

Texas EMS

Texas Department of State Health Services November/December 2011

Serving Texas Emergency Care Professionals

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Envenomation CE**
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Fire! Bastrop response
page 28

**Maxie Challenge
Ending year on a light note**
page 21

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In the final installment of Maxie's

Challenge, Maxie shares 10 tips and lessons learned from a year of healthy living. *By Maxie Bishop, LP RN*

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A photo tour of the fire and some of the EMS and fire departments from across Texas who came together to battle wildfires in Bastrop.
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Above, it appears irony is alive and well in Bastrop. The day the Louisiana coast was hit with a tropical storm, Texas emergency responders were fighting one of the largest wildfires in the state's history. The newspaper burned before it could be retrieved from the lawn. *Photo by Maxie Bishop.*

On the cover, STAR Flight unloads a bucket of water in an effort to douse some of the flames in the Bastrop wildfire. The fire burned more than 34,000 acres and consumed 1500 homes.

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Canyon, TX 79016
(806) 655-7151

1301 South Bowen Road, Suite 200
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Physical: 6515 Kemp Blvd.
Bldg. 509
Mailing: EMS Compliance 509
PO Box 300
Wichita Falls, TX 76307-0300
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4601 S. First, Suite L
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1517 W. Front St.
Tyler, TX 75702-7854
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2301 N. Spring, Suite 300
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5425 Polk Ave., Suite 480
Houston, TX 77023
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1233 Agnes
Corpus Christi, TX 78401
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Trauma registry update

DSHS has continued to work with the Registry Solutions Work Group (RSWG) to discuss the types of data reports the stakeholders recommend be available in the new system. RSWG will report on their recommendations at the November GETAC meeting. DSHS has been preparing the legacy data for movement into the new system prior to the new system 'going live.' DSHS is scheduling telephone conferences with hospitals to discuss electronic medical records availability for emergency department patients. Some of the conference calls took place in October and the remaining calls will happen in November. The purpose of the calls is to explore how the hospital emergency department and the hospital trauma registry work together and to explore whether there

are any ideas on how to improve efficiency and save resources. For instance, does the hospital trauma registry import electronic data from the emergency department electronic medical record? Or does the hospital trauma registry staff re-enter the data? DSHS will host stakeholder webinars in December to discuss the recommended reports available in the new registry, the data conversion processes and the information gathered concerning electronic medical records in the emergency departments. An email announcement will be sent to the list of current users of the Texas Trauma Registry on the dates and times of the webinars and the webinar information will also be posted on the DSHS Injury Program's website.

GETAC motions

No motions were voted on by GETAC at the August 2011 meetings. A draft of the full minutes will be on the DSHS website at least ten days before the November meeting.

EMS Obituaries

Josh Canal, 30, of Tyler, died October 1, 2011, from complications of a lifelong heart condition. Canal was employed by East Texas Medical Center-EMS as a paramedic for his entire EMS career.

Robert "Rob" S. Davis, 52, of Arlington, died October 2, 2011, after fighting the effects of amyotrophic lateral sclerosis (ALS) for several years. Davis was employed as a photojournalist, police officer, firefighter, certified paramedic, nurse and certified respiratory therapist with several departments and hospitals in the Dallas-Fort Worth area throughout his career.

GovDelivery: A new path for alerts

For years, OEMS/TS has relied on listservs to get out crucial information and alerts about GETAC, rules and other subjects. Beginning January 1, 2012, we will no longer send alerts using listservs but will transition to GovDelivery, an email alert service. You must sign up at www.dshs.state.tx.us/emstraumasystems/emailupdates/Sign-up-for-Email-Updates in order to receive the email updates. You can then tailor your email updates to receive only the subjects you are interested in. Important note: The largest EMS listserv, Texas EMS listserv, does not belong to DSHS. That listserv will be unaffected, although OEMS/TS will no longer post our announcements there. That does not preclude others from forwarding our announcements to that listserv.

GETAC Meeting dates 2012

February 8 – 10
Hilton Airport Austin

May 9 – 11
Hilton Airport Austin

August 15 – 17
Hilton Airport Austin

November 17 – 19
Hilton Austin
(downtown)

TEXAS EMS CERTIFICATIONS AS OF OCTOBER 3, 2011	
ECA	3,008
EMT	31,943
EMT-I	3,849
EMT-P	15,191
LP	6,001
TOTAL	59,992
BASIC COORDINATOR	110
ADVANCED COORDINATOR	224
INSTRUCTOR	2,085



On the same frequency

Long-term evolution (LTE) 700 MHz broadband and what it means for Texas EMS responder communications

By Mike Simpson, Chief, Interoperable Communications and Texas Statewide Communications Coordinator (SWIC), Texas Department of Public Safety

700 MHz public safety LTE broadband = High volume of information + rapid speed

Long-Term Evolution (LTE) 700 MHz broadband interoperable communication capabilities will enable public safety responders to receive and transmit greater amounts of mobile data and video at a much faster speed. Currently, public safety responders are able to share and obtain only small amounts of data and video at unacceptably slow speeds. With LTE broadband technologies, responders will be able to receive and send large amounts of data and video at higher speeds. (At present, LTE does not provide mission-critical voice communications capability, so public safety agencies will continue to operate in the existing “land mobile” communications environment for the foreseeable future.)

The difference in data volume between current capabilities and emerging LTE broadband wireless is analogous to water coming out of a small garden hose compared to water gushing out of large fire hydrant. A bigger pipe means more volume.

With LTE, responders will be able to more effectively:

- Transmit and view high-quality, full-motion streaming video for the purposes of:
 - Tactical operations (EMS mass-casualty events, fire scenes, police operations, other critical incidents, etc.)
 - Surveillances (crime hot spots, SWAT incidents, etc.)
- Download and view large-sized building plan files on the way to incidents, and even display building plans on the face shields of firefighter helmets
- Wirelessly monitor geographic locations,

heart rates, blood pressures, and breathing rates of responders during an incident

- Transmit real-time video and patient vital signs from an incident scene to an incoming helicopter, back-up ambulances, and hospitals
- Enhance situational awareness by providing real-time data and using interactive maps

What is Texas doing with 700 MHz LTE?

Texas Department of Public Safety has become a national leader in pursuing early deployment of public safety LTE broadband, and has identified the following program objectives:

- To create an effective 700 MHz interoperable mobile public safety broadband network, which, when fully deployed, will enable public safety users operating in Texas to be safer, more responsive and more effective in saving lives and property.
- To enable early deployments of mobile public safety broadband network layers in Texas.
- To facilitate an open, standards-based (3GPP) LTE environment that supports a healthy, competitive multi-vendor procurement environment for network infrastructure and terminal devices, while enabling LTE suppliers to innovate and produce sustainable products and services.
- To support the eventual deployment of a nationwide 700 MHz interoperable mobile public safety broadband network.
- To pursue public/private partnerships in order to leverage existing commercial capabilities and associated economies of scale.

Federal Communications Commission (FCC) broadband waiver

The 10 MHz block of 700 MHz band frequencies set aside for public safety broadband use is licensed to the Public Safety Spectrum Trust (PSST). For a state, or other jurisdiction, wishing to construct and operate a broadband system in this band, the FCC requires such entities to petition the FCC for a “waiver” of the FCC broadband rules. If granted, a waiver requires the waiver recipient to enter into a lease with the PSST so that the waivee may then legally implement an LTE broadband system within the waiver recipient’s specified geographic area. On May 12, 2011, the State of Texas (by way of TxDPS) became the 22nd public safety broadband waiver recipient in the United States.

Another condition of the waiver to the State of Texas is that Texas was required to prepare an *Interoperability Showing* to the FCC to ensure that planned Texas deployment is consistent and compliant with the Commission’s interoperability goals. TxDPS has worked closely over the past months with the FCC’s Public Safety and Homeland Security Bureau staff on the *Texas Interoperability Showing* in an effort to get it as perfect as possible, as it likely will become a State-level model for the rest of the country. TxDPS is seeking prompt FCC approval, meaning that Texas would become the first of the existing broadband waiver recipients to have achieved that status. If all goes as planned, “availability of public safety broadband service” is projected to occur in the Harris County (Houston) area around August 1, 2012.

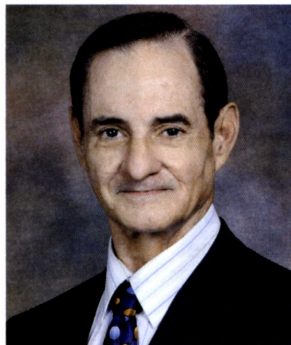
Harris County and potential other TxDPS broadband partners

TxDPS is partnering with Harris County on construction of the first phase of the Texas leg of the single nationwide LTE public safety broadband network through use of a federal port grant to Harris County.

As stated in its *Interoperability Showing*, Texas supports a multi-vendor environment and intends to have a recommended technical requirements document (for local jurisdiction procurement use) developed by December 1, 2011. Also by that date, DPS intends to have an intra-state application process finalized and published for use by jurisdictions wishing to host public safety LTE broadband layers in given geographic areas of Texas.

Texas goals/Next steps

DPS will ensure early public safety LTE deployments in the state are developed to be consistent with the intended overall nationwide plan for interoperability and will serve as the State’s single interface with the Public Safety Spectrum Trust (the holder of the nationwide public safety broadband license) and the FCC Emergency Response Interoperability Center. DPS also is monitoring pending legislation in Congress that, if passed, would create a Public Safety Broadband Corporation to oversee the build-out of a nationwide 700 MHz interoperable mobile public safety broadband network using the existing Public Safety Spectrum Trust licensed frequencies (763-768 MHz and 793-798 MHz), which have been leased to DPS, as well as the “D Block” frequencies (758-763 MHz and 788-793 MHz), using several billion dollars from proposed radio frequency “incentive auctions.” Advocates argue that without the combined 20 MHz capability, current and future public safety mobile broadband needs cannot fully be met.



Contact Mike Simpson at mike.simpson@dps.texas.gov or (512) 424-7427.



Providers must have medical direction

Just a reminder that all EMS providers must have a medical director under contract at all times. DSHS has recently discovered that several firms let their medical direction lapse. This is a clear violation of Texas Administrative Code 157.11. If DSHS finds a firm does not or has not had a medical director at any time, DSHS will move to emergency suspend the EMS provider and move towards revocation of the provider's license. Take the medical director requirement seriously – DSHS does.

New Houston manager named

Marilyn Talley has been selected as the new EMS Compliance Manager for the East Group, based in Houston. A paramedic since 1991, Talley has been with the department since March 2005, working as an EMS Compliance Specialist in the Houston office. Her previous work experience has included being a medical assistant, a Unit Coordinator/Supervisor for a HMO Specialty health facility and a paramedic for a 9-1-1 service. Talley is also an Advanced Certified Investigator/Inspector through the national organization known as the Council on Licensure, Enforcement and Regulation (CLEAR).



Marilyn Talley

Legislation tightens criminal history



In 2009, legislation was passed that directed DSHS to revoke EMS certifications and licenses for any person who is convicted of certain crimes, including murder, capital murder, indecency with a child, aggravated kidnapping, aggravated sexual assault, aggravated robbery, and certain substance abuse offenses (TAC 157.37). In the 2011 Legislative session, HB 1476 amended HSC 773 to say change the "is" to "has been." DSHS has been mulling how to best follow this law, given that other parts of the Health and Safety Code forbid DSHS from asking for criminal information that has already been reported during the course of initial or renewal application. DSHS will now investigate initials and renewals who get flagged on the Department of Public Safety background check. In addition, DSHS will investigate any complaints made about individuals having convictions for those offenses. For questions, please contact Heather Godinez at heather.godinez@dshs.state.tx.us.

Trauma funds distributed

Uncompensated Trauma Care Fund distributions were made in September.

- \$872,359 from the Designated Trauma Facility and Emergency Medical Services (DTF\EMS) Account (3588 Monies) was distributed to 268 eligible hospitals. The grand total distributed to eligible hospitals since the inception of this funding is approximately \$382,665,152.
- \$848,862 from the Emergency Medical services, Trauma Facilities, and Trauma Care Systems Account (1131 Monies) and \$539,766 from the Emergency Medical Services and Trauma Care Systems Account (911 Monies) was distributed to 256 eligible hospitals.



Background Info:

Texas Health and Safety Code §780.004 directs DSHS to use 96 percent of funds in the DTF/EMS Account (3588 monies) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities or a hospital meeting "in active pursuit" requirements.

Texas Health and Safety Code §780.004 directs DSHS to use 27 percent of funds in the Emergency Medical services, Trauma Facilities, and Trauma Care Systems Account (1131 Monies) and 27 percent of funds in the Emergency Medical Services and Trauma Care Systems Account (911 Monies) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities. For more information, go to www.dshs.state.tx.us/FY-2011UncompensatedTraumaCareFundDistSept.shtm.

Data requested from health care providers

The Legislature passed Senate Bill 29 in 2007, mandating the collection of a Minimum Data Set from health care providers and requiring specified licensing boards, including EMS, to provide data to the Statewide Health Coordinating Council. The statute explains certain information is requested because:



- Legislators, health science centers, state agencies and other stakeholders need to have accurate, timely and sufficient information about the state's health professions workforce.
- To accurately study supply and distribution, a practice address is needed (not just the mailing address), as many providers practice in a different county from the one in which they live.
- Practice characteristics vary according to age, gender and race/ethnicity; data is needed on age, gender and race/ethnicity to study the current and projected supply of the workforce.
- Data on birthplace and high school are needed to study rural/urban trends and make recommendations for encouraging providers to practice in a rural area.

The data will be collected through a survey that should take less than five minutes to complete. Information entered while completing the survey does not update the licensing database or fulfill your obligation to keep your licensing program informed of your current name and mailing address. If your information has changed, please contact EMS Certification. If you have questions about the survey (not licensing questions), you may contact the Health Professions Resource Center at 512.458.7261 or e-mail brian.king@dshs.state.tx.us. Go to the OEMS/TS main web page or to <https://txprofdata.questionpro.com>.

New GETAC appointment

The Governor's Office notified the Office of EMS/Trauma Systems of an appointment to the Governor's EMS and Trauma Advisory Council. Robert "Bobby" Greenberg, MD, of Temple, is a new appointment, representing emergency physicians. His term expires January 1, 2014. He provides direct patient care, administrative support and education at the Department of Emergency Medicine at Scott & White and Texas A&M Health Sciences Center. Dr. Greenberg replaces Randy Loflin, MD, who resigned in August.



Robert Greenberg, MD

Wildfire relief donations sought

In 2011, Texas has seen the worst outbreak of wildfires in many years. Drenching rains came first, bringing out lush vegetation, followed by a hard winter and the driest year on record in fifty years. At last count, 9,782 wildfires have scorched across Texas. By comparison, we saw 167 wildfires in all of 2010. Nearly three million acres have burned. Fighting these fires has fallen in many cases to volunteer fire departments, which represent 77 percent of the 1400 fire departments in Texas.

The Texas State Fireman's and Fire Marshal's Association is spearheading an effort to raise money for these volunteer fire departments. The Texas Wildfire Relief Fund is a non-profit 501(c)(3) committed to generating awareness and garnering support for Texas volunteer firefighters. They are asking for your support in order to provide Texas firefighters with the equipment, water, food and fuel necessary to continue battling wildfires. The fund has set up a website for donations at www.txwildfirerelief.org.

EEF 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 EEF:
Panhandle EMS
\$9,309 for ambulance engine replacement



On Duty

New online system for renewals debuts

In October, DSHS EMS went live with a new online renewal

system that will ultimately speed up the way applications are processed. When the system is fully operational and the kinks are worked out, staff will no longer manually enter every application, as they do now. Each certified or licensed EMS person will be able to register in the system, make changes to his or her own files and then submit the renewal application. The application will then be automatically uploaded into the DSHS system. In addition, volunteer personnel can now renew online. Personnel will still be able to submit renewal applications by paper as well, if they are unable to submit online.

Initial applications will still be processed through TexasOnline, the current system, although the plan is to eventually use the new system for initial applications.

EMS personnel will be notified when the application is approved or when more information is needed to finalize application, such as questions regarding criminal history. (Remember that all criminal history not previously disclosed must be disclosed and that all applicants are subject to a criminal history check through Texas Department of Public Safety.) Applications with no criminal history or criminal history that has already been reviewed by DSHS will be processed more quickly than applications with criminal history that will be reviewed for the first time.

So unless you submit a paper Renewal application, the way you do things will be changing.

Who should create a user registration?

