in working order, to TEEX if your firm is ever disbanded.

5. Tell us the nearest location of hydraulic equipment in your area.

A panel will review all proposals for completeness and need. It is recommended that you expand your proposal beyond the five areas listed above.

Your proposal must be submitted by September 30, 1991 to: Dr. Gary M. Walker, Division Head, Law Enforcement & Security Training, Texas Engineering Extension Service, Texas A&M University System, College Station, Texas 77843-8000

The goal is to place at least one set of hydraulic equipment in each of the eight Public Health Regions. A minimum of ten sets will be made available.

Local and Regional EMS News

Citizen CPR saves umpire

An off-duty Austin firefighter, an ex-employee of the state health department, and a physician all happened to be at the right place at the right time for 53-year-old David Sanderford when he had a heart attack June 6 while officiating at a baseball game in Georgetown. EMS Director George Stephenson said it was a textbook case when Sanderford collapsed, unconscious and not breathing. Babette Underwood, an employee of TDH's EMS Division for seven years and now with Austin's Capital Metro, an unnamed firefighter, and osteopath Bill Jones performed CPR on Sanderford until Williamson County EMS paramedics arrived on the scene.

In an article in the *Williamson County Sun*, Stephenson said the save was the sixth time this year that either Williamson County EMS paramedics or citizen bystanders had brought back a heart attack victim.

Sanderford was released from the hospital eight days after his collapse. An ironic footnote to Sanderford's CPR rescue is that he taught CPR for several years at his job with the Texas Rehabilitation Commission. "I think I'll go back to it," Sanderford said of his years of teaching CPR.

Gillespie county EMS educator honored

The EMTs who graduated from Virginia Clark's 1991 class have this to say in a public thank-you written by Vicki

Daniels: "The EMT class of 1991 proudly thank Ms. Virginia Clark for building a solid foundation for our goals and supporting our endeavors to succeed as medics. Thank you for your personal and professional influence, but most of all, thank you for believing in us!"

Corpus Christi paramedic joins Bureau

In a recent reorganization of the EMS Division, Division Director Pam West selected Corpus Christi's Ernie Rodriguez to serve as the division's first assistant division director. As assistant division director, Rodriguez will be responsible for the Certification, Disaster Response, EMS/Trauma Systems Development, and EMS/Trauma Registry programs.

Rodriguez was honored as the state's outstanding administrator at last year's Texas EMS Conference in Austin. He was a firefighter/paramedic for eight years at Corpus Christi Fire Department EMS where he served most recently as assistant EMS director.

200 attend EMS/trauma systems hearing

Texas Board of Health members and the chair of the Trauma Technical Advisory Committee conducted a public hearing in July on the draft rules for regional trauma systems. Approximately 200 hospital administrators, trauma nurse coordinators, EMS personnel, medical directors, emergency nurses, and others

involved in health care attended the meeting moderated by Emergency and Disaster Committee Chair Dr. Robert Bonham.

Comments from the audience centered on proposals such as regional EMS medical direction, data collection, regional boundaries and advisory councils, hospital staffing, and bypass and diversion protocols. In addition to the approximately 30 people making public comment, several EMS and hospital officials submitted written comments to the Bureau.

Many speakers, including Dallas Parkland's Dr. Jim Carrico, expressed concern that the plan be adequately funded by the state. "Trauma is a problem," Carrico said during his testimony. "Ten thousand people will die this year. Funding is needed and some kind of system is needed," he said. Some experts have placed the amount needed for funding a trauma system in Texas as high as \$275 million to cover uncompensated care provided by EMS providers, hospitals, rehabilitation centers, and physicians.

Robles appointed to ESD board

Paramedic Sal Robles of Texas Southmost College in Brownsville was appointed by Cameron County Commissioners Court to serve on the Emergency Services District Board in that county. Robles, who will be sworn in as a board member this month, has been with Southmost College for five years.

Cameron county has had emergency services district designation for two years.

Local and Regional EMS News

Dreams do come true

Roger Fields of Friona EMS wrote to let *Texas EMS Messenger* readers know that Craig Shergold has achieved his dream to collect one million get-well cards to earn a listing in the Guinness Book of Records. Shergold, a London, England, 12-year old, was recently pictured in *People* magazine sitting in the middle of thousands of get-well cards and letters.

Fields was one of several Texas EMSers who participated in circulating letters to local and statewide groups, both EMS and not, soliciting letters for little Craig. Once Friona EMS began circulating letters and encouraging other EMS groups to circulate letters to still others and send cards to Craig, we received letters from three EMS groups. So we know young Craig received get-well cards from many Texas folks.

SafeRiders and EMS buckle up babies across Texas

Think Child Safety is serious business for at least nine licensed EMS providers in Texas that participate in TDH's child car seat loaner program. Carla Baker of the health department's SafeRiders Program said that seven EMS organizations -- Bryan Fire Department, Bowie Fire Department, Canyon Ambulance Service, Darrouzett EMS, Hall County EMS, LaPorte EMS, and Falls County EMS -- will receive approximately ten child car seats each by August 15 as new sites in the loaner program. Goldthwaite EMS and Seymour-Baylor

County EMS have loaned child seats as part of SafeRiders for several years.

There are 265 child safety seat loaner programs in Texas loaning approximately 5,000 seats. For information on the loaner program or to receive the quarterly newsletter, *RideSafe*, call Carla Baker at (800) 252-8255.

San Saba Code 3

In the July issue of San Saba County

Volunteer EMS' newsletter, President Jack Taylor reports these statistics as San Saba sits smack in the middle of its sixth year of operation: Over the years San Saba has had an annual run high of 638 and a low of 487. As of July, the group made 290 runs in 1991. Medics have traveled more than 20,000 miles in three ambulances. In those six-and-a-half years 67 active members have pulled 2,340 shifts.

EMS resources by PHR

Here is a breakdown by public health region of EMS people, vehicles, and providers as of July 31, 1991.

PHR 1 - Temple

177 provider groups
283 authorized vehicles
8,698 certified personnel

PHR 2 - Canyon

118 provider groups
242 authorized vehicles
2,846 certified personnel

PHR 3 - El Paso

86 provider groups
185 authorized vehicles
3,055 certified personnel

PHR 4 - Houston

241 provider groups
647 authorized vehicles
9,967 certified personnel

PHR 5 - Arlington

286 provider groups
597 authorized vehicles
10,864 certified personnel

PHR 6 - Uvalde

110 provider groups
287 authorized vehicles
2,932 certified personnel

PHR 7 - Tyler

172 provider groups
372 authorized vehicles
3,549 certified personnel

PHR 8 - Harlingen

97 provider groups
230 authorized vehicles
2,492 certified personnel

(Provider groups include first responders and licensed providers)

State Totals

1,288 provider groups
2,843 authorized vehicles
44,775 certified personnel

Study Completed on Paramedic Knowledge Objectives and Exam Blueprint

By Debbie Bradford

The Certification Review Committee, comprised of EMS medical directors, paramedic educators and providers, recently set Department of Transportation Knowledge Objectives priorities according to paramedic entry-level job requirements. The first step in this process began March 1990 with a knowledge objective survey in which we asked approximately 50 paramedic educators, regional EMS staff, and EMS providers to rate the objectives according to

occupational relevance.

After compiling the survey information, the committee compared the existing paramedic exam blueprint of specific content and number of items to be tested to the knowledge objectives rated in the survey as most important for the entry-level paramedic. Using this information, we developed a specific exam content outline based upon the the DOT knowledge objectives. Because many of the

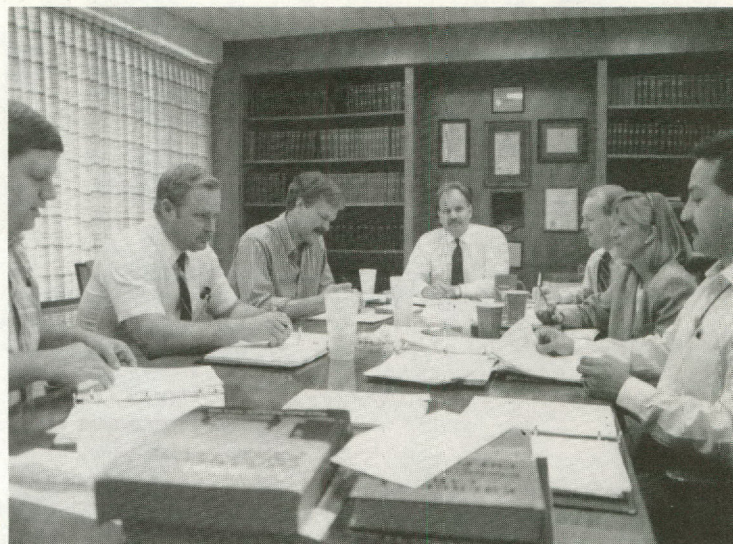
Texas EMT-Paramedic Exam Blueprint
(Based upon the 1985 DOT Paramedic Instructor Lesson Plan)

Subscale 1	Subscale 2	Subscale 3	Subscale 4	Subscale 5	Subscale 6
Preparatory	Trauma	Cardiovascular	Medical	Special Patients	Prehospital Environment
<ul style="list-style-type: none"> - Anatomy and Physiology - Initial Patient Assessment & Management - Airway & Ventilation - Pathophysiology of Shock - General Pharmacology 	<ul style="list-style-type: none"> - General Trauma Management - Traumatic Clinical Conditions - Burns 	<ul style="list-style-type: none"> - Cardiac Conditions: History, Patient Assessment & Management - Cardiac Drug - EKG Recognition & Management - Special Procedures 	<ul style="list-style-type: none"> - Respiratory Conditions - Endocrine Conditions - Nervous System Conditions - Acute Abd/GU Reproductive Conditions - Anaphylaxis - Toxicology, Alcoholism & Drug Abuse - Infectious Diseases - Environmental Injuries 	<ul style="list-style-type: none"> - OB/GYN & Neonatal - Pediatrics - Geriatrics - Behavioral Emergencies 	<ul style="list-style-type: none"> - Roles & Responsibilities - EMS Systems - Medical/Legal Considerations - EMS Communications - Rescue - Major Incident Response - Stress Management - Medical Terminology
31 Questions (15.5%)	30 Questions (15%)	54 Questions (27%)	50 Questions (25%)	26 Questions (13%)	9 Questions (4.5%)
Subscales 1 - 5 are considered critical.					

knowledge objectives and content areas overlap and are repetitive, we undertook the task of grouping the more than 1,100 knowledge objectives according to the survey ratings and the specific content outline.

