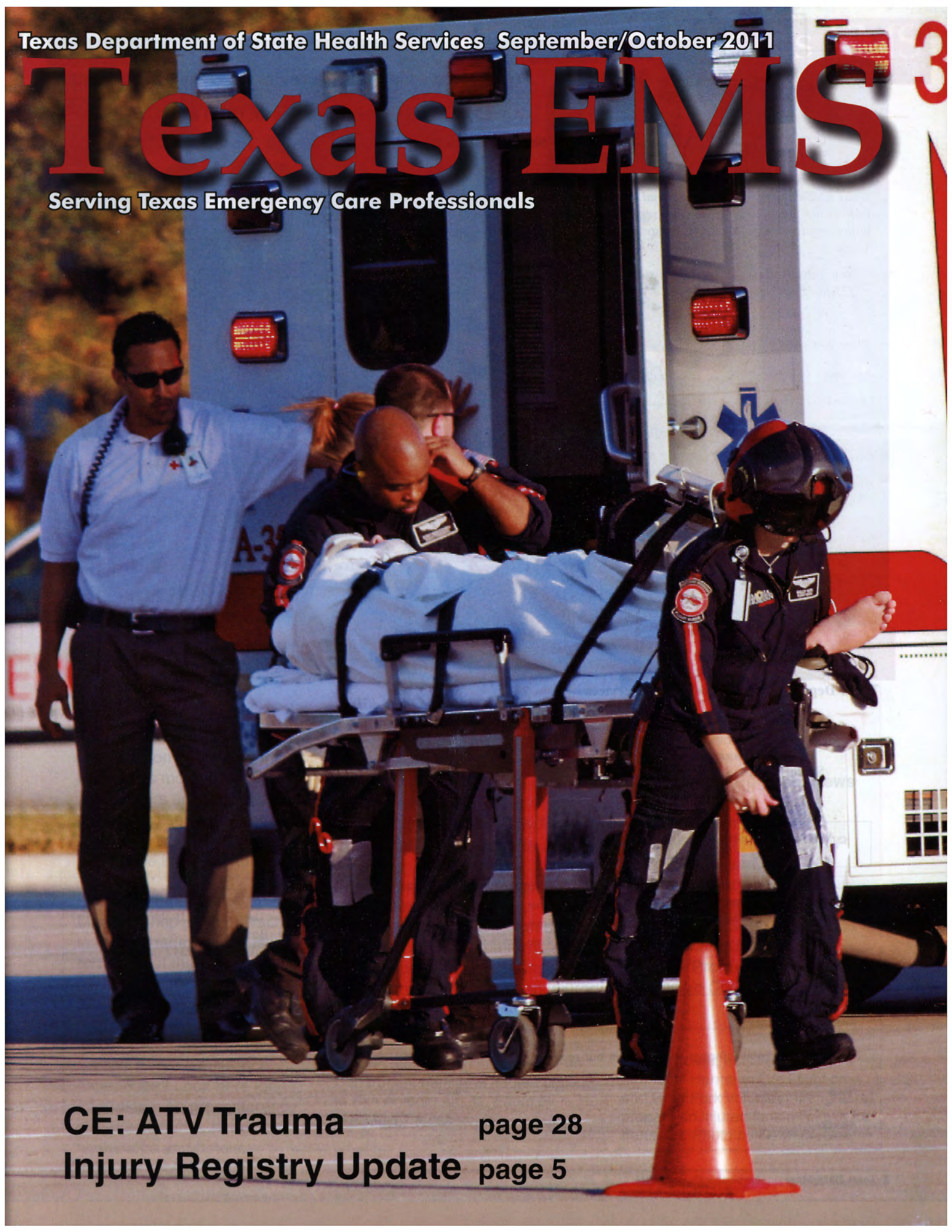


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CE: ATV Trauma page 28
Injury Registry Update page 5

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Maxie Bishop goes on vacation in the Netherlands and is reminded of the importance of exercising every day.
Maxie Bishop

12 Texas EMS Conference 2011

Planning your conference experience? Look here for information on preconference classes, lectures, hands-on workshops and hotels.

21 Texas EMS Awards nominations are open

Use this quick-reference guide for the award categories to nominate outstanding EMS personnel for the EMS Awards Ceremony in November.

28 Continuing Education: ATV Trauma

Jason Dush, EMT-P, presents statistics, injury patterns and transport considerations for patients who have been injured in all-terrain vehicle crashes.

Above, medics with the Seguin Fire Department transfer a trauma patient to San Antonio AirLife. *Photo by Westley Krueger.*

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On the cover, outside Houston, a Memorial Hermann Life Flight crew and Deer Park Volunteer firefighters prepare an injured football player for transport. *Photo by Dawn McGee.*

Valley AirCare discontinues operations

Valley AirCare, an air medical provider serving the southernmost part of Texas, will discontinue operations October 31 as an affiliate of the South Texas Emergency Care Foundation (STEC). STEC owns the helicopter, it contracts with Metro Aviation for flight crews and maintenance. The recent economic downturn, coupled with lower reimbursement rates for Medicaid and Medicare, made the service no longer financially feasible to operate, according to Rene Perez, STEC director of patient transport services. At one time, the service was transporting 30 to 31 patients per month, but in the last year it dropped to half that number.

Golf tourney benefits Texas EMS Hall of Honor

The Texas Association of Air Medical Services is sponsoring a golf tournament on Friday, November 18, in Austin, in conjunction with Texas EMS Conference. Proceeds will go to a fund that assists families of those killed in the line of duty in travelling to Austin for the induction ceremony at Tuesday's luncheon. The tournament format is a four-man scramble with a shotgun start and will take place at the beautiful Onion Creek Country Club on the southern edge of Austin. Registration fees are \$125 per player or \$400 per foursome and includes driving range, golf and dinner. Register online at www.taams.org.



Texas wins international award



The International Association of Emergency Managers (IAEM) has awarded the IAEM-Global Partners in Preparedness Award for 2011 to the Texas Emergency Tracking Network for its cooperative data-sharing project. Partners included: Texas Department of State Health Services, Southwest Texas Regional Advisory Council, Southeast Texas Regional Advisory Council, Sabine-Neches Chief's Association, University of Texas Center for Space Research and Radiant RFID, LLC. The award recognizes programs or processes that demonstrate innovative, multi-participant involvement between local governments/governmental entities and private sector businesses, non-governmental organizations/non-profits, or individuals that have resulted in effective and efficient incident management, emergency management or homeland security processes. The International Association of Emergency Managers (IAEM), which has more than 5,000 members in 58 countries, is a non-profit educational organization dedicated to promoting the goals of saving lives and protecting property during emergencies and disasters. IAEM provides access to the largest network of emergency management experts who can provide advice and assistance, the Certified Emergency Manager program, annual scholarships, a comprehensive monthly newsletter and more. Visit www.iaem.com for details.

Educator workshop offered at NASEMSO

The National Association of State EMS Officials is offering a full-day workshop for educators at its annual conference in October in Madison, Wisconsin. The workshop is designed to help educators build curricula and assessment based on the National EMS Education Standards. Standards-based education begins with a clear understanding of what education standards are and how to develop benchmarks upon which curricula is designed and competency assessment measures are performed. Interactive session topics include ways to develop curriculum, classroom activities and lessons that enhance student learning. Lastly, the workshop will address how student learning is measured using an outcome-based approach. For more information, email naemse@naemse.org.



Send in your EMS Awards nominations

Send us your best in EMS and trauma! We've posted the award nomination form and an explanation of each category on our website at www.dshs.state.tx.us/emstraumasystems/11AwardsIntroduction.shtm. Save the Microsoft Word document to your computer and fill it out by clicking in the gray areas beside each question. Include examples of why this person or organization should win. Please be specific. Keep in mind that the people who review the nominations most likely won't be as familiar with your nominee as you are. When you finish, save the file and email it back to EMSAwards@dshs.state.tx.us.

Send the file to us by email no later than October 7, 2011. The packets are then distributed to the OEMS/TS and sent to each EMS compliance group. Each program and compliance service group ranks the nominations for each category and returns the information to the OEMS/TS, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference in Austin.

Award Categories 2011

EMS Educator Award honors a state-certified EMS instructor or course coordinator who advances EMS education in Texas through innovation, collaboration and a commitment to students.

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization, and continually demonstrates a commitment to excellent patient care.

EMS Administrator Award honors an administrator, researcher or manager at the local, city, county, regional or state level who has made a positive contribution to EMS and is committed to building a strong team able to respond effectively.

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

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

Private/Public Provider Award honors a ground or air organization that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

Volunteer Provider Award honors an organization staffed by volunteers that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

First Responder Award honors a first responder organization that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

Air Medical Service Award honors a public or private air medical service in Texas that has demonstrated the highest standards in providing patient care, leading the way in innovation and commitment to patient care.

Outstanding EMS Person of the Year honors an EMS-certified/licensed person who has demonstrated uncommon leadership and courage in providing emergency medical service to the citizens of Texas.

Telecommunicator of the Year honors a person or team who handled a call or system event with a level of professionalism and efficiency that allowed the first responders on the scene to give the patients the best care possible. An individual or a team is eligible for the award.

Trauma Center Award honors a designated trauma facility in Texas that has demonstrated leadership and high standards in implementing injury prevention programs and providing trauma patient care to the citizens and visitors of Texas.

Regional Advisory Council Award honors a regional advisory council in Texas that has demonstrated leadership and high standards in improving emergency medical service and improving the Texas EMS/Trauma System.

Update on new Injury Registry

The Department of State Health Services has worked with the Registry Solution Work Group (RSWG) to identify data elements for the new Injury Registry. The Registry Solution Work Group is composed of volunteers who represent various stakeholders such as hospitals, EMS, drowning prevention and agencies involved with traumatic brain injury. The RSWG makes recommendations to DSHS on matters pertaining to the reporting of injuries in Texas.

The RSWG presented their recommendations for data elements pertaining to the reporting of trauma patient data by hospitals and EMS at the May GETAC meeting. The RSWG included in their recommendations data elements pertaining to the reporting of drowning (including near-drowning);

expanded data elements for the reporting of traumatic brain injury (TBI) and spinal cord injury (SCI); and the inclusion of data elements for performance improvement (that will be available for hospitals to utilize but will not be accessible to DSHS) at the August GETAC meeting.

DSHS held webinars in May and June to discuss the RSWG recommended data elements for trauma patients. DSHS is holding additional webinars September 1 and 8, 2011, to discuss RSWG-recommended data elements for drowning, TBI/SCI and performance improvement. Please visit the Injury Program website at www.dshs.state.tx.us/injury/default.shtm for information on how to join the webinar or call (512) 458-7220 for more information. – *Tammy Sajak*

GETAC committee applications accepted through September 30

Interested in serving on a GETAC committee? You have until midnight on September 30 to get your application in to DSHS. Most of the committees have openings. New committee members will be notified in early November and will attend a committee orientation during the GETAC meetings held at Texas EMS Conference in November.

TEXAS EMS CERTIFICATIONS AS OF AUGUST 11, 2011	
ECA	3,057
EMT	31,920
EMT-I	3,059
EMT-P	15,085
LP	5,991
TOTAL	59,912
BASIC COORDINATOR	113
ADVANCED COORDINATOR	221
INSTRUCTOR	2,080

EMS Obituaries

Zachary Todd Jemison, 35, of Georgetown, died June 25, 2011. Jemison was a licensed paramedic with Williamson County EMS.

Todd Krodle, 41, of Caddo Mills, died August 14, 2011, from injuries sustained while fighting a fire. Krodle was a paramedic and lieutenant firefighter with Dallas Fire-Rescue for more than 17 years.

Steven McShan, 24, of Lumberton, died July 2, 2011, from injuries sustained in an off-duty accident. McShan was an EMT and firefighter with Port Arthur Fire Department.

Larry Gale Nelson, 61, of Del Rio, died August 12, 2011. Although not currently certified in EMS, Nelson was an active member of Val Verde County Volunteer Fire and Rescue and was awarded firefighter of the year in 2007.

Jason Andrew Parker, 22, of Silsbee, an EMT-Paramedic with Acadian Ambulance died at his home on July 20, 2011.

Shannon Stone, 39, of Brownwood, died July 7, 2011, from injuries sustained in a fall. Stone was an EMT and firefighter with Brownwood Fire Department for nearly 18 years.

Steve Titsworth, 60, of Austin, died June 27, 2011, from injuries sustained in a helicopter crash. Titsworth had retired as an EMT-Intermediate and firefighter with Austin Fire Department and was piloting the helicopter when it crashed.

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The varied uses of ATVs typically involve rural settings; therefore crashes will occur most often further away from quick access to a paved or dirt roadway. Another major treatment problem in these settings is access to 9-1-1 service by land line or cell phone. Fortunately modern cell phones can often provide a GPS location to 9-1-1, which is helpful for determining a location (provided that cell service is available).

Several issues will affect out-of-hospital times for ATV crash patients, including the time from the initial injury to the time 9-1-1 is activated, the EMS/Fire response and location of the patient, the time spent accessing and assessing the patient, and the time before trained medical personnel can begin patient care. The total out-of-hospital time can be 60 to 120 minutes on average across the United States for ATV accidents in the rural settings.

An average trauma patient with severe injuries in the urban setting may have a total out-of-hospital time of 15 to 45 minutes. The same type of trauma patient in the rural setting may have a total out-of-hospital time of 30 to 60 minutes in the perfect world (as mentioned, the total time for ATV-involved crashes can be even longer). Stabilization of the patient is critical and so is thinking outside the box. No matter what your certification is, we must be good critical thinkers and consider the pathophysiology of the injury pattern alongside the patient's condition. In rural settings, time (before and after your arrival) can be a significant factor in your treatment plan. Is it okay to transport a patient with a BP of 90/60 and a HR of 120? Does this patient require a high level of IV fluids? How many liters of IV fluid does it take to knock out the patient's clotting factors? Much of what can be done to stabilize an ATV crash patient can be performed by any level of EMS personnel—many critical trauma patients are still alive today because of great BLS care.

When managing trauma patients in austere environments, make sure the following concepts are considered at each step of assessment and treatment:

- Good baseline assessment by both BLS and ALS

- Appropriate airway management
- Spinal motion restrictions
- Bandaging and splinting
- Movement of patient to transport vehicle
- Rapid transport to appropriate facility

As you are en route to the scene, plan for the possibility of treating your patient at a considerable distance from your ambulance due to the location of the ATV crash. Ask yourself these questions: Is the patient likely to be stable or critical? What might I need to do for airway management? Will my oxygen cylinder last or do I need to bring more to the patient's side? Do I have all the supplies needed to perform spinal motion restriction, bandaging and splinting? How am I going to stabilize a pelvis or bilateral femur fractures? Do I have enough manpower to safely move the patient? How will I get the patient back to the ambulance? What is my plan for transport?

Transport considerations

In the prehospital environment, the two main modes of transportation for patients to the hospital are by ground or air ambulance. Whenever you transport by ground, you have to ask, "Do I go to the nearest hospital or the most appropriate hospital based on the patient's condition?" Critical trauma patients should be transported to a Level I or II trauma center whenever possible. However, the patient's condition and distance are sometimes critical factors in going to the closest hospital without trauma services. The three main things to consider for stopping at a hospital without trauma services are:

1. Do I have an airway issue that I can't resolve with BLS or ALS intervention?
2. Do I have a ventilation issue that needs a chest tube?
3. Do I have a volume issue and need blood products?

Depending on availability, air medical transport can be very beneficial when you are in a remote area and the helicopter can land close to the patient. Helicopters are also beneficial to reduce out-of-hospital time when long transport times to a Level I or II trauma center are necessary. In addition, helicopter

Frequently Asked Questions

Q My friend submitted his EMT renewal application before I did. His last name is Williams and mine is Butler. I assumed because my name came first alphabetically, my application would be processed first. Why did his application get approved before mine?

DSHS: Applications are not processed alphabetically, but in the order in which they are received. The EMS Certification Office keeps all applications in order of receipt date, and our staff process them in that order. So, simply, the reason your friend's application was approved first was because he submitted it before you submitted yours. EMS Certification recommends you submit your application at least six weeks prior to your expiration date

to accommodate processing time. Also, once you have completed one of the required renewal options, you can submit your application as much as one year prior to your expiration date, without losing any time. For example, if your expiration date is July 31, 2012, you can submit your renewal application on July 31, 2011, and once your application is approved, your new expiration date will be four years following your previous expiration date of 2012, making your new expiration date July 31, 2016. Contact the EMS Certification Office at (512) 834-6734 if you need additional information.