Everyone who wants to use the new electronic system to renew should register as a user. This will allow you to

apply for renewal online and to change your address online when renewing. Go to <http://www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm> for the new link.

How does the online renewal process work?

The online renewal process is a two-step process. First, you will create a user registration. Then, if you have one or more licenses, you will add those licenses to your user registration. If you are eligible to renew, you will be given an option to renew at this time. A change of address can also be completed in conjunction with the renewal. To complete your renewal, you will need to answer required questions, review information entered, and then proceed to the payment page. After providing payment information, you will view and print the transaction receipt that has your renewal option and the information you provided to DSHS. A payment receipt will also be sent to you by email. Your renewed license or registration will be mailed to you. You can have up to four copies of your payment receipt emailed to anyone of your choice.

Can a third party pay my license fee?

At this time, the "third party" payment feature is not available for renewals but will be available in the future.

What if I lose my user password?

Click on Forgot Password on the home page and a new password will be emailed to you.

What if I forget my user id?

If this happens, you'll need to register again with a different email address and create a new user. You may not register with the same email address

twice. If you have license(s) attached to your original registration, you will need to contact **EMS Certification** and request that those licenses be detached from the original registration. You will be notified once that task is complete, and you can then go into your new registration and add the license(s) to the new registration. You will need to follow this same process if you forget your user id, whether the user id is your email account or another user id.

What if I lose access to the email account associated with my user registration?

If this happens, you'll need to register again with a different email address. You may not register with the same email address twice. If you have license(s) attached to your original registration, contact the EMS Certification office and request that those licenses be detached from the original registration. Once you are notified that task is complete, and you can then go into your new registration and add the license(s) to the new registration.

Who is eligible to renew online through this system?

If you were previously eligible to renew through Texas Online, you are eligible. You need to create a user registration to renew. Or you can still use the paper application.

How long will my renewal period be?

Licenses and certifications are renewed every four years.

If I renew online, will I get my license/registration faster than if I renew by mail?

Online renewals and change of addresses are submitted daily to EMS Certification; therefore, the mailing time to the agency is eliminated. Plus, the data

is no longer entered by hand by EMS Certification staff, so yes, the time should be significantly reduced.

Can I change my name as part of the online renewal?

No, name changes must be submitted in writing to DSHS. You must provide any documentation required by the licensing board or program. Find that form at www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS.

Can I change my address at the time of renewal?

Yes, you can change your mailing address at the time of renewal.

How does this affect the requirements for renewing my license/registration?

You will be asked to answer truthfully about which method you used to renew your certification, whether by continuing education accrual, current National Registry card, assessment exam or formal refresher course. By submitting the application, you are attesting that you have met the requirements for that option. CE audits are conducted every year, and National Registry certification and test results are verified.

Can I print a copy of my entire license/registration renewal information?

Yes, a printer-friendly version of the renewal information is available.

What are the online available payment options?

Payments can be made using credit cards (VISA, MasterCard, Discover, or AMEX) and electronic checks (ACH).

What information do I need to make a payment online?

License and registration renewals require a valid credit card number, expiration date, billing name, and billing address. If paying by ACH, you will need a bank routing number and account number. DSHS does not store or have access to credit card information that you provide for payment.

Can I print the payment receipt after completing the online process?

Yes.

Are there penalties associated with late payments?

Late penalties are added if the renewal is not paid by the license/registration expiration date. A penalty is added for one to 90 days following the expiration date and another penalty is added for more than 90 days past the expiration date. A license expired for more than one year may not be renewed. Applications submitted after the expiration date, must have skills verified by a certified EMS Coordinator, and the signed Skills Verification for Late Renewal form must be submitted separately. Your Renewal application will not be approved until the signed form is received by the EMS Certification office.

Can I use my printed payment receipt as a temporary license/registration?

No, your license/registration renewal is not issued until all renewal requirements are met and the application is approved. The printed payment receipt only verifies

payment of your renewal fees. If your license renewal is complete, you may verify it online through the Live Online Search Verification.

Can I renew online any time?

Yes, the system is available 7 days per week, 24 hours per day except for routine maintenance down time.

If I am unable to login to the site, who do I contact?

The online renewal process allows only eligible licensees/registrants to renew online.

First, look at the expiration date on your license to ensure that you are eligible to renew. EMS personnel are allowed to renew up to one year in advance. However, at this time DSHS does not automatically open your application (which allows you to renew) until three months before expiration. If you would like to renew earlier than three months, call the EMS Certification office to manually release your account so you are able to renew.

What browser versions does the application support?

Internet Explorer 6 and higher or FireFox 2 and higher.

What about provider renewals?

EMS Providers will receive separate information about renewing online.

Who do I contact with technical difficulties while navigating the site?

Contact vo@dshs.state.tx.us and please provide detailed information about your issue(s), including a description of your problem(s). Please insert or attach relevant screenshots, if possible.

—*Michael DeLaCruz and
Mattie Mendoza*

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



2011 Texas EMS Conference Keynote

On the Street:
EMS Response to
Today's Gangs

James W. Odom
Monday November 21, 2011
8:15 - 9:30 am
Austin Convention Center
Ballroom D

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

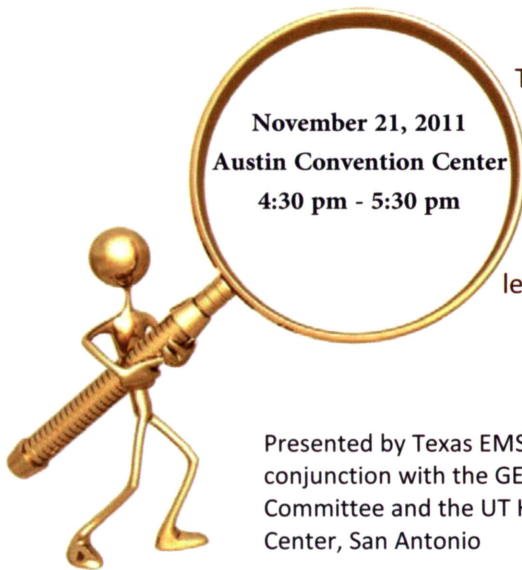
8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - Noon Closing Session
Conference adjourns

2nd Annual Texas EMS Research Forum

November 21, 2011
Austin Convention Center
4:30 pm - 5:30 pm

This poster session,
open to all
attendees, will
present current
research from the
leaders in prehospital
emergency care.

Presented by Texas EMS Conference in
conjunction with the GETAC Education
Committee and the UT Health Science
Center, San Antonio



Schedule

1-hour lectures
subject to change

Monday

Keynote Session: 8:15–9:30 Ballroom D James Odom Gangs CE: Spec Cons

Room	9:45–10:45 am	11:00 am–noon	1:30–2:30 pm	2:45–3:45 pm	4:00–5:00 pm
Ballroom D	“Rampart to Squad 51: Start an IV!” Bouvier <i>Trauma</i>	How Vital Are Vital Signs? Page <i>Pt. Assess</i>	The New and Improved Myths of EMS Bledsoe <i>Prep</i>	Wide and Tachy? In Lead II, You Got No Clue! Page <i>Medical</i>	Bats, Balls and Trauma Calls Bouvier <i>Trauma</i>
Ballroom E	Narcotics 101: Rules, Regs, Reality Griffin <i>CRO</i>	The EMS Quiz Show: Frequently Asked Admin Questions Kelly <i>Spec Cons</i>	Therapeutic Hypothermia Saffer <i>Medical</i>	TBA Racht	The Stroke Game Show: Time Critical Diagnosis Page <i>Medical</i>
Ballroom F	Crew Resource Management: A Lesson from Aviation Beeson <i>CRO</i>	Identifying Sepsis: The Prehospital Sepsis Alert Program Mayfield <i>CRO</i>	How Dead is Dead? Real-World Cardiac Arrest Management Using the 2010 Guidelines Duckworth <i>Medical</i>	Cars Are Not Playgrounds: Non-Traffic Fatalities Involving Children House <i>Pedi</i>	The Laws of Physics: Man’s Futile Effort to Not Hit Hard Things Mayfield <i>Trauma</i>
Ballroom G	TBA	EMS Capnography 2011–Where Are We? Goodloe <i>Airway</i>	Losing Control: A Story of Narcotic Diversion Griffin/Hemphill <i>Pt. Assess</i>	Blast Injuries: What You Need to Know When the World Is Exploding Around You Torrey <i>Trauma</i>	What’s New in Neonatal and Pediatric Resuscitation? Shah <i>Pedi</i>
17A Educator Track	Win Every Firehouse Argument: How to Build a Solid Case to Win Friends and Influence Enemies Duckworth <i>Spec Cons</i>	There’s One in Every Class: How to Deal With Problem Students Without Losing Your Cool Duckworth <i>Prep</i>	Distance Education for Dummies: Getting a Real Education at a Distance While Still Having a Life Ericson <i>CRO</i>	Motivating the Unmotivatable: Motivation and Its Role in EMS Student Success Ericson <i>CRO</i>	Validity and Reliability: What’s the Difference? Navarro <i>CRO</i>
17B	Pathophysiology for EMS: Why We Do What We Do Torrey <i>Medical</i>	Cannibalism in EMS Anderson <i>Prep</i>	If I had to Go to Court: Guidelines for Good Documentation Clarke <i>Prep</i>	Forced Detention of the Psychiatric Patient Turner <i>Spec Cons</i>	Positional Asphyxia: Don’t Let It Happen to Your Patient Torrey <i>Airway</i>
18AB	Treatment of Medium/High Velocity Penetrating Trauma Seeber <i>Trauma</i>	Rural EMS Systems: An Evaluation Perkins <i>Spec Cons</i>	Airways You Hope You Never Have to Deal With Cowles <i>Airway</i>	A Right Royal Affair: EMS at the Royal Wedding Hines <i>Spec Cons</i>	Sepsis and EMS . . . What Can We Do? Maffin <i>Medical</i>
18C	Sick or Not Sick? That Is the Question! But Can We Tell? Porter <i>Pt. Assess</i>	Dealing with the Death of a Child House <i>Spec Cons</i>	Infection Control for EMS: Drug Resistant Bacteria Navarro <i>Medical</i>	TBA	When is Dead Really Dead? Decision Making and Death Pronouncement McEvoy <i>Pt. Assess</i>
18D Research Track	I know how to read a book. How do I read a medical journal article? Wampler/Mabbitt <i>Prep</i>	Research for Rednecks—EMS Style Wampler <i>Prep</i>	TBA	TBA	TBA
19A	No Crybabies Allowed: Management of Neonatal Emergencies Prater <i>Pedi</i>	Patient Interviewing: Techniques That Work Salengo <i>Pt. Assess</i>	Excited Delirium: How EMS Can Save Lives Turner <i>Spec Cons</i>	A Weighty Issue Perkins <i>Spec Cons</i>	When the Stork Dials 9-1-1: Emergency Childbirth Salengo <i>Medical</i>
19B Emerg Mgmt Track	Narrowbanding Jarrett <i>CRO</i>	Mitigation of Mental Health Issues in Disasters and Planning for Shelters Baak/Keene <i>Spec Cons</i>	Medical Sheltering Evans <i>CRO</i>	Next Generation 9-1-1 and Radio Interoperability Jurrens/Merriweather <i>CRO</i>	Continuous Care During Disaster Response: “ICU in a Suitcase” Carlton <i>CRO</i>

Tuesday

Room	7:30–8:30 am	8:45–9:45 am	10:00–11:00 am	2:00–3:00 pm	3:15–4:15 pm	4:30–5:30 pm
Ballroom D	Difficulty Breathing? Why Now? Mittelman <i>Airway</i>	Wound Ballistics: An Idiot's Guide to Firearms Trauma Grayson <i>Trauma</i>	TBA Racht	Procedural Reality Bolleter <i>Airway</i>	An Eagle, a Legal Beagle and an Aggie Redux: Critical Issues Related to Patient Transport Decision-Making Ogilvie/ Isaacs/ Wait <i>Pt. Assess</i>	Airway Management Migala <i>Airway</i>
Ballroom E	What Does Patient Assessment Technology Mean to Me? Ericson <i>Pt. Assess</i>	Welcome To Munchkinland: Pediatric Assessments Scadden <i>Pedi</i>	Current Trends and Controversies in Prehospital Airway Management Bledsoe <i>Airway</i>	Drug Diversion Bowman <i>Medical</i>	To Tell the Truth: Ethics in Public Safety Mittelman/ Mittelman <i>Prep</i>	Bug Factories: Daycare Diseases Scadden <i>Pedi</i>
Ballroom F	Dying from the Inside Out: Assessing Perfusion Via Blood Lactate Mayfield <i>Medical</i>	Pediatric Stroke Bowman <i>Pedi</i>	My Patient Is Pinned and Pregnant! OB Trauma Case Studies Dush <i>Trauma</i>	Normalization of Deviance: Stopping the Madness Beeson/ Fowler <i>Prep</i>	Duck, Duck, Goose Clarke <i>Pt. Assess</i>	TBA
Ballroom G	The Missing Piece: Assessment and Scene Management at Pediatric Emergencies Duckworth <i>Pedi</i>	Responding to Mass Shootings Bouvier <i>CRO</i>	Advice for New Paramedics: What They Don't Tell You in Paramedic School Saffer <i>Spec Cons</i>	H and Ts in Cardiac Arrest: Considering Medications from a Pharmacist's Perspective Albert <i>Medical</i>	Taking the "Men" out of Mentorship: Female Leadership in EMS Hiebert <i>Prep</i>	Pecs, Projectiles and Pneumothoraces: Assessment and Management of Thoracic Trauma Grayson <i>Trauma</i>
17A Educator Track	TBA	Engaging Students Through Classroom Questioning Miles <i>CRO</i>	Affective Domain: "How Do You Feel About That?" King/ Turnbow <i>CRO</i>	We Don't Need No (Continuing) Education Dees <i>CRO</i>	Utilization of Student Learning Styles in EMS Education Bonewald/ McCrea <i>Prep</i>	Teach, Don't Tell Thompson <i>Pt. Assess</i>
17B	EMS and Border Communities Sotomayor-Zepeda <i>Spec Cons</i>	How to Develop Your Social Media Policy and Plan Raczynski <i>CRO</i>	The Role of Therapeutic Hypothermia in the Treatment of Trauma Smith <i>Trauma</i>	Response Time Realities: Does Prehospital EMS Time Really Matter? Zavatsky <i>CRO</i>	What Is Chronic Traumatic Encephalopathy, and What Should Health Care Providers Know? Whitener <i>Trauma</i>	Major Bleeding Control Options: Dispelling Some Myths Weinzapfel <i>Trauma</i>
18AB Admin Track	How to Pick and Prepare Your Replacement: Succession Planning Rodriguez <i>CRO</i>	Collaborating with Health Care Organizations Zavatsky <i>CRO</i>	Information Security Guidelines P. Trusty <i>CRO</i>	Strategic Planning: How-To Course for EMS Salmon <i>CRO</i>	Introduction to NAEMT Safety Initiatives Shelton <i>CRO</i>	Overview of the Institute of Healthcare Improvement Model for Improvement Williams <i>CRO</i>
18C	"There's nothing <i>Basic</i> about me." Perkins <i>Prep</i>	The ABCs of the DRT: Death Notification and Field Terminations Arzel/ Straus <i>Prep</i>	Pelvic Trauma: The Overlooked Killer Rojas <i>Trauma</i>	Patients Are Not Plutonium: Hands-On Patient Assessment M. Trusty/ Elder <i>Pt. Assess</i>	Depression: Trapped in the Maze of the Mind! Elder <i>Spec Cons</i>	<i>The Little Voice:</i> Recognizing and Reporting Child Abuse Morris/ McKee <i>Pedi</i>
18D	To Pee or Not To Pee: Renal Failure and Dialysis Taylor <i>Medical</i>	Tied Down or Safely Secured: The Myths and Pitfalls of Physical Restraints Tompkins/ Poresky <i>Spec Cons</i>	Don't know nothin' 'bout birthin' no babies! Routine Childbirth and Delivery Complications Taylor <i>Medical</i>	Talking the Talk Tompkins/ Poresky <i>Pt. Assess</i>	Crush Injuries Migala <i>Trauma</i>	TBA

Tuesday schedule continued on next page

Schedule

1-hour lectures
subject to change

Tuesday cont.