Three major outcomes emerged. One is a revised paramedic exam blueprint shown here. The subscale outline and the number of exam questions per subscale are similar to the existing blueprint. Anatomy and physiology of the entire body areas incorporated into Subscale 1, instead of testing anatomy and physiology in each subscale. With this revision, we can be assured that relevant clinical situations will be tested under each of the other subscales, and that only a certain total percentage will be allotted for anatomy and physiology throughout the entire exam. Also, rescue was moved to Subscale 6, where the content is more appropriate. Medical, Subscale 4, received five additional questions, which were removed primarily from the Cardiovascular, Subscale 3. Finally, two drugs commonly used in the field -- albuterol (Ventolin) and nifedipine (Procardia) -- will be added to the list of drugs that paramedics may be tested on.

The second major outcome will be of great benefit to those of you teaching paramedic courses and to those candidates studying for the state paramedic exam. The committee felt that we should make the entire DOT knowledge objective content outline available to educators and students. This specific DOT knowledge objective



outline groups related content areas, and serves as a guide to the paramedic exam blueprint which we will begin using in early 1992.

The DOT knowledge objective content outline will be available in September for the cost of printing. Contact Rick Harris in the Certification Program at (512) 458-7550 for information. We also will have the new exam blueprints and the content outline available at the EMS Education booth during the Texas EMS Conference November 25, 26 and 27.

The third major outcome was the definition of relevant content areas that required writing additional pilot exam questions. The Certification Review Committee has written more than 100 new pilot questions, and plans to continue during the next year. All of this work has brought about a higher quality, competency-based exam with increased validity.

Certification Review Committee members (l-r) Bryan Bledsoe, Mark Reger, Tom Ward, Donovan Butter, Richard Best, Debbie Bradford, and Sal Robles at a recent session in Austin.

Debbie Bradford is administrator of the Bureau's Certification Program.

Paramedic Emergency Care

“Choosing to become a paramedic is a willing, voluntary commitment to serve others. Your patients will come in all sizes, shapes, ages, conditions, and temperaments...Regardless, it is the paramedic’s role to serve all patients with equal concern, skill, and attention.”

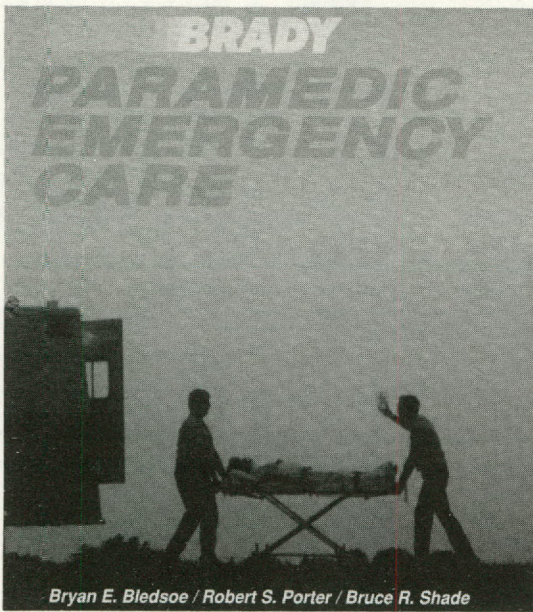
James O. Page, publisher of **JEMS** magazine, Foreword to **Paramedic Emergency Care**.

This manual and its accompanying instructor guide are the best new training manuals to be published in several years. Dr. Bryan Bledsoe has incorporated his medical training with his experience as a prehospital care provider to write an easy-to-read, informative manual that contains information exceeding that mandated by the Department of Transportation Paramedic Objectives. The contributing authors also are paramedics, with street and education experience who realize that providing medical care is only one part of a medic’s overall responsibilities.

In the preface, the authors stress the importance of clinical training and emphasize that “book learning” is a small part of a good training program. A reading list at the end of each chapter can be used to develop a personal resource library. Important terms are highlighted in the margin of the text, which aids reviewing for tests. This manual stresses that prehospital care is provided by a team, not individuals; throughout the book, students are encouraged to draw from the experiences and educational endeavors of their instructors and preceptors.

This manual can be useful to the experienced medic as well as to the new student. There is an introduction to the Incident Command System of handling multicasualty incidents, with information on developing area mass casualty plans. The chapter on Stress Management in Emergency Services addresses issues that should help a new medic cope with little-discussed stresses such as periods of inactivity and misuse of emergency services. Students need to know that there is more to being a medic than red lights and sirens and about the importance of taking care of themselves first. There is, however, minimal information provided on death and dying and critical incident stress debriefing.

Reviewed by Rhonda Blackmore



teachings. The rhythm strips, though easy to read, do not appear to be taken from an arrhythmia-generating device. Examples of other medical conditions discussed include toxicology and substance abuse, infectious diseases, and environmental emergencies. Pediatric and geriatric patients are covered as separate topics, taking into account the differences in dealing with these two growing population groups.

The instructor's manual is dedicated to the educators who "always look to improve the quality of their teaching; never settle for less than the best efforts from their students; inspire their students to become the best patient care providers they can be; and protect society from those who are not prepared to serve." The manual highlights important points to cover during lectures, suggests reprints to use as student handouts, and offers thought-provoking case study discussion questions. Additionally, the guide emphasizes the importance of an integrated learning experience in which the student learns through hearing, seeing, and doing by incorporating lecture, skills labs, observation periods, and internships. Instructors are encouraged to increase their own knowledge; a list of books and articles concerning the subject matter is provided at the beginning of each chapter.

It would be hard to argue with Jim Page when he says in the preface, "The authors of this book have created a superb tool for educating a whole new generation of paramedics...We can use it (the book) to inspire every student to strive for the levels of commitment and excellence that have been exemplified by the authors... The time has come for instructors and students alike to make an unshakable commitment to a renewed culture of caring....Nurturing and enhancing the necessary knowledge, skills, abilities, and attitude must continue throughout the paramedic's career, even when the organizational culture commands mediocrity." This training manual encourages its readers, students and old pros alike, always to strive for excellence in the provision of prehospital care.

Ordering information: Brady Publishers, 1-800-EMS-TEXT, \$37.

Paramedic Emergency Care

By

Bryan E. Bledsoe, DO,
EMT-P

Robert S. Porter, MA,
NREMT-P

Bruce R. Shade,
EMT-P

Author Bryan Bledsoe is a Texan practicing in the Dallas/Fort Worth area. He is a popular presenter at our Texas EMS Conferences, probably because he has walked in those street medic shoes. He will talk about geriatric emergencies in November.

The Medical Terminology section includes a fairly extensive list of common abbreviations that should be adopted by all prehospital providers. The Anatomy and Physiology section includes artwork taken from other texts. These drawings are easy to read, and all clearly identified. The pharmacology section also is easy to read and understand. Medications are discussed according to their effects on the body and how they are used in the prehospital arena. A great deal of effort was spent to ensure that medications discussed include correct dosages and routes. Preparation of infusion drips is handled clearly, with easy-to-understand sketches to remove the mystique from figuring out which drug is 200 mg to 500 cc, etc.

Trauma and the kinetics of trauma are covered extensively. With emphasis on early recognition and intervention is based on information from the Prehospital Trauma Life Support training courses. The pictures, including actual scene shots as well as staged photos, are pertinent to the subjects. (Unfortunately, a diagram shown for opening the airway for a patient with spinal injuries shows the old head-tilt method instead of the jaw-thrust method.) Recognition of treatment of medical emergencies receive equally extensive coverage. Information on cardiovascular and respiratory emergencies is based on American Heart Association Advanced Cardiac Life Support

Rhonda Blackmore, a paramedic and Austin EMS veteran, coordinates the Bureau's local projects activities and has taught EMS subjects for several years.

A not-for-profit, independent,
nongovernmental agency **The**
National Registry of
Emergency Medical Technicians

by Dan Finley

Dan Finley, M Ed, NREMT-P, is a Paramedic instructor at Austin Community College. He and Steve Marshall in Amarillo represent National Registry in Texas.

Since 1970 when the National Registry of EMTs was established, 267,572 EMTs, 5,074 EMT-Intermediates, and 10,285 EMT-Paramedics have completed the National Registry written and practical examinations. The Registry's EMT examination has been available since 1971; The Paramedic exam was added in 1979; and the EMT-Intermediate exam came on line in 1980.

The Registry is a not-for-profit, independent, nongovernmental agency providing national board certification and recertification for qualified EMS personnel.

National Registry is unique in that it has never increased its original certification fees: EMTs, \$15; EMT-Intermediates, \$35; and EMT-Paramedics, \$35. Certification is for a 2-year period and recertification requirements may be satisfied through various combinations of continuing education documentation. Fees for recertifying are EMT and EMT-Intermediate \$10, and EMT-Paramedic, \$15.