Q I attended National Incident Management System (NIMS) classes during my last certification period. Can I use the hours from those classes as continuing education hours? If

yes, how many CE hours are they worth?

DSHS: Yes. The National Incident Management courses are provided via a federal agency, FEMA, and are considered acceptable continuing education. The amount of CE per class is counted hour-for-hour. For example, if you attended an eight-hour NIMS course, you would be able to count eight hours of CE for that class. For more information on the CE breakdown of the NIMS classes by category, visit the FEMA website, <http://training.fema.gov/is/ceus.asp>. For more information about DSHS-approved continuing education hours, visit the EMS Certification website at www.dshs.state.tx.us/emstraumasystems/continuinged.shtm or call (512) 834-6734.

Thieves targeting ambulances

A word of caution: There have been reports of thieves targeting ambulances left idling outside emergency rooms. Fire departments in North Texas have lost a defibrillator and a bag of medications, among other items, according to WFAA, a television station in Dallas. Investigators think the thieves are selling the items.

EMS Local Projects Grant Update

The Department of State Health Services (DSHS) Office of Emergency Medical Services/Trauma Systems Coordination (OEMS/TS) has received 136 Local Projects Grant (LPG) applications for fiscal year 2012 funding consideration. Staff has made recommendations and those have been sent to DSHS contract staff. Check our web page for updates and award announcements. For general information about the Local Projects Grant Program, go to www.dshs.state.tx.us/emstraumasystems/LPGfunding.shtm.

Look for additional details and submission requirements at www.dshs.state.tx.us/emstraumasystems/11conference.shtm

2nd Annual Texas EMS Research Forum
At the 2011 Texas EMS Conference
Deadline for Abstract Submission: October 21, 2011

services may offer ALS providers in areas where BLS-only services are the nearest first responders.

Although some ATV crash patients will be stable enough to go to a Level III trauma center, good patient assessment is the key to determining the best course of action. Some variables to remember are: some of these patients may have had very little to no body protection on when they were crushed by the ATV or impacted a fixed object. This may lead to the increase of fractures and injury to solid and hollow organs. Your solid organs like the liver, spleen, kidneys bleed, and the hollow organs like the bowels and stomach leak toxic waste. The speed at which the patient was traveling and what they may have impacted when they crashed can indicate the mechanism for internal injuries. Patients involved in ATV accidents will typically have delayed initial EMS care and prolonged out of hospital times. Keeping these variables at the front of your mind during assessment and initial treatment will facilitate the decision-making process

when deciding where and how to transport patients involved in ATV crashes.

Case study conclusion

Further assessment revealed diminished lung sounds, and all visible trauma was to the anterior throat. The secondary assessment was unremarkable. The patient's mother reports that she witnessed her son driving at a high rate of speed into the sun when he drove right under the clothesline, striking his throat on the line and doing a complete circle up and over the line. The force knocked him out of his shoes, and he landed on the ground. She states that when she first made contact with him, he was unconscious and woke up after about two minutes.

Because of your concerns about damage to the patient's airway you decide to transport him first to the local six-bed emergency room. At the same time, you immediately call for air medical transport due to the patient's condition and the distance from the closest Level II trauma center; they have a 35-minute



Patient from ATV crash. Bilateral chest tubes were placed prior to transport by the flight crew and an ER physician. Photo by Jason Dush.

MAXIE'S CHALLENGE

I was lucky enough to go visit my best friend for a couple of weeks in June. Better than that, my best friend lives in the Netherlands, so I got an awesome vacation at the same time. This is the first time I've been to see Bryan and his son since I started the Maxie Challenge, and I have to say I looked at things through different eyes this time around. First of all, Bryan's family eats a lot of carbohydrates. Not that carbs are the enemy, but I had been laying off of them a bit, especially white carbs like rice and bread. On this trip, I found myself eating like the natives—lots of carbs. But—and here's the main thing—I didn't gain any weight. As a matter of fact, there are very few heavy people in Europe. And I know why: I walked my legs off! We never took a car. We walked everywhere, whether to eat, or shop, or to the train when we were taking a longer trip. And when we got off the train, we walked from there to our destination. So the whole trip pointed out to me how important it is to be active. Of course, the temperatures made it easy to walk—the highs were in the 70s, and the lows in the upper 50s. Talk about nice weather.

Then I came home. And I don't need to tell you it's been hotter than a fry skillet every day. And guess what? I got lazy. I quit walking



Maxie's vacation took him to the Netherlands, where he experienced how most Europeans stay fit: They walk everywhere! Photo by Bryan Ondaan.

after work. And even though I was back to my usual healthy fare, I wasn't feeling as good as I had. I know I said that I wasn't going to join a gym, but two things have pushed me in that direction. One is the heat. I think I'd like to work out on a treadmill while it's so hot. The other is that although I have been keeping trimmer by walking, I want to take a step further and reshape my body a little bit. That's going to take weights. I'm looking for a gym now that is close to my

house—or at least on the way home from work—and cheap.

Finally, it was nearly a year ago that I started the Maxie Challenge. Next month, I'll reveal the before-and-after pictures, and list the ten things that I'm going to take with me for the rest of my healthy life. I can honestly say it's a year that has changed my life for the better, and without too much effort. Not only do I feel better, but I look better, too. But you'll see that next issue.

flight time. Upon arrival at the local facility, the initial ED assessment reveals a potential airway nightmare, including the fact that the skin on his neck is so filled with subcutaneous emphysema that it is firm to the touch and will not easily indent on palpation. There are no longer discernible landmarks for a surgical cricothyrotomy if it becomes necessary. The patient's SaO₂ is 90 percent on a non-rebreather (NRB) mask and significant stridor is noted with each breath. The decision is made to place bilateral chest tubes in the patient for bilateral pneumothoraxes. There is discussion as to whether to perform a rapid sequence induction (RSI) on the patient, but, due to the uncertainty of the structure of his trachea, it was elected not to intubate the patient via RSI.

The patient is transported by air medical with a NRB maintaining a SaO₂ of 90 percent, he is kept calm and relaxed, his vitals remain stable and he is A/OX4. Upon arrival at the Level II trauma center, a CT scan revealed that he transected his trachea, and it was offset by approximately 3mm. The trauma surgeons say that his trachea remained in line due to the amount of subcutaneous emphysema in his neck.

Lessons learned

- EMS made the appropriate decision to load and transport to closest hospital for airway and ventilation concerns.
- There was appropriate use of air medical transport to a higher level of care for trauma services.
- The decision not to RSI the patient by the flight crew and attending ED physician paid off because the first attempt at intubation would most likely have displaced the distal trachea, which would have recessed down into the chest and the patient would have died immediately.
- Treating the patient and not just numbers (ie, SaO₂-92, HR-126, RR-40) from every prehospital provider and hospital staff involved is what was credited for a good outcome with this patient.
- The patient had surgery to replace the tear to the trachea and recovered well.

Summary

Regardless of the dangers, the ATV will continue to be a popular recreational vehicle operated by people of all ages. The ease of use, speed and sense of freedom attract more riders every year. Although there are many different types of injury patterns that could result from ATV crashes, the most common types are head injuries and blunt-force trauma. These are not toy vehicles, and a high index of suspicion for severe injury patterns should be maintained when responding to a call involving an ATV. Thorough assessment and transport to the most appropriate facility in these cases remains the best management for these patients. Review some of the potential challenges these calls present with your agency and ensure that your department is prepared for these types of calls. Do you have access to an off road vehicle like a "Gator"? How much manpower do you have at your disposal on a call in the woods to extricate a patient? Do you have the proper equipment, such as a stokes basket, to increase safety for the patient and rescuers when carrying the patient if the ambulance or transport vehicle isn't close? Where is your closest low/high angle rescue team if you don't have the equipment and training within your agency?

Works cited

Science Daily. July 2010. www.sciencedaily.com/releases/2010/07/100706123023.htm.
www.spinal-cord-injuries.org/causes-spinal-cord-damage.cfm
www.atvsafety.gov/stats.html
www.cpssc.gov/LIBRARY/atv2002.pdf
www.cpssc.gov/LIBRARY/FOIA/FOIA11/os/atv2009.pdf

About the author

Jason Dush, FF, NREMT-P, CCEMT-P, FP-C, is a full-time firefighter-paramedic with the Arlington Fire Department and a part-time critical care flight paramedic with CareFlite in Fort Worth. He is also a local and national speaker at EMS and nursing conferences.



On Duty

New system sends website alerts

Websites have made communication with the EMS and trauma community as easy as pressing a button. However, the EMS/trauma systems website has somewhere in the neighborhood of 3,000 pages, making it nearly impossible to keep up with information as it changes. Now you can. The EMS/trauma system website is offering a new email alert system that lets you know when we make changes to the website based on topics you choose. **There are 12 topics to choose from** ranging from EMS educators to GETAC. You can choose one or all twelve. And every time we upload new information (such as GETAC agendas), you'll be notified. And don't worry—we decide when to send an email. So if we make a small change, like correcting a typo, we won't send an alert. For now, we also will continue to send out messages via EMS/TS announcements listserv. However, the EMS Listserv, which is hosted by a group outside of DSHS, will continue to be available as long as they are willing to host it.

Flight medic certification coming to conference

For the first time, a course that helps to prepare clinicians for the critical care transport certification exams (CCP-C, CFRN, CTRN and FP-C) is being offered at Texas EMS Conference. The course is offered by the University of Texas Southwestern Medical Center, the Air & Surface Transport Nurses Association (ASTNA) and the International Association of Flight Paramedics (IAFP). While a single course is not sufficient to prepare for the exam, the course will review the advanced clinical and operational material that certification-eligible critical care transport providers are expected to understand to certify. Participants will receive a comprehensive study guide before the course and two full days of interactive presentations on site. The cost is \$200 for IAFCCP/ASTNA members, and \$350 for non-members. The course will be offered November 18 and 19, from 8 am to 6 pm. Register online at www.flightparamedic.org. For more information, contact Monica Newman at m.newman@flightparamedic.org. The FP-C and CCP-C exams will be offered on November 20 from 8 am to 10:30 am. The expectation for the CCP-C exam candidate and/or the FP-C exam candidate is a mastery of current trends and therapies in critical care transport medicine in a flight or ground environment, as well as a significant knowledge of ACLS, PALS, NALS and BTLS/ITLS. FP-C exam candidates should also have a significant knowledge of flight physiology and current CAMTS flight safety standards. The certification exams are not meant to test entry-level knowledge, but rather the experienced paramedic's advanced skill level. Cost for the exam is \$175 for IAFCCP members, \$275 for non-members. For more information contact Monica Newman at mnewman@bcctpc.org.



Brownwood firefighter dies in stadium fall

Shannon Stone, firefighter/EMT, was killed on July 7, after he fell from the stands while reaching for a fly ball at a Texas Rangers game. He was attending the game with his 6-year-old son. Stone, a lieutenant, had been with the Brownwood Fire Department since 1993 and had twice been voted Firefighter of the Year by his peers. He also deployed to fight Texas wildfires and to serve patients during Hurricanes Katrina and Ike. A memorial fund has been set up in Stone's name at the Brownwood Fire Department. Donations can be sent to: Bank of America, c/o Shannon Stone Memorial Fund, Account # 488033378318, 1 Center Ave., Brownwood, 76801.

This answer sheet must be postmarked by October 20, 2011

CE Answer Sheet Texas EMS Magazine
ATV Trauma
CE: Trauma

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 DSHS 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 Blvd.
Dallas, Texas 75390-9134

You will receive your certificate for 1.5 hours of trauma CE in 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. All questions must be answered.

- | | | | | | | | | | | | | | | | | | |
|-----|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|-----|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|
| 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"/> | | | | |
| 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"/> | | | | |
| 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"/> | | | | | 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"/> | | | | | | | | | |
| 7. | 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"/> | | | | | | | | | |
| 9. | 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"/> | | | | | | | | | | | | | |

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

NR renews Pearson VUE agreement

The National Registry of EMTs has renewed its contract with Pearson VUE to provide computer-based exams for NREMT certification. The new contract will take effect January 1, 2012, and NR is predicting no cost increase on the exam through 2016. However, Pearson VUE will begin to charge additional fees for services such as exam rescheduling and Call Center assistance beginning January 1, 2013. Candidates who *reschedule* exams will pay a \$25 fee; candidates who use the Call Center (instead of the website) to schedule, reschedule or cancel an exam will be charged \$10.



ECAT grants recently awarded



Could you use ECA training in your rural area? Has your area suffered a devastating event? **DSHS has grants available** for ECA training in rural areas (ECAT) and for areas that have suffered a degradation of service due to an unforeseeable event (Extraordinary Emergency Funding, called EEF). For more information on either funding, go to www.dshs.state.tx.us/emstraumasystems/efunding.shtm.

Recently awarded ECAT:
**La Coste Lions Volunteer Fire
Medina County**

Report criminal history changes

You probably already know that you have to report convictions to DSHS. But did you know you have to report arrests, too? Texas Administrative Code 157.36 lays out 31 reasons why DSHS can suspend, revoke or refuse to renew an EMS certification or paramedic license. Among the reasons is failure to notify the department within 10 business days of being arrested, charged or indicted for any criminal offense, other than any class C misdemeanor not directly related to EMS or other than any offense noted in §157.37(e)(5). Want to read them all? Go to www.dshs.state.tx.us/emstraumasystems and click on "EMS Rules and Policies" on the right hand menu.



Pediatric trauma organization forms

The Pediatric Trauma Society, a new player in the trauma community, is being organized. Its mission is to improve the outcome of injured children by enhancing pediatric trauma care. The fledgling organization has just voted on bylaws and dues have not been set. Bookmark their website to get up-to-date information on what they'll do: www.pediatrictraumasociety.org.



On Duty



Tips for working outside



It's unavoidable for EMS – you've got to be outside. And this summer has been one of the most brutal on record. Of course, you know the signs and symptoms, and you may have even be coached by your administrator on what to do. But the following tips from OSHA may also be helpful:

- Drink small amounts of water frequently.
- Wear light-colored, loose-fitting, breathable clothing—cotton is good.
- Take frequent, short breaks in cool shade.
- Eat smaller meals before work activity.
- Avoid caffeine or large amounts of sugar.
- Work in the shade whenever possible.
- Find out from your health care provider if your medications and heat don't mix.
- OSHA Heat Stress Quick Card: www.osha.gov/Publications/osh3154.pdf.

SB 193 requires drivers approaching stopped emergency vehicles—with lights activated—to either slow down or change lanes.



The law states a driver must either vacate the lane closest to the stopped emergency vehicle if the road has multiple lanes traveling in the same direction *or* slow down 20 miles per hour below the speed limit. (If the speed limit is below 25 mph the driver must slow down to 5 mph.)

Emergency vehicles include police, emergency medical service and fire vehicles.

A violation is punishable by a maximum fine of \$200. If the violation results in property damage, the maximum fine increases to \$500. If the violation results in bodily injury, the offense is enhanced to a Class B misdemeanor.

Early Bird pricing for preconference classes ending soon. Register today.
For registration information or to find out whether a class is full, call (512) 759-1720.

New DNR law means you do the same thing

HB 577, passed in the last legislative session, adds clarification to Health and Safety Code §166.102 by specifying that EMS personnel have **no duty** to review, examine, interpret or honor written directives other than an Out-of-Hospital Do-Not-Resuscitate order. EMS personnel (along with other health care personnel) still must honor a valid OOH-DNR. This law takes effect September 1.

GETAC changes

Pete Wolf, EMT-P, recently announced that he will not seek re-appointment to GETAC when his term ends December 31. Wolf has served for two six-year terms. He says he still plans to be involved, but he'll just be sitting on a different side of the table beginning next year. Wolf represents EMS volunteer providers.

James (Randy) Loflin, MD, FACER, tendered his resignation to GETAC in August, as he is no longer working as an emergency physician, the stakeholder group he represents on GETAC. Dr. Loflin has been a member of GETAC since 2008 and was a longtime member of the Medical Directors Committee.

On Duty

Texas EMS Conference

See you in Austin!