Room	7:30–8:30 am	8:45–9:45 am	10:00–11:00 am	2:00–3:00 pm	3:15–4:15 pm	4:30–5:30 pm
19A	So you think this patient has a this condition based on medical history? Albert <i>Pt. Assess</i>	Swimming Pool and Spa Entrapment Injuries, Deaths, and the Problems with Capturing Data Pennington <i>Pt Assess</i>	The “D” Word: Confronting Death in EMS Yates/ Etheridge <i>Prep</i>	Initial Assessment and Intervention for Children with Cardiac Disease Lewis <i>Pt. Assess</i>	Breathing Fire... Bowman <i>Airway</i>	Direct Laryngoscopy: Time to Change the Standard of Care? Tydlaska <i>Airway</i>

Wednesday

Room	8:30–9:30am	9:45–10:45am	11:00am–Noon
Ballroom D	The Fairytales, Myths and Science of Geriatrics Beeson/ Hayes <i>Spec Cons</i>	Is advanced airway management a practice of the past? Review and discuss the future of airway management Weinzapfel <i>Airway</i>	The History of EMS: Linking the Past, Present and Future Scadden <i>Prep</i>
Ballroom F	Amiodarone or Lidocaine: The Role of Antiarrhythmics in Cardiac Arrest Navarro <i>Medical</i>	Long-Term Evolution (LTE) 700 MHz Broadband and What It Means for Texas EMS Responder Interoperable Communications Simpson <i>CRO</i>	
Ballroom G	End-Tidal CO ₂ : A New Tool in Cardiac Arrest Management Hinchey <i>Medical</i>	It’s a Gland Problem: Endocrine Emergencies Migala <i>Medical</i>	

Key to CE

Airway = Airway

CRO = Clinical Related Operation

Medical = Medical

Pedi = Pediatric

Pt. Assessment = Patient Assessment

Prep = Preparatory

Spec Cons = Special Considerations

Trauma = Trauma

EMS Ride-Alongs

Would you like to experience EMS in the Austin area? Austin-Travis County EMS is the exclusive 9-1-1 provider serving the Austin and Travis County areas.

To schedule a ride-along, visit the ATCEMS booth in the exhibit hall. Be prepared to wear dark shoes and pants and a white shirt on the rideout.



Just a reminder...

Like we have the last few years, we’re relying on you to bring printed copies of classroom handouts to Texas EMS Conference. **Paper copies of handouts will not be provided at the conference.** Instead, we’re posting electronic versions on our website (www.dshs.state.tx.us/emstraumasystems/11conference.shtm). Before leaving for the conference, visit the website, download the handouts for any classes you might want to attend, and print them or download them onto your favorite electronic device. We do this to save paper and continue to keep conference costs low. The handouts will remain available on our website for several months after the conference as well. If you have any questions, please email Adrienne Kitchen at adrienne.kitchen@dshs.state.tx.us, or call her at (512) 834-6700, ext. 2380.

Look for the flier

Arriving at the conference on Saturday or Sunday?

Ask your hotel concierge to give you a Texas EMS Conference flier that has maps showing you where to go to register in the convention center and where the preconference and GETAC meetings are being held.



Monday

Room	9:45–11:45 am	1:00–3:00 pm	3:30–5:30 pm
4ABC	Moulage for Small to Large Scale Scenarios: Planning to Field Gehrig/ Gehrig <i>Prep</i>	Moulage for Small to Large Scale Scenarios: Planning to Field Gehrig/ Gehrig <i>Prep</i>	Moulage for Small to Large Scale Scenarios: Planning to Field Gehrig/ Gehrig <i>Prep</i>
5ABC	Disaster Moulage: Making it Yours! Thompson/ Wall <i>Prep</i>	Disaster Moulage: Making it Yours! Thompson/ Wall <i>Prep</i>	Disaster Moulage: Making it Yours! Thompson/ Wall <i>Prep</i>
6A	Airway Interventions and Resources Bolleter <i>Airway</i>	Airway Interventions and Resources Bolleter <i>Airway</i>	Airway Interventions and Resources Bolleter <i>Airway</i>
6B	Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work Grayson/ Saffer/ Scadden <i>Pedi</i>	Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work Grayson/ Saffer/ Scadden <i>Pedi</i>	Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work Grayson/ Saffer/ Scadden <i>Pedi</i>
8ABC		Anatomical Perspectives of a 12-Lead ECG Roles <i>Medical</i>	Anatomical Perspectives of a 12-Lead ECG Roles <i>Medical</i>
9AB	E.S.C.A.P.E. Mini-Seminar Tompkins/ Poresky <i>Trauma and/or Spec Cons</i>	E.S.C.A.P.E. Mini-Seminar Tompkins/ Poresky <i>Trauma and/or Spec Cons</i>	E.S.C.A.P.E. Mini-Seminar Tompkins/ Poresky <i>Trauma and/or Spec Cons</i>
9C	Expanded Scope Prehospital Ultrasound Bowman/ Spear <i>Medical and/or Pt. Assess</i>	Expanded Scope Prehospital Ultrasound Bowman/ Spear <i>Medical and/or Pt. Assess</i>	Expanded Scope Prehospital Ultrasound Bowman/ Spear <i>Medical and/or Pt. Assess</i>
10AB	You Are the EMT: Improving Your Assessment Mittelman/ Mittelman <i>Pt. Assess</i>	You Are the EMT: Improving Your Assessment Mittelman/ Mittelman <i>Pt. Assess</i>	You Are the EMT: Improving Your Assessment Mittelman/ Mittelman <i>Pt. Assess</i>
11AB <i>Level 4</i>	Making Change: How to Facilitate Change in the EMS Environment Brosius <i>Prep</i>	Making Change: How to Facilitate Change in the EMS Environment Brosius <i>Prep</i>	Making Change: How to Facilitate Change in the EMS Environment Brosius <i>Prep</i>
12AB <i>Level 4</i>	12-Lead EKG Interpretation: KISJ (Keep It Simple Jon) Puryear <i>Medical</i>	12-Lead EKG Interpretation: KISJ (Keep It Simple Jon) Puryear <i>Medical</i>	12-Lead EKG Interpretation: KISJ (Keep It Simple Jon) Puryear <i>Medical</i>
14 <i>Level 4</i>	"Oh, My Aching Back!" Techniques to Help You Save Your EMS Career Lyman/ Stramiello <i>Spec Cons</i>	"Oh, My Aching Back!" Techniques to Help You Save Your EMS Career Lyman/ Stramiello <i>Spec Cons</i>	"Oh, My Aching Back!" Techniques to Help You Save Your EMS Career Lyman/ Stramiello <i>Spec Cons</i>

Sign up for two-hour workshops starting at 7:00 Sunday morning!

Our two-hour workshops that emphasize intense, hands-on experiences in a small group are better than ever. Here's the important part: Because attendance is limited, you MUST sign up in advance and get a ticket to be admitted. Once the tickets for that workshop are gone, no more will be issued. Check out the schedules for Monday and Tuesday and pick your favorites before you get to registration. One ticket per person will be given; first-come-first-served for all workshops. Sign-up for the workshops at conference registration beginning at 7:00 am on Sunday, November 20.



Exhibit hall hours

Sunday 2 pm to 7 pm

Welcome reception 4 to 6 pm

Monday 11 am to 6 pm

Tuesday 8 to 11 am

Tuesday

Room	7:30–9:30 am	9:45–11:45 am	2:00–4:00 pm
4ABC	You Want Me To Sit Where? Safe Transport in Ambulances House <i>Pedi and/or Spec Cons</i>	You Want Me To Sit Where? Safe Transport in Ambulances House <i>Pedi and/or Spec Cons</i>	You Want Me To Sit Where? Safe Transport in Ambulances House <i>Pedi and/or Spec Cons</i>
5ABC	Stethoscopy for Dummies Lab Session Page <i>Pt. Assess</i>	Stethoscopy for Dummies Lab Session Page <i>Pt. Assess</i>	Stethoscopy for Dummies Lab Session Page <i>Pt. Assess</i>
6A	Two Rescuers, One Rope, No Problem Green <i>CRO</i>	Two Rescuers, One Rope, No Problem Green <i>CRO</i>	Two Rescuers, One Rope, No Problem Green <i>CRO</i>
6B	Scripting Solutions to Communication Problems Anderson <i>Prep</i>	Scripting Solutions to Communication Problems Anderson <i>Prep</i>	Scripting Solutions to Communication Problems Anderson <i>Prep</i>
8ABC	Radiological Emergency Preparedness Planning and Response Amaro <i>CRO</i>	Radiation Detection Instrumentation Workshop Amaro <i>CRO</i>	Management of Patients Contaminated with Radionuclides Amaro <i>CRO</i>
9AB	Stay Injury Free and on the Street Fass <i>Prep</i>	Stay Injury Free and on the Street Fass <i>Prep</i>	Stay Injury Free and on the Street Fass <i>Prep</i>
9C	Friday Night Lights . . . On-Field Care of the Potential Spine Injured Athlete Langford <i>Trauma</i>	Friday Night Lights . . . On-Field Care of the Potential Spine Injured Athlete Langford <i>Trauma</i>	Friday Night Lights . . . On-Field Care of the Potential Spine Injured Athlete Langford <i>Trauma</i>
10AB	I'm In Here! Can You See Me? EMS Assessment and Communication for Children with Special Needs Shah/ Gilchrest <i>Pedi and/or Spec Cons</i>	I'm In Here! Can You See Me? EMS Assessment and Communication for Children with Special Needs Shah/ Gilchrest <i>Pedi and/or Spec Cons</i>	I'm In Here! Can You See Me? EMS Assessment and Communication for Children with Special Needs Shah/ Gilchrest <i>Pedi and/or Spec Cons</i>
14 <i>Level 4</i>	When Sugar Ain't Sweet: Diabetes Update Levesque/ McCrea <i>Medical and/or Pt. Assess</i>	When Sugar Ain't Sweet: Diabetes Update Levesque/ McCrea <i>Medical and/or Pt. Assess</i>	When Sugar Ain't Sweet: Diabetes Update Levesque/ McCrea <i>Medical and/or Pt. Assess</i>

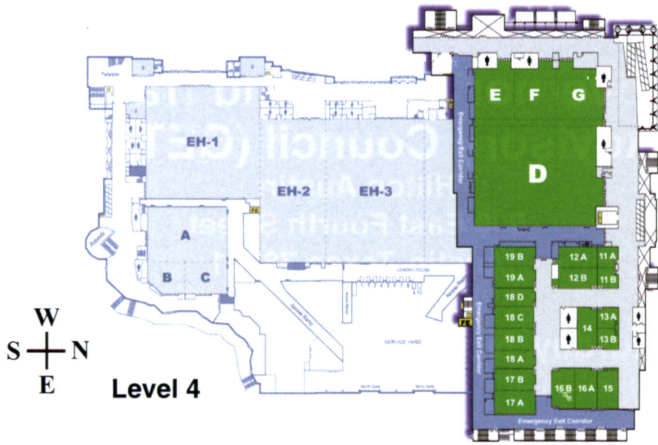
Skyway open

The construction from 2010 is gone! You can now access rooms 4-10 by riding the escalator in the northwest corner of the building and peeling off at the first turn. The rooms are still accessible using the escalator and elevator on the west side of the building. Rooms 4-10 host most of the two-hour workshops.



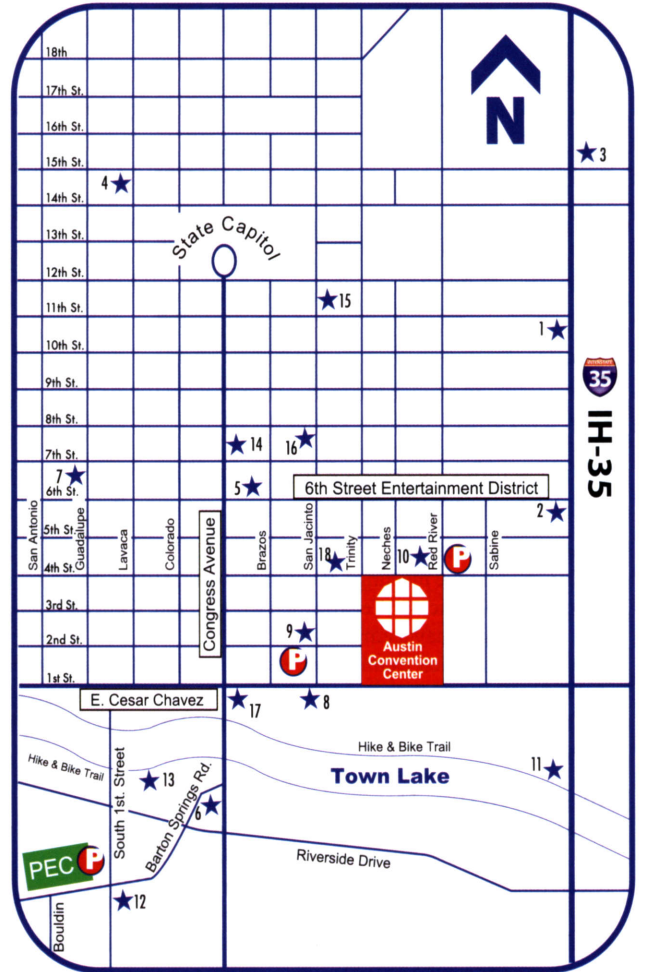
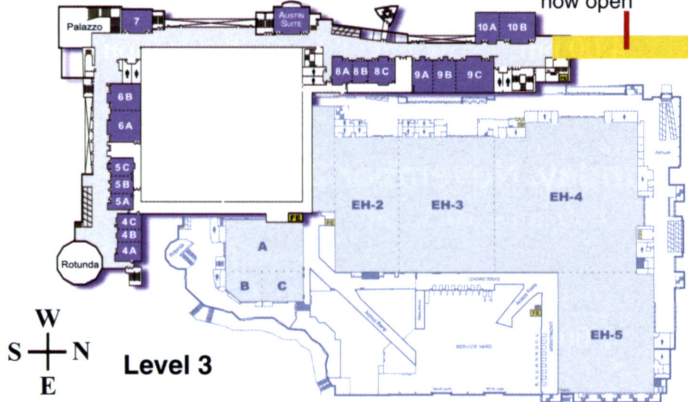
Skyway bridge to level four.