In Texas, National Registry Paramedic exams have been hosted in almost every region of the state. Previous exam sites

include Amarillo, Arlington, Beaumont, Conroe, Dumas, El Paso, Fort Worth, Gainsville, Houston Killeen, LaPorte, Longview, Odessa, Richmond-Rosenberg, Texarkana, and Tyler. Three Paramedic training institutions, Austin Community College, Cooke County College, and Texarkana College routinely offer National Registry testing to their graduating students. Texans who are Nationally Registered number 2,250 EMTs, 56 EMT-Intermediates, and 301 Paramedics.

Twenty-five states plus the District of Columbia, the Virgin Islands, the U.S. Air Force, Army, Navy, and the National Park Service use the National Registry as the sole basis for certification at one or more levels. Another eight states plus Puerto Rico accept the National Registry exam in lieu of their individual state exams. Forty-four states, including Texas plus Guam, Puerto Rico, and the Virgin Islands recognize National Registration as a basis for reciprocity. The four states contiguous to Texas are National Registry states.

The National Registry exam consists of a written test and a practical skills test. At the EMT level, the written test is a 150-question multiple choice test with a practical exam covering eight skills areas: bandaging and splinting, cervical immobili-

zation, CPR, medical questions, patient assessment, pneumatic anti-shock garment, shock management, and traction splinting. For those seeking National Registry certification at the basic level, the Registry will accept Texas Department of Health basic skills testing if the testing has occurred within the last calendar year, and if pneumatic anti-shock garment testing is added.

The Registry EMT-Intermediate examination consists of a 150-question multiple choice test with a practical exam covering seven skills areas: cervical immobilization, CPR, esophageal intubation, IV therapy, pneumatic anti-shock garment, traction splinting, and trauma assessment/management.

The Registry EMT-Paramedic examination consists of a 150-question multiple choice test with a practical exam covering

eleven skills areas: cervical immobilization, CPR, defibrillation, endotracheal intubation, IV meds, IV therapy, medical questions, pneumatic anti-shock garment, static cardiology, traction splinting, and trauma assessment/management. The Registry utilizes national guidelines for skills criteria, including American Heart Association CPR and ACLS guidelines and Department of Transportation guidelines.

The Registry Paramedic written examination format is arranged into the six DOT divisions of prehospital environment, preparatory, trauma, medical, obstetric/gynecologic/neonatal, and behavioral emergencies. The national average score is 76.5 percent and the national average pass rate is 76.3 percent. Individuals failing the written test may retest up to three times in the calendar year following the original test

with the submission of a new testing fee per attempt. Individuals failing the practical test may retest up to three times in the calendar year following the original test and no new test fee is required by the Registry.

For additional information concerning the Registry EMT-basic examination, contact Phil Dickson at (614) 888-4484. For additional information concerning the Registry EMT-Intermediate and Paramedic examinations, contact Rob Wagoner at (614) 888-4484. The mailing address for the Registry is 6610 Busch Blvd., P.O. Box 29233, Columbus, Ohio 43229.

The history of the National Registry of Emergency Medical Technicians began in 1969 with the recommendation of the President's Committee on Highway Traffic Safety to establish a national certifying body to develop and institute uniform standards for training and examining personnel

active in the delivery of emergency medical care. The American Medical Association appointed an EMS task force chaired by Oscar P. Hampton, Jr., MD, who represented the American College of Surgeons Task force membership included the American Ambulance Association, the International Association of Fire Chiefs, the National Safety Council, and the American Heart Association.

From the beginning, there was an awareness of the importance of a balanced Board, representing all agencies involved with emergency medical care, without being dominated by any particular group. Because of this approach, National Registry has maintained its integrity in the certification process and avoided the problem described by Dr. Thomas Piemme, Chairman, National Commission for Health Certifying Agencies, when he stated, "Some certifying bodies lack independence and are dominated by the professionals they are supposed to judge."

The Task Force met three times to draft bylaws and a constitution, and on June 4, 1970, dissolved itself and reconvened as the Board of Directors of the National Registry of Emergency Medical Technicians. Columbus, Ohio, was selected as headquarters for the Registry.

The logo for the National Registry of Emergency Medical Technicians (NREMT) features the letters "NREMT" in a bold, white, serif font, centered within a solid black rectangular background.

TEMSAC

Provider Committee looks at Accreditation

Nancy Polunsky recently sent this letter to members of TEMSAC's Provider and Education Committees. She invites your response.



Texas Department of Health

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For the last several years, rumors about accreditation of EMS courses, particularly on the paramedic level, have been rumbling about the state. Dr. Prentice feels that the time has come to deal with the subject and has charged the Provider Committee to begin the process. We will meet on September 19, at 1 pm to work on a report to TEMSAC on accreditation of Paramedic Training Programs. I am enclosing two articles you will want to read before our meeting. One is Gene Weatherall's article from the July 1991 **Texas EMS Messenger** with staff recommendations. The other article is a proposal and explanation of accreditation by Jane Montgomery from the March/April 1990 **Texas EMS Messenger**.

Please let me know your thoughts and comments on these proposals. There are cost figures in Jane's article. How would they affect you? Are you already training your paramedics in a college or university? It seems to me the cost will affect the colleges and hospitals that provide paramedic courses. Will they increase their fees? How will this affect volunteer training? I know there are many unanswered questions, so please let me hear from you.

I met with the Bureau staff in July for some brainstorming and planning. There is a good possibility that grants and assistance could be found once the CAHEA self-study has been completed. Some of the people who have dealt with accreditation have volunteered to help others.

Additionally, point 7 in Gene's article ties accreditation with elimination of retesting. From what I've heard the last few years, most providers would love to eliminate retesting. Again, please let me hear from you before the September meeting so that I can set a reasonable agenda and we can come up with good proposals.

Thank you all for helping.

Nancy Polunsky, Chair, Provider Committee
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CAHEA is the
Committee on Allied Health
Education and Accreditation.

EMT Completion Alternative

by Linda Wolfe

You just finished your ECA class, passed your state exams, and are you jazzed! Ever, onward! The next step? EMT!

You run out and enroll in the next available EMT class, ready for more know-ledge, more skills, more everything! and WHAM! You come crashing back to earth. "What's the deal here? I just went through this same material in my ECA class! This is, dare I say it?, b-o-r-i-n-g, not to mention r-e-p-e-t-i-t-i-v-e . . . Why did I spend the time in an ECA class if I have to listen to the same stuff again?"

Is there a solution to this dilemma? Yes, an EMT Completion course. Never heard of such a thing? It's a new concept, approved on a case-by-case basis through the regional EMS offices. The purpose is to allow a certified ECA to continue to an EMT Completion course without repeating the ECA course.

In comparing the ECA and EMT courses, the ECA course content is nearly identical to the EMT course content in many areas. The ECA Knowledge Objectives tend to be rather generalized; whereas, the EMT Knowledge Objectives require more detailed information and more emphasis on theory. The EMT Completion course requires 60 classroom hours (as opposed to the regular 100 hours) plus the standard clinical and ambulance time. A major advantage of reducing the didactic time is the availability of increased time for skills training.

Candidates who complete a standard EMT course, as well as candidates who complete an EMT Completion course, take the same State EMT Certification Examination.

Jerry Reichel, an EMT-P and Course Coordinator for Technical Specialties in West Columbia, has conducted several pilot classes. He said, "The primary reason for developing the course was to help currently certified ECAs

upgrade to EMT without having to start from the beginning again. The course brought the students back to the classroom for more in-depth study of trauma and medical emergencies and placed them in hospital and ambulance rotations for additional hands-on experience."

In a letter to Gene Weatherall, two Completion course instructors, Charles Sullivan, EMT, and Virginia Cole, EMT-I, stated, "... the experience has been a very positive one. We have found the students who wish to upgrade to be highly motivated and very appreciative of being able to use their ECA training as a foundation to build on." They continued, "Evaluations filled out by preceptors show consistently that these students are more knowledgeable and professional than the initial EMT students we send through."

Reichel added, "Since receiving approval (for the pilot programs), ... (we) have certified approximately 40 individuals with no initial test failures and an overall written grade average of 91.2." Two of the original courses had additional incentives for the students: they were free. A Highway Department contract to provide rural EMS training paid for the instruction; the students paid only for their textbooks.

Other pilot programs have been set up in the New Braunfels area by Coordinator Nancy Hare. Last year's class had 14 students; all were certified with an average score of 87.5. Eleven of the students rated the program as "excellent," and two rated it as "good." Another class is being held this summer with 15 students enrolled.

Coordinators interested in EMT Completion courses for their local areas can contact their regional EMS office for information.

You run out and enroll in the next available EMT class, ready for more knowledge, more skills, more everything! and WHAM! You come crashing back to earth.

Linda Wolfe, a Bureau information specialist, became an EMT the old way — 40 hours of ECA, 120+ hours of EMT. She has been a paramedic for three years.

Don't Be a

Sinker

Loading up the family boat and heading for the lake, river, or coast for fun in the sun is a time-honored tradition.

But . . . it CAN be hazardous to your health.

One of the advantages of living in Texas is the extended warm weather season, well past the usual Labor Day cutoff observed by a lot of the rest of the country. Loading up the family boat and heading for the lake, river, or coast for fun in the sun is a time-honored tradition. But . . . it CAN be hazardous to your health.

The National Safe Boating Council, Inc., is urging EMS systems to get the word out to the public about boating safety in order to avoid the nearly 900 deaths and over 3,600 injuries that occurred in 1989. These press releases are presented to help you get information to your local media. Feel free to copy these onto your group's stationery, or rewrite them with specific local information, and present them to a local newspaper, radio or television station, or other outlet. Follow up with these organizations to make sure the releases are used.