Austin Convention Center
November 20-23

Exhibit Hall Hours

Sunday 2 to 7pm
Monday 11am to 6pm
Tuesday 8 to 11am

Education

One-hour lectures
Two-hour, hands-on workshops
In-depth preconference classes

The full package includes

Up to 15 hours CE credit
Conference logo tote bag
Coffee and snack breaks each day
Buffet lunch on Monday
Awards Luncheon on Tuesday

Special conference rates available at seven downtown hotels

Hilton Austin

500 East 4th Street
Austin, Texas 78701
(800) 236-1592
Room rates equal to prevailing state rate for Travis County at the time of Conference.
Booking code: TXE
The Hilton Austin, adjacent to the convention center, will be the conference host hotel.

Radisson Hotel & Suites

Austin-Town Lake
111 Cesar Chavez Street
Austin Texas 78701
(800) 395-7046
\$90/\$140
Booking code: TXEMS
The Radisson Hotel is at the corner of Congress Ave and Cesar Chavez St, about three blocks west of the convention center.

Courtyard Austin Downtown

300 East 4th Street
Austin, Texas 78701
1-800-Marriott
\$104/\$104
Booking codes:
1 king bed - EMSEMSA
2 double beds - EMSEMSB
The Courtyard Marriott is just up the block from the convention center entrance and adjoins the Residence Inn.

Hampton Inn & Suites

Austin-Downtown
200 San Jacinto Boulevard
Austin, Texas 78701
(512) 472-1500
Room rates equal to prevailing state rate for Travis County at the time of Conference.
Booking code: EMS
The Hampton Inn is just one block west of the convention center.

nce 2011

2011 Texas EMS Photography Contest

CASH for your best EMS photos!
Enter for a chance to win hundreds in
cash prizes and be published
in Texas EMS Magazine.

For details, go to:
[www.dshs.state.tx.us/
emstraumasystems/
photocontest2011.pdf](http://www.dshs.state.tx.us/emstraumasystems/photocontest2011.pdf).
Deadline for entry is
November 10, 2011.



Schedule

Conference At-A-Glance

Austin Convention Center

Saturday, November 19

7:00 am - 6:00 pm Exhibitor registration
3:00 pm - 6:00 pm Attendee registration

Sunday, November 20

7:00 am - 7:00 pm Registration
2:00 pm - 7:00 pm Exhibit Hall open
4:00 pm - 6:00 pm Welcome Reception

Monday, November 21

7:00 am - 6:00 pm Registration
8:15 am - 9:30 am Opening Session
9:45 am - 10:45 am Workshop Breakouts
11:00 am - 6:00 pm Exhibit Hall open
11:00 am - Noon Workshop Breakouts
11:30 am - 1:00 pm Lunch
1:30 pm - 2:30 pm Workshop Breakouts
2:45 pm - 3:45 pm Workshop Breakouts
4:00 pm - 5:00 pm Workshop Breakouts

Tuesday, November 22

7:00 am - 3:00 pm Registration
7:30 am - 8:30 am Workshop Breakouts
8:00 am - 11:00 am Exhibit Hall open
8:45 am - 9:45 am Workshop Breakouts
10:00 am - 11:00 am Workshop Breakouts
11:00 am Exhibit Hall closes
11:45 am - 1:30 pm Awards Luncheon
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts

Wednesday, November 23

8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - Noon Closing Session
Conference adjourns

Four Seasons Hotel Austin

98 San Jacinto Boulevard
Austin, Texas 78701
(512) 685-8100
\$149/\$179
Booking code: EMS2011

The Four Seasons Hotel is
near Lady Bird Lake and
just one block south of the
convention center.

Hilton Garden Inn Austin Downtown

500 North IH 35
Austin, Texas 78701
(877) 782-9444
\$95/\$125

Booking code: EMS
The Hilton Garden Inn is
located 1 Block from the
Hilton Austin and the Austin
Convention Center

Residence Inn Austin Downtown

300 East 4th Street
Austin, Texas 78701
1-800-Marriott
\$109/\$109

Booking code: EMSEMSA
The Residence Inn is just
up the block from the
Convention Center entrance
and adjoins the Courtyard
Austin Downtown.

Texas EMS Conference 2011

Lectures and Workshops

November 21, 22, 23

Faculty and sessions subject to change

One-Hour Lectures

MRSA Nasal Colonization Prevalence Among EMS Personnel

Miss Alaa Al Amiry, MS, BSN, CCEMT-P, PNCCT

H and Ts in Cardiac Arrest: Considering Medications from a Pharmacist's Perspective

Mark L. Albert, Rph, PharmD Candidate

Cannibalism in EMS

Jeffery D. Anderson, NREMT-P

The ABCs of the DRT: Death Notification and Field Terminations

Steven Arze, MD, FACEP
J.C. "Skip" Straus, NREMT-P, BCCC, MPC

The Fairytales, Myths and Science of Geriatrics

Jeff Beeson, DO, LP
Jeff Hayes, BS, LP

Crew Resource Management: A Lesson from Aviation

Jeff Beeson, DO, LP

Normalization of Deviance: Stopping the Madness

Jeff Beeson, DO, LP
Ray Fowler, MD, FACEP

Procedural Reality

Scotty Bolleter, BS, EMT-P

Bats, Balls and Trauma Calls

Ken Bouvier, NREMT-P

"Rampart to Squad 51: Start an IV!"

Ken Bouvier, NREMT-P

Pediatric Stroke

Jason Bowman, RN, NREMT-P

Drug Diversion

Jason Bowman, RN, NREMT-P

If I had to Go to Court: Guidelines for Good Documentation

Dana Clarke, CFRN, LP

Duck, Duck, Goose

Dana Clarke, CFRN, LP

Airways You Hope You Never Have to Deal With

Charles Cowles, MD, RN, NREMT-P

The Missing Piece: Assessment and Scene Management at Pediatric Emergencies

Rommie Duckworth, LP

How Dead is Dead? Real-World Cardiac Arrest Management Using the 2010 Guidelines

Rommie Duckworth, LP

My Patient Is Pinned and Pregnant! OB Trauma Case Studies

Jason Dush, FF/EMT-P, CCEMT-P, FP-C

Depression: Trapped in the Maze of the Mind!

John F. Elder, EMT-P

What Does Patient Assessment Technology Mean to Me?

Bryan F. Ericson, Ed.D(c), RN, NREMT-P, CCP-C

EMS Capnography 2011—Where Are We?

Jeffrey M. Goodloe, MD, NREMT-P, FACEP

Pecs, Projectiles and Pneumothoraces: Assessment and Management of Thoracic Trauma

Steven "Kelly" Grayson, CCEMT-P

Wound Ballistics: An Idiot's Guide to Firearms Trauma

Steven "Kelly" Grayson, CCEMT-P

Losing Control: A Story of Narcotic Diversion

Russell Griffin, FP-C, CCEMT-P, NREMT-P, BS
Mark Hemphill, EMT-P

Narcotics 101: Rules, Regs, Reality

Russell Griffin, FP-C, CCEMT-P, NREMT-P, BS

Taking the "Men" out of Mentorship: Female Leadership in EMS

Jan Hiebert, EMT-P, BHSc

End-Tidal CO₂: A New Tool in Cardiac Arrest Management

Paul R. Hinchey, MD, MBA

A Right Royal Affair: EMS at the Royal Wedding

Stephen Hines

Dealing with the Death of a Child

Sarah House, MICT

Cars Are Not Playgrounds: Non-Traffic Fatalities Involving Children

Sarah House, MICT

The EMS Quiz Show: Frequently Asked Admin Questions

G. Christopher Kelly, Esq.

Ethics in EMS

Chad S. Kim, NREMT-P, BA

Let's Clear, No Patient Found . . . Oh, Wait!

Chad S. Kim, NREMT-P, BA

Pediatric Pitfalls

Chad S. Kim, NREMT-P, BA

Initial Assessment and Intervention for Children with Cardiac Disease

Jonathan Lewis, MD

Sepsis and EMS . . . What Can We Do?

Steve Maffin

Dying from the Inside Out: Assessing Perfusion Via Blood Lactate

T. Ryan Mayfield, MS, NREMT-P

Identifying Sepsis: The Prehospital Sepsis Alert Program

T. Ryan Mayfield, MS, NREMT-P

The Laws of Physics: Man's Futile Effort to Not Hit Hard Things

T. Ryan Mayfield, MS, NREMT-P

When is Dead Really Dead? Decision Making and Death Pronouncement

Mike McEvoy, PhD, REMT-P, RN, CCRN

It's a Gland Problem: Endocrine Emergencies

Alexandre F. Migala, DO, FAAEM

Airway Management

Alexandre F. Migala, DO, FAAEM

To Tell the Truth: Ethics in Public Safety

Kirk E. Mittelman, M.Ed., NREMT-P
Margaret A. Mittelman, M.Ed., EMT-I

Difficulty Breathing? Why Now?

Kirk E. Mittelman, M.Ed., NREMT-P

The Little Voice: Recognizing and Reporting Child Abuse

Jennifer Evans Morris, JD
Jim McKee, LP

Amiodarone or Lidocaine: The Role of Antiarrhythmics in Cardiac Arrest

Kenneth Navarro

Infection Control for EMS: Drug Resistant Bacteria

Kenneth Navarro

An Eagle, a Legal Beagle and an Aggie Redux: Critical Issues Related to Patient Transport Decision-Making

Wes Ogilvie, MPA, JD, NREMT-P, LP
S. Marshal Isaacs, MD, FACEP
Dudley Wait, BBA, LP

Wide and Tachy? In Lead II, You Got No Clue!

Bob Page, CCEMT-P, NCEE

How Vital Are Vital Signs?

Bob Page, CCEMT-P, NCEE

The Stroke Game Show: Time Critical Diagnosis

Bob Page, CCEMT-P, NCEE

"There's nothing Basic about me."

Tim Perkins, Virginia Office of EMS

Sick or Not Sick? That Is the Question! But Can We Tell?

Warren J. Porter, MS, BA, LP, NREMT-P

No Crybabies Allowed: Management of Neonatal Emergencies

Samuel J. Prater, MD

How to Develop Your Social Media Policy and Plan

Michelle Raczynski, BA

Pelvic Trauma: The Overlooked Killer

Carlton Rojas, RN, MSN, CCRN, CEN, CFRN, NREMT-P

Therapeutic Hypothermia

Gary Saffer, NREMT-P, BA, MPA

Advice for New Paramedics: What They Don't Tell You in Paramedic School

Gary Saffer, NREMT-P, BA, MPA

When the Stork Dials 9-1-1: Emergency Childbirth

Steve Salengo, M.Ed., NREMT-P

Patient Interviewing: Techniques That Work

Steve Salengo, M.Ed., NREMT-P

Welcome To Munchkinland: Pediatric Assessments

Jules Scadden, PS, NREMT-P

Bug Factories: Daycare Diseases

Jules Scadden, PS, NREMT-P

The History of EMS: Linking the Past, Present and Future

Jules Scadden, PS, NREMT-P

Treatment of Medium/High Velocity Penetrating Trauma

Thom Seeber, CCEMT-P

What's New in Neonatal and Pediatric Resuscitation?

Manish I. Shah, MD

The Role of Therapeutic Hypothermia in the Treatment of Trauma

Michael D. Smith, AAS, NREMT-P, CCEMT-P, EMSI

EMS and Border Communities

Miguel Agustin Sotomayor-Zepeda, NREMT-P, EMS Instructor

Positional Asphyxia: Don't Let It Happen to Your Patient

Larry Torrey, RN, EMT-P

Blast Injuries: What You Need to Know When the World Is Exploding Around You

Larry Torrey, RN, EMT-P

Pathophysiology for EMS: Why We Do What We Do

Larry Torrey, RN, EMT-P

Patients Are Not Plutonium: Hands-On Patient Assessment

Macara Trusty, CCEMT-P
John Elder, CCEMT-P

Excited Delirium: How EMS Can Save Lives

Roger Turner

Forced Detention of the Psychiatric Patient

Roger Turner

Direct Laryngoscopy: Time to Change the Standard of Care?

Jay Tydlaska, CRNA

Major Bleeding Control Options: Dispelling Some Myths

Chris Weinzapfel, FF, NREMT-P

What Is Chronic Traumatic Encephalopathy, and What Should Health Care Providers Know?

Ernie Whitener, MS, LP

The "D" Word: Confronting Death in EMS

Karen Yates, RN, BS, CEN, LP

Response Time Realities: Does Prehospital EMS Time Really Matter?

Matt Zavadsky, MS-HSA, NREMT

Two-Hour Workshops

Radiological Emergency Preparedness Planning and Response

Chris Amaro

Radiation Detection Instrumentation Workshop

Chris Amaro

Management of Patients Contaminated with Radionuclides

Chris Amaro

Scripting Solutions to Communication Problems

Jeffery D. Anderson, NREMT-P

Airway Interventions and Resources

Scotty Bolleter

Expanded Scope Prehospital Ultrasound

Jason Bowman, BS, CCEMT-P, NREMT-P
Dave Spear, MD, FACEP

Making Change: How to Facilitate Change in the EMS Environment

Jeffrey Brosius

Stay Injury Free and on the Street

Bryan Fass, BA, ATCL, CSCS, EMT-P

Moulage for Small to Large Scale Scenarios: Planning to Field

Kevin S. Gehrig, EMT-I
Laura Gehrig, BA EM, HMS

Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work

Steven "Kelly" Grayson, CCEMT-P
Gary Saffer, EMT-P
Jules Scadden, NREMT-P

Two Rescuers, One Rope, No Problem

John Green, EMT-I

You Want Me To Sit Where? Safe Transport in Ambulances

Sarah House, MICT

Friday Night Lights . . . On-Field Care of the Potential Spine Injured Athlete

Jackie Langford, BFA, FF/LP

When Sugar Ain't Sweet: Diabetes Update

Celia Levesque, MSN, RN, CNS-BC, CDE, BC-Adm
Deborah McCrea, RN, MSN, CNS, CEN, CFRN, EMT-P

"Oh, My Aching Back!" Techniques to Help You Save Your EMS Career

Katie J. Lyman, MS, ATC, LAT, CKTP, NREMT
Joshua A. Stramiello, BS

You Are the EMT: Improving Your Assessment

Kirk E. Mittelman, M.Ed., NREMT-P
Margaret A. Mittelman, M.Ed., EMT-I

Stethoscopy for Dummies Lab Session

Bob Page, CCEMT-P, NCEE

12-Lead EKG Interpretation: KISJ (Keep It Simple Jon)

Jon Puryear, NREMT-P

Anatomical Perspectives of a 12-Lead ECG

Keven Roles, NREMT-P, FP-C

I'm In Here! Can You See Me? EMS Assessment and Communication for Children with Special Needs

Manish Shah, MD
Anthony Gilcrest, MPA, BS, EMT-P

Disaster Moulage: Making it Yours!

Stephanie Thompson, EMT
Kathy Wall, EMT-P

E.S.C.A.P.E. Mini-Seminar

Shawn Tompkins, EMT-P
Bob Poresky

Preconference Classes

November 18, 19 and 20

Registration deadline October 14 — prices increase October 15

For registration information or to find out whether a class is full, call (512) 759-1720.

For information on class content, contact the person indicated in the class description.

Friday-Saturday-Sunday

National Association of EMS Educators Instructor Course: \$435 (after 10/14 \$475); Friday, 11/18, 8:00 am–5:30 pm; Saturday, 11/19, 8:00 am–5:30 pm; and Sunday, 11/20, 8:00 am–6:00 pm; lunch on own; Hilton Austin; CE: Additional. NAEMSE presents the EMS Instructor Course, which has been designed and developed by the same individuals who produced the DOT/NHTSA 2002 National Guidelines for Educating EMS Instructors. The NAEMSE Instructor Course represents the didactic component and practical application of the beginning education process to become an EMS instructor. The content of this 40-hour course aligns the NAEMSE developed modules with the curriculum objectives of the 2002 National Guidelines. NAEMSE recognizes that the development of a professional EMS educator requires many components, including formalized education in all aspects of the educational process, practical experience in teaching and mentoring by other members of the educational team to foster personal growth and development. This course does not include all these components, but it does offer the beginning steps of the process. Enrollment will be limited to 100 participants. Individuals must complete a 16-hour online course *before* attending the class. Information about the online course will be sent after registration. Individuals who attend the entire course and pass the post test will receive a Certificate of Course Completion from NAEMSE and will be eligible for Texas instructor certification. Continuing education hours have been applied for through NAEMSE, which is accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). For more information on course content, contact Laura Krawchuk at laura.krawchuk@naemse.org or (412) 343-4775.