Austin Convention Center and downtown Austin



Lectures and workshops are on the third and fourth levels

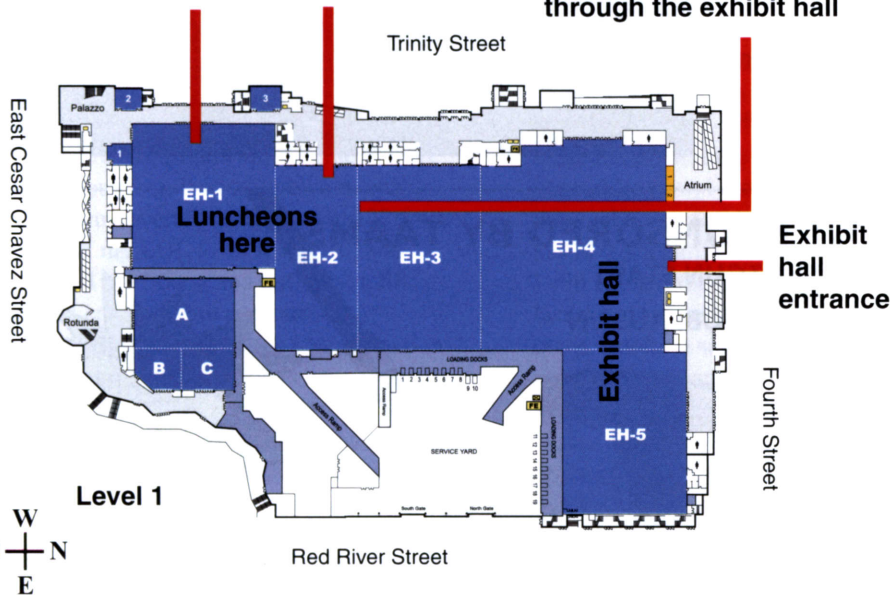
Skyway connector from escalators to 4th level now open



PEC — Palmer Events Center and Parking Garage
 ACC — Austin Convention Center
 ★ Area Hotels

Tuesday lunch enters through the Trinity Street entrances

Monday lunch enters through the exhibit hall



Conference hotels highlighted yellow

1. Sheraton Austin Hotel
2. Hilton Garden Inn Austin Downtown
3. Double Tree Club Hotel
4. Double Tree Guest Suites
5. Driskill Hotel
6. Embassy Suites Austin Downtown
7. Extended Stay America Downtown
8. Four Seasons Hotel Austin
9. Hampton Inn & Suites Austin-Downtown
10. Hilton Austin
11. Holiday Inn Austin Town Lake
12. Homestead Suites
13. Hyatt Regency Austin
14. Intercontinental Stephen F. Austin
15. La Quinta Inn - Austin Capitol
16. Omni Hotel Austin Downtown
17. Radisson Hotel & Suites
18. Courtyard and Residence Inn

Other meetings happening during the conference

Friday, November 18

TTCF meeting, 10 am to 5 pm, Hilton Austin (Jacky Betts, jbetts@unitedregional.org)

Golf Tournament (benefitting Texas Hall of Honor), 1 pm, Onion Creek Country Club (www.taams.org)

IAFCCP certification course, 8 am to 6 pm, Hilton Austin (Monica Newman, mnewman@bcctpc.org)

Texas Disaster Medical Services, 8 am to 3 pm, Hilton Austin (Regan Fritts, regan.fritts@strac.org)

Saturday, November 19

GETAC committee meetings, 9 am to 5:30 pm, Hilton Austin

TETAF meeting, 5:30 to 7 pm, Hilton Austin (Dinah Welsh, dwelsh@tetaf.org)

IAFCCP certification course, 8 am to 6 pm, Hilton Austin (Monica Newman, mnewman@bcctpc.org)

Sunday, November 20

GETAC committee meetings, 9 am to 5:30 pm, Hilton Austin

National EMS Educator Certification exam, 3 pm, Convention Center (Greg LaMay, grlamay@etmc.org)

IAFCCP certification exam, 8 am, Hilton Austin (Monica Newman, mnewman@bcctpc.org)

RAC Chairs meeting, upon adjournment of Air Medical Committee, Hilton Austin

Monday, November 21

Disaster Management and Emergency Preparedness Course, 7:30 am to 5 pm, Hilton Austin (Jorie Klein, Jorie.Klein@phhs.org)

Texas Ambulance Association, 8:30 am to 11 am, Hilton Austin (Ron Beaupre, ambbis@aol.com)

EMTF Coordinators, 9 am to 11 am, Convention Center (Regan Fritts, regan.fritts@strac.org)

New GETAC Committee Member Orientation, 2 to 4 pm, Hilton Austin

Texas Emergency Medical Services Board meeting, 4 pm, Convention Center (Chris Barron, cbarron@sffma.org)

EMS Research Forum (poster session), 4:30 to 5:30 pm, Convention Center (Dave Wampler, wamplerd@uthscsa.org)

GETAC meeting, 6 to 9 pm, Hilton Austin

Tuesday, November 22

Trauma Outcomes and Performance Improvement Course, 8 am to 5:30 pm, Hilton Austin (Jorie Klein, Jorie.Klein@phhs.org)

EMS Leadership Gathering, 6 pm to 7 pm, Hilton Austin (Ernie Rodriguez, emersto.rodriquez@austintexas.gov)

Governor's EMS and Trauma Advisory Council (GETAC)

Hilton Austin
500 East Fourth Street
Austin, Texas 78701

Saturday, November 19

9:00 am – 10:30 am	Disaster/Emergency Preparedness Committee
10:30 am – 12:00 pm	Education Committee
11:00 am – 3:00 pm	Disaster/Emergency Preparedness Committee
1:00 pm – 2:30 pm	Stroke Committee
2:30 pm – 4:00 pm	Cardiac Committee
4:00 pm – 5:30 pm	Injury Prevention Committee

Sunday, November 20

9:00 am – 10:30 am	Trauma Systems Committee
10:30 am – 12:00 pm	EMS Committee
1:00 pm – 2:30 pm	Medical Directors Committee
2:30 pm – 4:00 pm	Pediatric Committee
4:00 pm – 5:30 pm	Air Medical Committee

Monday, November 21

6:00 pm Governor's EMS and Trauma Advisory Council

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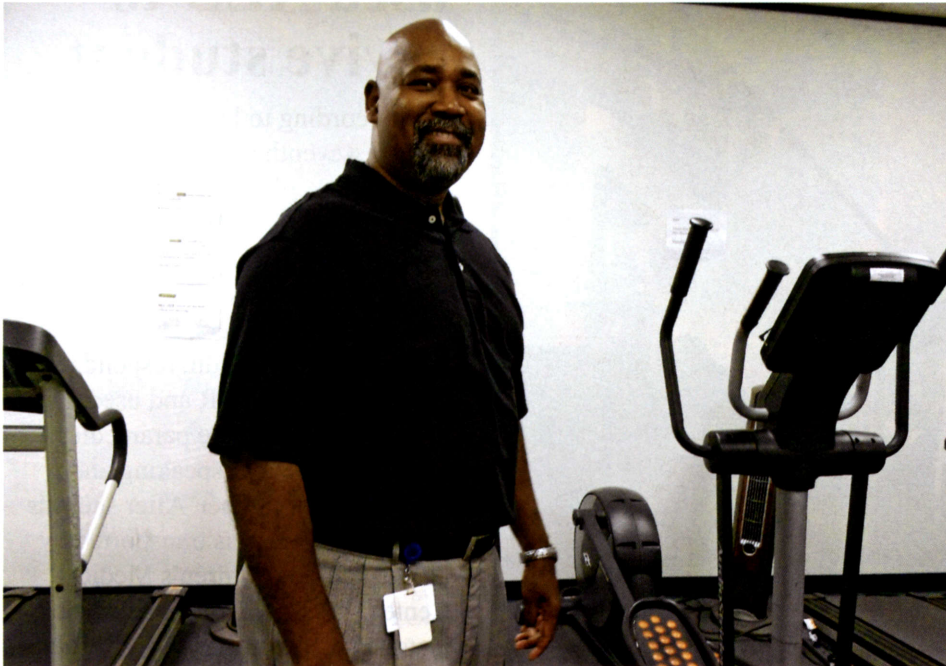
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MAXIE'S CHALLENGE



It's hard to believe it has been a year since I launched the Maxie Challenge. You've watched me as I've tried to make permanent changes to the way I eat and move my body. And, I have to say, I have more energy, I'm sleeping better and I just feel better. Best of all, I got a great report from my doctor recently. My cholesterol dropped a bunch this year and the rest of my lab values improved significantly. All from the little changes I made.

Where has all this brought me? I have lost 34 pounds in the last twelve months, dropped my overall cholesterol to 122 from 207, took my LDL to 60 from 140, and improved my fitness and outlook on life. And if I can do it, anyone can.

Here are a few lessons I've learned in the last year, some big things and some little things.

1. Don't be afraid of new vegetables. For instance, I've discovered that I love red, yellow and orange peppers. I'd only tried green peppers before this year. I sauté them with onions and use them in dishes like greens and casseroles.
2. I don't have to boil greens, like collards and mustard, for an hour for them to

taste good. If I sauté them until they are bright green, they taste better and are better for me. And speaking of greens, I've discovered kale (don't turn your nose up — see #1). Cheap and very nutritious.

3. I bought my first head of fresh garlic this year and found out how much seasonings can make a so-so dinner into something fantastic. This is from a guy who only used salt and pepper.
4. My meals used to consist of mostly meat and potatoes. Since I eat more vegetables now, I eat less meat and that makes me feel lighter. The body has to work hard to digest meat.
5. I still eat fast food, but I go for the healthier choices. If I go to a wings place, I order a salad and a few wings, not a plate of wings. I'm still satisfied.
6. I'm more aware of whole grains. White rice and bread have been replaced with brown rice and 100 percent whole wheat bread. (And look at the label to make sure it says 100 percent — the manufacturers try to fool you.)
7. It doesn't take a fancy gym to exercise (although it would help when the



Last November (above), Maxie Bishop challenged himself to eat better foods and exercise (mostly walking) most days. He's stuck to it and it shows: he dropped 34 pounds (left) and his cholesterol plummeted.

temperature climbs above 105!). I found that I could exercise most of the time by simply walking my neighborhood. When the thermometer climbs too high or dips too low, I go to the mall or walk early in the morning or late at night.

8. There are many excuses when it comes to exercise, and I thought of quite a few of them. To make it harder to find an excuse, I'd lay my workout clothes out on the bed before I left for work in the morning if I was doing an afternoon walk. For a morning walk, I'd put out my clothes the night before.
9. An exercise routine is important for me because if I don't stick to a routine, I tend to stop. Now I figure out in the morning (or the night before) how I'm going to exercise the next day, even if a fifteen-minute walk at lunch is the only time I can spare. When I began walking the neighborhood, I would walk for twenty minutes or so in any direction. I figured out that I like to have a defined route better, so now I walk the same route each time so I can tell when I'm improving.
10. It's okay to eat some cake. I've found there are days when I just want to eat sweets (like one of my several birthday cakes). The next day, I just go back to healthier fare.

And here's my challenge to you: Try eating more vegetables (the more colorful, the better) and walking just 20 minutes a day for one month. I promise you'll feel better. And let me know how you're doing at maxie. bishop@dshs.state.tx.us.

Local & Regional EMS News

by Kathy Clayton



Members of the MedStar and Fort Worth Fire and Police Honor Guards stand at attention during the presentation of the colors.

MedStar Honor Guard assists with 9/11 tribute

The Fort Worth Museum of Science and History is home to Texas's largest artifact from Ground Zero, a twisted steel beam that was once a façade panel of the North Tower's top floors. The City of Fort Worth used the exhibit to host a September 11 tribute on the tenth anniversary of the attacks.

MedStar's Honor Guard joined Honor Guard members from the Fort Worth Police and Fire

Departments during the ceremony. U.S. Congresswoman Kay Granger, Fort Worth Mayor Betsy Price and Fort Worth ISD Board of Trustees President Raymond Dickerson spoke of the positive spirit of the recovery efforts and reminded guests that this year's graduating seniors, who were about eight years old at the time and who grew up in a world tinged with the after-effects of the attacks, show an uplifting resiliency.

Frisco teachers used AED to revive student

According to local news reports, seventh grade student Kylee Shea collapsed while walking to gym class in early October. Shea's classmates at Frisco Middle School rushed to get help and two teachers, Brent Reese and Kristen Goodgion, responded. They performed CPR and used the AED. By the time paramedics arrived, Kylee was speaking and asking for her mother. After she was stabilized, Shea was transported by air medical to Children's Medical Center Dallas, where surgeons later installed a pacemaker. Doctors have since diagnosed Shea with a heart arrhythmia.

Shea resumed school in late October, and her parents now advocate placing AEDs in all schools and public buildings nationwide. Reese, Goodgion and the students who called for help were honored at the school in October. The teachers have said their efforts on Shea's behalf emphasize the importance of AEDs.

"The biggest thing is, we were here for a reason, and that was Kylee," Goodgion said.

Tell us your EMS news, and we'll share it in Local and Regional EMS News.

What's up in your area?

Send your news to:
Texas EMS Magazine
Kelly Harrell, Editor
MC 1876
P.O. Box 149347
Austin, Texas 78714-9347

or:
kelly.harrell@dshs.state.tx.us
(512) 834-6743
Fax (512) 834-6736



Local & Regional EMS News



The Sachse Firefighter Association organized a remembrance for the 343 New York firefighters who died at the World Trade Center on September 11, 2001. Three hundred forty-three American flags were placed on the grounds around the firefighter statue at Station 2 in Sachse. The memorial was displayed for a week, ending on September 11. The community was encouraged to visit the station to take pictures and remember the men and women killed in the line of duty that day and to contemplate what all first responders are prepared to do to serve and protect their communities.



The 1962 Oldsmobile ambulance displayed at many Texas EMS Conferences has been returned to Steve Diamond and Metrocare EMS, who donated the ambulance to DSHS several years ago. After years of sitting idle, DSHS offered to return the ambulance to Metrocare in hopes that it would be able to be displayed more often. The ambulance was loaded up on a tow truck in August and hauled back to Metrocare, where it has undergone renovations. Metrocare has promised that the Oldsmobile will be on display once again at this year's Texas EMS Conference.

First female firefighter in Dallas retires

Sherrie Wilson made Dallas history in 1977 when she was hired as the first female firefighter. Since then she has spent nearly 35 years with Dallas Fire-Rescue. In October Wilson completed her last shift.

"It's just been fun. It's just been living the dream for me," Wilson said.

But, it was just time. "You know as you get older you need your rest," Wilson said with a laugh.

She started as a trailblazer, becoming the first female firefighter and then two years later, the first female paramedic in Dallas. Sixty women had failed before her. She was 19 years old, a former cheerleader and basketball player. "The paramedic was what I really wanted. And it's what I really loved. And it's what really juiced me was saving lives, ripping people from the jaws of death," Wilson said.

Wilson experienced her fair share of hazing, including being left at the station after a call came in, but she learned to dish it back. "I learned to play their game pretty well," Wilson said.

She's used her life-saving know-how for mission work in India, Mexico and Russia. "I'm still a rescuer. Always will be a rescuer but it's time to move on," Wilson said. She still keeps her firefighting gear handy, just in case she's needed.

During retirement Wilson will focus more of her energies at Emergency Management Resources, where she's already a clinical manager. The company teaches the latest life-saving skills to the public and business sectors. *From DFW.CBSlocal.com.*

Local & Regional EMS News



North Central Texas Trauma RAC (NCTTRAC) hosted an open house in October to introduce several new assets available for statewide and local deployment. Designated as the coordinator for the north Texas Emergency Medical Task Force-2 (one of eight EMTFs across the state), NCTTRAC received two multi-patient ambulance-buses, a mobile medical unit (MMU) and ten refrigerated support units. The MMU will be deployed from the NCTTRAC warehouse in Arlington, the ambulances will be deployed by Frisco and Sherman fire departments, and the refrigerated support units will be deployed from Arlington and various locations throughout Trauma Service Area-E. Photos by Tami Littleton.

Washington County EMS receives grant

Washington County Emergency Medical Services was recently awarded a \$20,072 community development grant provided by the Lower Colorado River Authority (LCRA). The grant will be used to purchase two LUCAS Chest Compression Systems, which are mechanical CPR devices designed to deliver hands-free chest compressions to the recommended American Heart Association guidelines. This machine frees the rescuer to focus on other aspects of patient care, such as providing advanced therapies.

“This project will benefit Washington County residents and visitors by continuing to provide a progressive approach to cardiac arrest treatment,” said Kevin Deramus, EMS director. “We anticipate this will

increase our patients’ coronary perfusion pressures following a cardiac arrest – their breathing and a palpable pulse or measurable blood pressure – and increase overall survival rates.”

The community grant is part of LCRA’s Community Development Partnership Program, which provides economic development and community assistance grants to cities, counties, volunteer fire departments, regional development councils and other nonprofit organizations in LCRA’s electric and water service areas. The City of Brenham is one of LCRA’s 43 wholesale electric customers and is a partner in the grant program. Washington County EMS serves a 700-square-mile service area with approximately 44,000 residents and more than one million annual visitors.



San Antonio Military Medical Center

Wilford Hall, Brooke merge

The federal base realignment in San Antonio that created the merger of Wilford Hall Medical Center (WHMC) and Brooke Army Medical Center (BAMC) has been completed. As of September 15, 2011, Brooke Army Medical Center will be known as San Antonio Military Medical Center (SAMMC). The leadership of the hospital has not changed, and SAMMC will continue designation as a Level I trauma center.

More information on transition courses

As you probably know by now, if you want to maintain your National Registry certification, you will need to take a transition course by the deadline (see below). DSHS has learned that National Registry (NR) mailed letters regarding a transition to all individuals with NR certifications. **Only persons who choose to maintain NR certification will be required to attend a transition course.** If you want to be only Texas-certified, you will *not* need to take the transition course.

DSHS will work with stakeholders to show them how to complete the requirement well before the deadline. According to the NR, the transition material can be included in a recertification course, and DSHS anticipates that programs offering continuing education will be allowed to offer transition courses. DSHS staff worked with the National Association of State EMS Officials to develop the gap analysis for each certification level; it is anticipated that the department will adopt these guidelines.

DSHS will host a meeting during the EMS Conference on Monday, November 21, at 1:00 pm at the Austin Hilton that will give stakeholders an opportunity to ask questions. DSHS also plans to have coordinator updates in at least eight cities across the state in 2012.

Meanwhile, here are a few of the questions DSHS has received lately:

Q: Why are transition courses required?

A: **National Registry-certified** EMS personnel who were taught the old National Standard Curricula must meet the new EMS Education Standards for each of the certification levels in order to maintain NR certification. Students who attend (or attended) a program that already teaches the new EMS Education Standards will not need to take a transition course. The transition course is intended to fill any gaps in information that exist between the old curriculum and the new curriculum.