Other boating accident facts and figures to prove your point that boating safety should be a major concern:

- The three most common causes of boating fatalities are capsizing (37 percent), falls overboard (24 percent), and collision with another boat or object (14 percent).
- There were 896 boating fatalities and 3,635 injuries reported for 1989 (the most recent statistics available).
- Boating accidents cause more than \$25 million in property damage each year.
- Of 8,020 boats involved in accidents in 1989, more than half (4,078) were open motorboats and 5,834 were less than 26 feet long.
- In more than 80 percent of all boating fatalities, the victim was not wearing a personal flotation device.
- About 75 percent of 1989 accidents occurred when the water was calm or choppy. Only 10 percent occurred when the water was characterized as rough or very rough.
- More than half of all boating accidents occur on Saturday or Sunday.

Children and PFDs

During a recent episode of the cartoon "Muppet Babies" on Saturday morning, Miss Piggy reminded the others that they could not ride in her boat unless they put on life jackets.

Reinforcing the lesson was a commercial interruption minutes later when Tony the Tiger promoted Frosted Flakes during a whitewater trip, and he was wearing his life jacket as well.

More than the recent national media focus on boating safety practices for children, state law often requires that children under a certain age wear a personal flotation device (PFD) when they are on a boat.

The National PFD Manufacturers Association recommends that when choosing a PFD for your child, you remember:

- Children's PFDs are sized according to weight range. Pick the one that's right for your child.
- Some manufacturers specify a chest size, so measure your child's chest, under the arms, before you go to pick one out.
- Crotch straps are particularly important on children's PFDs, as they keep the device in place. They should be used whenever the PFD is on.
- If the child does not swim, a Type II Child or Infant device is recommended to keep the child face-up in the water.
- Be sure to try the PFD on the child in the store. Be sure it fits snugly; and to test it, lift the child up by the shoulders of the PFD to make sure it will not slip over the chin or ears.
- Children tend to panic when they fall in the water, which can make it dangerous even with a PFD. It is important to get them used to wearing it in the water.
- Even though a PFD is designed to keep a child afloat, it does not substitute for supervision. Never leave a child unattended. Discourage running, pushing, and boisterous play on a boat or near the water.

For more information about the brand names and manufacturers of children's PFDs, contact the association at (312) 836-4747.



The press releases on this page are presented to help you get information to your local media. Feel free to copy these onto your group's stationery, or rewrite them with specific local information, and present them to a local newspaper, radio or television station, or other outlet. Follow up with these organizations to make sure the releases are used.

Life jackets are lifesavers

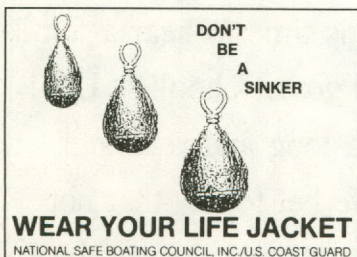
What safety belts are to motor vehicles, personal flotation devices (PFD), or life jackets, should be to boats -- simple devices that prevent serious injury or death.

In more than 80 percent of nearly 900 boating deaths nationwide each year, there are insufficient life jackets on board, or they are inaccessible.

Most new, Coast Guard-approved PFDs are lightweight and comfortable. Knowing which one is appropriate for your boating adventure is important. The five basic types of PFDs are:

- The type I PFD, or off-shore life jacket, has a required buoyancy of 22 pounds. It is designed to turn most unconscious people face up in the water and is the easiest to don in an emergency since it is reversible and has at most three fittings.
- The type II PFD, or near-shore life vest, is suitable for calm inland waters and will turn most people face up even if unconscious.
- The type III PFD, or flotation aid, is the most popular, designed for freedom of movement and comfort. Many are designed for waterskiing, paddling, or fishing, but are not designed to turn an unconscious person face-up in the water.
- The type IV PFD, or throwable device, is thrown to someone in the water. It is NOT recommended for children.
- The hybrid PFD, has foam flotation combined with an inflatable chamber activated by blowing air into it or pulling on a cord. They have become popular because they are lightweight and available in various forms, such as fishing vests and hunting jackets, but they are suitable ONLY for people who can swim.

Falling overboard is a frightening experience, and most people will panic and perhaps drown. Having a life jacket on when you go over the side can save your life.





Ready Teddy

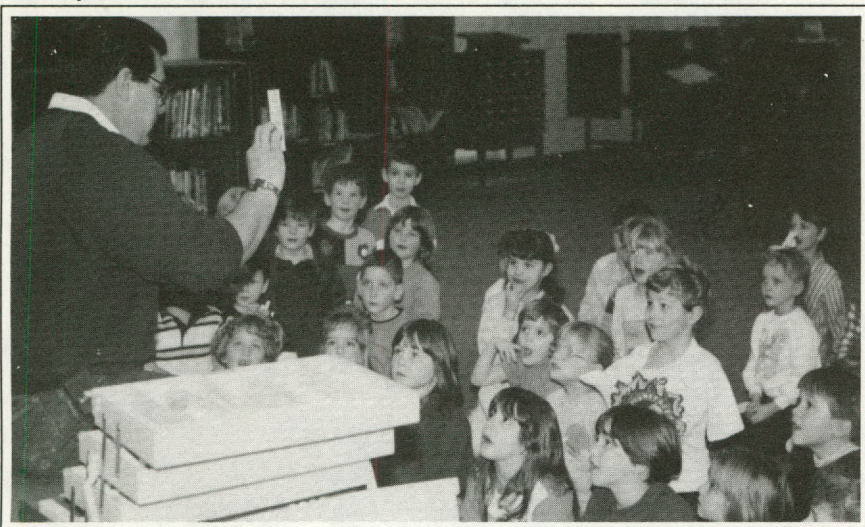
goes back to school

by Becky Heinkel

Once more it is that time - time for those days of sunshine, fun, and play to end. Now, it is time to hear a familiar rule, "Get out of bed, and go to school!" Ugh! The first day of school after a long and relaxing summer. It is a relatively safe bet to say that not too many kids enjoy that thought, and they probably

think even less of actually going. This year, though, the kids of Texas are not alone in preparing for their educational journey. Ready Teddy will be right along with them, and as he prepares himself for another busy school year, Ready Teddy hopes this year will be even busier than last year. What a dedicated bear!

Photo by Jan Roberts



Rendon Paramedic Jim Blackney shows elementary school students what is in an EMS kit.

Wes, Ready Teddy had a nice summer vacation also. He deserved to take it a little easier because during the 1990-91 school year the bear was rarely at home. From the months of October to May, he visited 29 cities throughout the state of Texas. While visiting those 29 cities, he talked to 25,815 kids at schools, daycare centers, malls, hospitals, rodeos, and fundraisers. So, as you can see, he needed a little rest.

Don't get me wrong. Ready Teddy wasn't a summertime couch potato. He just isn't that kind of bear. Though we offered him 3 months off, he wanted to continue to go out and teach our children about EMS and safety. Of course, we couldn't stand in his way, so during the months of June and July Ready Teddy visited six cities. He attended a Health Fair in Groesbeck and in

Odessa he went to a BBQ. Obviously it wasn't all work and no play for Ready Teddy; he did get a little time off.

Last year, the EMS mascot bear

took a lot of material to all the kids he visited. He took his Ready Teddy coloring books, Ready Teddy posters, and Ready Teddy stickers. These materials helped our fuzzy friend get his EMS awareness and injury prevention points across to the children.

Just as last year, Ready Teddy will still have his coloring books, posters, and stickers. But, there will be a new item on his list. Starting this fall, Ready Teddy proudly presents: Ready Teddy book covers! Yes, Ready Teddy is very proud of this addition and he is looking forward to handing these out to kids throughout Texas.

One of Ready Teddy's first journeys of the school year will be to Trinity to put on a school presentation September 27. On September 28, he goes to Port Lavaca to attend a health fair. This function will be very special to Teddy because Henry Barber promises other animal friends also will attend.

If you have any questions about the Ready Teddy Program, wish to borrow him for a presentation, or want to order materials, write or call:

*Becky Heinkel,
Bureau of Emergency
Management,
1100 West 49th Street,
Austin, Texas 78756
(512) 458-7550.*

Blackney, Ready Teddy and EMT Ricky Motes show Rendon first graders the defibrillator.



Ready Teddy visits a lot of places throughout the state as you now know. Presently, there are two Ready Teddy suits available for loan, but within the next six months there will be three more available.

Ready Teddy has worked for Texas EMS for only one year and already the recognition and praise he has received from different EMS organizations is tremendous. Lou Wright, Director of North Runnels Hospital EMS, said, "He was a true hit! I don't know who had this idea, but someone needs a medal for finding the perfect way to reach kids." Also, Jan

Roberts, EMT of Rendon Fire and Ambulance Department, said, "The fuzzy paramedic was a perfect lead-in for our own paramedic. It was easy for the children to relate to Teddy so our job of teaching them was made a lot easier."

Ready's simple message to children says wear seatbelts, learn bike and pedestrian safety, learn to swim, don't play with fire, and learn gun safety. He teaches children behavior that prevents accidents. But if a child is hurt, Ready Teddy hopes that the kids who see him in person or in his coloring book realize that the EMTs and paramedics come to help.

This is what one sixth grader had to say after Ready Teddy visited Beeville. "I think Emergency Medical Services in our town are as important as the police department and the fire department. They are trained to take care of accidents. But a big part of their job is to teach people how to prevent accidents. Ready Teddy's book tells us how to prevent injuries or what to do in case someone gets hurt. We must always remember in case of an emergency to stay calm, act fast, and get help. God Bless our EMS."

Ready Teddy seems to be doing his job. Call us if you are interested.

Becky Heinkel joined the Bureau's Public Information and Education Program for the summer specifically to get the bear ready for the 1991-92 school year. We are bear-y happy to have her with us.