Saturday-Sunday

Coordinator Course: \$600; Saturday, 11/19, 8:00 am–5:30 pm; and Sunday, 11/20, 8:00 am–6:00 pm; lunch provided both days; Austin Convention Center; course limited to 25 attendees. **No CE.** Exam on Monday at the Convention Center. This 16-hour course is intended to train Texas EMS course coordinators. Participants will be selected through a competitive application process. To apply, complete and mail the course application along with the required documentation and a letter detailing justification for your enrollment. Do **not** complete a state certification application at this time. The course application and screening criteria can be found at www.dshs.state.tx.us/emstraumasystems/11CoordinatorCourse.shtm. Course applications must be postmarked on or before July 16, 2011. Do not submit a fee until you receive an invoice for payment and an acceptance letter detailing additional steps of the process. Mail the completed course application, *without payment*, to Phil Lockwood, Texas EMS Conference, PO Box 142694, Austin, TX 78714. Attendees will be selected by September 1, 2011, and notified by U.S. mail shortly afterward. Upon receipt of an acceptance letter, you will have until September 30, 2011, to submit payments for the preconference coordinator course and the state coordinator certification application and fees. For more information on course content, contact Phil Lockwood at phil.lockwood@dshs.state.tx.us or (512) 834-6700 x2032.

CoAEMSP/CAAHEP Accreditation

Workshop: \$325 (after 10/14 \$350); Saturday, 11/19, 8:00 am–5:30 pm; and Sunday, 11/20, 8:00 am–12 pm; Hilton Austin. **No CE.** This class is for paramedic education program directors who are preparing for the CoAEMSP/CAAHEP accreditation process. It will help attendees define accreditation, including programmatic and institutional

accreditation and their benefits.

Requirements for completing a self study for paramedic program CAAHEP accreditation and an outline of the self study process will be discussed, as will preparation for and implementation of an accreditation site visit. For more information on course content, contact Deb Cason at (214) 648-5246 or debra.cason@utsouthwestern.edu.

Geriatric Education for Emergency

Medical Services: \$300 (after 10/14 \$325); Saturday, 11/19, 8:00 am–5:30 pm; and Sunday, 11/20, 8:00 am–5:30 pm; lunch on own; Austin Convention Center; CE: Preparatory, Airway, Patient assessment, Trauma and Medical.

The geriatric education for emergency medical services (GEMS) program was developed by the American Geriatrics Society and the National Council of State EMS Training Coordinators. GEMS is an exciting curriculum designed specifically to help EMS providers address all of the special needs of the older population. Students will learn to perform a GEMS “diamond” patient assessment and treat patients with multiple medical problems, including dyspnea/respiratory failure, trauma, neurological problems, and pharmacology. Bring required, completed pretest to class; pretest at www.uthscsacommed.org (go to Downloads & Resources). Book not required but suggested and available on Amazon.com (Geriatric Education for EMS, ISBN-10: 0763720860). For more information on course content, contact Micol L. Konvicka, BS, NREMT-P, at (830) 460-1531 or micolkonvicka@hotmail.com.

PEPP: Pediatric Education for

Prehospital Professionals: \$200 (after 10/14 \$225); Saturday, 11/19, 8:30 am–5:30 pm; and Sunday, 11/20, 8:30 am–5:30 pm; lunch on own; Austin Convention Center; CE: Pediatric. Pediatric calls are some of the most stressful times as an EMS provider.

Preconference Classes

November 18, 19 and 20

Registration deadline October 14 — prices increase October 15

For registration information or to find out whether a class is full, call (512) 759-1720.

For information on class content, contact the person indicated in the class description.

Even in a noncritical setting, assessing a pediatric patient presents unique challenges: Only 10 percent of calls involve children, and only 1 in 100 deal with critical pediatric patients. To lessen the stress of these calls, this class offers a comprehensive source of prehospital medical information for the emergent care of infants and children. Developed by the American Academy of Pediatrics, it is designed specifically to teach prehospital professionals how to better assess and manage ill or injured children. The two-day ALS course is geared toward EMT-Intermediate and Paramedic providers. This PEPP ALS class will be taught by Medical City Children's Transport team and pediatric emergency physicians, as well as other pediatric specialists. The lectures are tailored and updated to meet the new AHA standards and to reflect recent pediatric initiatives and Best Practice in Pediatric Prehospital care. For more information on course content, contact Laura Massey at (972) 566-7163 or laura.massey1@hcahealthcare.com or Craig White at (972) 566-5581 or craig.white@hcahealthcare.com.

Saturday

Basic and Clinical Research and Presentation Strategies: \$50 (after 10/14 \$55); Saturday 11/19; 8:30 am–5:30 pm; Hilton Austin; CE: Preparatory, Medical. This class is sponsored in part by the Texas Association of Air Medical Services. Also, the class now includes lunch. This class will introduce the participant to the fundamentals of performing basic and clinical research as well as literature reviews. We will discuss interesting uses of common tools widely available and how to find and use some of the lesser-known resources. In this course, we will also discuss the regulatory requirements and pitfalls of human-based research. We will provide hands-on experience in developing scientific-focused poster and oral presentations. Participants who attend

with specific research ideas will receive individualized project assistance from the faculty. For more information on course content, contact David Wampler, Ph.D., LP, at (210) 567-7598 or wamplerd@uthscsa.edu.

Texas Top Gun! Critical Care

Simulation Lab: \$175 (after 10/14 \$200); Saturday 11/19; 8:00 am–12:00 pm or 1:00–5:00 pm; Hilton Austin; CE: Patient assessment. Ready for a challenge? Join this class to experience hands on simulation of cases that will test your knowledge and critical thinking ability. The lab work is done on a human patient simulator that allows all skills to be performed. The scenarios are difficult, and a good bit of learning will occur with each one, including a debriefing after each "call." This class is for critical care medics and nurses with critical care experience. Check your egos at the door and hold on for the ride! Attire required for this session includes uniform, flight suit, scrubs or typical on-call attire. Also bring the personal assessment equipment that you normally carry with you on calls. Enrollment for each session is limited to 18 students. For more information on course content, contact Bob Page, CCEMT-P, NCEE, at (417) 766-6562 or edutainment@mac.com.

Train the Trainer: \$150 (after 10/14 \$175); Saturday 11/19; 8:00 am–12:00 pm; Austin Convention Center; CE: Airway. This class introduces attendees to the what, how, when and where of establishing your own "Guts and Gore" lab. The student will leave the class with a CD that contains an education letter to obtain the organs from a butcher or slaughter house; descriptions of each learning lab; and a list of supplies needed for a class; list of locations to get the supplies; skills sheets for each skills/learning lab; PowerPoint presentation with all speaker notes for the two hour class. For more information on course

content, contact Kris Kern at kkern@com.edu.

Guts and Gore: \$125 (after 10/14 \$150); Saturday, 11/19, 1:00 pm–5:00 pm; or Sunday 11/20, 8:00 am–12:00 pm or 1:00–5:00 pm; Austin Convention Center; CE: Airway. Our classrooms are filled with the medical terminology describing the sights and sounds of the cardiovascular and respiratory systems. Wheezes, rales, rhonchi, pulmonary embolism, endocardium, coronary vasculature and the list goes on. This class will guide students through the anatomy of the respiratory and cardiovascular systems with a total hands-on method. Students will learn by dissection of animal anatomy and demonstration of simulated medical conditions utilizing the anatomy. This section will also include several visual and auditory demonstrations, including pneumothorax, lung sounds, CPAP demonstration, pericarditis, and many more. For more information on course content, contact Kris Kern at kkern@com.edu.

Managing Excited Delirium: \$175 (after 10/14 \$200); Saturday, 11/19; 8:30 am–5:30 pm; lunch on own; Hilton Austin; CE: Preparatory, Patient assessment, Medical, Special considerations, Clinically related operations. This class covers arrest-related deaths, excited delirium (ED) and the importance of cooperation between all first responders in dealing with this life threatening situation. The role of electronic control devices (TASERs), theories for the cause of death, as well as sources for additional information will be covered. The class is designed to educate all participants in the recognition of and best practices in dealing with someone experiencing an excited delirium event. The class offers participants an overview of the condition, how it has been handled historically, specific ways to improve

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dealing with these dangerous patients and a hands-on application of the techniques to be utilized. The class will include information from both law enforcement and the medical responder side to give attendees a better understanding of the cooperation needed to manage an ED event. Together we can improve the outcome of these confrontations while minimizing the risks. For more information on course content, contact Wren Nealy Jr., EMTP, at (281) 378-0826 or wnealy@ccems.com.

NAEMT EMS Safety Course: Taking Safety to the Streets: \$175 (after 10/14 \$200); Saturday, 11/19; 8:30 am–5:30 pm; lunch on own; Hilton Austin; CE: *Special considerations*. The class will increase attendees' awareness and understanding of EMS safety standards and practices and develop their ability to effectively implement these practices when on duty. The six module course will cover the following topics: crew resource management; emergency vehicle safety; operational scene safety; safe patient handling; patient, practitioner and bystander safety and personal health. Course manual included. For more information on course content, contact Michael L. Shelton at (817) 632-0515 or mshelton@medstar911.org.

Industrial Aspects of Rope Rescue: \$250 (after 10/14 \$275); Saturday, 11/19; 8:00 am–5:30 pm; lunch provided; meet off-site; CE: *Preparatory, Patient assessment, Trauma*. This eight-hour class focuses on rescues in an industrial environment. It covers description of basic equipment used in industrial rescue, belays, simple hauls and lowers, and self-rescue techniques. Students will be required to bring sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat) and a canteen or water bottle. For more

information on course content, contact John Green at john@texasroperescue.com.

Sunday

A Fresh Look at Firefighter Rehab: \$100 (after 10/14 \$125); Sunday, 11/20; 1:00–5:00 pm; Hilton Austin; CE: *Patient assessment*. Firefighting has the greatest short-term physical demands of any profession. An effective rehab operation allows firefighters to work harder and longer and boosts the number of firefighters available on scene. The National Fire Protection Association (NFPA) 1584 Rehab Standard takes a fresh look at rehab, requiring SOGs, education, fire officer participation with EMS, supplies, medical monitoring and specific documentation. This workshop is offered nationally to help participants understand the nine key components of 1584 compliant rehab along with reality-based options for integrating rehab into your response area. Whether you are an EMS provider, officer or firefighter, this workshop will help you understand NFPA 1584 and give you the tools you need to implement a functional and effective rehab program. For more information on course content, contact Mike McEvoy, PhD, REMT-P, RN, CCRN, at mcevoymike@aol.com.

Pit Crew Approach to Cardiac Arrest Management: \$150 (after 10/14 \$175); Sunday, 11/20; 8:30 am–5:30 pm; lunch on own; Hilton Austin; CE: *Preparatory, Medical*. A highly trained and efficient NASCAR pit crew can refuel a car, change four tires and clean the windshield in about 15 seconds. Perhaps an EMS team displaying the same incredible precision and teamwork coupled with a thorough understanding of the science behind resuscitation could impact survival rates. This course will emphasize the importance of basic life support interventions, the integration of those interventions with advanced care and the

importance of effective team interaction and communication during a resuscitation attempt. Although this course will focus on BLS, participants at every level of certification can learn ways to improve the quality of their resuscitation attempts. For more information on course content, contact Kenneth Navarro at (214) 648-6977 or kenneth.navarro@utsouthwestern.edu.

Multi-Lead Medics: 12-Lead ECG Interpretation: \$175 (after 10/14 \$200); Sunday, 11/20; 8:30 am–5:30 pm; lunch on own; Hilton Austin; CE: *Medical*. If anyone told you that you could take a 12-lead class and have fun, would you believe them? Presented by Bob Page, this eight-hour, highly motivating, non-stop interactive course on 12-lead ECG includes proper lead placement, axis and hemiblock determination, bundle branch blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG. The course includes a workbook with practice problems and handy charts for rapid use in the field. Participants will read approximately 200 12-lead ECGs. There is also website support for program graduates, offering continual competency and feedback from the instructor. The class is delivered as a state-of-the-art computer presentation enhanced with sound, graphics, animation, music and video clips. For more information on course content, contact Bob Page, CCEMT-P, NCEE, at (417) 766-6562 or edutainment@mac.com.

CEVO 3: Ambulance: \$200 (after 10/14 \$225); Sunday, 11/20; 8:30 am–4:30 pm; lunch on own; Hilton Austin; CE: *Patient assessment, Special considerations, Clinically related operations*. First introduced in the early 1990s, the Coaching the Emergency Vehicle Operator (CEVO) courses for ambulance, fire and police personnel quickly became

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accepted as standards in driver training for these fields. Since then, more than 500,000 emergency professionals have been trained with the CEVO programs. As with the original program, operators will appreciate CEVO 3's non-lecture, participant-intensive educational approach. The six-hour course is divided into six sessions. For more information on course content, contact Rommie Duckworth, LP, at (203) 994-4583 or romduck@snet.net.

Guts and Gore: \$125 (after 10/14 \$150); Saturday, 11/19, 1:00 pm–5:00 pm; or Sunday 11/20, 8:00 am–12:00 pm or 1:00–5:00 pm; Austin Convention Center; CE: Airway. Our classrooms are filled with the medical terminology describing the sights and sounds of the cardiovascular and respiratory systems. Wheezes, rales, rhonchi, pulmonary embolism, endocardium, coronary vasculature and the list goes on. This workshop will guide students through the anatomy of the respiratory and cardiovascular systems with a total hands-on method. Students will learn by dissection of animal anatomy and demonstration of simulated medical conditions utilizing the anatomy. This section will also include several visual and auditory demonstrations, including pneumothorax, lung sounds, CPAP demonstration, pericardiocentesis, and many more. For more information on course content, contact Kris Kern at kkern@com.edu.

Slam Emergency Airway Provider Course: \$410 (after 10/14 \$450) (textbook included); Sunday 11/20; 8:00 am–6:00 pm; Austin Convention Center; CE: Airway, Trauma, Special considerations. This 10-hour course presents key aspects of emergency airway management including assessment of the airway and clinical situation; proper use of rapid sequence induction and intubation; pharmacology of airway

management, advance techniques for difficult intubation; rescue ventilation options; cricothyrotomy; confirmation of tracheal intubation and monitoring of lung ventilation; new fiberoptic and video laryngoscopic equipment suitable for use in EMS; management of burn and inhalation injuries; management of the traumatized airway and cervical spine injured patient; management of the airway in the emergency pregnant patient; pediatric airway management; and sedation/analgesia for post-intubation management. The class includes four hours of lecture; one hour for the pig cricothyrotomy workshop; and five hours of hands-on instruction. The course includes all airway management updates and recommendations from Guidelines 2005 for the American Heart Association and the International Liaison Committee on Resuscitation. The course has been completely updated since the publication of the SLAM textbook in August 2007 to include content, equipment and products. There will not be a lunch break, so bring snacks! For more information on course content, contact James Rich at (972) 974-5123 or jrofdallas@gmail.com.

Wilderness Aspects of Rescue: \$250 (after 10/14 \$275); Sunday, 11/20; 8:00 am–5:30 pm; lunch provided; meet off-site; CE: Preparatory, Patient assessment, Trauma. This eight-hour class focuses on low-to-high angle patient evacuation in the wilderness environment. It covers basic hauls/lowers, rappelling, belays, wilderness anchors, patient packaging and patient movement in wilderness environment. Students will be required to bring sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (fire, industrial or wilderness ok), leather gloves (non-firefighting or hazmat) and a canteen or water bottle. For more information on course content, contact John Green at john@texasroperescue.com.

Keeping It Real—Emergent Procedures and Anatomy Lab: \$200 (after 10/14 \$225); Sunday, 11/20; 8:00 am–6:00 pm; lunch and snack provided; Off-site (bus departs from Hilton Austin at 8:00 am for 90-minute ride to site. Class begins on the bus as instructors teach the classroom portion while participants roll through the Hill Country); CE: Preparatory. *Keeping It Real* is a nationally recognized anatomy program focusing on emergent resuscitation and appropriate procedural interventions. What is expressly different about this hands on experience is its blending of fresh as well as embalmed human specimens, in concert with a team of highly experienced medical professionals (paramedics, nurses and physicians), engaged to deliver the most demanding procedures, with the right dose of appropriateness, in a tightly developed program. This entire course is designed to comprehensively define, explain and train through BLS & ALS ventilation management, vascular access, thoracic decompression, chest tube placement and management, pericardiocentesis as well as ultrasound (FAST) assessment. Participants are actively encouraged to locate, visualize, mobilize and explore the anatomy of the neck, chest, abdomen and extremities to better appreciate the impact our procedures have on the human body—while simultaneously defining the more common medical and traumatic disease process we so frequently encounter. *Keeping It Real* is a critically acclaimed program orchestrated toward a common goal: improving “indication recognition” while simultaneously offering the hands on experience these procedures require. For more information on course content, contact Scotty Bolleter at sbolleter@bsbems.org.