Q: Will the hours for a transition course increase the number

of hours needed for NR recertification?

A: Programs will be allowed to incorporate the additional content into NR refresher courses, or a transition course may be approved and conducted separately.

Q: Who can offer a transition course and is accreditation required?

A: Although Texas has not yet developed the process, DSHS's intent is that any approved Texas EMS program offering CE or EMS education that meets the NR acceptable CE standards will be allowed to offer a transition course for the level of certification it is approved to teach. Accreditation is not required to teach a transition course; it will be required only to teach paramedic courses beginning January 1, 2013.

The deadlines for individuals to complete a transition course are as follows:

Level	Transition course must be completed by
FR	9/30/2016
EMT	3/31/2016
EMT-I	3/31/2018
EMT-P	3/31/2017

The EMS Experience

Saluting those with 20 years or more in EMS

Lucille Maes, LP



Lucille Maes, LP, has been with Angleton Area Emergency Medical Corps for 23 years, the last 16 as director.

First of all, I want to get one thing straight. I might be a Dino-Medic but I am a baby Dino! I have only been in EMS since the late 1980s. My gray hair has nothing to do with my age; it is a badge of my profession!

What was your first day on the job in EMS?

I don't really remember my first day as a volunteer, but I remember my first clinical on the ambulance. I was all by myself at a fire station waiting on a call, and I was scared to death. I made a call to my course coordinator and told him I thought I should leave—that I wasn't ready for this. He told me to sit tight, and he would be there in a while to talk to me. The next thing I know, the tone went off

and the dispatcher came across the PA announcing an EMS call for a stabbing victim. In a few moments people started pouring into the station, yelling for me to hurry and get in the ambulance. Long story short, it was a very bad call, but it had a good outcome and I had my first adrenaline rush. When we got back to the station my coordinator was standing there just smiling. Little did I know, but I was covered in blood and telling him, as quickly as I could talk, about the call. I went and showered, changed my clothes and hurried back for the next call.

Which services have you worked for over the years?

I have been with Angleton Area

Emergency Medical Corps (AAEMC) for my entire career. The first seven years as a volunteer and the last 16 as the paid director. I also worked for the Texas Department of Criminal Justice EMS for four years in the early 1990s.

Why did you get into EMS?

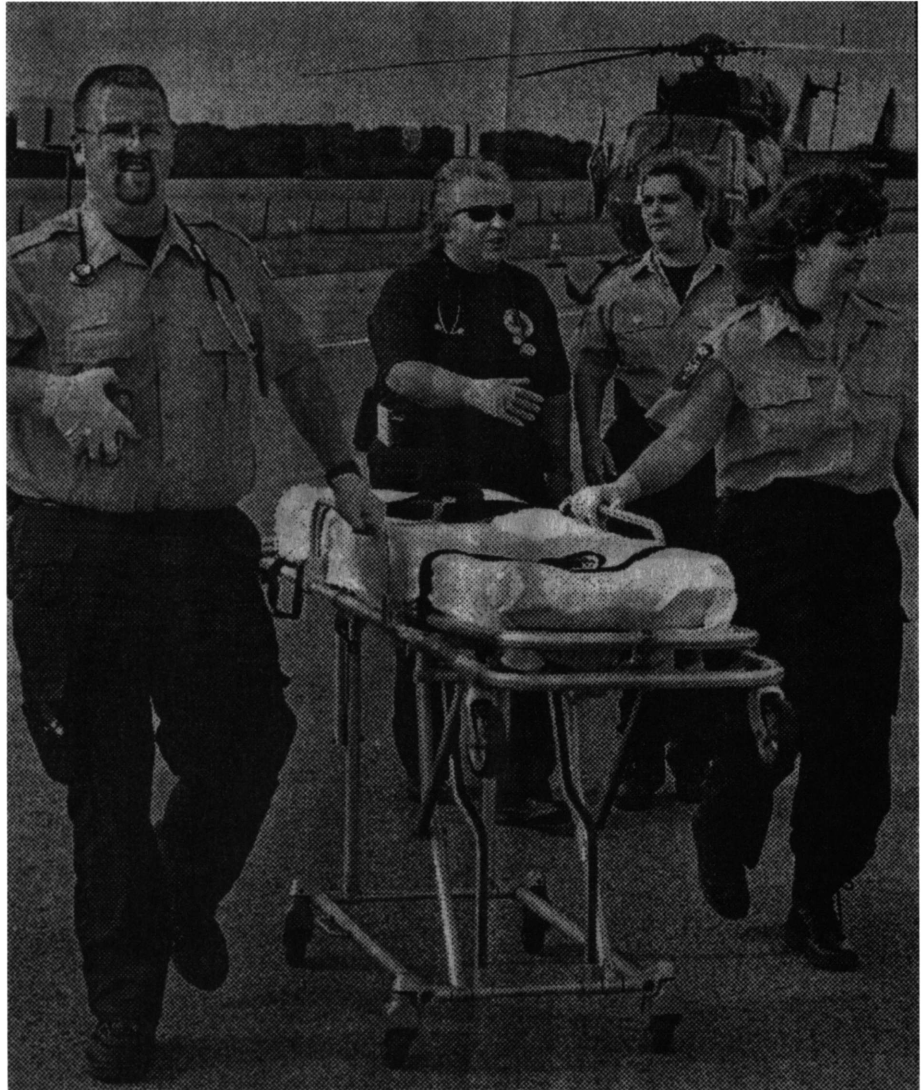
That's kind of a funny story. I had a friend that had moved back to Texas from South Carolina where she had worked in EMS. She wanted to take the EMT class here and begged me to take it with her. Needless to say, I finished the class, started volunteering and ultimately quit my job and came to work in EMS. My friend never completed the course, but I thank her all the time for dragging me to that class.

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

Treatments are much more invasive and complicated than they used to be. There were so few things we could do 20+ years ago. Everything took place in the emergency room. Now the back of the truck has been turned into an emergency room. Add to that the upgrade from equipment we had back then, like two-man stretchers, Thomas half rings, Lifepak 5s, foam c-collars, sand bags, wooden backboards, demand valves and limited drugs, if any. Today some of these items are even considered hazardous to the patient or to the medic. We are better educated and much more professional now, but back in the day we did the best we could with what we had. Today we actually work together and network with each other, where in the past we would not dare talk to each other. Just let me also say that I am *so glad* to be out of blue jeans and orange DynaMed jackets. Oh and no more 10-12 till we are 10-8, 10-76 to the 10-50, then 10-76 to the ER and 10-6 ER before we could be 10-24 10-8!

Is there a particular moment or call that stands out?

There have been so many, making it difficult to choose one. Every day is different—some up some down. There was a call about 20 years ago that I will never forget, and it haunted me for years. The whole story is much too long to go into here, but I will say that only a critically injured teenager survived a motor vehicle collision while the parents and two other adult members of the family passed away. I worried about that teen for years. Until one day, while on vacation in Alabama, I ran across members of his family while eating at a restaurant. This was purely an accident; I had no idea I would run



Lucille Maes started her life in EMS as a volunteer in the late 1980s.

into anyone, especially folks that were tied to that nightmare. After a very long conversation, I learned that the teen had been adopted by his aunt and uncle, had completed college and was doing well. It is an unbelievable story, and I still can't believe it, but I had two witnesses that day. Later, I was able to speak to the teen and helped the family find a woman that they had been looking for since that awful day. This woman had come upon the scene and stayed with the teen all the way to the hospital. She did not leave for hours until family could get to him in the hospital. Speaking with him and seeing that he had a good life helped me get over my nightmare call.

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

Several aspects really stand out. First, just knowing people have had a chance to live or have a better life because of something you were able to do in the field is the best feeling in the world. Then I would have to say it would be the daily pride I have being the director of AAEMC, where the volunteers and paid staff work tirelessly for the community and for each other every day. Also, working with my peers in Texas to improve the EMS system. I am very lucky to have stumbled into the best job in the world!



September saw firefighters and emergency personnel responding to wildfires across the state as Texas withered under a hot sun and scarce rain. One of the worst fires was in Bastrop, just east of Austin, where blazes consumed more than 1500 homes and 34,000 acres of prime pine forest. The response to the fire drew emergency personnel from across the state, including air fire suppression from STAR Flight and the military.

Left page, top and middle, the Bastrop fire skipped some structures while reducing others to rubble. Bottom, emergency responders and volunteers gathered supplies such as water to hand out to families who'd been evacuated. Many went home to find nothing where their houses had once stood.

Right page, top, the Bastrop fire was so large that emergency personnel responded from several areas, including Montgomery County Hospital District. Middle, a command center and staging area was set up to coordinate assets. Bottom, Southeast Texas Regional Advisory Council (SETRAC) brought its ambus, which is built to transport many patients in a disaster. Fortunately, there were only two deaths and few injuries.

Photos by Maxie Bishop



Envenomations: Or, All that Bites Doesn't Slither

By Wes Ogilvie, MPA, JD, NREMT-P/LP



Illustration photos from iStock.

Objectives

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

1. Identify venomous animals commonly found in Texas.
2. Identify the mechanisms by which venom works.
3. Explain what prehospital treatments may benefit a patient who has been bitten by a poisonous animal.

Introduction

As many EMS providers (as well as the public) know, the outdoors of Texas are filled with all sorts of animals, some of which are simply annoying, such as mosquitoes. Other animals have the ability to produce venom either for hunting or self-defense. The vast majority of these venomous animals are also mere annoyances, but a few present medical complications that Texas EMS providers may encounter.

In Texas, envenomations are typically an annoyance that can be most commonly treated with first aid and without contacting EMS. The envenomations that could require EMS interventions are snakebites, with the occasional possibility, depending on location, of some spider bites and marine animal bites. However, even in “minor” bites (for example, bee stings and

fire ant envenomations), there remains the possibility that a person may experience an allergic or anaphylactic reaction to the bite, necessitating EMS intervention. In those cases, the standard treatment protocols for allergic/anaphylactic reactions usually apply.

Spiders

Texas has two venomous spiders that have the potential to cause serious complications in humans. One is the brown recluse spider (*Loxosceles reclusa*). The other poisonous spider endemic to Texas is the Southern black widow spider (*Latrodectus mactans*).¹

The Southern black widow is the better known of these two spiders. A relatively shy spider, it is most commonly found in protected areas outdoors. The female of the species is the most usual to bite,



especially when defending its egg sac. The typical female Southern black widow is approximately one and a half inches long with a red hourglass-shaped marking on its abdomen. The males of the species tend to be approximately half the size of the females.²



The Southern black widow spider produces a neurotoxin. This neurotoxin produces pain associated with muscle cramping. The neurotoxin's effects on the autonomic nervous system include nausea, vomiting, sweating, hypertension, tachycardia and occasionally priapism.³ These symptoms usually persist for 36 to 72 hours after the bite. The bite is typically identified by a "target" lesion occurring within 30 to 120 minutes after the bite.⁴

Prehospital treatment for black widow bites is primarily supportive in nature, focusing on analgesia for pain management as well as benzodiazepines to lessen the effects of the muscle cramping as well as to reduce the anxiety associated with the pain. Some sources also suggest administration of calcium gluconate for the relief of the cramping, although this is not a universal recommendation. In the hospital setting, an antivenin for black widow spider venom is available.⁵

Brown recluse spiders are commonly known as a "fiddle-back," referencing the violin-shaped marking on the top of the head. The spider is typically 1/4 to 3/4 inch long, with a leg span approximately the size of a quarter or half dollar. It is most commonly found in dark, secluded places where there is little activity.⁶

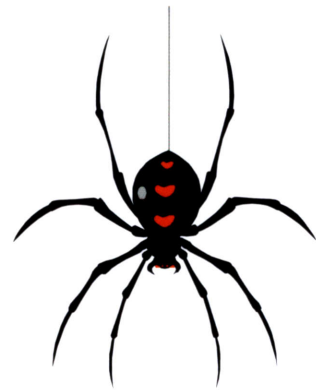


The brown recluse's venom is a mix of cytotoxins (poisons affecting cells) than can lead to necrotic tissue damage. The initial bite shows as a small blister that may be surrounded by a white halo. Over the next 24 hours, the bite produces localized swelling, pain and redness. Over the next few weeks, localized tissue necrosis is possible. Symptoms of brown recluse envenomation include malaise, chills, fever, nausea, vomiting and joint pain. Severe cases may progress to life-threatening bleeding disorders, including disseminated intravascular coagulation and hemolytic anemia.⁷

Prehospital treatment includes cleaning the wound and applying a cold compress to the bite. The current Advanced Medical Life Support (AMLS) curriculum recommends Fentanyl for pain management as Fentanyl does not produce the histamine release associated with other opiates.⁸ Hospital treatment is described as "benign neglect," focusing if necessary on wound care and treatment of systemic reactions. An experimental antivenin has been used in research, but is not commercially available.⁹

Snakes

Texas has two main families of poisonous snakes: pit vipers (crotalids) and coral snakes. The pit vipers include the various species of rattlesnakes, water moccasins (cottonmouths) and copperheads. Pit vipers are commonly identified by their large head, which is described by many as arrow or diamond shaped. Additionally, pit vipers have heat sensing pits on the head, giving them their name. Pit vipers have elliptical eyes and retractable fangs. Coral snakes are banded with red, yellow and black bands. Coral snakes can be differentiated from



similar-looking snakes, such as king, milk or scarlet snakes, by using an old rhyme, “Red against yellow kills a fellow. Red against black, poison lack.” Coral snakes have a head that is the same size as the rest of its body, round eyes and small fangs fixed to the rear of the mouth.¹⁰

Texas has about ten different rattlesnakes. These include the pigmy rattlesnake (*Sistrurus miliarius*), timber rattlesnake (*Crotalus horridus*), massasagua (*Sistrurus catenatus*), Mojave rattlesnake (*Crotalus scutulatus*), black tail rattlesnake (*Crotalus molossus*), Western diamondback rattlesnake (*Crotalus atrox*), mottled rock rattlesnake (*Crotalus lepidus*), banded rock rattlesnake (*Crotalus lepidus klauberi*) and the prairie rattlesnake (*Crotalus viridis*). Rattlesnakes look like the classic description of a pit viper, with the addition of a rattle on the tail. The colors of a rattlesnake will vary, especially between species of rattlesnakes. Typically, these snakes will use the rattle as a warning prior to defensive striking.

Copperheads in Texas include the broadband copperhead (*Agkistrodon contortrix laticinctus*) and the southern copperhead (*Agkistrodon contortrix contortrix*), which are found throughout the state. The trans-Pecos copperhead (*Agkistrodon contortrix pictigaster*) is found only in the Big Bend region of Texas. Copperheads are recognized by their copper-colored head and body. The copperhead’s body is marked with bands of darker brown in somewhat of an hourglass pattern.

Water moccasins (*Agkistrodon piscivorus*) are found near freshwater and the surrounding environment. They are noted for being aggressive and are

quick to bite to defend their territory. The water moccasin is characterized by a dark brown, olive or blackish body with a lighter belly. The underbelly may be mottled with dark areas. The mouth is frequently displayed in an open position, exposing the white inner surface, and from which it derives its nickname: cottonmouth.¹¹



Crotalid (pit viper) venom is primarily a hemotoxin with some cytotoxic and neurotoxic properties. The neurotoxic properties are primarily found in the Mojave rattlesnake. The venom serves not only as a poison to neutralize the prey but also contains enzymes to begin the digestive process before the snake even begins to eat the prey. As a result of the hemotoxins, cytotoxins and digestive enzymes, tissue damage and necrosis present a very real danger in any pit viper envenomation. The venom causes localized tissue injury, systemic vascular damage, hemolysis, fibrinolysis and, potentially, neuromuscular dysfunction.