Ready Teddy's Travels

October 1990	January 1991	April 1991	June 1991
Round Rock	Everman	Bendera	Hereford
Georgetown	Rendon	Uvalde	Odessa
Gonzales		Campwood	Groesbeck
Midland	February 1991		
Odessa	San Antonio	May 1991	July 1991
	Tyler	Austin	Hallsville
November 1990		Trinity	Beaumont
Gonzales	March 1991	Grandview	Mt. Pleasant
Beeville	Falfurrias	Darouzett	Newton
	Alice	Paris	
December 1990	San Antonio	Lockhart	Total
Sweetwater		Mineral Wells	30965
Winters			

Be the Coolest Kid in School, says Ready



The Safety Rap

Hey little friends, we're here today,
To teach our little buddies 'bout how to be safe.
If you wanna play it straight and you wanna be cool,
Just listen while we tell you 'bout some safety rules.

You're home alone and the doorbell rings,
When you ask who it is no one says a thing.
Well you know it's not your Mom and you know it's not your Dad,
And you know that it could be someone who's really bad.

Don't open that door, don't go outside,
Dial 9-1-1 now, don't be shy.
Give the nice people there your phone and address,
And they'll send someone to get you out of this mess.

Stay calm and cool till the policemen arrive,
Don't lose your cool, just stay inside.
There are bad people out in this big old world.
So be careful who you trust now boys and girls.

Let's talk a little more about some safety stuff,
Like playing with guns, now that could get rough.
Say your Dad leaves his gun on the bed one day,
Just stop, turn around and walk away.

Go tell an adult that the gun's on the bed,
Come on fool, use your head.
Don't pick it up to play, now don't you dare,
We're telling you this 'cause we really do care.

Playing with a gun is a dangerous game,
It's against the rules, it's a no-win thing,
A gun ain't a toy now let's get real,
Remember what we say "GUNS CAN KILL."

Now you're hanging out with some friends one day,
And they pull out a joint and then they say,
This will make you feel good, it'll make you high,
Well that's not right, let me tell you why.

Dope is bad, it'll burn your brain,
It'll ruin your life, let me explain.
In everyone's brain there are some cells,
That drugs will fry and do it well.

If you have some dreams that you want to come true,
Take my word, drugs are not for you.
You've got the whole world in the palm of your hand
Don't blow it on drugs, can you understand.

You've got your whole life, just waiting for you,
You can do anything that you wanna do.
As long as you're straight, you're sittin' on go,
So if they offer you drugs, "JUST SAY NO."

Well we hope you've enjoyed this Rap today,
'Bout how to be cool and how to stay straight,
We want to thank you all for listening in,
And we're hoping you'll invite us back again.

Don't mess with strangers or play with guns,
And remember that drugs aren't really fun,
Remember these three golden rules,
And be the coolest kid in school!

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Pictured are rappers Blaine Jones, Abbi Baker, Connie Sterner, EMT; and Paul Newby

St. Michael EMS in Texarkana has some very special back-to-school plans for Ready Teddy. Paramedics Blaine Jones, Abbi Baker, Paul Newby, and Mike Western and EMT Connie Sterner wrote "The Safety Rap" and plan to have Ready Teddy perform it during school Think Child Safety programs in the fall.

St. Michael EMS Director Allen Helberg said the rap has already been used on local radio.

Special Events Make

Texas EMS Conference Sparkle

by Linda Wolfe

In the June issue we told you about the facilities for the Conference. In the July issue, we told you about the educational tracks. Now, we bring you the special events -- both educational and social!!

Educator Wannabees Ever had a class and said, "I could have taught that (and probably taught it better!)"? Now's your chance!

Instructor Training will be held Saturday and Sunday, November 23 and 24. This class will cover training techniques and state requirements for EMS instructors, as well as provide you an opportunity to make a presentation to your classmates for their constructive criticism.

A Course Coordinator session will be held on Sunday, November 24. This class will cover state requirements and responsibilities for EMS course coordinators.

Questions regarding prerequisites, fees, and locations should be directed to Debbie Bradford at (512) 458-7550 who will also take your registration. Space is limited to about 20, so sign up early!

Can You Spell P-H-T-L-S? A PreHospital Trauma Life Support course will be taught on Saturday and Sunday, November 23 and 24, at Austin EMS offices. For information on cost and to register, contact David Wuertz at (512) 469-2050. Again, space is limited, so sign up early.

Ever Had the Urge to Throw Yourself Off a Building? Now's your chance to live and tell about it. STAR team will teach a Basic Rappelling course on Sunday, November 24. Contact Alana Mallard at (512) 458-7550 for details and to register.

It's Not the Masters, But It's Close OK, it's not even in the vicinity. For those who can't stand the thought of spending a weekend indoors, join us for the annual EMS Golf Tournament at Jimmy Clay Golf Course. Organizers Chris Bell and Rhonda Blackmore are promising a top-notch tournament with lots of goodies for everyone. Contact

them at (512) 458-7550 to register.

Beat the Rush Pick up your registration materials early and avoid the last-minute crush. Registration will be available at the Hyatt on Sunday, November 24, from 3-7pm. If you miss that, rise and shine on Monday ... registration is from 7-8am at Palmer Auditorium.

Early Bird Welcome Those who get into town early can attend the Welcome Reception at the Hyatt Regency on Sunday at 7 pm. We'll be giving out the golf trophies. Come join friends you haven't seen for a while and make some new ones.

Exhibitionists, Anyone? And we've got something for everyone ... clothes, medical equipment, books, vehicles, rescue gear, computer stuff, the cutting edge of technology stuff, and even more stuff! Take your pick and place your orders. The official opening is at 12:50 pm on Monday, and the area will stay open during the workshops until 5pm. Naturally, exhibits will be open all day Tuesday and till noon on Wednesday. Our refreshment breaks are scheduled in the exhibit area ... coffee in the morning and sodas in the afternoon.

We're Going to the Dogs! Search and rescue legend Tucker (a golden lab) and his boy, Ron, will present a demonstration in the exhibit area Monday afternoon. Tucker and Ron Perry are familiar sights at EMS conferences and are recognized experts in their field. They recently helped in a successful search at Enchanted Rock State Park. Come see them in action.

Max is a standard poodle from Grand Prairie, whose specialty is therapy work. He and his handler will present a demonstration in the exhibit area Monday afternoon on how Max and the other members of Paws Across Texas are used in the rehabilitation of persons who have been disabled as a result of traumatic injury or disease. During the conference, Max will be receiving visitors at the Road Rescue Emergency Vehicles exhibit.

Happy Birthday to Us, Happy Birthday to Us ... Join us Monday evening for the 25th

Linda Wolfe has attended every Texas EMS Conference. This is her first time as part of the Bureau's Conference Committee.

Birthday Celebration. We're working on things to make this a memorable party ... the world's largest EMS theme cake, the UT Longhorn band, balloons, favors, drinks, munchies, ... all the fixins. We'll even have presents to give away! Afterwards, we'll turn you loose on the Capital City for dinner and entertainment.

Feed Me, Igor! OK, OK, we'll feed you. Continental breakfasts will be available on Tuesday and Wednesday to help get those peepers open. Lunch on Tuesday will be an Awards Luncheon at the Hyatt. Monday's lunch will be in the Exhibit Area.

What, another Reception? Yes, it's true. Tuesday night there will be a reception honoring EMS Award winners. Now it's time to compare notes with the people you've met and finally get with those people that you've promised to meet with all week. Cruise through the Exhibit Area one more time. You know there's something there you really want, so treat yourself.

That's Time Capsule, NOT Time Bomb! This idea belongs to Gene Weatherall. (HE says it belongs to Alana Mallard.) At any rate, we'll put items symbolic of 25 years of Texas EMS in a capsule to be buried on the TDH grounds. The idea is to open the capsule in another 25 years and see how Texas EMS has changed by 2016. Call Gene or Alana at (512) 458-7550 if you have an idea or item for the time capsule.

Want to Buy a Picture, Mister? Now's your chance to get some public exposure and possibly make money on the deal! The annual Photo Contest is based on "The Team That Cares" theme. This year, ALL entries will be displayed in the Exhibit Area. In addition to official judging, we'll have a vote for the popular favorite. Money, certificates, fame, glory, and publication in the **Texas EMS Messenger** or education brochures can be yours. See the rules on page 25 or call Alana Mallard at (512) 458-7550 for more info.

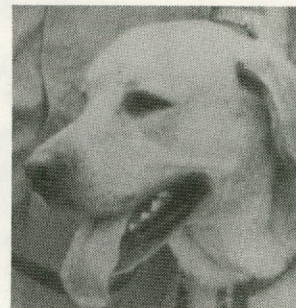
I've Always Wanted My Own Personal Bedpan ... For the uninitiated, the Valsalva Bowl is the EMS version of Trivial Pursuit (and heaven knows, we can pursue trivia with the best of them!) This year, Texas Association of Emergency Medical Technicians is sponsoring the competition on Monday, November 25. Registration is limited to the first 16 teams.

Call Donnell Stone at (512) 259-3682 to strut your stuff! If you can't handle the strain of public humiliation, come cheer for your favorites as we eliminate the competition heading for the final showdown.

Bears, Bears, and More Bears Many have called EMS a zoo, but, personally, we're kind of partial to bears. And there will be bears, lots of bears, a veritable sloth of bears, at Palmer. We've got Ready Teddy and all his siblings, we've got mini-Ready Teddys ready for ambulance rideouts (watch for more details), and we've got the Teddy Bear Fundraiser. Bring those dollar bills and trade them in for a chance to take home a big, fuzzy friend (that's the Bear, not Joe Tyson, often seen in the company of the bear). Your donation goes toward the EMS memorial to be placed on the Capitol grounds.