TEXAS EMS CONFERENCE 2011 REGISTRATION FORM

Register online at www.texasemsconference.com

NAME _____

NAME PREFERRED ON BADGE _____

COMPANY _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE (include area code) _____

EMAIL ADDRESS REQUIRED _____

PRIMARY ACTIVITY

Student Patient Care Teaching Mid-Management/Supervisory Executive Management

LICENSE LEVEL

ECA EMT EMT-I EMT-P LP LVN/RN MD/DO

PRIMARY WORK SETTING

Hospital Industrial Ambulance Service Fire Department Other: _____

PRECONFERENCE CLASSES

Preconference registration **deadline: October 14, 2011**
Check the class(es) you will attend.

	After Oct 14	After Oct 14
<input type="checkbox"/> National Association of EMS Educators Instructor Course.....\$435....\$475		<input type="checkbox"/> Managing Excited Delirium.....\$175....\$200
<input type="checkbox"/> CoAEMSP/CAAHEP Accreditation Workshop.....\$325....\$350		<input type="checkbox"/> NAEMT EMS Safety Course: Taking Safety to the Streets.....\$175....\$200
<input type="checkbox"/> Geriatric Education for Emergency Medical Services.....\$300....\$325		<input type="checkbox"/> Industrial Aspects of Rope Rescue.....\$250....\$275
<input type="checkbox"/> PEPP: Pediatric Education for Prehospital Professionals.....\$200....\$225		<input type="checkbox"/> A Fresh Look at Firefighter Rehab.....\$100....\$125
<input type="checkbox"/> Basic and Clinical Research and Presentation Strategies.....\$50....\$55		<input type="checkbox"/> Pit Crew Approach to Cardiac Arrest Management.....\$150....\$175
Texas Top Gun! Critical Care Simulation Lab (check class below)		<input type="checkbox"/> Multi-Lead Medics: 12-Lead ECG Interpretation.....\$175....\$200
Saturday <input type="checkbox"/> 8 am–12 pm or <input type="checkbox"/> 1–5 pm.....\$175....\$200		<input type="checkbox"/> CEVO 3: Ambulance.....\$200....\$225
<input type="checkbox"/> Train the Trainer.....\$150....\$175		<input type="checkbox"/> SLAM Emergency Airway Provider Course.....\$410....\$450
Guts and Gore (check class below)		<input type="checkbox"/> Wilderness Aspects of Rescue.....\$250....\$275
Saturday <input type="checkbox"/> 1–5 pm or Sunday <input type="checkbox"/> 8 am–12 pm or <input type="checkbox"/> 1–5 pm...\$125....\$150		<input type="checkbox"/> Keeping It Real—Emergent Procedures and Prehospital Anatomy Lab.....\$200....\$225

REGISTRATION FEE

\$195 until November 1
\$225 after November 1

Register online at www.texasemsconference.com

Registration information: (512) 759-1720
General Information: (512) 834-6700

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Mail to:
Texas EMS Conference
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Hutto, Texas 78634

Registrations by fax will be accepted only if you are using a credit card. A check, money order or credit card number must accompany any mailed registration. No mailed or faxed registrations accepted after 11/1/2011. **No refund after 11/1/2011.** There is a 20% administration fee if a refund is necessary.

If paying by credit card, you may fax your completed registration to: (512) 759-1719.

By signing up for the conference, you agree to have your likeness reproduced in publications.

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Local & Regional EMS News

by Kathy Clayton



In June, northwest Houston residents joined Cypress Creek EMS for a dedication ceremony, welcoming three new emergency trucks to the department. "It's a good time for the community to come out and see the vehicles that we're using and where all their tax dollars and donations are going," paramedic Graig Temple, who spearheaded the event, said. Executive director of Cypress Creek EMS, Brad England, and Harris County Judge Kent Adams spoke to the crowd braving the heat on the CCEMS parking lot.

Advocate of the Year recognized by North Texas Regional Trauma Conference

Audrey Collins of Crowell was awarded Advocate of the Year at the North Texas Regional Trauma Conference in Wichita Falls in April. The award and conference are open to all personnel who work in the area of trauma—ER physicians and nurses, ground and air ambulance personnel, medical directors and police officers.

Taken by surprise, but surrounded by children, grandchildren, great-grandchildren and a sister,

83-year-old Collins received the award for serving the sick and injured for more than sixty years. Most of her career was spent doing laboratory and x-ray work at Foard County Hospital and Hillcrest Clinic in Vernon. She began working part time as an EMT in 1975, increased that to a full-time position in 1989, and advanced on to paramedic in 1991. In 2009 Collins stopped making runs and became a quality assurance and improvement officer.

Jodie Harbert receives Excellence in Teaching Award

The National Society of Leadership and Success, which has chapters at more than 242 colleges and universities in the United States, awarded three professors at Collin College, including Jodie Harbert, with its Excellence in Teaching award. The society's mission includes helping people discover and achieve their goals. The society offers lectures from the nation's leading presenters, where success-oriented individuals can come together to help people succeed.

Harbert, Associate Professor of EMS at Collin College, serves as the GETAC Education Committee Chair and represents EMS educators on the Governor's EMS and Trauma Advisory Council. "I was very honored and surprised to receive the award and to be nominated by my students made it extra special."



Jodie Harbert

Georgetown firefighters honored for rescuing teenager from burning wreck

Shawn Carter and two other Georgetown firefighters, on their way to a training session in May, spotted Jacob Broadway's pickup as it was skidding under the Lakeway Drive bridge on Interstate-35 in Georgetown, according to local news reports.

They were able to maneuver their fire truck down the overpass and across a grassy area, where they found the pickup on its side, with smoke coming out of the engine compartment, Carter said.

Jacob Broadway, 17, was trapped inside with his leg pinned underneath him. Other firefighters en route to the training session saw the scene and joined the rescue efforts. By the time firefighters were able to pull a water hose off the truck, Broadway's engine compartment was on fire. One

firefighter crawled through the back window of the truck to free Broadway's leg, and Carter and another firefighter pulled the teen out through the passenger door. None of the firefighters had time to put on protective gear, Georgetown Fire Chief Robert Fite said.

According to the police report, Broadway was driving south on I-35 when he left the road, hit a guardrail and then struck the support pole for the Lakeway exit sign head-on. His family told officials that he may have fallen asleep.

Broadway was taken by helicopter to Seton Medical Center Williamson in Round Rock. As soon as he arrived, doctors notified Broadway's family that he would be transferred to Memorial Hermann-Texas Medical Center

Hospital in Houston for burn treatment.

As reported by the family to local news outlets, seventeen of Jacob's bones were broken, including his right ankle, pelvis, femur and some of his vertebrae; his spleen was ruptured; and his lungs were bruised. Although he is recovering well, Broadway was still hospitalized when his rescuers were honored.

At a Georgetown City Council meeting in June, the Fire Department awarded the Green Cross and the Medal of Honor to the four Georgetown firefighters who saved Broadway: Travis Vinton, EMT-P; Carter, EMT; Josh Ratliff, EMT; and David Slay, EMT. Vinton said after he got the award that he felt "ecstatic" to be able to help save a life.

TMA's Hard Hats for Little Heads program distributes 100,000th helmet

More than 100,000 children are riding Texas streets more safely, thanks to bicycle helmets distributed by Texas Medical Association (TMA) physicians. TMA's Hard Hats for Little Heads program gave out its 100,000th helmet to a child in May. TMA hopes to double that number in the next five years.

C. Bruce Malone, MD, an Austin orthopedic surgeon and TMA's president, has seen children suffer because they were not wearing a helmet. "When I stood over a child in the intensive care unit who was brain dead and had hardly a scratch

on the rest of his body, I became frustrated with the lack of protection for kids," says Dr. Malone.

"I pledged to myself then that I would do everything I could to get every child to wear a helmet, and I'm pleased to be part of an organization that is working so hard to protect our children," he adds.

TMA created the Hard Hats for Little Heads program in 1994. It encourages children to exercise safely by wearing a properly fitted helmet every time they bike, skate, skateboard, or ride a scooter.

Local sponsors partner with

TMA to give away helmets at events in their communities and educate children and their parents about the importance of wearing a helmet. TMA provides free helmets to match helmet purchases by event sponsors. Low-income children in more than 100 counties have received most of the helmets.

"The accomplishment of giving away 100,000 helmets is something to celebrate," says Dr. Malone. "More importantly, we're celebrating the children who have been protected from potential lifelong injury and possibly even death."

Level II designation for Seton Medical Center Williamson

Seton Medical Center Williamson, a member of the Seton Healthcare Family, has been certified a Level II trauma center by the American College of Surgeons and DSHS, making Seton the first and only hospital in the county designated for this level of trauma care.

“This significant achievement means that Seton Williamson has all of the facilities and resources for handling trauma needs around the clock,” said Dr. Neel Ware, MD, medical director for the trauma center at Seton Williamson. “Time is of the essence for injured patients. Therefore, having comprehensive trauma services located close to home is of critical importance for patient care.”

The teamwork and relationship with ground and helicopter EMS providers, including access via an onsite helipad, was also favorably received by the reviewing team at the American College of Surgeons.

As part of the designation process, Seton Williamson has been delivering Level II trauma care since last year by enhancing its medical technology and bringing in expertly trained staff to provide specialized care. The hospital is an extension of the trauma network established by the Seton Healthcare Family, and is anchored to Seton’s two Level I trauma centers, University Medical Center Brackenridge and Dell Children Medical Center of Central Texas. Seton Williamson is connected to these facilities via rapid transport and telemedicine, if necessary.

Seton celebrated the designation with a reception in July at the medical center, where organizers offered a close-up look at a mock trauma event, information on what differentiates Level II care from other designations, and the opportunity to meet trauma surgeons and emergency department staff.

ATCEMS motorcycle program increases service

Austin-Travis County Emergency Medical Services (ATCEMS) has been using motorcycles at major events such as SXSW and ACL Fest for several years. After months of planning and training, ATCEMS motorcycle paramedics will begin a new phase of operations—they can now be deployed in the most congested sections of Interstate-35 during rush hours.

“We train our paramedics to safely gain access to patients that are in hard to get to places—over the side of a cliff, in a cave or in rapidly moving water. However some of the most difficult patient access issues we face daily are on I-35,” says James Shamard, ATCEMS Chief of Staff. “A collision in the downtown area can quickly create gridlock on I-35 leaving motorists with no where to go maneuver when a full size ambulance tries to pass.”

Paramedic motorcycles are designed to be driven both on and off road. They carry specialized medical equipment to provide basic and advanced level care until the ambulance arrives. Paramedics on the ATCEMS motorcycle team complete the Motorcycle Safety Foundation’s Basic and Expert Riders Course each year. In addition, ATCEMS has worked closely with the Austin Police Department Motor’s Division to complete a version of the National Motor Officer’s Course that is modified for ATCEMS EMS operations.

Austin-Travis County EMS uses four donated motorcycles in the medic program. The motorcycles have emergency lighting, radios and a GPS map. Each is equipped with Automatic Vehicle Locator (AVL) equipment that allows the EMS dispatcher see exactly where the motorcycle is located, for rapid dispatch to an incident.

Seton Medical Center Williamson has been designated as a Level II trauma center. In June emergency department doctors and medics worked together in a trauma exercise presented during an event celebrating the designation.



Tarleton students honored with Good Samaritan Award



Tarleton State University students Heston McBride III, Austin Evans and Jerrod Spillers, and friend Bruce Decker, are joined by university president F. Dominic Dottavio, paramedic Kathleen Karczewski and Scotty Bolleter, director of education for the Bulverde-Spring Branch EMS, following an award ceremony in August presenting the four young men with Tarleton's first ever Good Samaritan Award for Extraordinary Humanitarian Service.

Three Tarleton State University students and a fourth young man were awarded the university's first-ever Good Samaritan Award for Extraordinary Humanitarian Service for "heroic" actions at the scene of a fatal, four-vehicle accident north of San Antonio in July.

Tarleton students Heston McBride III, Austin Evans and Jerrod Spillers, and friend Bruce Decker, were recognized by university administrators during a luncheon in August hosted by university President Dr. F. Dominic Dottavio. This award was established as a direct result of actions taken by the four at the wreck scene. Dottavio cited their

"compassion, good deeds and caring service."

Also on hand to honor the four were Scotty Bolleter, director of education for the Bulverde-Spring Branch EMS, and the paramedic at the scene of the accident, Kathleen Karczewski.

In July, the four were returning to Stephenville from San Antonio and came upon a four-vehicle accident on U.S. 281 near Bulverde. The students called 9-1-1 to report the wreck and tended to the victims, one of whom was ejected from his truck and sustained serious injuries. One person died at the scene.

When paramedic Kathleen Karczewski arrived, the young

men offered to assist, and she accepted. The students, none of whom had formal first aid training, helped Karczewski stabilize the victims and place the injured on stretchers.

Karczewski told the gathering that the assistance was crucial, as EMS and fire department officers were stretched thin that day. In fact, she said, one of the victims "would not have made it without you. Someone is alive today because of what you did."

Evans said that the decision to stop and provide aid came naturally. "I'd like to give credit to (Karczewski) because had she not been there to do what she did, it could have turned out worse for the victims. We did as much as we could. She coordinated the rescue effort," he said.

During the reception in August, Dottavio presented the four young men with certificates and plaques on behalf of the university. Certificates of Honor from the Bulverde-Spring Branch EMS were also given to the honorees.

"I'm still blown away by what the paramedic did because we just helped as much as we could, but there are people like her who do that every day and they never receive the credit," said Evans. "We never expected any recognition or for anyone else to know what we did except for our parents."

The EMS Experience

Saluting those with 20 years or more in EMS

Robert Kelley, EMT-P



Robert Kelley, an EMT-P with Gatesville Volunteer Fire Department, began his career in the early 1970s following a short first aid and CPR class.

What was your first day on the job in EMS?

My first job was in the early 1970s with the newly formed Livingston County Ambulance Service in Howell, Michigan. My brother, Doug, and a friend, Jim, had been running the service since day one when the county established it, because the funeral homes were getting out of the ambulance business. The ambulance service was required to

hire a veteran and, since I had just gotten out of the military, Doug offered me a job. I said, "Yes," and after a short first aid and CPR class, I received a certificate as a "Certified Ambulance Attendant." That certification allowed me to ride in the back of the ambulance. Our station was the basement of a house, our ambulance was a converted Ford Van, call sign L-25, and my pay was \$7660.00 per year. Livingston County is 584 square

miles, and we covered it with just a couple of rigs.

Which services have you worked for over the years?

I have worked for the Brighton Volunteer Fire Department in Michigan, Livingston County Ambulance Service (Michigan), Stratmoor Hills Volunteer Fire Department (Colorado), the City of Howell Volunteer Fire Department in Michigan; the City of Naples Fire Department in Florida; Killeen Fire Department (Texas), and am now with the Gatesville Volunteer Fire Department.

Why did you get into EMS?