Crotalid venom also causes loss of plasma and blood into the surrounding tissue due to its alterations of blood vessel permeability, leading to hypovolemia. Because of crotalid venom’s consumption of fibrinogen and platelets, coagulopathy (loss of blood clotting) may occur. Clinically, a crotalid envenomation may be identified in three ways: localized injury (swelling, pain and bruising); blood chemistry abnormalities; or systemic effects such as oral swelling, a metallic or rubbery taste in the mouth, hypotension or tachycardia. In extreme cases, the coagulopathy and blood



vessel permeability changes may lead to compartment syndrome.¹² Compartment syndrome is the compression of nerves, blood vessels and muscle inside a closed space within the body. In extreme cases of compartment syndrome, emergent surgical intervention is required. For this reason, some EMS systems consider pit viper bites to require transport to a trauma center.¹³

Current literature recommends the following prehospital treatment by EMS providers: immobilization of the affected limb and the application of a constricting band to delay the spread of the venom. Administration of intravenous fluids and oxygen is also recommended to counteract the hypovolemic effects of the venom. Previously accepted therapies such as cold therapy, tourniquets, cutting to remove the venom, suctioning the venom, and electrical therapy are now specifically contraindicated. The primary therapy in the hospital setting is the administration of antivenin. The current crotalid antivenin available in the United States is called Crotalid Polyvalent Immune Fab, or FabAV. The antivenin is made through exposing sheep to certain pit viper venoms and harvesting the antibodies. Initially, four to six vials of FabAV are administered to the patient to control the symptoms, then two vial doses are recommended for maintenance treatment.¹⁴

Coral snakes are found in the elapid family, the same family as the cobras. In fact, coral snakes are the only elapids found in the Western Hemisphere. The Texas Coral Snake (*Micrurus fulvius tener*) is the primary coral snake encountered in Texas. Due to their docile nature and poorly developed fangs, which require chewing on the skin to inject venom, coral snake envenomations are quite rare. The neurotoxic effects may take 12 to

24 hours to appear in a patient. These symptoms include weakness, drowsiness, slurred speech, ataxia, paralysis of the larynx or tongue, drooping eyelids, dilated pupils, abdominal pain, nausea, vomiting, seizures, respiratory distress and hypotension. Prehospital management includes immobilization of the affected extremity, application of a constricting band and administration of intravenous fluids. Due to the neurotoxin's possible effect on the patient's respiratory status, EMS providers should be prepared to provide ventilator support for these patients.¹⁵ In the hospital, the primary therapy is coral snake antivenin, which is normally initially administered in three to five doses.¹⁶

Marine animals

The Texas Gulf Coast has two marine animals associated with serious envenomations—the Portuguese Man-O-War (*Physalia physalis*) and various forms of the stingray. The Portuguese Man-O-War, similar to a jellyfish, has long stinging cells called nematocysts. A patient stung by these nematocysts typically experiences localized pain and swelling. In extreme cases though, the patient may experience a severe backache, an inability to move, or respiratory difficulties.¹⁷ If a person is stung while swimming, the difficulty in moving may cause the patient to drown. Currently recommended prehospital therapies include pain management, antihistamines and placing the affected area of the body in warm water.¹⁸

Stingray envenomations occur



when a person is struck by the stingray's tail, whose underlying barb or stinger releases venom. In the case of divers, the tail can also cause severe intrathoracic or intraabdominal trauma. As with many marine animals' venom, stingray venom is heat labile, meaning it can be neutralized by heat. Treatment for stingray poisoning usually includes heat therapy and pain management if necessary. Surgical intervention and/or antibiotics may be required, particularly if any of the barbs from the tail remain embedded in the patient.¹⁹

Anaphylaxis

As a refresher, it should be noted that allergic reactions are often associated with envenomations from other animals, particularly bees, wasps, and yellow jackets. Anaphylaxis is a life-threatening condition requiring time-sensitive intervention. Signs and symptoms of anaphylaxis include hypotension, tachycardia, respiratory difficulty, wheezing, anxiety, angioedema (swelling of the tongue), urticaria (hives) and pruritus (itching). When assessing a patient with an envenomation, anaphylaxis should be immediately considered as a possible differential diagnosis. Epinephrine is used to treat anaphylaxis due to its effect on both alpha and beta receptors, which both raises blood pressure and increases bronchodilation. Diphenhydramine (Benadryl) is administered to bind and block the histamine receptors. Additionally, inhaled beta agonists such as Albuterol may be utilized to promote bronchodilation. Intravenous fluid boluses may be administered to counteract the hypotension associated with anaphylaxis. Further, intravenous steroids may be



administered to provide long-term relief of bronchospasms and angioedema.²⁰ Due to the bronchial constriction and laryngospasm associated with anaphylaxis, endotracheal intubation may be difficult, especially in visualizing the glottic opening. As such, the use of a bougie to facilitate intubation through its smaller size and ability to feel the tracheal rings may be warranted.²¹

Conclusion

For many EMS providers, encounters with poisonous animal envenomations are a rare occurrence. However, through proper assessment and use of current treatment modalities, the outcome for the vast majority of patients is typically positive. For additional information regarding venomous animals, EMS providers can also use the Texas Poison Control network as a resource. They may be contacted at any time via telephone at 800-222-1222 or online at www.poisoncontrol.org.

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Envenomation Quiz

1. (BLS) Which of the following animals does not typically produce a life-threatening envenomation?
 - A. Rattlesnake bite
 - B. Yellowjacket sting
 - C. Black widow spider bite
 - D. Coral snake bite
2. (BLS) The primary toxin found in a black widow's venom is a:
 - A. Neurotoxin
 - B. Cytotoxin
 - C. Histamine-A
 - D. Hemotoxin
3. (BLS) Cytotoxins are associated with tissue necrosis.
 - A. True
 - B. False
4. (BLS) Which of the following envenomations is not treated with antivenin?
 - A. Rattlesnake bite
 - B. Black widow spider bite
 - C. Brown recluse spider bite
 - D. Water moccasin bite
5. (BLS) Which of the following statements about spider bites is correct?
 - A. Black widow bites are highly associated with tissue necrosis.
 - B. Neither black widows nor brown recluses are associated with nausea.
 - C. Black widow venom is a neurotoxin.
 - D. Brown recluse venom is a neurotoxin.
6. (BLS) Which of the following characteristics are not associated with pit vipers/crotalids?
 - A. Retractable fangs
 - B. Venom primarily composed of hemotoxins
 - C. Diamond shaped head
 - D. Head the same size as the rest of the body
7. (BLS) Which of the following species of pit vipers/crotalids has some neurotoxins in their venom?
 - A. King cobra
 - B. Mojave rattlesnake
 - C. Coral snake
 - D. Water moccasin

8. (BLS) Which of the following symptoms are not associated with a pit viper bite?

- A. Metallic taste
- B. Respiratory depression
- C. Coagulopathy
- D. Swelling

9. (BLS) Coral snake venom primarily consists of a neurotoxin.

- A. True
- B. False

10. (BLS) The primary life threat from a Portuguese Man-O-War envenomation comes from:

- A. Sepsis
- B. Drowning due to inability to move
- C. Allergic reaction
- D. Compartment syndrome

11. (ALS) What class of medication would be used to control muscle spasms associated with a black widow spider bite?

- A. Benzodiazepines
- B. Paralytics
- C. Opiates
- D. Vagolytic

12. (ALS) Which opiate is *not* associated with a histamine release?

- A. Hydromorphone
- B. Oxycodone
- C. Fentanyl
- D. Meperidine

13. Which class of medication would be most likely to counteract the swelling associated with the sting of a Portuguese Man-O-War? (ALS)

- A. Antihistamine
- B. Anti-emetic

- C. Benzodiazepine
- D. Opiate

14. (ALS) Which drug might be considered relative to a profoundly hypotensive snakebite patient not responding to fluid boluses?

- A. Labetalol
- B. Dopamine
- C. Mannitol
- D. Atropine

15. (ALS) The likelihood of successfully intubating a patient in anaphylaxis may be increased by:

- A. Use of a bougie
- B. Use of a Miller blade on the laryngoscope
- C. Application of viscous Lidocaine to the endotracheal tube
- D. Application of CPAP immediately prior to intubation

Emergency Healthcare Run Affidavit for 2012 EMS allotment funding due November 18

The Office of EMS/Trauma System Coordination is finalizing funding decisions and calculating the distribution formulas for fiscal year 2012 (FY2012) EMS allotments of the EMS and Trauma Care System Account (9-1-1 funds), the Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund (1131 funds) and the Designated Trauma Facility and Emergency Medical Services Fund (3588 funds).

The funding formula for the EMS allotments includes a trauma service area's geographic size, its population and the number of eligible emergency health care runs (trauma *and* medical) submitted to the DSHS State EMS/Trauma Registry.

The Office of EMS/Trauma Systems Coordination has decided to offer EMS providers the option to submit an affidavit to attest that a good

faith effort was made to submit calendar year (CY) 2010 data to the State EMS/Trauma Registry and reconcile potential discrepancies between all emergency health care runs recorded by individual EMS providers during CY10 and the number of all emergency health care runs reflected in the State EMS/Trauma Registry. An Excel spreadsheet on the website contains the State EMS/Trauma Registry, Emergency Healthcare Run Report which will be used to calculate EMS allotment funds. **This list is *not* an indication of your eligibility to receive funds.** Please verify that your emergency health care runs have been accurately recorded. Go to our website at www.dshs.state.tx.us/emstraumasystems and look under News and Features for a link to the spreadsheet and the affidavit form.

If you would like to use the affidavit option mentioned above, the data you

submit on the affidavit form will be used instead of the State EMS/Trauma Registry, Emergency Healthcare Run Report to calculate the funding formula. **Only complete affidavits postmarked on or before November 18, 2011, will be considered.** If OEMS/TS does not receive a signed and complete affidavit from an EMS provider by that date, the emergency health care run data provided by the State EMS/Trauma Registry will be used for that provider in the FY12 funding formulas.

Our receipt of your affidavit form does not imply you are eligible to receive EMS allotment funds. Check your current funding eligibility status at www.dshs.state.tx.us/emstraumasystems/SB102Elig.shtm. This link also includes eligibility requirements and rules for EMS allotment funding.

This answer sheet must be postmarked by December 20, 2011

CE Answer Sheet Texas EMS Magazine

Envenomation

CE: Medical

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 Medical 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"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 2. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 12. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 3. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | | | | | 13. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 4. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 14. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 5. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 15. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 6. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | |
| 10. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | | | | | | | | |

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

2012 Local Projects Grant Recipients

Alamo Heights Fire/EMS
San Antonio, Bexar County
\$15,000
Ambulance remount

Allen Fire Department
Allen, Collin County
\$1,750
2 IV infusion pumps

Ambulance Transportation Services
McAllen, Hidalgo County
\$2,029
1 radio; 3 two-way radios

Angleton Area Emergency Medical Corps
Angleton, Brazoria County
\$8,420
20 pagers

Aransas County Medical Services, dba Aransas County EMS
Rockport, Aransas County
\$30,000
Ambulance remount

Archer City Ambulance Service
Archer City, Archer County
\$35,000
Ambulance

Austin-Travis County Emergency Medical Services
Austin, Travis County
\$10,420
2 bariatric body boards; 2 bariatric mattresses; 2 air supply units

Bandera County EMS
Bandera, Bandera County
\$30,000
Ambulance remount

Baytown Health Department/EMS, City of
Baytown, Harris County
\$6,000
Oxygen refill system

Beaumont Public Health-EMS, City of
Beaumont, Jefferson County
\$11,100
8 laptop computers; 6 ambulance refrigeration units

Big Country Regional Advisory Council
Abilene, Taylor County
\$6,235
30 long spine boards; 15 pediatric spine boards; 85 board straps

Blinn College-Brazos Campus
Brenham, Washington County
\$7,435
2 board splints; 2 traction splints; 3 IV infusion pumps; 3 intubation equipment bags; 1 intraosseous driver kit; 4 oxygen regulators; 1 ambulance stretcher

Booker Hospital District, dba Booker EMS
Booker, Lipscomb County
\$35,000
Ambulance

Brazos Valley Regional Advisory Council
Bryan, Brazos County
\$35,499
9 ambulance refrigeration units; 9 Datatherm thermometers; *Hilltop Lakes EMS*: 1 intraosseous driver kit; 1 cardiac monitor/defibrillator; *Robertson EMS*: 7 intraosseous driver kits; *Texas A&M Emergency Care Team*: 5 oxygen regulators; 12 speaker microphones for radios; 5 back boards; 2 automated external defibrillator batteries; *Texas A&M EMS*: 5 drug storage safes with audit system; 1 tension pneumothorax simulator; *College Station Fire Department*: 20 back boards; *Jewett EMS*: 2 stair chairs; 2 suction units; 1 pulse oximeter

Brownsville Fire/Rescue
Brownsville, Cameron County
\$16,000
Rescue truck

Bulverde-Spring Branch Emergency Medical Services
Spring Branch, Comal County
\$22,500
150 Anatomy course tuition

Campbell Volunteer Fire Department
Campbell, Hunt County
\$4,675
5 pagers; 5 radios

Canyon Lake Fire/EMS
Canyon Lake, Comal County
\$1,000
2 intraosseous driver kits

Carol's Ambulance
Odessa, Ector County
\$7,500
Cardiac monitor/defibrillator

Castro County Hospital District, dba Castro County Healthcare
Dimmitt, Castro County
\$4,250
Cardiac monitor/defibrillator; 1 radio

Cedar Park Fire Department, City of
Cedar Park, Williamson County
\$1,274
Automated external defibrillator

Citizens Emergency Medical Service
Clyde, Callahan County
\$4,000
2 ambulance stretchers

Clear Lake Emergency Medical Corps
Webster, Harris County
\$30,000
Ambulance remount

Coastal Bend Regional Advisory Council on Trauma Service Area U
Corpus Christi, Nueces County
\$11,132

Fire simulator panel; panel water sensors; 1 laser extinguisher; 2 water recharge extinguishers; 1 extinguisher recharge kit; 1 remote controller; 1 system battery recharger; laser extinguisher recharge accessories; 1 simulator system travel case; shipping fee; service warranty

Coleman County First Responders Organization
Coleman, Coleman County
\$6,996
7 radios; 7 pagers; 7 GPS units; 7 glucose monitors

Coleman County Medical Center District, dba Coleman County EMS
Coleman, Coleman County
\$2,500
Pulse oximeter; 2 stair chairs; 2 GPS units

Colorado County EMS
Columbus, Colorado County
\$5,278
2 IV infusion pumps; 4 ventilators

Comanche County Consolidated Hospital District, dba Comanche County EMS
Comanche, Comanche County
\$34,598
Ambulance

Coryell County Memorial Hospital Authority, dba Coryell Memorial Healthcare System EMS
Gatesville, Coryell County
\$30,000
Ambulance remount

Crandall Volunteer Fire Department
Crandall, Kaufman County
\$7,534
1 extrication power unit; 1 extrication spreader; 1 extrication cutter

Crims Chapel Volunteer Fire Department
Henderson, Rusk County
\$5,378
5 radios; 5 microphones; 2 vehicle stabilization tools; 5 extrication gloves; 1 suction unit; 2 back boards; 6 board straps; 1 Kendrick extrication device; 2 trauma bags; 2 cervical collar cases; 2 blood pressure kits

Crystal City EMS
Crystal City, Zavala County
\$35,000
Ambulance

Cypress Creek Emergency Medical Services
Spring, Harris County
\$15,000
20 ambulance refrigeration units; 15 back board pads

Dallas Fire Rescue
Dallas, Dallas County
\$4,412
Medical golf cart

Danbury Volunteer Fire Department & EMS
Danbury, Brazoria County
\$5,208
12 pagers

DeWitt Medical District, dba Cuero Community Hospital
Cuero, DeWitt County
\$35,000
Ambulance

Donley County Hospital District, dba Associated Ambulance Authority
Clarendon, Donley County
\$3,963
1 laptop computer; 14 Pediatric Education for Prehospital Professionals course tuition; 14 Prehospital Trauma Life Support course tuition

El Campo EMS, City of
El Campo, Wharton County
\$28,244
2 ambulance stretchers; 2 stair chairs; 4 thermometers; 3 ambulance refrigeration units; 4 suction units; 2 pagers; 2 radios; 2 cardiac monitor/defibrillators

El Paso County ESD #1, dba Horizon Fire Department
Horizon City, El Paso County
\$12,765
1 STAT manikin; 2 suction units; 1 child blood pressure arm; 1 video laryngoscope; 1 unisex torso manikin; 1 adult blood pressure arm; 1 PDA STAT Manikin

Emergency Services Foundation of Texas, dba Pampa EMS and Boys Ranch EMS
Pampa, Gray County
\$8,492
4 pulse oximeters; 4 pediatric fingertip pulse oximeters; 1 traction splint; 30 Prehospital Trauma Life Support course tuition; 30 Advanced Medical Life Support course tuition

Fayette County EMS
LaGrange, Fayette County
\$4,500
2 ventilators; 10 water safety vests

Frontier Ambulance Corporation, dba Cochran County EMS
Morton, Cochran County
\$35,000
Ambulance