And the Winner Is ... Despite what people may say, they DO crave recognition for a job well done. The annual TDH EMS awards hope to satisfy that craving. This year's educators, medical directors, heros, and systems will be honored at a luncheon and given plaques to show off to the home folks. Then, all winners, including years past, will be saluted at that evening's reception. Questions about nominations go to Steve Hosford, (512) 458-7550.

So, You Wanna Be a Star? It's casting call time, and your service can be a featured player in the "Tribute to EMS" slide show that will be part of wrap-up activities on Wednesday. Bonnie Liles, Program Coordinator, for the Austin EMS STARflight DWI Awareness Program, is asking for photos, lots and lots of photos, of your EMS, fire, rescue squads. Stated Bonnie, "We're looking for photos that preferably include identifiers, the name of your service somewhere on jackets, helmets, vehicles, whatever, so credit can be given where credit is due." Put your name and address on the back and include a stamped, self-addressed envelope. Slides made from submitted photos will remain the property of the Program. Send photos to Bonnie Liles, P.O. Box 1088, Austin, TX 78767. Remember, this is NOT a competition -- it's a chance for recognition for your players.



Tucker



Max

Texas EMS Conference '91

25 Years of EMS in Texas

November 25, 26 and 27

Austin, Texas

Palmer Auditorium on Town Lake

\$50 Registration -- 14 hours CE

(\$75 after November 1)

Please print or type

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Employer Name _____

Level of Certification or Licensure _____

Phone: Home _____ Work _____

Make check payable to: Texas Health Foundation

Mail form and payment to: Texas EMS Conference
P.O. Box 26399
Austin, Texas 78755-0399

Hotel Information

Make hotel room reservation at Hyatt Regency Austin (\$55 single/\$65 double) by calling 512/477-1234.

Sponsored by
Texas Department of Health, Texas Health Foundation and Texas EMS Messenger
For more information call (512) 458-7550

Texas EMS Conference '91

Agenda

Preconference Activities

Saturday and Sunday, November 23 and 24

- 8:00am - 5:00pm Instructor Training
(contact Debbie Bradford, 512/458-7550, for registration)
- 8:00am - 5:00pm PHTLS Course (contact David Wuertz at Austin EMS, 512/469-2050, for registration)

Sunday, November 24

- 8:00am - 5:00pm Coordinator Training
(contact Debbie Bradford, 512/458-7550, for registration)
- 8:00am - 5:00pm Basic Rappelling Course
(contact Alana Mallard, 512/458-7550, for registration)
- 11:00pm - 5:00pm EMS Golf Tournament
(contact Chris Bell or Rhonda Blackmore, 512/458-7550, for registration)
- 3:00pm - 7:00pm Registration, Hyatt Regency
- 7:00pm - 8:30pm Welcome Reception, Hyatt Regency

- 12:50pm - 1:00pm Official Opening of Exhibit Area
- 1:00pm - 6:00pm Exhibit Area Open
- 1:00pm - 6:00pm Valsalva Bowl Competition
- 1:30pm - 2:30pm Demonstration in Exhibit Area
- 3:30pm - 4:30pm Demonstration in Exhibit Area
- 6:00pm - 8:00pm 25th Birthday Celebration

Tuesday, November 26

- 7:00am - 8:00am Continental Breakfast, Exhibit Area
- 8:00am - 9:00am 6 Workshop Breakouts
- 9:00am - 9:15am Refreshment Break, Exhibit Area
- 9:15am - 10:15am 6 Workshop Breakouts
- 10:15am - 10:30am Refreshment Break, Exhibit Area
- 10:30am - 11:30am 6 Workshop Breakouts
- 12:05pm - 2:30pm Awards Luncheon at Hyatt Regency
- 3:00pm - 4:00pm 6 Workshop Breakouts
- 4:15pm - 4:30pm Refreshment Break, Exhibit Area
- 4:30pm - 5:30pm 6 Workshop Breakouts
- 5:30pm - 7:00pm Reception honoring EMS Award winners

Workshop Tracks on Tuesday include Pediatric Emergencies, Trauma, Medical, Quality Management, Rescuer Survival, and Communications. Five workshop breakouts in each track will be taught.

Conference Activities

Monday, November 25

- 7:00am - 8:00am Registration, Palmer Auditorium
- 8:00am - 8:30am Opening Session and Welcome - Gene Weatherall
- 8:30am - 9:30am Keynote Address
- James Page
- 9:45am - 11:00am Clinical Issues in EMS
- Paul Pepe
- 11:15am - 12:30pm Verbal Judo
- Mark Warren

Wednesday, November 27

- 7:00am - 8:00am Continental Breakfast, Exhibit Area
- 8:00am - 9:00am Medical Legal Panel
- 9:15am - 9:30am Refreshment Break, Exhibit Area
- 9:30am - 10:30am Medical Legal Panel (continued)
- 10:30am - 10:45am Refreshment Break, Exhibit Area
- 10:45am - 11:45am The Next 25 Years - Time Capsule
- 11:45am - 11:55am Drawing for Teddy Bear Fundraiser and Adjourn

1991 EMS Awards

Each year the Texas Department of Health recognizes outstanding achievement in the EMS field.

Recipients are chosen from nominations made by EMS personnel, organizations, or individual citizens. Nominations should be no more than 5 pages typed or printed. Each nomination should also have a cover letter which lists:

1. Category for which nomination is being made;
2. The name of the individual or organization being nominated; and
3. The name of the individual or organization submitting the nomination (include complete address and daytime phone number).

You may include letters of support from people or organizations who know the nominee's accomplishments, including the EMS Program Administrator in your

Public Health Region.

The nomination package should describe the significant accomplishments for which the nominee should be considered as a recipient.

Deadline for nomination is September 1, 1991. An EMS organization may nominate itself. You must submit 5 copies of your nomination to:

1991 EMS Awards
Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

If you have any questions, contact Steve Hosford at (512) 458-7550. Winners will be announced at Texas EMS Conference '91 during the Awards Banquet on November 26, 1991.

Deadline for nominations is September 1, 1991.

Awards are divided into the following categories:

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

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for either a BLS or an ALS service in Texas.

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

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

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

Private Provider Award honors a

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

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

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

1991 Texas EMS Photography Contest

The American College of Emergency Physicians came up with a marvelous idea for EMS Week this year. Though EMS Week is past, we want to keep the team theme going a bit longer by using "The Team That Cares" idea for our 1991 Texas EMS Photography Contest.

EMS is a team that cares. Dispatchers, EMTs, paramedics, first responders, emergency physicians, medical directors, emergency nurses, flight crews, fire-fighters, educators, rescue teams, and administrators -- we need them all to care for the lives of the people we serve.

As varied as the EMS team members are, so are the situations. Whether you're starting a line on a multi-trauma patient, consoling a survivor, telling the kids good-bye as you start

your 24-on shift, taking a call in the dispatch center, or doing a Ready Teddy injury prevention program for first-graders, you're part of "The Team That Cares."

So let's celebrate our team that cares. Challenge yourself to capture in photography the spirit that is "The Team that Cares."

All entries in the 1991 Texas EMS Photography Contest will be displayed in a special "The Team that Cares" exhibit November 25, 26, and 27 at Texas EMS Conference '91 in the Palmer Auditorium Exhibit Area. Some entries may be selected for publication in the Texas EMS Messenger and in educational brochures published by the Bureau of Emergency Management. Photographers will receive photography credit and complimentary copies.

The Rules (This format worked for Parade Magazine; I think it's clear enough for us.)

- Anyone is eligible.
- No entry fee is required.
- Entries must be received **no later than November 1, 1991**, and the winners will be announced at the Texas EMS Conference, November 25-27, and in the January 1992 issue of the Texas EMS Messenger.
- 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 Department of Health, Bureau of Emergency Management, 1991 Texas EMS Photography Contest, 1100 W. 49th Street, Austin, Texas 78756. Every photograph must be identified with an entry form taped to the back of the photograph.
- Entries become the property of Texas Department of Health, Bureau of Emergency Management and will not be returned.
- Three grand prize winners will receive \$100 each and an award certificate and fifteen honorable mention winners will receive award certificates. Judges will select winning photographs based on artistic composition, originality, visual appeal, and consistency with the theme "The Team that Cares."

1991 Texas EMS Photography Contest Entry Form

Photographer's Name _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____

Deadline for entering: November 1, 1991

Tape this form to the back of photograph entry.

Mail to: Texas Department of Health, Bureau of Emergency Management, 1991 Texas EMS Photography Contest, 1100 W. 49th Street, Austin, Texas 78756.

For more information contact Alana Mallard 512/458-7550.

Did You Read...

EMS students studied doing endotracheal intubation in the operating room.

Medicine is changed by war. Major medical advances are spurred by wars.

Pros and cons of seat belt use in school buses is debated.

... A study of the ability of EMS students to do endotracheal intubation in the operating room was reported in the Winter 1990 edition of the **Texas Journal of Rural Health**. The relationship between education, age, and occupation was examined. All 38 students had successfully completed the basic EMS/didactic course and had practiced with the intubation mannequin. Three unsuccessful attempts were considered a failure. The student was timed from when the laryngoscope blade was introduced into the mouth until the ET tube (after insertion) was connected to the tubing of the anesthesia machine. The 38 students completed 170 intubations, the majority within 15 to 30 seconds. There were 31 males and 7 females, with an average age of 30. All had a high school education, and most had attended college or technical school. Occupations included housewife, fireman, welder, plumber, bank teller, social worker, salesman, hospital board member, patient monitoring technician, and an Air Force flight-crew chief. Individuals who did manual labor were more proficient than those with sedentary occupations. Most preferred to use a curved blade on anesthetized patients, but preferred a straight blade on the mannequin. Principal causes of failure were esophageal intubations or failure to visualize the larynx or identify the vocal cords because of the anatomical features of the patient. Results of the study confirm that nonprofessionals can be safely trained to do ET intubation in the OR.