Why I got into EMS had nothing much to do with EMS itself. In 1968 I was assigned to C Troop, 3rd Squadron, 4th Cavalry, 25th Infantry Division, stationed in Cu Chi, South Vietnam. Our Troop had tanks and armored personnel carriers, and I was assigned to the 1st platoon. I was part of the crew on our lieutenant's armored personnel carrier (track). Our medic, "Doc" Hitchcock, and I became close friends. Whenever we got into a firefight, Doc would jump off the track with his aid bag, no weapons, and run to the injured. I made a decision that whenever Doc left the track I would go with him to keep the bad guys off him and give him a hand when he needed it. Doc always knew exactly what to do and didn't get rattled, no matter what was going

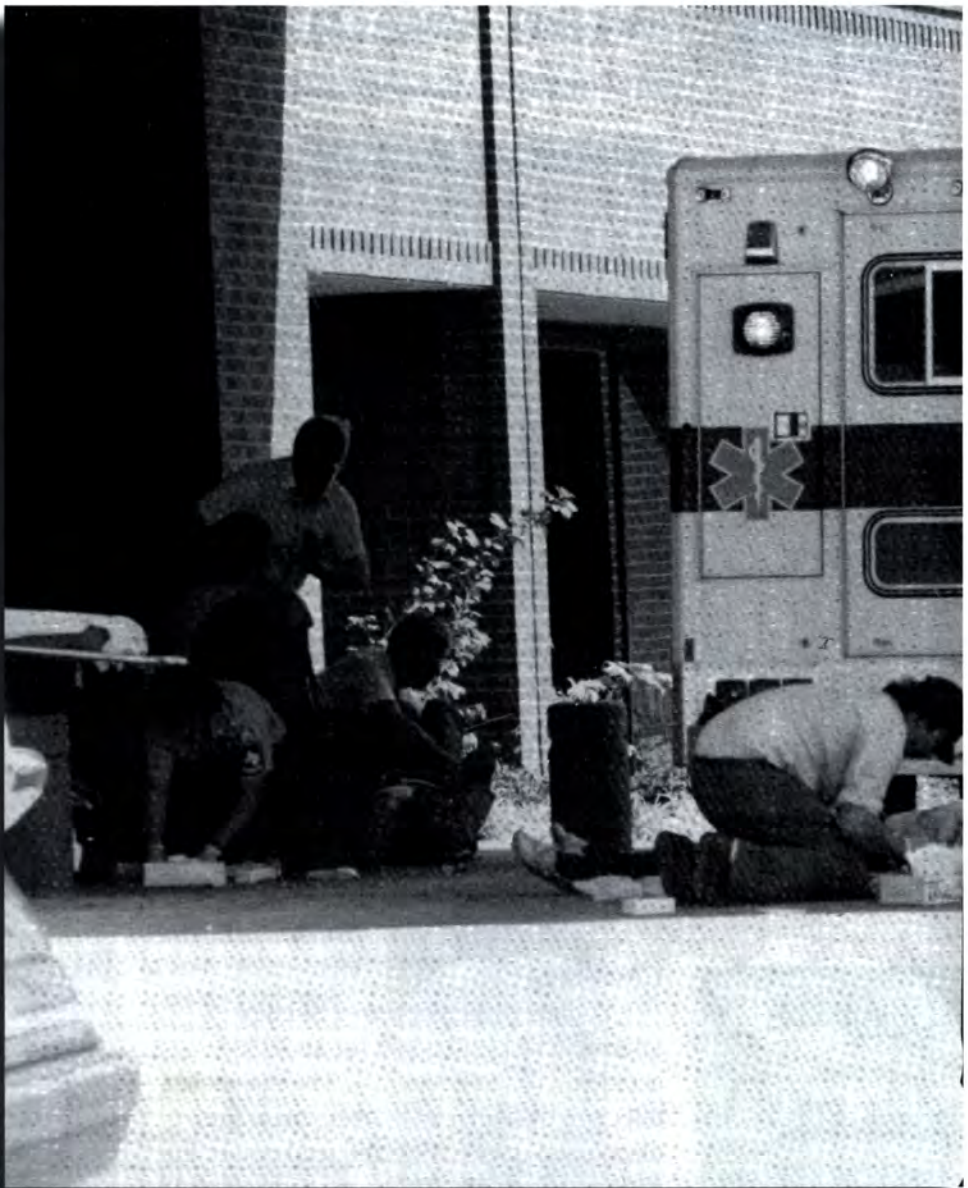
on around him. His treatment of our wounded made a lasting impression on me.

How has the field changed since you've been in it?

In the '70s we carried boards for splints, a wide variety of bandages, and the only drug we carried was oxygen. Speed was a big factor in treating our patients. The faster we transported the patient to a hospital, the better our service was. Traveling 90 to 100 mph was not uncommon. In 1982 I was hired by the Killeen Fire Department and discovered that speed had been replaced by better medical care and intensive training. My paramedic training took a year, a far cry from that simple first aid course. We now have advance telemetry, a wide variety of meds for the heart, diabetic meds, the ability to talk with a physician and a lot of other major advances. It's interesting to me that even with all these changes, bandaging and splinting have remained basically the same.

Is there a particular moment or call that stands out?

I know people will guess the Luby's shootings but, besides being the most significant and devastating incident of my career, the most satisfying calls were those where you made an immediate and dramatic impact on someone's life. Like a severe asthmatic who can't breathe one minute and is smiling at you the next after your treatment, or when you are visited at the station by a little girl who was hit by a car, and she gives you a hug. Or getting thanked personally by the father who had to be talked



In 1991, Robert Kelley was one of the first to respond at the scene of the mass shooting at Luby's in Killeen.

through CPR over the phone to save his two-year-old daughter's life. That's some pretty powerful stuff. Those are the kinds of calls that stand out.

What has been your favorite part of your career in EMS?

It's hard to pick out just one part so I'll give you two. The first is delivering babies. There is nothing to compare to the feeling you get when you bring a new life into the world and you are the very first one to touch it. That produces

a feeling that no drug can ever match. The second part is teaching. Whether it is in a college setting or at a department level, teaching someone EMS is very satisfying. A radio personality has said many times that words mean things, and it is so true in EMS. Teaching someone from start to finish and then hearing them say "It was just like you said" is music to my ears. And the friends you make—one of my partners went on to become a heart surgeon. Wait, that's three things.

Man vs. machine: ATV trauma

By Jason Dush, FF, NREMT-P, CCEMT-P, FP-C



Illustration photo from iStock.

Objectives

At the end of the CE module, the EMS provider will be able to:

1. Discuss the latest literature on ATV accidents.
2. Identify the common injury patterns associated with ATV accidents.
3. Discuss patient treatment challenges.
4. Describe transport options and considerations.

Case study

You are dispatched on a Sunday afternoon at 14:30 hours for an ATV accident out in the country. The dispatcher tells you the caller will meet you at the dispatched intersection and lead you to the patient. When you arrive on scene at 14:48, the caller runs up to your ambulance and informs you her 14-year-old son ran his four-wheeler into a clothes line behind their house, and he is “hurt bad.” She then runs back to her truck and leads you through a five-minute drive down several dirt roads. When you arrive on scene, your first assessment of the patient reveals:

- Conscious A/OX4
- Difficulty breathing with stridor
- Palpation of the throat area reveals the swelling is firm
- SaO₂: 92
- RR: 40 and shallow
- Pulse: 126
- BP: 128/88

With your initial assessment out of the way you begin thinking about the priority

decisions that must be made. Is this patient sick? Will he need a trauma center? If so, fly or drive? How should his airway be managed?

Literature on ATV accidents

An all-terrain vehicle, or ATV, can serve many purposes—farming and ranching, hunting, search and rescue and, the most



Patient from ATV crash. Notice the swelling from subcutaneous emphysema under the skin. The lines from the cable that the patient struck with his neck are also visible. Photo by Jason Dush.

popular, recreational. However, this vehicle can become very dangerous very quickly. ATV accident statistics compiled by the U.S. Consumer Product Safety Commission (CPSC) track the number of fatal and non-fatal injuries that have occurred in ATV accidents since the early 1980s. These facts give us insight into the severity of ATV accidents and who is most at risk. Children 16 and younger have a high death and injury rate from ATV crashes. Children often underestimate the size (400 to 1200 pounds) and speed (up to 70 mph) of an ATV. In addition, safety parameters may not be observed or enforced by adult supervision.

ATV accident facts and statistics

- In 1985 400,000 ATVs were in operation in the United States. Today the number has jumped to 9.2 million.
- Children under the age of 16 account for 27 percent of all ATV accident fatalities.
- In the last ten years, the number of children killed in ATV accidents increased by 88 percent; the number of children hospitalized because of ATV accident injuries increased by 109 percent.
- From 1982 to 2009, Texas had a total of 482 fatalities from ATVs.
- More than 44,000 children were hospitalized due to accidents on ATVs in 2005 compared to 19,300 in 1995.
- 63 percent of children injured in ATV accidents are harmed while driving the ATV.
- ATV riding has the highest risk of injuries requiring hospitalization compared to 33 other sports, including snowboarding, wrestling, football,

ATV-related deaths and injuries for children under 16, 1982-2009

(ATVs with three, four or unknown number of wheels)

Year	Reported deaths	Percent of total reported deaths for all ages	Year	Estimated number of emergency-room treated injuries	Percent of estimated injuries for all ages
2009	61	16	2008	32,400	25
2008	94	15	2008	37,700	28
2007	129	17	2007	40,000	27
2006	143	17	2006	39,300	27
2005	163	20	2005	40,400	30
2004	180	24	2004	44,700	33
2003	153	23	2003	38,600	31
2002	133	24	2002	37,100	33
2001	132	26	2001	34,300	31
2000	124	28	2000	32,000	35
1999	90	23	1999	27,700	34

ATV-related deaths and injuries for all ages, 1985-2009

(ATVs with three, four or unknown number of wheels)

Year	Reported deaths	Estimated deaths	Estimated number of emergency-room treated injuries
2009	376	*	131,900
2008	616	780	135,100
2007	766	857	150,900
2006	833	903	146,600
2005	804	931	136,700
2004	751	850	136,100
2003	653	762	125,500
2002	548	608	113,900
2001	517	593	110,100
2000	450	551	92,200
1999	397	534	82,000



- basketball and skateboarding.
- The CPSC estimates that ATV accidents requiring medical treatment for injuries to children under the age of 16 total \$2.5 billion in each year. These costs include medical and economic costs and emotional trauma.
- ATV deaths to children and related economic costs increased from \$493 million in 1999 to \$723 in 2003, according to a 2007 study published in the journal *Pediatrics*.

Injury patterns

The most common injury patterns for ATV crashes are traumatic brain injury (TBI), traumatic spinal cord injury (SCI), internal organ injury and fractures.

Riding without a helmet or helmet failure are the leading causes of TBI in ATV crashes. Because the majority of riders are children, helmets are often improperly fitted and therefore ineffective. Traumatic brain injury is the number one cause of death in ATV crashes. A TBI, particularly with a closed head injury, can cause swelling within the skull. The swelling causes increased pressure that can cause shifting of the brain and pressure on the spinal cord at the base of the skull if not managed quickly. These injuries, from any source, can be fatal or cause permanent brain damage.

Most ATV riders do not wear additional protective clothing. Due to the overall lack of protection and often underestimated speed of the vehicle, ATV accidents can result in spinal cord damage. A traumatic spinal cord injury (SCI) occurs from a sudden traumatic insult or blow to the spine that fractures, dislocates, crushes or compresses one more of the vertebrae. Lack of restraints, protective clothing and adequate padding in ATV and motorcycle helmets greatly increase the incidence of both traumatic head and spinal cord injuries in these accidents.

Injury patterns in ATV crashes can be difficult to predict. As a result, you should always be suspicious that the patient may have sustained injury to internal organs. Internal organs come in two types, solid and

hollow—and each have their own dangers. The solid organs include the liver, kidneys, pancreas and spleen. Because these organs are solid, they may tear or crack when struck with significant force. Because of the large amount of blood flow these organs receive, a tear can result in significant bleeding. In some cases, this bleeding is life threatening. The hollow organs of concern are the stomach, intestinal track, colon, gallbladder and urinary bladder. When injured or torn, the hollow organs leak digestive contents into the abdominal cavity, which can lead to infections and sepsis. When there is significant damage to these hollow organs, a surgeon may ultimately remove the damaged section and reconstruct the digestive organs. These organs are injured most frequently by strong blows to the abdomen, back or flank regions, which are often seen with ATV crashes. These injury patterns may be present if the patient strikes the handlebar or runs through a fence, if the ATV lands on top of the patient or if the patient is simply thrown from the ATV.

In addition to the injuries already discussed, fractures are commonly found in ATV crashes. The fractures that present most often are multiple long bone fractures, rib fractures and pelvic fractures. A long bone or pelvic fracture will lead to a large amount of internal blood loss. Each femur fracture can bleed approximately one-and-a-half liters of blood, or 25 percent of average blood volume, and a pelvic fracture can bleed approximately three liters of blood, or 50 percent of blood volume. Rib fractures can puncture the lungs, liver or kidneys.

Treatment challenges

In urban America, EMS response and transport to a medical emergency is fairly quick and typically occurs shortly after a traumatic injury or onset of a medical condition. The transport times are usually short due to close proximity to the transport destination. In rural America, however, response times can be delayed or transport times may be longer because of the distance from the responding unit to the scene and from the scene to the transport destination.



Example of a cervical spine injury. Image provided by Jason Dush.

ATV Trauma Quiz

- When considering the injury patterns of a patient crushed by an ATV, it is important to know the average weight range of the vehicle. That range is _____ pounds.
 - 200–1000
 - 400–1200
 - 300–1100
 - 200–1200
- Children under the age of 16 account for what percentage of fatalities?
 - 27
 - 28
 - 32
 - 37
- The leading cause of death from ATV crashes is:
 - Traumatic brain injury
 - Internal bleeding
 - Blunt force trauma
 - Fractures
- The solid organs of concern are the liver, kidneys, pancreas and spleen.
 - True
 - False
- One femur fracture can bleed approximately what percentage of a patient's total blood volume?
 - 15
 - 20
 - 25
 - 50
- On average, the total out-of-hospital time for a patient involved in an ATV crash is:
 - 30–60 minutes
 - 30–90 minutes
 - 60–90 minutes
 - 60–120 minutes
- When considering a transport destination, the only reason to stop at the nearest hospital with a doctor for a critical patient is:
 - Airway issue
 - Ventilation issue
 - Blood products
 - All of the above
- When hollow organs rupture or tear, they begin to:
 - Bleed
 - Swell
 - Leak
 - Bruise
- The liver, kidneys and lungs can get injured internally from:
 - Broken back
 - Broken ribs
 - Broken pelvis
 - Broken clavicle
- It is important to consider what body protection the patient had on when assessing for injuries:
 - True
 - False
- When you are going into the woods to access a patient, it's not important to have all of the equipment you could possibly need with you when you leave your vehicle.
 - True
 - False
- When managing a trauma patient, it is okay to make *all* of your treatment decisions based on vital sign numbers from monitoring devices only.
 - True
 - False
- Between 1982 and 2009, how many ATV fatalities occurred in Texas?
 - 482
 - 492
 - 537
 - 580
- Since the year 2000, ATV injuries treated in emergency departments for children 16 years of age and younger have been more than:
 - 20,000
 - 25,000
 - 30,000
 - 35,000
- The agency that tracks and publishes injury and fatality statistics from ATV crashes is:
 - CPS
 - NTSB
 - HSC
 - CPSC

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Did you read?

Screening smokers and ex-smokers with spiral CT scans can reduce lung cancer deaths

by 20 percent without triggering too many dangerous or unnecessary tests that sometimes result from screening programs, researchers reported in June in the *New England Journal of Medicine*.

After conducting a more thorough analysis of data from a trial involving more than 53,000 patients, the researchers found that even though the scans produced many false-positive results—affecting 39 percent of those who were screened three times—there were few serious complications resulting from them.

The \$250 million trial, funded by the National Cancer Institute, is the first to conclusively demonstrate that screening can reduce deaths from lung cancer, experts said. An estimated 157,000 Americans die from lung cancer each year, and the new study suggests that as many as 27,000 of those lives could be saved by screening.

The primary questions now are how much widespread screening will cost and what effect it will have on other medical resources, said Dr. Ned Patz, a radiologist at Duke University Medical Center who participated in the research.

From *Los Angeles Times*, CT scans could reduce deaths from lung cancer, June 30, 2011.

Recreational swimmers may be exposed to a rare, deadly disease courtesy of naegleria, the biggest danger many have never heard of.

“Naegleria is a microscopic amoeba. It can be found in warm lakes, ponds and rivers. We won’t find it in treated pools or tap water,” said Jonathan Yoder, Centers for Disease Control and Prevention epidemiologist.

Naegleria can cause a brain infection called primary amebic meningoencephalitis.

The amoeba travels up a swimmer’s nose and enters the nasal cavity. It gets to the brain through the olfactory nerves and destroys brain tissue. Symptoms make it hard to discover and/or treat this condition. Initially they include headache, fever, nausea, vomiting and stiff neck, according to the CDC website. Later symptoms include confusion, lack of attention to people and surroundings, loss of balance, seizures and hallucinations. Symptoms can set in within a day, and depending on how quickly the disease progresses, can kill a person

in less than 12 days, according to the CDC website.