Galveston County Health District, dba Galveston Area Ambulance Authority
La Marque, Galveston County
\$5,250
7 laptop computers

Granbury-Hood County EMS, dba Texas EMS

Granbury, Hood County
\$7,500
Cardiac monitor/defibrillator

Grapeland Volunteer Fire Department/EMS
Grapeland, Houston County
\$5,000
Cardiac monitor/defibrillator

Hamilton County Hospital District, dba Hamilton EMS
Hamilton, Hamilton County
\$7,560
CPR manikin kit, includes adult and pediatric; 1 CPR pediatric manikin set; 3 pagers

Happy EMS, City of
Happy, Swisher County
\$2,420
10 pagers

Hartley Volunteer Fire Department and EMS
Hartley, Hartley County
\$4,341
Electronic patient care reporting software; 1 electronic patient care reporting mobile; 1 cardiac monitor interface module

Hays County ESD #8, dba Buda Fire Department
Buda, Hays County
\$1,908
3 cardiac monitor mounts; 1 cardiac monitor charge system

Hays County ESD #3, dba South Hays Fire/Rescue
San Marcos, Hays County
\$5,275
10 Prehospital Trauma Life Support course tuition; 7 suction units

HealthWebCE.com, LLC
Harlingen, Cameron County
\$15,773
2 equipment bags; 2 geriatric IV arms; 2 obstetrical manikins; 1 advanced life support manikin; 1 CAAHEP accreditation request fee; 1 CAAHEP initial annual fee; 1 self study report evaluation fee; 10 EMT-Basic Certification Course tuition

Heart of Texas Regional Advisory Council
Waco, McLennan County
\$16,000
5 EMT-Paramedic course tuition

Helotes Fire Department, City of
Helotes, Bexar
\$5,018
Advanced life support manikin-adult; 1 advanced life support trainer-pediatric; 1 intubation head; 1 arrhythmia simulator; 1 Little Anne CPR 4-pack

Hopkins County Emergency Medical Services
Sulphur Springs, Hopkins County
\$6,776
Hopkins County EMS: 2 automated

external defibrillators; <i>Pickton Pine Forest Volunteer Fire Dept:</i> 1 automated external defibrillator; <i>Brinker Volunteer Fire Department:</i> 1 automated external defibrillator; <i>Cumby Volunteer Fire Department:</i> 1 automated external defibrillator; <i>Saltillo Volunteer Fire Department:</i> 1 automated external defibrillator; <i>Dike Volunteer Fire Department:</i> 1 automated external defibrillator; <i>Peerless Volunteer Fire Department:</i> 1 automated external defibrillator	\$15,131 14 mobile radios; 1 portable radio; 6 adult traction splints; 6 pediatric traction splints; 13 Kendrick extrication devices; 2 CPR manikin packages-Adult; 2 CPR manikin packages-Infant; 2 automated external defibrillator trainers; CAAHEP accreditation request fee; CAAHEP initial annual fee; self study report evaluation fee	NHC-EMS, dba Northern Hudspeth County EMS Dell City, Hudspeth County \$11,145 10 back boards; 3 suction units; 3 stair chairs; 8 oxygen cylinders-size D; 6 pulse oximeters; 6 board straps; 50 cervical collars; 3 oxygen cylinders-size M; 2 pediatric board systems; 1 scoop stretcher; 2 Kendrick extrication devices; 2 blood pressure/vital sign monitors; 1 traction splint	Quality Care Ambulance Service Hebronville, Jim Hogg County \$15,000 2 cardiac compression devices	\$3,640 14 radios
Huntsville-Walker County EMS Huntsville, Walker County \$17,500 Ambulance stretcher; 1 intraosseous driver kit; 1 cardiac monitor/defibrillator; 1 cardiac compression device	Loving Volunteer Fire Department Loving, Young County \$2,522 3 radios; 6 board straps; 1 suction unit; 6 back boards	North Central Texas Trauma Regional Advisory Council, NCTTRAC Arlington, Tarrant County \$11,015 Regional patient care registry-Cardiac module	Randall County Fire Department Amarillo, Randall County \$1,048 5 airway bags; 5 V-Vac suction starter kits; 2 oxygen regulators	Stinnett Emergency Medical Services Stinnett, Hutchinson County \$2,500 Ambulance stretcher; 2 pediatric immobilization boards
Jack County Hospital District, dba Falth Community Hospital EMS Jacksboro, Jack County \$35,000 Ambulance	Lower Rio Grande Valley Regional Advisory Council on Trauma, Service Area V Harlingen, Cameron County \$35,520 70 board straps; 140 back boards; 4 intubation manikins	North Channel Emergency Medical Services Houston, Harris County \$15,000 Cardiac compression device; 1 cardiac monitor/defibrillator	Refugio Memorial Hospital District EMS Refugio, Refugio County \$3,653 Cardiac rhythm interface; 1 heart and breath sounds trainer; 1 tension pneumothorax trainer; 1 critical airway trainer; 1 pericardiocentesis trainer; 4 stethoscopes; 1 multimedia projector	Temple College-EMS Professions Temple, Bell County \$1,679 Ambulance stretcher; 3 intraosseous training drivers
Kennedale Fire Department Kennedale, Tarrant County \$16,000 Cardiac monitor/defibrillator; 1 hydraulic extrication equipment package	Manvel Emergency Medical Services Manvel, Brazoria County \$7,000 Cardiac monitor/defibrillator	North Rannels Hospital District, dba North Rannels Hospital EMS Winters, Rannels County \$5,000 Cardiac compression device	Rendon Fire Department Fort Worth, Tarrant County \$2,942 11 radios; 1 programming cable	The Bells Savoy Community Services, dba Texas Vital Care EMS Bells, Grayson County \$5,075 3 suction units; 3 Kendrick extrication devices; 10 back boards; 3 pulse oximeters
Knox County Emergency Medical Services Knox City, Knox County \$30,000 Ambulance remount	Merkel Emergency Medical Services Merkel, Taylor County \$5,000 Ambulance stretcher; 6 radios	Northwest Rural EMS Association Tomball, Harris County \$5,250 Dispatch console; 8 intraosseous driver kits	Robstown EMS, City of Robstown, Nueces County \$6,175 Stair chair; 1 advanced life support simulator	The University of Texas at Brownsville and Texas Southmost College Brownsville, Cameron County \$6,000 20 Surgical Airway Training course tuition
Krum Fire Department Krum, Denton County \$9,500 Cardiac monitor/defibrillator; 1 ambulance stretcher	Moss Lake Volunteer Fire Department Gainesville, Cooke County \$4,775 Automated external defibrillator trainer; 2 CPR manikin sets-adult & infant; 1 airway management trainer; 1 suction unit; 1 V-Vac starter kit; 1 oxygen cylinder; 1 oxygen regulator; 1 oxygen tank carry bag; 6 blood pressure/stethoscope sets; 2 teaching stethoscopes; 1 equipment bag; 2 back boards; 2 head immobilizers	NTRAC TSA-C Wichita Falls, Wichita County \$18,250 50 ambulance refrigeration units	Sabinal Emergency Medical Services Sabinal, Uvalde County \$1,106 Oxygen regulator; 4 splint boards; 1 stretcher pouch; 3 safety vests; 1 trauma bag; 1 IV bag; 1 glove box holder; 1 patient transfer sheet; 10 head immobilizers-adult; 4 head immobilizers-child; 10 extrication collars	Trauma Service Area H-Regional Advisory Council Lufkin, Angelina County \$15,106 3 triage kits; 3 MCI identification flag kits; 100 back boards; 248 straps; 100 head immobilizers; 100 cervical collars; 100 cervical collars-large; 24 splints-18"; 24 splints-36"; 1 strap
Lake Bridgeport Volunteer Fire Department Bridgeport, Wise County \$5,230 4 board splints; 4 back boards; 1 pediatric back board; 12 board straps; 2 trauma bags; 2 stethoscopes; 2 suction units; 2 oxygen regulators; 4 oxygen tanks; 2 blood pressure cuff sets	Motley County Hospital District, dba Motley County Ambulance Service Matador, Motley County \$1,297 Stair chair; 3 equipment bags	Olney Hamilton Hospital District, dba Olney EMS Olney, Young County \$7,325 8 radios; 1 stair chair; 3 IV warmers; 2 laptop computers	Santa Fe Fire and Rescue Santa Fe, Galveston County \$6,250 8 pagers; 3 laptop computers	Travis County Search and Rescue Austin, Travis County \$4,694 Automated external defibrillator; 1 automated external defibrillator case; 1 map software; 2 desk computers; 3 laptop computers
Laredo Community College Laredo, Webb County \$15,124 2 board splints; 2 back boards; 2 cervical collar bags; 2 head immobilizers; 2 Kendrick extrication devices; 2 pulse oximeters; 2 oxygen regulators; 3 glucose meters; 2 pediatric immobilization boards; 2 board straps; 3 trauma bags; 2 intubation bags; 2 CPR manikins; 3 radios; 1 suction unit; 15 laptop computers	Nacogdoches Fire Department, City of Nacogdoches, Nacogdoches County \$1,905 3 automated external defibrillators	Olton Volunteer Ambulance Association Olton, Lamb County \$35,000 Ambulance	Scurry County EMS Snyder, Scurry County \$9,612 2 cardiac monitor upgrades; 2 cardiac monitor cables; 10 Emergency Pediatric Care course tuition; 10 EMS Safety course tuition	Trinity Valley Community College Athens, Henderson County \$12,500 Classroom ambulance simulator
Liberty County Emergency Medical Services Hull, Liberty County \$15,000 2 cardiac monitor/defibrillators	Nacogdoches Memorial Hospital EMS, dba Nacogdoches County EMS Nacogdoches, Nacogdoches County \$4,470 Bariatric patient lift; 1 bariatric mattress; 1 air supply unit; 1 equipment cart	Pearland EMS Pearland, Brazoria County \$35,000 Ambulance	Shackelford County EMS Albany, Shackelford County \$6,000 9 radios; 3 electronic protocol and charting devices	Victoria Fire Department, City of Victoria, Victoria County \$21,426 3 cardiac monitor/defibrillators
Life Ambulance Service El Paso, El Paso County	NETRAC, dba Northeast Texas RAC Texarkana, Bowie County \$2,985 <i>Atlanta Fire/EMS:</i> 1 automated external defibrillator; <i>LifeNet:</i> 1 automated external defibrillator; <i>Champion EMS:</i> 1 automated external defibrillator	Pipe Creek Volunteer Fire Department Pipe Creek, Bandera County \$20,000 40 radio/pagers	South Limestone Hospital District, dba Limestone Medical Center EMS Groesbeck, Limestone County \$5,091 Electronic patient care reporting software; 2 electronic patient care reporting mobile application; 2 laptop computers	Washington County EMS Brenham, Washington County \$7,500 Cardiac monitor/defibrillator
		Port Isabel Emergency Medical Services, City of Port Isabel, Cameron County \$29,828 Ambulance remount	Stephens County EMS Breckenridge, Stephens County \$35,000 Ambulance	Waskom Volunteer Fire Dept & EMS Services Waskom, Harrison County \$5,000 Cardiac monitor/defibrillator
		Possum Kingdom Lake Volunteer Fire & Ambulance Service Graford, Palo Pinto County \$6,000 Communication repeater and installation	Stephenville Fire Department Stephenville, Erath County	Wimberley Emergency Medical Services Wimberly, Hays County \$1,325 Suction unit; 1 laptop computer



Did you read?

A new tick-borne disease that may be infecting Americans has been discovered by Yale researchers

working with Russian scientists. The disease is caused by a spirochete bacterium called *Borrelia miyamotoi*, which is distantly related to *Borrelia burgdorferi*, the spirochete that causes Lyme disease.

B. miyamotoi has been found—relatively rarely—in the same deer tick species that transmit Lyme, and the Yale researchers estimate that perhaps 3,000 Americans a year pick it up from tick bites, compared with about 25,000 who get Lyme disease.

But there is no diagnostic test for it in this country, so it is not yet known whether it has actually made any Americans sick. The same short course of antibiotics that normally cures Lyme also seems to cure it.

In Russia, where a team in the Siberian city of Yekaterinburg developed a test that can distinguish *miyamotoi* from other tick-borne spirochetes, it caused higher fevers than Lyme disease typically does. In about 10 percent of cases, the fevers repeatedly disappear and return after a week or two. The Yale medical school researchers have recently won a grant from the National Institutes of Health to study the symptoms and develop a rapid diagnostic kit.

The study by the two teams is to be published soon in the journal *Emerging Infectious Diseases*. Since the disease was only recently discovered, it is unknown whether it does serious long-term damage, as untreated Lyme disease can.

Doctors might consider the new infection, especially in patients who think they have been bitten by ticks, come up negative on Lyme tests and have recurrent episodes of fever. *B. miyamotoi* does not appear to cause the “bull’s-eye rash” that helps doctors diagnose Lyme disease, the Russian team found.

The *miyamotoi* spirochete was discovered in Japan in 1995. It was at first believed to be limited to those islands. In 2001, Durland Fish, an entomologist at Yale medical school, found it in about 2 percent of the deer ticks in the Northeast and Upper Midwest and proved that mice could pick it up from tick bites.

From NYTimes.com, New tick-borne disease is discovered, by Donald G. McNeil Jr., September 19, 2011.

It’s no surprise to most parents that kids love candy, cookies, sweetened drinks, and some kids have even been known to *add sugar* to a bowl of Frosted Flakes. But don’t blame the kids, say researchers: It’s biology.

Scientific evidence shows that children not only have a stronger preference for sugar than adults—but that sweet-tooth is hardwired.

“We know that the newborn can detect sweet and will actually prefer sweeter solutions to less sweet ones. The basic biology of the child is that they don’t have to learn to like sweet or salt. It’s there from before birth,” explains Julie Mennella of the Monell Chemical Senses Center.

Unlike adults, who often find overly sugary things unpleasant, Mennella says kids are actually living in different sensory worlds than adults when it comes to basic tastes.

“They prefer much more intense sweetness and saltiness

than the adult, and it doesn’t decrease until late adolescence. And we have some evidence they may be more sensitive to bitter taste,” Mennella says.

A reason for this may be that a preference for sweet, caloric substances during rapid growth may have given children as an evolutionary advantage when calories were scarce. That notion is supported by the fact that sugar doesn’t just taste good to children—it actually makes them *feel good*, too.

Mennella’s research has shown that sugar is a natural pain reliever in children, and many hospitals even put a sweet-tasting liquid in a baby’s mouth during circumcisions or heel stick procedures to help lessen the pain.

When researchers gave adults and children water mixed with various amounts of sugar, adults preferred sugar concentrations similar to that of a can of soda, while finding higher concentrations too sweet. By comparison, children preferred at least twice that concentration, and younger children had virtually no limit. But there seems to be an age limit on the sugar preference.

Sue Coldwell, a researcher at the University of Washington, and her colleagues suspected that sugar preferences changed during adolescence. They checked indicators, like body image and hormones, and then they checked bone growth. They gave the sugar-water test to adolescents while simultaneously measuring a marker of bone growth in their urine. What they found was that kids who were still growing preferred sweets. Those whose growth had already stopped—around age 15 or 16—had taste preferences similar to adults.

Exactly how this works is still somewhat of a mystery, but Coldwell says that one clue lies in the discovery that growing bones actually secrete hormones that can influence metabolism. Other metabolic hormones have been shown to act on brain areas that control cravings and appetites, and even directly bind to the tongue, where they affect the preference for sweet tastes. Coldwell suspects that hormones from growing bones may be doing the same thing.

That’s not to say a kid can’t overdo it. In a modern world of calorie overload and childhood obesity, cravings for sugar are no longer the evolutionary advantage they once might have once been. But if the goal is to get children to reduce their intake of sugar, researchers say understanding the biology behind their cravings is the first step.

From NPR.com, Kids’ sugar cravings might be biological, by Gretchen Cuda Kroen, September 26, 2011.

When you get a headache or suffer joint pain, perhaps ibuprofen works to relieve your pain. Or maybe you take acetaminophen. Or aspirin. Researchers now confirm what many pain specialists and patients already knew: **Pain relief differs from person to person.**

Dr. Perry Fine is president of the American Academy of Pain Medicine. He also sees patients

and conducts research at the University of Utah Pain Management Center.

“Human beings, person to person to person, are very different in the way they respond to drugs, and one size does not fit all,” says Fine. In large part, that results from genetic differences in our pain receptors.

Just slight differences in the chemical nature of the drugs we use affect people differently, depending on their genetic makeup, says Fine.