... The **Milwaukee Journal** ran an article about how medicine is changed by war. A chronology of major medical advances spurred by wars in this century includes World War I (development and use of antitetanus toxin; development of a splint to treat

fractures of long bones), World War II (discovery of penicillin by the British and development of a mass production process for it by Americans; use of metal rods to pin together broken bones, developed by the Germans), Korean War (widespread use of whole blood transfusions; advances in surgery on blood vessels, which resulted in an amputation rate decline from 49 percent in World War II to only 13 percent by the time of the Vietnam War; development of the specialized burn center), Vietnam War (development of the rapid emergency care system). Nitrogen mustard, a chemical agent used widely in WW I, became the first anti-cancer drug and began the whole era of cancer chemotherapy. (Source: The March-April 1991 issue of **Wisconsin Emergency Professionals**)

... The pros and cons of seat belt use in school buses is debated in the May 1991 issue of **State Government News**. Advocates argue that a single collision, resulting in many injuries and fatalities, often is more than local emergency services can handle. An overturned busload of children cannot be evacuated quickly when they are piled up like rag dolls. Most bus fatalities occur in rollovers, where a lap belt is the most effective in curbing injuries. Opponents argue that school buses are safer than most other vehicles because they are easily spotted by other drivers because of their color, flashing lights, and special markings. They are recognized for the cargo they carry. In addition, school buses have low average traveling speeds, between 25 and 29 miles per hour, and well trained operators.

... The June 1991 **EMSC News** ran an article about paramedics in Hawaii who served as instructors, training Little League

by Linda Wolfe

and other youth coaches how to prevent sports injuries. Using children as models, the paramedics demonstrated proper stabilization of an injured child and ensured the proper use of 9-1-1. A manual for coaches is available describing recognition, treatment, and prevention of common sports injuries in children. The manual and course emphasize general preventive guidelines, emergency first aid, and treatment of common sports injuries.

... Population estimates from the Texas State Data Center are that 10 percent of the population in Texas was age 65 and over in 1989, and by the year 2030, 25 percent will be over 60. In the next 25 years, the population over 60 will more than double. In the U.S., accidents are the sixth leading cause of death in people over 65. In Texas in 1989, falls were the leading cause of accidental death of people 65 and over, and 45 percent of these were in the 80+ age group. National studies predict that one-third of people over 65 living at home will fall each year. Over one-third of the falls result in fractures, and 1 fall in 40 will require hospitalization. Of those hospitalized, only one-half will be alive 1 year later. The Spring/Summer 1991 issue of the *Interchange* identifies fall injury risk factors and discusses risk factor and environmental hazard reduction. These types of injuries can have an impact on EMS workers both professionally and personally as we deal with patients and with family members who fall into this risk category.

... According to Dr. Frederick P. Rivera in *For Kids' Sake*, it has been estimated that 29 percent of children fatalities per year could be alleviated with 12 currently

available and feasible injury-prevention strategies:

- Installation of airbags in cars
- Use of lap and shoulder restraints
- Requiring helmet use for bicycles and motorcycles
- Development of reflective clothing and patches for pedestrians
- Inspection of motor vehicle exhaust systems and home heating systems
- Installation of bars blocking second-story windows
- Use of smoke detectors
- Barrier fencing around pools
- Swimming education
- Knowledge of the Heimlich maneuver
- Eliminating handguns from homes
- Gun safety education.

... There is a potential risk of hepatitis B transmission associated with improper use of spring-loaded lancet devices used for finger sticks. Spring-loaded devices typically have two disposable parts: the lancet, which is used to puncture the skin, and the platform or endcap, which is used to control the depth of the puncture. Medical personnel generally are aware of the necessity to replace the lancet after each use, but may fail to replace the platform or endcap, which may become contaminated with the patient's blood. Manufacturer's instructions should be followed; in addition, the following guidelines are suggested:

- Replace the lancet and the platform or endcap after each use.
- Always order an equal number of platforms or endcaps when reordering lancets.
- Dispose of both lancets and platforms in an appropriate sharps container.
- Do not use spring-loaded lancets that do

In the next 25 years, the population over 60 will more than double.

29 percent of children fatalities per year could be alleviated with 12 currently available and feasible injury-prevention strategies.

Hepatitis B transmission associated with improper use of spring-loaded lancet devices used for finger sticks.

more Did You Read...

by Linda Wolfe

A marked increase in patient handling claims, claims occur most frequently when a patient is dropped or a stretcher collapse occurs.

Citizens wear a bracelet or carry a card to inform emergency responders that they do not wish to be resuscitated.

The 10 most admirable occupations in America - number one is firefighter. Number two is PARAMEDIC!

not have replaceable platforms.
(Source: **Texas Preventable Disease News**, September 8, 1990)

... According to the Spring 1991 issues of **Management Focus** for Providers of Emergency Medical Services, there has been a marked increase in patient handling claims, from less than 10 percent to nearly 25 percent of all claims filed in 1987-1989. These claims occur most frequently when a patient is dropped or a stretcher collapse occurs. One source tells of an 80+ year old female patient who was dropped from a stretcher. The patient required double hip replacements as a result of being dropped the 3 to 4 feet from the stretcher to the floor. The patient never walked again, and the provider was liable, due to the operation of improperly maintained equipment. Increased stretcher failures are attributed to poor maintenance, backyard repairs, and poor training. A common cause of failure is a result of crews "dropping the wheels." This causes stress on the mechanism and leads to metal fatigue. Recommendations for reducing liability include:

- Regularly inspect patient handling equipment and document preventive maintenance.
- Use only factory-trained technicians or authorized repair facilities.
- Never make "after market" modifications or use bootleg parts.
- Train personnel thoroughly and retrain them periodically on proper techniques for utilizing patient-handling equipment.

... In April 1991, Montana became the first state to allow citizens to wear a bracelet or carry a card to inform emergency responders that they do not wish to be resuscitated. Those eligible for the program must have

been declared terminally ill by a physician and either have living wills or have a physician's do-not-resuscitate (DNR) order on their charts. More details on the "Comfort One" program are available in the May/June 1991 **EMS Insider**.

... The May 1991 **American College of Emergency Physicians News** reports that recently instituted state-wide EMS protocols are popular among Maine EMS personnel. Each EMS professional carries a pocket-size, waterproof field reference manual that presents standards of care, state protocols, in color-coded fashion. Initially, each of the state's six EMS regions had its own protocols. Sometimes protocols varied from region to region, which occasionally led to problems. For example, an EMS professional may cross a regional border to provide care but, because of disparities in protocols, be unable to administer a certain medication. The reference manual has alleviated these problems. To obtain a copy of Maine's Prehospital Treatment Protocols, send a check for \$3 to Maine EMS, 353 Water St., Augusta, ME 04330.

... The June 1991 **Georgia EMS News** reported that in an article published in the April 29, 1991, issue of **The Atlanta Journal/The Atlanta Constitution**, excerpts were taken from a recently published book entitled "The Day America Told the Truth." Among the thousands of items listed in the book, one stuck out above all others -- the 10 most admirable occupations in America. Number one is firefighter. Number two is PARAMEDIC! The rest of the top ten in order are farmer, pharmacist, gradeschool teacher, mail carrier, Catholic priest, housekeeper, babysitter, and college professor.

*Legal Q and A
by Vic Dwyer*

Vic Dwyer, a paramedic and former police officer, investigates EMS complaints for the Bureau. Contact him at (512) 458-7550.

Can a paramedic delegate ALS skills?

Q. Can a Paramedic delegate to an EMT the authority to perform advanced skills such as IV therapy or intubation?

A. According to the Board of Medical Examiners Rules on Medical Direction, Chapter 197.2, delegated practice is defined as the permission given by a physician either in person, by treatment protocol or by standing orders to a specific EMT-I or EMT-P to perform invasive procedures. Paramedics receive authority to practice from the physician medical director and cannot delegate to anyone.

In paraphrase, the Health and Safety Code, Chapter 773, Section 773.064, Criminal Penalties, states that EMS certificants cannot practice or attempt to practice at a level in which they are not certified. The physician, on the other hand, can delegate to anyone he wishes the invasive skills he wants performed. For instance, EMTs enrolled in Intermediate or Paramedic classes may perform ALS procedures only with the knowledge and approval of the medical director, not merely at the discretion of a paramedic on the scene.

The BME Rules state that the medical director "shall" establish and monitor compliance with field performance guidelines and is able to take or recommend appropriate remedial or corrective measures for EMS personnel, which may include but are not limited to counseling, retraining, testing probation and/or field preceptorship, and suspension of a certified EMS individual from medical care duties for due cause pending review and evaluation.

The BME rules adopted January 2, 1991, spell out the responsibilities and authority of the physician medical director. Advanced certificants and physician medical directors should have a working knowledge of the rules for their own protection.

If you have a question about the EMS law, rules implementing the law, or the BME rules write to Bureau of Emergency Management, 1100 West 49th Street, Austin, Texas 78756.

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627,403 Texans contacted during EMS Week 1991

By Alana S. Mallard

Twenty-three EMS groups sent us reports of newspaper articles, TV specials, health fairs, school presentations, simulated runs, mall demonstrations, and recognition ceremonies during EMS Week this year, May 12-18. Those EMS provider groups estimate that 627,403 adults and children saw and heard EMS and child safety messages during EMS Week.



EMT-I Melissa Lopez shows kids a Friendswood ambulance.