Prime conditions for this amoeba to thrive are hot temperatures and low water levels. Yoder said the amoeba can’t be found by a specific temperature but there are more amoebas present in warmer water.

Naegleria was first diagnosed in 1962 and the first treatments for the disease began in the late 1960s and became more prevalent in the 1970s. But the treatment plan for the disease has not changed much since then. Despite the treatment plan, there is no cure for this disease.

“There’s a lot we don’t know about the amoeba,” Yoder said. “Why someone is infected is still a mystery. Four people can go in the water and only one will get it. It’s a challenge because it’s something we can’t really study.”

Taking precautions can potentially help avert this deadly disease—don’t swim in untreated recreational water, keep your head above water and make sure not to dive, wear nose plugs and avoiding digging in or stirring up sediment in freshwater areas.

From *Tyler Morning-Telegraph*, Warm water swimming means chance for infection, by Jarah Wright, August 11, 2011.

Federal health authorities reported in August the first case of human rabies in the United States linked to a vampire bat rabies virus.

The incident occurred a year ago, when the Centers for Disease Control and Prevention confirmed a case of rabies in a 19-year-old migrant worker who was hospitalized in Louisiana with inflammation of the brain, the agency said in its *Morbidity and Mortality Weekly Report*.

The man had developed neurologic symptoms at the end of July 2010, shortly after arriving in the United States from Mexico. After a day of work on a sugarcane plantation, he sought medical care for fatigue, left shoulder pain, and left hand numbness—symptoms that were initially blamed on exertion. But his symptoms continued and he was sent to a hospital in New Orleans.

There, an examination revealed hypersensitivity of the left shoulder, weakness of the left hand, underactive reflexes, and

drooping of the left eyelid. Doctors suspected Guillain-Barré syndrome or meningitis, but over the next few days, as the patient's condition deteriorated, doctors began to suspect rabies. On August 20, that diagnosis was confirmed by testing. The patient died the next day. Postmortem tests revealed he had been infected with a vampire bat rabies virus, the CDC said.

The man's mother said he had been bitten by a bat in July in Mexico but had not sought treatment. Though bats are the primary source of human rabies in the United States, **this is the first reported death from a vampire bat rabies virus in the United States**, the disease agency said. During the past decade, vampire bats have become the leading cause of human rabies in Latin America.

The CDC urged doctors caring for patients with acute progressive inflammation of the brain to consider rabies as a possible cause, and to recognize that recent travel to a country with rabies could be a risk factor.

Though vampire bats are found only in Latin America, their range may be expanding into the United States due to climate change, the report said.

From CNN.com, 2010 death first U.S. known case of vampire bat rabies virus, August 8, 2011.

It happens to all of us: You stop at the store and forget the one thing you went for. You blank on your co-worker's husband's name. But even if you're years away from worrying about senior moments, research shows that memory loss can begin as early as your twenties, and it continues as you age. **A few easy steps throughout your day can help you stay sharp.**

- Skipping carbohydrates may harm your memory. A Tufts University study found that people who eliminated carbohydrates from their diets performed worse on memory-based tasks than those who included them. Why? Your brain cells need carbohydrates, which are converted in your body to glucose, to stay in peak form.
- Exercise increases the blood flow to your brain, bringing oxygen and glucose for fuel, explains Sandra Aamodt, PhD, co-author of *Welcome to Your Brain*. Up the

ante even more by taking a class that requires you to remember a routine.

- Try using a different, slightly difficult-to-decipher font—it's been shown to improve your long-term retention, according to research published in the journal *Cognition*. Focusing on a new font may make your brain's processing center work a little harder, upping your recall.
- Spending an hour a day looking online for something you're interested in may stimulate the part of your frontal lobe that controls short-term memory, according to a recent study from the University of California, Los Angeles. "The neural circuits involved in decision-making, visual-spatial, and verbal skills become very active when you do an Internet search," explains Gary Small, MD. Don't just mindlessly surf, though: If it's too easy, it won't be effective.
- Always forget where you parked your car? Try this exercise: Get out of your car, notice where you're parked, then move your eyes side-to-side every 1/2 second for 30 seconds while standing in place. Practicing this simple eye movement may increase your long-term memory by up to 10 percent, say researchers at Manchester Metropolitan University in England.
- A new study finds that drinking in moderation may actually lower your risk for memory problems. In an analysis published in the *Journal of Alzheimer's Disease*, participants who consumed seven or fewer alcoholic drinks total per week had the lowest risk for cognitive impairment, compared with women who didn't drink at all and those who imbibed more. Researchers believe alcohol's anti-inflammatory properties may be the reason. Or it could be that people who drink moderately also tend to lead a healthier lifestyle.
- Floss every day. When you don't floss, your gums become inflamed, making it easier for bad bacteria to enter your bloodstream, explains Jonathan B. Levine, DMD, an associate professor at New York University. Once in the bloodstream, the bacteria can cause inflammation throughout your body, including in the brain, which can lead to cognitive dysfunction.

From Health.com, 7 Ways to Protect Your Memory, by Danielle Braff, August 15, 2011.



Did you read?

DISCIPLINARY ACTIONS

FYI

Final enforcement actions and court orders shall continue to be posted in Texas EMS Magazine for a minimum of one year or until the end of any probationary term or period of deferment, whichever is longer. This policy mirrors TAC, Title 1, Part 1, Chapter 1, Subchapter X, §1.552, Posting Final Enforcement Actions.

If a complaint has been self-reported, i.e., an individual or organization reported the violation to DSHS before DSHS became aware of it and that act was taken into consideration by the Enforcement Review Committee, then the magazine shall denote that the violation was self-reported by printing the phrase 'self-reported' at the end of the entry.

DSHS encourages individuals and organizations to self-report rule violations to DSHS. When the case is reviewed by the Enforcement Review Committee, the fact that an individual or organization self-reported a violation can be seen as a mitigating circumstance.

AI First Response EMS, Inc., San Antonio, TX. September 20, 2010, assessed a \$8,200.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Absolute EMS, Inc., Weslaco, TX. April 8, 2011, assessed an administrative penalty of \$1,000.00 for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(j)(2)(A), 157.11(j)(5), 157.11(j)(7)(A)&(G), 157.11(m)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and/or supplied at all times and failing to have crew members properly identified by name, certification level, and/or provider name.

Acklin, Teddy G., Amarillo, TX. May 30, 2011, revocation for violating EMS Rule 53.021(b) related to a felony conviction and imprisonment for aggravated sexual assault of a child and indecency with a child.

Adeniran, Bashiru A., dba Maximus Ambulance Services, Missouri City, TX. May 23, 2011, denial of EMS provider license for violating EMS Rules §157.11(i)(1), 157.11(m)(15) and 157.16(e)(5) related to falsified medical director's signature on EMS equipment, supply and medication lists.

Advanced Care Ambulance Service, Weslaco, TX. May 23, 2011, assessed an administrative penalty of \$250.00 for violating EMS Rules §157.11(c)(2)(D), 157.11(i)(2) and 157.16(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and/or supplied at all times.

Aguiar, David, Saginaw, TX. October 20, 2010, twelve (12)-month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for marijuana.

Alliance Emergency Medical Services, PLLC., Mission, TX. March 6, 2011, assessed an administrative penalty of \$6,200.00 for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Ambulance Service of Hale Center dba Hale Center EMS Association, Hale Center, TX. November 19, 2010, assessed an administrative penalty of \$1,500 for violating EMS Rules §157.11(d)(1), 157.11(j)(5)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and/or supplied at all times.

American Medical Response of Texas Inc., Austin, TX. March 19, 2011, assessed an administrative penalty of \$250.00 for violating EMS Rules §157.11(d)(1), 157.11(j)(5), 157.11(m)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and/or supplied at all times and failing to have crew members properly identified by name, certification level and/or provider name.

Americare EMS, LTD dba Americare, Lufkin, TX. July 10, 2011, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.26(j)(5)(A) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Angele, James W., Vidor, TX. May 8, 2010, twenty-four (24) month probated suspension for violating EMS Rules §157.36(c)(2) and 157.36(c)(3) related to a felony conviction on or about August 24, 2007, for a controlled substance.

Bay Area Transport LP, dba Bay Star Ambulance Service, Baytown, TX. January 23, 2011, assessed an administrative penalty of \$5,900 for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.11(m)(8), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or

response ready with appropriate and/or current certified personnel.

Bishop, Robert L., McGregor, TX. December 19, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) relating to inappropriate sexual conduct.

Blanchard, Jimmy, Lumberton, TX. December 19, 2010, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to properly assess a patient per medical director's protocols.

Border Ambulance Service, LLC, McAllen, TX. July 10, 2011, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(5) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Borroel, Agustin, Elsa, TX. September 21, 2010, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(22), 157.36(b)(23) and 157.36(b)(28) related to pleading guilty to a misdemeanor conviction for DWI and failing to notify the Department within 30 days of said conviction, a felony deferred adjudication for possession of a controlled substance, and failure to disclose criminal history on a Department renewal application.

Boswell, David A., Round Rock, TX. April 29, 2008, placed on a forty-eight (48) month probated suspension for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

Bowles, William R., Bridgeport, TX. October 20, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(7), 157.36(b)(13), 157.36(b)(26) and 157.36(b)(28) related to performing advanced level and/or invasive treatment on patients without medical direction or supervision.

Briggs, Matthew, Abilene, TX. October 20, 2010, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(22), 157.36(b)(23) and 157.36(b)(28) related to receiving a conviction for DWI and failing to notify the Department within 30 days of said conviction, and receiving deferred adjudication for failing to display court order-occupational driver's license.

Buckhannan, Jennifer, Barry, TX. July 3, 2011, three (3) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(4), 157.36(b)(18) and 157.36(b)(30) related to submission of falsified clinical rotations or ambulance ride-outs to the course instructor of an EMT-Paramedic program.

Cantu, Lydia, dba Mid Valley EMS, McAllen, TX. March 19, 2011, assessed an administrative penalty of \$500.00 for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(j)(1) and

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157.11(m)(1) related to failing to display vehicle authorization in the patient compartment and failing to have EMS ambulance vehicle(s) adequately equipped and/or supplied at all times.

Canyon Lake Fire/EMS, Canyon Lake, TX. April 26, 2011, assessed an administrative penalty of \$550.00 for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.11(m)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Cates, Kenneth W., Alpena, AK. July 10, 2011, twelve (12) month suspension for violating EMS Rules §157.36(b)(7), 157.36(b)(18), 157.36(b)(26) and 157.36(b)(28) related to misrepresentation as an EMT-Paramedic student while responding to calls and performing advanced level and/or invasive treatment on a patient without medical direction and/or supervision.

Cobb, James, Benbrook, TX. May 23, 2011, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to perform and/or properly assess the patient.

Cogdill, Daniel, Cleburne, TX. September 14, 2010, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(26) and 157.36(b)(28) related to patient care and conduct that jeopardizes or has the potential to jeopardize the health or safety of any person.

Coquat, Roderick, Weatherford, TX. October 8, 2010, reprimanded for violating EMS Rules §157.36(b)(13), 157.36(b)(28) and HSC §773.041(b) related to staffing an EMS vehicle with an expired EMS issued license and/or certificate.

Covey, Christopher, Grapevine, TX. December 2, 2010, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(22) and 157.36(b)(28) related to criminal history for federal conspiracy to possess with intent to distribute a controlled substance.

Crosbyton Clinic Hospital EMS, Crosbyton, TX. July 25, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(c) and 157.16(d)(14) related to failing to staff an EMS ambulance vehicle deemed to be in service and/or response ready with appropriately and/or current certified personnel.

Fikes, Ronald, Cibolo, Texas, April 8, 2011, reprimanded for violating EMS Rules §157.36(b)(2) and 157.36(b)(30) related to betraying the public trust and confidence in EMS by drawing graffiti and/or inappropriate images on an emergency medical services vehicle.

Fisher, Tammy L., Ralls, TX. October 20, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(4), 157.36(b)(18), 157.36(b)(21), 157.36(b)(26) and 157.36(b)(28) related to falsifying and/or altering a Course Completion

Certificate for an EMT-Paramedic course.

Fletcher, Matthew, Spring, TX. May 23, 2011, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(14) and 157.36(b)(28) related to falsifying a controlled substance inventory record.

Frazier, Jimmy, Abilene, TX. April 8, 2011, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(4) and 157.36(b)(28) related to presenting falsified patient care reports to an employer.

Garay Vidal, Gustavo, El Paso, TX. March 23, 2011, one-month suspension and 23-month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(21), 157.36(b)(25), 157.36(b)(27), 157.36(b)(29) and 157.37(a) related to an arrest for possession of the controlled substance cocaine, an arrest for driving while intoxicated, failure to notify the department and receiving deferred adjudication misdemeanor possession of the controlled substance cocaine.

Glenn Heights Fire Department, Glenn Heights, TX. April 29, 2011, assessed an administrative penalty of \$1,100.00 for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Gonzalez, Luis O., Eagle Pass, TX. July 31, 2011, reprimanded for violating EMS Rules §157.43(j)(2), 157.43(j)(3)(A) and 157.43(k)(2) related to coordinating a course without holding a current Department-issued license and/or certificate.

Gunter, Andrew, Grandview, TX. April 3, 2011, nine (9) month suspension for violating EMS Rules §157.36(b)(3), 157.36(b)(7), 157.36(b)(26) and 157.36(b)(28) related to failing to accurately document a patient care report and failing to follow medical director's protocols for pharmacologically assisted intubation.

Houston First Respond EMS, Houston, TX. July 10, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(1), 157.11(m)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Howard, Jeremy, Clarendon, TX. October 8, 2010, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(28) related to failing to notify the Department within 10 days of an arrest for DWI, receiving deferred adjudication for reckless driving and submitting to a positive urinalysis drug screen for alcohol while on duty.

Hulbert, Paul, Victoria, TX. July 10, 2011,

reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(29) and 157.36(b)(30) related to a positive urinalysis drug screen for marijuana.

Ibe, Boniface, Sugarland, TX. October 20, 2010, reprimanded for violating EMS Rules §157.36(b)(6), 157.36(b)(26) and 157.36(b)(28) related to jeopardizing the health and/or safety of a Department inspector by driving off while inspector was attempting to conduct an inspection.

Jireh EMS, LLC, Pharr, TX. June 13, 2011, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(j)(2)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Jones, Antron D., Dallas, TX. October 8, 2010, 12-month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to a positive urinalysis drug screen for a controlled substance and receiving a deferred adjudication for misdemeanor assault causing bodily injury.

Kam-Syd, LTD, dba Star Ambulance Service, Baytown, TX. January 23, 2011, assessed an administrative penalty of \$4,700 for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.11(m)(8), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Kelly, Elmer, Wellington, TX. October 8, 2010, reprimanded for violating EMS Rules §157.36(b)(7), 157.36(b)(26) and 157.36(b)(28) related to performing advanced level and/or invasive treatment on a patient without medical direction and/or supervision.

Kelly, Matthew J., Georgetown, TX. September 15, 2009, 24-month probated suspension for violating EMS Rules §157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(27) and 157.36(b)(28) related to misappropriating narcotics from an employer and/or patient.

Kennedy, Randy, Paris, TX. January 25, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), and 157.36(b)(28) relating to receiving a deferred adjudication for forgery, a state jail felony.

Kirby Fire EMS, Kirby, TX. April 29, 2011, assessed an administrative penalty of \$3,600.00 for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Life Star EMS, Inc., McAllen, TX. April 29, 2011, assessed an administrative penalty of \$3,750.00 for violating EMS Rules §157.11(d)(1), 157.11(j)(5), 157.11(m)(1) and 157.11(m)(11) related to failing

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to have EMS ambulance vehicle(s) adequately equipped and/or supplied at all times.

Lloyd, Melody E., Austin, TX. February 21, 2009, three (3)-year probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(19), 157.36(b)(28), 157.36(b)(29), 157.36(c)(3), 157.36(c)(5) and 157.36(c)(9) related to fraudulently attempting to obtain a prescription of a controlled substance by using deception and/or fraud.

Loftin, Robert, Burleson, TX. September 2, 2010, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(26) and 157.36(b)(28) related to pleading guilty to a misdemeanor conviction for DWI.

Loftin, Sharon K., Santo, TX. October 24, 2007, forty-eight (48) month probated suspension for violating EMS Rule §157.36.