In a massive review of current studies and research published in September, scientists at Oxford University in England examined 350 different studies involving about 45,000 patients. They looked at doses of single painkillers as well as combinations of drugs, totaling 38 different pain medications—everything from acetaminophen, aspirin and ibuprofen to more powerful opiate derivatives.

Biochemist Andrew Moore headed the study, which aimed to explore whether one medication worked “best” for most people. Their conclusion: No. Certain pain medications that worked to relieve pain for certain individuals were barely noticeable for others.

It’s a simple message for physicians, says Moore. “If the first painkiller a patient tries doesn’t seem to be working, then a doctor should look to find an alternative reliable drug and see if it is more effective in that individual patient,” he says.

Moore also found that combinations of medications often worked best, providing potent, long-lasting pain relief. Pain specialist Perry Fine offers this note of caution: More is not necessarily better, and certain high doses of individual medications as well as certain combinations of pain drugs can be toxic to the liver and kidneys. That’s reason enough to check with your doctor first about safe doses and safe combinations of pain medications.

From NPR.com, When it comes to pain relief, one size doesn’t fit all, by Patti Neighmond, September 26, 2011.

Notes from the People’s Pharmacy: While doing military service in a tropical paradise for two years, I contracted a fungal foot and nail infection. No medication was effective.

When I returned to the States, my grandmother learned of my problem and told me she could recommend one of two possible solutions: 1. Amputate my feet, or 2. Soak them in vinegar and Epsom salts.

I tried Nana’s solution No. 2. It requires a pan in which both feet will fit, enough water in the pan to cover the feet, 2 cups of white vinegar and 1 cup of Epsom salts. Put your feet into the bath and watch TV, or read a good book while they soak. Repeat this every few days until the fungus clears.

From the editors: Many readers mix old-fashioned amber Listerine with white vinegar to make a foot soak to treat nail fungus. Others have used an Epsom salts solution to rid themselves of athlete’s foot.

From (Houston) Chron.com, Soak away fungal infection with vinegar, Epsom salts, by Joe Graedon and Teresa Graedon, September 23, 2011.

The number of athletic children going to hospitals with concussions is up 60 percent in the past decade, a finding that is likely due to parents and coaches being more careful about treating head injuries, according to a new federal study.

“It’s a good increase, if that makes any sense,” said Steve Marshall, interim director of the University of North Carolina’s Injury Prevention and Research Center.

“These injuries were always there. It’s not that there are more injuries now. It’s just that now people are getting treatment that they weren’t getting before,” said Marshall, who was not involved in the new research.

Bicycling and football were the leading reasons for the kids’ brain injuries, but health officials said that could be at least partly related to the popularity of those activities. For example, it’s possible many more kids bike, so a larger number of bike-related injuries would be expected.

The Centers for Disease Control and Prevention study is based on a survey of 66 hospital emergency departments that was designed to be nationally representative. The CDC looked at non-fatal data for the years 2001 through 2009 for kids and teens ages 19 and younger.

The agency looked at traumatic brain injuries, a category of injuries that mostly counts concussions but also includes skull fractures and bleeding in the brain.

The estimated numbers of kids coming into ERs with these brain injuries rose dramatically, about 153,000 in 2001 to nearly 250,000 in 2009. The rate also rose, also by about 60 percent.

However, there was not a significant increase in the rate of kids who were immediately admitted to the main hospital for further treatment. That suggests that more so than in the past, coaches and parents have been bringing kids to the ER with mild concussions and blows to the head, said Dr. Julie Gilchrist, a CDC epidemiologist who led the study.

Other highlights from the CDC study:

- About 70 percent of the ER visits were by boys.
- About 70 percent were kids ages 10 to 19.
- Younger kids commonly got their injuries on the playground or from biking. Older kids were more likely to get them from sports, with football being the leading source for brain injuries in older boys, and biking, soccer and basketball for older girls.
- The estimated number of traumatic brain injuries in athletic kids held about steady from 2001 to 2004, but then shot up afterward, rising most dramatically from 2008 to 2009.
- Overall, about 15 percent of such traumatic brain injuries each year was from bicycling, on average, making that the leading cause. Football was a close second.

From Dallasnews.com, Kids’ emergency room concussion visits up 60 percent over decade, by Mike Stobbe, October 7, 2011.



Did you read?

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.

Abdullah, Basil O., Missouri City, TX. August 3, 2011, three (3) 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 screen for marijuana.

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.

Adrian VFD, dba Adrian EMS, Adrian, TX. September 29, 2011, reprimanded for violating EMS Rules §157.11(c)(2)(D), 157.11(j)(1), 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.

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.

Albers, Josh R., Dalhart, TX. August 23, 2011, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(26) related to failing to provide appropriate level of patient care by performing advanced and/or invasive treatment without medical direction.

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.

Alves, Penny, Merkel, TX. September 18, 2011, twelve (12) month probated suspension for violating EMS Rules §157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to follow medical direction protocols for RSI.

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.

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.

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 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.

City of Farwell, Farwell, TX. September 13,

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2011, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(j)(5), 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.

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.

Copperas Cove Fire Department/EMS, Copperas Cove, TX. September 30, 2011, assessed a \$2,200.00 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 appropriately and/or current certified personnel.

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.

Dallam Hartley Counties Hospital District, dba Dalhart EMS, Dalhart, TX. September 6, 2011, assessed a \$2,700.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(3), 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 appropriately and/or current certified personnel and monitoring the quality of patient care provided.

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.

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.

Goen, Jimmy, Palo Pinto, TX. September 13, 2001, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(23), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to an arrest on or about March 21, 2011, for DWI with open container and failing to notify the Department within 10 days; and on or about November 17, 2010, assessing and/or giving medical treatment while under the influence of alcohol.

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.

Henry, Virginia L., Tahoka, TX. September 22, 2011, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(22), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(29) related to a third-degree felony conviction and five (5) years community supervision for theft by a public servant.

Hickman, Teddy, Lubbock, TX. September 22, 2011, three (3) month suspension followed by nine (9) month probated suspension for violating EMS Rules §157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to follow medical direction protocols for RSI.

Horn, James C., Haltom City, TX. August 3, 2011, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(23), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to an arrest for second-degree felony of possession with intent to promote child pornography and failing to notify the department

within 10 days of arrest.

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.

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.

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.

Julian Leija, dba Christian EMS, Elsa, TX. September 26, 2011, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(4) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

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.

Keefer, Javier, Alamo, TX. August 23, 2011, twenty-four (24) month probation for violating EMS Rules §157.36(c)(1), 157.36(c)(2), 157.36(c)(3), 157.36(b)(1), 157.36(b)(2), 157.36(b)(4), 157.36(b)(14), 157.36(b)(19), 157.36(b)(23), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to two (2) convictions for DWI and previous conduct during the performance of duties relating to EMS personnel that is contrary to accepted standards of conduct.

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.

Kimbrell, Sharlene D., Dalhart, TX. August 23, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(13), 157.36(b)(28) and HSC §773.041(b) related to related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Kirby Fire EMS, Kirby, TX. April 29, 2011,

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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 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.

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.

McGuire, John M., Copperas Cove, TX. September 26, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

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) relating 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.

New Deal Volunteer Fire Department, dba New Deal Fire/EMS, New Deal, TX. September 22, 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 appropriately 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.

Outen, Shaun Jason, Denton, TX. August 23, 2011, revocation pursuant to Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for conspiracy to commit health care fraud.

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.

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.

Pitts, Evan M., North Richland Hills, TX. September 29, 2011, revocation for violating EMS Rules Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for possession with intent to deliver the controlled substance methamphetamine.

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, San Juan, TX. August 23, 2011, assessed a \$450.00 administrative penalty for violating EMS Rules §157.11(d)(7), 157.11(j), 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; failing to have written protocols with equipment, supply and medication list present on EMS ambulance vehicle(s); and failing to have provider name and license number displayed on EMS ambulance vehicle(s).

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

DISCIPLINARY ACTIONS

§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 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.

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.

Sosa, Jenny R., New Deal, TX. September 29, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

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.

St. Michaels Ambulance, LLC, Weslaco, TX. September 29, 2011, assessed a \$500.00 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 ambulance vehicle(s) adequately equipped and supplied at all times and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

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.

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.

Vitalis Healthcare System, Inc., dba Vitalis Medical Transport Service, McAllen, TX. September 13, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(j)(2), 157.11(j)(1) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Wade, Matthew A., San Antonio, TX. July 31,

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).

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 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.

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.

Younger, Wendy M., El Paso, TX. September 26, 2011, reprimanded for violating EMS Rules §157.32(c)(4)(C), 157.43(h)(16) and 157.43(m)(3)(b) related to allowing an EMT-Paramedic student to perform clinical and/or ambulance rotations without being EMT-Basic certified.

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

EMS State of the Science:

A Gathering of Eagles XIV is being held at the Sheraton Dallas, February 24 – 25, 2012. The conference will provide participants with the most cutting edge information on EMS research, management issues, lessons learned and newly proposed advanced patient care techniques. To register go to www.gatheringofeagles.us or www.utsouthwestern.edu/gatheringofeagles. +

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

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.

driving range, golf & dinner.
Register online: www.taams.org. *

Jobs

CEO Search: SETRAC (www.setrac.org) is seeking to fill the position of chief executive officer. The CEO reports to the board of directors and will be responsible for daily operational and budgetary oversight, leads SETRAC initiatives collaborating with health care and community leaders in a nine-county region. You must have at least 10 years health care management experience and, ideally, have experience working with multiple types of providers, including hospitals and EMS agencies, along with grant funding and 501(c) 3 experience. A master's degree in a health care related field is preferred. Qualified candidates may forward a cover letter and resume to Ken Mattox, MD, Chairman of the Board by email to kmattox@aol.com. The selection process will conclude in December 2011.+

Employment opportunities: SETRAC currently has an opening for a Project Coordinator. Details and requirements are available online at www.setrac.org*

For Sale

Ambulance for sale: Scurry Co EMS has an ambulance for sale. If interested or for details, email jasonjet@hotmail.com or call 325-868-6006. +

Miscellaneous

Paramedic to RN Transition

Program: Tyler Junior College in East Texas is offering a Paramedic to Registered Nurse Transition Program starting in March 2012. The program will be designed around the typical time constraints of the working paramedic. All theory content will be delivered online, while skills laboratories and clinical rotations will be held in the Tyler area. This program will allow the paramedic to complete the requirements for sitting for the NCLEX-RN exam in approximately nine months. Paramedics interested in applying to this program should visit the TJC Nursing and Health Sciences academic advisors on the second floor of Rogers Student Center on the TJC main campus. Program guidelines and application periods are available at www.tjc.edu/nursing. For more information, contact the TJC Associate Degree Nursing Office at 903-510-2869.

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. *

48 hour National Registry

refresher: Live and at your own pace. Our program is nationally accredited by CE/CBEMS and National Registry and also accepted by the state of Texas

Meetings & Notices

as a live course. Recertification and remediation courses are also available. Visit www.distanceCME.com. *

CE Solutions: www.ems-ce.com offers online EMS continuing education that is convenient, cost effective and interesting. Visit www.ems-ce.com for a free test-drive today or call toll free 1-888-447-1993. +

Firefighter Continuing Education: Now available online at www.FirefighterCE.com. FirefighterCE is accepted by the Texas Commission on Fire Protection. Visit www.FirefighterCE.com for a free test-drive today or call toll free at 1-888-447-1993. +

Medic-CE.com: High-quality online EMS CE courses that are CECBEMS/DSHS accredited. Affordable individual and discounted group rates are available. The site also features free electronic training management and test creation features for training officers and EMS educators. Visit www.Medic-CE.com or call (877) 458-9498. +

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 +

Looking for an EMS billing company? Health Claims Plus is an EMS/fire billing company

located in Liberty, TX. Health Claims Plus performs all levels of EMS/fire billing from the small to the large. Excellent rates, unmatched service and training to enhance revenue and build sound business practices. ePCR and manual PCR accepted. Contact Rodney Reed at (888) 483-9893 ext 234 or Rodney@healthclaimsplus.com. Visit our website at www.HealthClaimsPlus.com. +

Reimbursements not what they should be? Gold letters got you down? Call C&L Billing. 20 + years in EMS and private ambulance billing. We can help! Great rates. Call Lisa at (210) 990-3744. +

National Registry skills testing: TEEX 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@teemail.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. +

TEEX Training: TEEX offers training for EMS responders and management especially in rural areas; training for WMD/EMS operations and planning; as well as training for natural disaster and terrorist incident. For more information visit www.teex.org/ems. +

+ This listing is new to the issue.

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

Do you take EMS photos?

WIN MONEY!

Enter the EMS photo contest
- deadline November 10.
For more info go to [/www.dshs.state.tx.us/emstraumasystems/photocontest.pdf](http://www.dshs.state.tx.us/emstraumasystems/photocontest.pdf)

Placing an ad? Renewing your subscription?

Placing an ad? To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: Texas EMS Magazine, 512/834-6736 or send to Texas EMS Magazine, MC0285, PO Box 149347, Austin, TX 78714-9347. Ads will run in two issues and then be removed. Texas EMS Magazine reserves the right to refuse any ad.

Moving? Let us know your new address—the post office may not forward this magazine to your new address. Use the subscription form on page 2 to change your address, just mark the change of address box and mail it to us or fax your new address to 512/834-6736. We don't want you to miss an issue!

Renewing your subscription? Use the subscription form on page 2 to renew your subscription and mark the renewal box.


EMS Profile by Chris Postiglione,
Chief Clinical Supervisor

EMS Profile: Austin/Travis County STAR Flight

About us: During its 25 years of service, Austin/Travis County **STAR Flight** has evolved into a nationally recognized air medical program responding to Travis and eighteen surrounding counties. Because the Texas Hill Country presents many unique challenges for EMS and rescue crews and holds distinction as the number one area in the nation for flash flood rescues, the **STAR Flight** mission profile has adapted to meet these specialized needs. Austin/Travis County **STAR Flight** is a 24/7 aerial emergency medical service in Texas, performing highly specialized emergency response services including emergency medical transport, still and swift-water rescue, search and rescue, high angle rescue, fire suppression/aerial reconnaissance and law safety assistance. **STAR Flight** has earned multiple accolades for its efforts in this challenging environment including: Higgins-Langley Swift Water Program Development and Incident Awards; American Eurocopter Vision Zero; Eurocopter Golden Hour; National Association Search and Rescue (NASAR) Award for Valor; Rotor and Wing Helicopter Heroism; and has been named EMS Air Medical Service of the Year by the Texas Department of State Health Services.

Number of personnel: **STAR Flight** is a team of eight nurses, eight paramedics, eight pilots and three mechanics. A typical **STAR Flight** medical provider has more than ten years of critical care and/or field experience; none of our pilots have fewer than 5500 hours of PIC turbine time. The program is founded on principles of flexibility and versatility and on expert care in any environment. **STAR Flight** crewmembers are constantly learning and training to improve and expand their skills and knowledge of the varied missions they undertake. As the needs of the community change over the next 25 years, **STAR Flight** is prepared to adapt and serve any place . . . any time . . . anywhere.

Number of Units: **STAR Flight**

	Texas Department of State Health Services	Periodical
	Office of EMS Trauma/Systems MC 1876	Rate Paid
	PO Box 149347	At Austin, Texas
	Austin, Texas 78714-9347	



STAR Flight responded to more than 1800 medical calls in 2010, but also responds to emergencies, such as the fires in Bastrop in September 2011.

rescuers can access a patient directly from one of three EC-145 helicopters via hoist, initiate advanced medical care and package the patient, hoist or short-haul them to an area suitable to land, and then load them into the aircraft for transport directly to the nearest trauma center.

Number of Calls: **STAR Flight** responded to more than 1800 medical calls last year. And in addition to its regular service, **STAR Flight** also participates in additional emergency actions as needed. For example, during the Labor Day holiday weekend in 2011, **STAR Flight** responded to many of the wildfires in and around Austin. As of September 2011, the

program has completed 89 fire missions of 146 total flight hours, 1,563 water drops and total of 203,190 gallons of water assisting local fire fighters in battling the blazes.

Current activities: Beginning in 2006 **STAR Flight** expanded its mission profile through partnerships with pediatric, high risk obstetrical and neonatal specialty transport teams in Austin. **STAR Flight** can now be requested to transport pediatric and neonatal specialty team members to outlying hospitals in the Central Texas region to assist in the care and transportation of sick or expectant mothers, premature babies and children.