Friendswood, LaGrange, Mart, and Bremond are just four of the cities that had EMS Week proclamations, and in at least two towns, Uvalde and Victoria, local radio stations got in on the EMS Week act. Uvalde's KLXQ radio gave away prizes at the sound of an EMS pager and in Victoria EMS employees were guest deejays,

turning records, answering questions, and giving away t-shirts. We are compiling into one publication everything that happened in the state during EMS Week 1991 to give you ideas about events for 1992.

EMS Week kind of slipped up on all of us this year because it moved from September to May, so the planning time was cut in half. And in the slipping up, we slipped a little from our goal of making one million contacts with the public during EMS Week. I still think Texas EMS made those million contacts; we just have not heard about it yet.

A copy of the Texas EMS Week 1991 Activity Report is on page 15 of the April, 1991 *Texas EMS Messenger*, and you can still report on your 1991 EMS Week activities and be included in our planning guide for 1992.

One million is not an arbitrary number TDH chose as the goal for public contacts. One million is the number of emergency calls we estimate that Texas EMS responds to in one year. Reaching one million members of the public with EMS awareness and injury prevention messages is symbolic of the number of people who receive emergency prehospital care during the year.

Put this date on your planning calendars now: May 10-16, 1992. Let's go for a million again.

Texas EMS Week 1991 participants

Abernathy EMS
Bandera EMS
Bremond Volunteer EMS
Brush Country Ambulance, Jourdanton Canyon EMS
Darrouzett EMS
East Texas Medical Center EMS, Tyler
Friendswood Volunteer Fire Department EMS
Friona Ambulance Service
Fort Bend County EMS, Rosenberg
Keene EMS
Hereford EMS
Hopkins County EMS, Sulphur Springs
Kennedale Fire Department
Lago Vista Volunteer Fire Department
Mart Volunteer EMS
Odessa EMS
Paris-Lamar County Emergency Services
TDH Bureau of Emergency Management, Austin
TDH Public Health Region 3, El Paso
Uvalde EMS
Vega EMS
Victoria EMS

Next month

Emergency medical dispatch
Rural addressing
9-1-1 Day
School bus and Halloween safety

Around The State

September 4-7, 1991, **Emergency Vehicle & Fleet Management Conference & Exposition**. Hyatt Orlando, Kissimmee, Florida. The Conference Corporation 619/431-8088.

September 6-8, 1991, **Specialty Rescue Training**, Swiftwater Rescue I. UTHSC-SA. Vicky Smith 512/699-6074.

September 7, 1991. **When Every Minute Counts**, Beaumont, TX. Contact Air Rescue, P.O. Drawer 1591, Beaumont, TX 77704. 409/839-5620.

September 14-15, 1991. **Basic Vertical Rescue**. \$75. Rappelling fundamentals. EMS Coordinator, McLennan Community College, Waco TX 76708. 817/750-3512.

September 16, 1991. **Golf Tournament Fundraiser for CareFlite Dallas**. Contact Debbie Nichols at 214/946-7008 or 214/944-8143.

September 19-20, 1991, **Texas EMS Advisory Council meeting**, contact Harold Broadbent 512/458-7550.

October 17-19, 1991, **Specialty Rescue Training**, Vertical Rescue II. UTHSC-SA. Vicky Smith 512/699-6074.

October 19-20, 1991, **EMS Law & Policy Conference**. Hyatt on Capitol Hill, Washington, DC. The Conference Corporation 619/431-8088.

October 19-20, 1991. **Basic Vertical Rescue**. \$75. Rappelling fundamentals. EMS Coordinator, McLennan Community College, Waco TX 76708. 817/750-3512.

October 31, 1991. **Advanced Vertical Rescue**. \$130. Rappelling, rescue organization, rough terrain. EMS Coordinator, McLennan Community College, Waco TX 76708. 817/750-3512.

November 1&2, 1991. **Advanced Vertical Rescue**. \$130. Rappelling, rescue organization, rough terrain. EMS Coordinator, McLennan Community College, Waco TX 76708. 817/750-3512.

November 7, 1991 **Stress: The Trauma That Doesn't Bleed**. \$38. Texarkana College, 2500 North Robison Rd., Texarkana, TX. 903/838-4541, ext. 384.

November 8, 1991 **Emergency/Critical Care Seminar**. \$30. Texarkana College, 2500 North Robison Rd. Texarkana, TX. 903/838-4541, ext. 384.

November 14-16, 1991, **10th Annual WBAMC Trauma Symposium**. Marriott Hotel, El Paso, TX. Contact Marty May, William Beaumont Army Medical Cntr, El Paso, TX 79920-5001.

November 25-27, 1991, **Texas EMS Conference '91**, Austin, TX 512/458-7550.

December 5-6, 1991, **Texas EMS Advisory Council meeting**, contact Harold Broadbent 512/458-7550.

Prof. Liability available to EMS organizations, Contact Bert Peterson at 713/622-7161 or 1-800-537-7497.

EMT-I, EMT-Ps needed offshore: \$795/week + overtime. Texas or Nat'l Certification. Resume: OPI, Health Services, 96 W. Front St, Orange, TX 77630.

EMT-I/Paramedic: TX Dept. of Corrections. \$1622/mo. Texas certification EMT-I/Paramedic. TDC, Box 99, Personnel, Huntsville, TX 77342 409/294-2755.

Paramedics: Offshore oil production. Texas or National Registry. ACLS, BTLs. Resume: Medic Systems, P.O. Box 690928, Houston, TX 77269.

Executive director: Volunteer EMS in Harris County,

Texas. Manage operations. 25K(+). Resume (mark confidential) E. Ortega, P.O. Box 2521, 3752, Houston, TX 77252-2521.

EMTs: All levels of EMS certification in all areas of the state. Tech-Star, P.O. Box 7, Stamford, TX 79553, 915/773-5691.

Job Opening: Hi-Tech Stat Ambulance service. Immediate part-time/full-time openings for quality drivers holding EMS certification. Jim Becka, 713/790-9002.

Coordinator EMS continuing education division. Texas certification as a paramedic required. Experience as a teacher required. \$25,000/benefits. Send completed application to Personnel Office, McLennan Community College, 1400 College Drive, Waco, TX 76708.

Flight nurses and paramedics: Immediate opening for part-time on call experienced Flight Medics in Houston, Dallas and Austin. ACLS certified; 2 years critical care/ICU/CCU experience; bilingual; previous flight experience. \$18-\$25/hour. Resume: Mark Monte Mitchell, MD, Air Ambulance America, P.O. Box 4051, Austin, TX 78765.

Paramedics: Hi-Tech Stat Ambulance service. Full-time openings on 24 hour units. ER & fluid pump experience helpful. 20K starting. Jim Becka, 713/790-9002.

Director: Rural south Texas area. Managerial experience preferred. Strong interpersonal skills essential. Resume to: Administration, 1400 S. St. Marys, Falfurrias, TX 78355.

Instructor/Coordinator: Bachelors degree preferred. National and state certified paramedic; ACLS; EMS oordinator and instructor certification. Contact Alfredo C. Zamora, Texas Southmost College, Personnel Director, 80 Fort Brown, Brownsville, TX 78520.

Instructor: Health occupations class for Los Fresnos High School Juniors/Seniors. Must be licensed health care professional. Bachelor degree required. Some teaching experience preferred. Contact Alfredo C. Zamora, Texas Southmost College, Personnel Director, 80 Fort Brown, Brownsville, TX 78520.

For Sale: 1984 high top ambulance. Very good condition, low mileage, all equipment ready for inspection. 915/648-3290.

For Sale: Wheeled Coach ambulance. 903/723-5285.

For Sale: 1990 Ford First Response Type II Ambulance, 52,000 miles. Wrecked. John Anderson. 512/491-5900.

For Sale: 1984 Chevrolet Atlantic Type I Modular Ambulance, \$12,000; 1981 Ford EVF Type II, \$8,000; 1979 Ford Prestige Type II, \$6,000; All three units have new engines. Must sale. Mike 915/837-7471/leave message.

For Sale: 1984 Type I walk-through Wheel Coach. 1985 Type II van Wheel Coach. Both units are offered with all BLS and ALS equipment. 512/786-3873.

For Sale: Thumper, cardiopulmonary resuscitator, soft pack w/case. \$2,500, 2-Mars 888 lights, good shape, \$700. Roland Hobbs, Jacinto City Fire Dept., 1126 Mercury Dr., Houston, TX 77029. 713/674-1841.

For Sale: LifePac5 monitor, defibrillator 713/623-2253.

For Sale: 1987 Ford Type I Select ambulance. New paint, good condition. David Cleveland. 409/294-0949.

For Sale: 1985 Dodge Type I modular ambulance. New motor/transmission. Jerry Woods funeral home. \$9,200/negotiable. Nocona, TX. 817/825-3285.

Louis Denton Hartley, Jr.

March 24, 1931 - August 1, 1991



Louis Hartley supported the Texas EMS Conference by organizing our first Texas EMS Golf Tournament. Here Louis visits at the 1987 conference with Charles E. King(left) and Harold Broadbent (right).

Texas EMS lost a good friend August 1 when Louis Hartley passed away after a year-long battle with cancer.

Louis' 21-year career at Texas Department of Health brought him in contact with EMS people in every part of the state, and he particularly enjoyed working with rural volunteers. At his retirement this year, Louis was Director of Staff Services for the Bureau of Emergency Management and a member of the Advisory Commission on State Emergency Communications.

Louis is survived by his wife, Nancy Aycock Hartley, their three sons, Rusty, Mark, and Michael, and two grandsons, James and William. Louis was born in Weatherford, Texas, and lived for many years in Mart, Texas. He attended Weatherford Junior College and The University of Texas at Austin.

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