Lynn, Eric, Amarillo, TX. April 3, 2011, revocation of EMS Instructor certification for violating EMS Rules §157.38(h)(1)(K), 157.38(h)(4)(D), 157.44(e)(4), 157.44(e)(10), 157.44(i)(2)(E), 157.44(i)(2)(G), 157.44(i)(2)(Q), 157.44(i)(2)(R) and 157.44(i)(2)(S) related to distributing continuing education certificates to students who did not complete a CE course.

Marcotte, Jr., Allen, Coldspring, TX. October 20, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(28) and 157.36(b)(30) related to engaging in inappropriate sexual communication and/or conduct with a minor approximately 16 years old.

Martin, Thain A., Mason, TX. September 2, 2010, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(18) and 157.36(b)(28) related to submission of falsified patient care reports to the program director of an EMT-Paramedic program.

Medical and Trauma Specialist, LP, McAllen, TX. May 23, 2011, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Melendez, Sammy, Humble, TX. January 25, 2011, reprimanded for violating EMS Rules §157.36(b)(2) and 157.36(b)(28) related to a deferred adjudication for felony insurance fraud.

Miller, Mollie M., Point Blank, TX. June 26, 2010, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to misappropriation of controlled substances from an EMS employer.

Mineral Wells Fire/EMS, Mineral Wells, TX. December 19, 2010, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an

EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Morrison, Nick, Winnie, TX. February 20, 2011, reprimanded for violating EMS Rules §157.44(e)(3), 157.44(e)(5), 157.44(e)(7) and 157.44(i)(2)(B) related to conducting and completing an emergency care attendant course without obtaining a course approval number from a Department-approved EMS course coordinator.

NC Ambulance Service, LLC, dba X-tra Mile Ambulance, Edinburg, TX. December 20, 2010, assessed an administrative penalty in the amount of \$750 for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(1) and 157.11(m)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times and failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Nichols, James J., Lavon, TX. November 2, 2010, eight (8) month suspension followed by a forty (40) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(29) related to utilizing fraudulent prescriptions for controlled substances while on duty and pleading guilty to a felony deferred adjudication for fraudulent possession of a controlled substance/prescription.

Noletubby, Rusty, Colorado City, TX. June 14, 2011, three (3) month suspension followed by twenty-one (21) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for alcohol while on duty.

Nolley, Anthony L., Copperas Cove, TX. February 15, 2011, denied EMT-Basic application for violating EMS Rules §157.36(c)(2), 157.36(c)(3), 157.36(c)(8) and 157.36(c)(9) related to receiving deferred adjudication felony offense of theft and felony offense of forgery.

Paragon Ambulance Services, Inc., Hempstead, TX. September 21, 2010, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(1)(A), 157.11(j)(7)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Pasadena Area Transport LP, dba Bay Star Ambulance, Baytown, TX. January 23, 2011, assessed an administrative penalty in the amount of \$3,300 for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.11(m)(8) and 157.16(d)(14) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Patriot Express, LLC, San Antonio, TX. September 21, 2010, assessed a \$1,500.00

administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(5)(A), 157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Patterson, Maleah, Lewisville, TX. December 19, 2010, reprimanded for violating EMS Rules §157.36(b)(13), 157.36(b)(28) and HSC §773.041(b) related to staffing an EMS vehicle with an expired DSHS-issued license and/or certificate.

Pecos EMS, Pecos, TX. February 13, 2011, assessed a \$650.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(c), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Potter, Jason S., Allen, TX. September 2, 2010, reprimanded for violating EMS Rules §157.36(b)(13) and 157.36(b)(28) related to staffing an EMS vehicle with an expired EMS issued license and/or certificate.

Preston, Artis, Houston, TX. December 19, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to a deferred adjudication for felony sexual assault of a child.

Pro-Med EMS, LLC, dba Pro-Medic EMS, San Juan, TX. December 19, 2010, assessed an administrative penalty in the amount of \$2,000 for violating EMS Rules §157.11(d)(1), 157.11(j)(2)(A), 157.11(j)(3)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Providence EMS, LLC, Stafford, TX. December 20, 2010, assessed an administrative penalty of \$12,500 for violating EMS Rules §157.11(d)(1), 157.11(d)(6), 157.11(j)(1) and 157.11(m)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Rescue, LLC, dba Rescue EMS, Edinburg, TX. March 14, 2011, assessed a \$1,250.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(2)(A), 157.11(j)(5), 157.11(m)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to assure that all personnel are prominently identified.

Rhodes, Toby, Katy, TX. April 8, 2011, reprimanded for violating EMS Rules §157.36(b)(14) and 157.36(b)(28) related to failing to confirm and/or document that all controlled medications were present and/or accounted for on the ambulance.

Rio Care EMS, LLC, Weslaco, TX. July 10, 2011, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(i)(3), 157.11(j)(5) and 157.11(m)(1) related to failing to have EMS

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ambulance vehicle(s) adequately equipped and supplied at all times.

Rivas, Brittany, Texas City, TX. January 25, 2011, eighteen (18)-month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(22), 157.36(b)(23), 157.36(b)(26) and 157.36(b)(28) related to being convicted of misdemeanor burglary of a vehicle, misdemeanor driving while intoxicated, misdemeanor assault causing bodily injury, and deferred adjudication for misdemeanor criminal trespass.

Rock, Richard, Dallas, TX. May 23, 2011, revocation of EMT-Basic certification for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(28) and 157.36(b)(29) related to receiving a deferred adjudication for theft of property.

Rojas, Harold, McAllen, TX. January 2, 2011, 18-month probation for violating EMS Rule 157.36(f) related to receiving a deferred adjudication for felony aggravated assault.

Sabinal EMS, Inc., Sabinal, TX. December 19, 2010, reprimanded for violating EMS Rules §157.11(i)(3), 157.11(j)(5)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicles adequately equipped and supplied at all times.

Sachse Fire Department, City of, Sachse, TX. September 21, 2010, reprimanded for violating EMS Rules §157.16(d)(14), 157.11(m)(1), 157.11(m)(4), and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Safford, Scott, Fort Worth, TX. July 31, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(25), 157.36(b)(27) and 157.36(b)(28) related to a conviction on or about November 28, 2007, and August 21, 2009, for DWI and failing to notify the Department within ten days.

Sawyer, Jonel, Houston, TX. April 8, 2011, reprimanded for violating EMS Rules §157.36(b)(14) and 157.36(b)(28) related to failing to confirm and/or document that all controlled medications were present and/or accounted for on the ambulance.

Scar De Los Santos, dba Express Care Ambulance Service, San Antonio, TX. July 17, 2010, assessed a \$6,100.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(19), 157.11(i)(3)(A), 157.11(l)(1), 157.11(l)(2), 157.11(l)(3) 157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050.(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel and failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Solis, Arnold, Big Spring, TX. April 8,

2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(25), 157.36(b)(28) and 157.36(b)(29) related to receiving a deferred adjudication for possession of a controlled substance and failing to notify the department within 10 days of arrest.

Souffront, Tamara, El Paso, TX. May 23, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(22), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(29) related to a conviction and three (3) years probation for a federal felony offense of making a false statement.

Sterling County EMS, Sterling City, TX. March 6, 2011, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.26(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Tiger EMS, Inc., Richmond, TX. November 12, 2010, assessed an administrative penalty in the amount of \$5,000 for violating EMS Rules §157.11(m)(20), 157.11(m)(30), 157.16(d)(12) and 157.16(d)(19) related to failing to properly notify the Department of a change in medical directors.

Traylor, James, Conroe, TX. September 21, 2010, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(25) and 157.36(b)(28) related to receiving three (3) misdemeanor deferred adjudications for burglary of a motor vehicle, a misdemeanor purchasing alcohol for a minor, a misdemeanor possession of a controlled substance and failure to disclose criminal history on a Department renewal application.

Tryon, Eric D., Gruver, TX. September 2, 2010, twelve (12)-month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for marijuana.

Ugonwenyi, Obinwanne, Houston, TX. October 20, 2010, reprimanded for violating EMS Rules §157.36(b)(6), 157.36(b)(26) and 157.36(b)(28) related to jeopardizing the health and/or safety of a Department inspector by driving off while inspector was attempting to conduct an inspection.

Valdez, Frank, Eagle Pass, TX. May 23, 2011, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(25), 157.36(b)(28) and 157.36(b)(30) related to using ambulance vehicle to illegally possess and/or transport approximately 53 pounds of marijuana, resulting in an arrest for felony possession of marijuana, and failure to timely notify the department of arrest.

Wade, Matthew A., San Antonio, TX. July 31, 2011, six (6) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(29) and 157.36(b)(30) related to a positive urinalysis drug

All postings will remain on the website and in the Texas EMS Magazine listing:

- Until the suspension or probation expires; or,
- For one year after final action is taken (for decertifications, denials, revocations and administrative penalties).

screen for marijuana.

Weidner, Kristin, Highland Village, TX. December 19, 2010, twelve (12)-month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive drug screen for controlled substances.

Weisel, Charles A., Silsbee, TX. July 25, 2010, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(26), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(29) related to misappropriation of medications and controlled substances from an EMS employer.

Wellington EMS, Inc., Wellington, TX. October 26, 2010, assessed a \$10,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(i)(3), 157.11(j)(5)(A), 157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel, and failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Wise, Jeremy, Houston, TX. January 30, 2011, twelve (12)-month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(28) and 157.36(b)(29) related to receiving deferred adjudication felony offense of burglary of a building with intent to commit theft.

Wood, Jonathan, San Angelo, TX. May 23, 2011, denial of initial application for EMT-Basic certification for violating EMS Rules §157.36(c)(1), 157.36(c)(9), 157.36(b)(2) and 157.36(b)(14) related to receiving a deferred adjudication for theft.

Zajicek, Beverly J., Ganado, TX. May 9, 2008, placed on a forty-eight (48) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

Meetings & Notices

Calendar

Texas EMS Hall of Honor Annual Golf Tournament:

Sponsored by TAAMS, Friday, November 18, 2011, at the Onion Creek Country Club, Austin, TX. Proceeds will assist with travel expenses for families of Hall of Honor inductees. \$125/ Player or \$400/Foursome rates include driving range, golf & dinner. Register online: www.taams.org. +

Save the date: "We Have Not Forgotten 9/11": Northeast Texas Regional Advisory Council's 3rd annual Disaster Preparedness and Healthcare Symposium, September 9, 2011. Titus County Civic Center, Mt. Pleasant, Texas. CME and CE provided. For more information and online registration go to www.netrac.org/. *

Deadlines and information for meetings and advertisements

Deadline: Meetings and notices must be sent in six weeks in advance. Timeline: After the pages of this magazine have completely gone through editorial, design and layout, the magazine goes to the printshop to get printed (a 15-working-day process), then on to our mailing service (a four-day process), and then to the post office to get mailed out.

Cost: Calendar items are run at no charge. Calendar items run in the meeting and notices 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 State Health Services, MC0285, PO Box 149347, Austin, TX 78714-9347. Call 512/834-6700 if you have a question about the meetings and notices section.

Jobs

Employment opportunities:

SETRAC currently has openings for an EMTF Coordinator and Project Coordinator. Details and requirements are available online at www.setrac.org.+

Paramedic positions open.

UMC Lubbock EMS is accepting applications for full-time and on-call paramedics. To apply go to umchealthsystem.com and click on "Work for UMC" in the menu box on the left side of the page. Look for Paramedic position under Allied Health.*

EMT/Paramedic Positions:

Calhoun County is hiring: EMT \$40,000/ Paramedic \$45,194. EMT-I and LP stipend available. Applications should be directed to Henry Barber, LP, AAS, 705 County Road 101, Port Lavaca, Texas, 77979. For additional information call 361-552-1140 or email hbarber@cablone.net. *

EMS Director: The Sutton County Hospital District and Sutton County have partnered to transition the part-paid, mostly volunteer service to a full-time, hospital-based advanced life support service. Applications are available online at www.sonora-hospital.org. All levels of certification and licensure positions are open. *

Scott & White hiring in Llano: Paramedics needed. Please visit jobs.sw.org and search Llano jobs or contact aostreich@swmail.sw.org for more information. *

Galveston County Health District looking for EMS

supervisor: Responsible for all EMS response and operational requirements, supervising the work and/or training of team captains, paramedics, emergency medical technicians and students. A full job description and applicant requirements are available online at www.gchd.org/hr/job.htm. For more information contact Kathrine Hall, human resource director, at 409-938-2230 or by email at khall@gchd.org. or visit www.gchd.org/hr/job.htm. *

Miscellaneous

Law Office of Russell Frost:

A licensed paramedic, Russell represents EMTs and providers in administrative hearings, contract disputes, negligence claims and employment law issues. Let his EMS experience work for you. www.russellfrostlaw.com, 711 W. 7th Street, Austin, TX 78701. +

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Audio Visual Training

Materials: The Texas Commission on Fire provides materials for fire protection professionals, as well as EMS professionals. Topics include airway management, spinal injuries, triage and more. They can be borrowed for free by any Texas resident. Visit the TCFP library website for more information at www.tcfp.state.tx.us/library.asp +

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National Registry skills testing: TEEEX is proud to announce that we are an NREMT Advanced Practical Exam site, able to accommodate Intermediate 85, Intermediate 99, and Paramedic exams. For more information about exams or to register, please contact Stacey Elliott at (979) 458-2998 or email at Stacey.Elliott@teexmail.tamu.edu. +

Rope Rescue Training: Training for fire, EMS, law enforcement and industry in technical rescue, rope rescue, fire rescue, cave rescue, vehicle rescue and wilderness first aid. Call John Green at (361) 938-7080 or visit www.texasroperescue.com. +

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EMS Profile by Peggie Coleman

EMS Profile: Emergency Services Foundation of Texas

The Emergency Services Foundation of Texas (ESFT) was established as a not-for-profit organization in 2007 by local physician James K. Hall and other concerned citizens. ESFT was established with the goals of improving rural health care and meeting the educational needs of EMS personnel in the Texas Panhandle. Chief Operations Officer Joe Anstey has more than twenty years experience as a paramedic and is critical-care certified. Medical Director James K. Hall, MD, actively participates in the system to ensure quality patient care. ESFT operates two emergency service providers: Pampa EMS and Boys Ranch EMS.

Number of personnel: Pampa EMS staff totals 32 personnel under the leadership of Director Derek Brewster, EMT-P, and two paramedic supervisors, Brent Aaron and Wade Bell. The staff consists of 14 full-time paramedics and three EMT-Basics, supplemented by a part-time employee pool of five paramedics, three EMT-Intermediates and ten EMT-Basics. Three paramedics are critical-care certified, and two more are currently enrolled in a critical care class. We also have three EMTs completing paramedic programs.

Boys Ranch EMS staff totals 12 paramedics under the leadership of long-time paramedic Bryan Wood. Boys Ranch EMS currently has five full-time paramedics and seven part-time paramedics, two of the paramedics are critical-care certified.

Years of service and number of units: Pampa EMS began operations in October 2009 with three Type II ambulances. Two primary units are staffed 24-hours per day at the MICU level, and the third unit is fully stocked and licensed ready to be staffed in the event of increase call volume or during



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The Emergency Services Foundation of Texas, established in 2007, operates Pampa EMS and Boys Ranch EMS, which provide 9-1-1 and transport services in Gray and Oldham counties.

routine maintenance of the other units. Pampa EMS also maintains one supervisor vehicle.

Boys Ranch EMS in Oldham County began operation in June 2010 with one MICU-capable ambulance. This unit provides service to the privately owned community of Boys Ranch and a ten-mile radius surrounding the community. In addition to 9-1-1 response, the EMS crews work with a physician in the Ranch clinic and maintain night and weekend operation of the clinic, as needed.

Number of calls: Since ESFT began operations of Pampa EMS, the service has responded to more than 2700 requests for service, with a projection this year to respond to

2400 calls. Pampa EMS provides 9-1-1 service and general transfers from the local health care facility to a tertiary care facility sixty-eight miles west.

Boys Ranch EMS responded to a total of 78 requests for service since ESFT began operations.

Current activities: Through a cooperative effort with ESFT both Pampa EMS and Boys Ranch EMS are affiliated with local college paramedicine programs with progressive, up-to-date training equipment and excellent educational directives. Both Pampa and Boys Ranch participate in the development and implementation of safety and injury prevention programs, such as first aid and CPR training, and programs to promote bicycle, sports and water safety.