

# Texas EMS

Serving Texas Emergency Care Professionals



**Texas EMS Conference 2011**

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# Texas EMS

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**Above,** students look on as Scotty Bolleter and others lead the preconference class, Keeping It Real!, featuring a six-hour, cadaver-based laboratory session.

**On the cover,** attendees gather to view the latest technologies in the Texas EMS Conference exhibit hall.  
*Photo by Matt Bowman.*

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#### North group

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(806) 655-7151

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San Angelo, TX 76903  
(325) 659-7854

1301 South Bowen Road, Suite 200  
Arlington, TX 76013  
(817) 264-4720

7430 Louis Pasteur  
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(210) 949-2050

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# GETAC meets during conference in November

Governor's EMS and Trauma Advisory Council met Monday, November 21, at the Hilton Austin. Following is the motion put forward after the chair, staff, standing committees and other groups reported on their most recent activities. The complete minutes will be posted on the website ([www.dshs.state.tx.us/emstraumasystems/governor.shtm](http://www.dshs.state.tx.us/emstraumasystems/governor.shtm)) before the next GETAC meeting.

## Action items

Jodie Harbert made a motion to approve 157.32 (education rule) without changes. Ryan Mathews seconded the motion. The motion passed.

## Bishop named to National Registry board

Maxie Bishop, RN, LP, Texas state EMS director, has been named to the NREMT board of directors. The nomination came from the National Association of EMS Officials, of which Bishop is a member. His term runs from January 1, 2012, through December 31, 2015. Bishop joins two other Texans on the board: Debra Cason, MS, RN, EMT-P, director of the Division of Emergency Medicine Education at UT Southwestern Medical Center, and David Persse, MD, Houston EMS physician director.

# New members appointed to GETAC committees

Prior to the November meeting, committee chairs chose new members or reappointed members to replace those whose terms had expired. Committees are set up so that a number of members cycle off each year. The new members are listed below. A complete list of all the committees is on our website at [www.dshs.state.tx.us/emstraumasystems/governor.htm](http://www.dshs.state.tx.us/emstraumasystems/governor.htm).

## Air Medical

Roberta Corbell, RN, LP  
Del Sol Medical Center  
El Paso  
Expiration: 12/2014

### Reappointed:

Rickey Reed, CCCEMT-P  
Air Evac Lifeteam  
Mansfield  
Expiration: 12/2014

James Speier Jr, NREMT-P  
ETMC Air 1  
Tyler  
Expiration: 12/2014

## Cardiac Care

Catherine Bissell, RN  
Memorial Hermann  
Houston  
Expiration: 12/2014

### Reappointed:

Karen Pickard, RN, LP  
UT Southwestern-Emergency  
Medicine Education  
Dallas  
Expiration: 12/2014

David Persse, MD  
City of Houston EMS

Houston  
Expiration: 12/2014

## Disaster/Emergency Preparedness

Margaret Strecker-McGraw, MD  
Scott & White Hospital  
Temple  
Expiration: 12/2014

### Reappointed:

Eric Epley, NREMT-P  
STRAC  
San Antonio  
Expiration: 12/2014

Emily G. Kidd, MD  
Santa Rosa City Centre Hospital  
San Antonio  
Expiration: 12/2014

W. Nim Kidd, EMT-B  
Texas Department of Public Safety  
Austin  
Expiration: 12/2014

Sharon A. Nalls  
City of Houston Emergency  
Management  
Houston  
Expiration: 12/2014

## Education

Lance Villers, LP  
UT Health Science Center at San  
Antonio  
San Antonio  
Expiration: 12/2014

### Reappointed:

John William Creech, M.Ed, LP  
Brazosport College  
Lake Jackson  
Expiration: 12/2014

*continued on page 39*

# Honor guards pay tribute to those lost in line of duty



EMS line of duty deaths are commemorated each year at the Awards Luncheon by EMS honor guards from around the state. The guards present an obelisk and a Texas flag to the survivors during a solemn ceremony. The person's name is engraved on a plaque that hangs at DSHS year-round.



The ceremony this year included honor guards from seven services across Texas. Lubbock Pipe and Drums performed *Amazing Grace* on bagpipe and snare drum.

The Department of State Health Services honors emergency services personnel who die in the line of duty

by placing their names into the Texas EMS Hall of Honor. The ceremony takes place every year at Texas EMS Conference during the Awards Luncheon. This year's ceremony featured a presentation by honor guards from Lubbock EMS, Austin-Travis County EMS, Williamson County EMS, MedStar, Austin Fire Department, Washington County EMS and PHI, and included a snare drum and bagpipe detail from Lubbock Pipe and Drums. The Texas Hall of Honor plaques hang at the Office of EMS/Trauma Systems Coordination, DSHS, 8407 Wall Street, in Austin.

Casey Steenland, who died August 13, 2010, was honored at this year's luncheon. The Hall of Honor plaques were brought in by the Honor Guard and placed on stands next to a table with white roses. Honor guards presented a memorial obelisk and Texas flag to the colleagues of Ms. Steenland. The bagpiper then played "Amazing Grace" as he led the drummer out of the hall.

## Did you know?

DSHS relies on the EMS and trauma community to tell us if there is a death that may qualify as line of duty. We now have a form on our website at [www.dshs.state.tx.us/emstraumasystems/emshon.shtm](http://www.dshs.state.tx.us/emstraumasystems/emshon.shtm). It is not a requirement to fill out this form, but it might help us in case a person does not show up in our database under the name listed in newspaper reports. Remember, to qualify for the Texas EMS Hall of Honor, a LODD must have occurred to an EMS-certified person while on duty as a medic or responding to a medical call.

## EMS Obituaries

**Ed Smith Sr.**, 57, of Port Bolivar, died October 15, 2011, following a heart attack. Smith was a paramedic and instructor in the Galveston-area EMS community, working with Galveston EMS, Crystal Beach Volunteer Fire and EMS Department and volunteering on the Bolivar Peninsula.

**Steve Perdue**, 63, of Mineral Wells, died December 5, 2011. Perdue, a licensed paramedic and instructor, spent his career teaching and firefighting with Weatherford College and the Mineral Wells Volunteer Fire Department, and he was the emergency management coordinator for Palo Pinto County.

### TEXAS EMS CERTIFICATIONS AS OF DECEMBER 6, 2011

ECA	3,002
EMT	32,046
EMT-I	3,854
EMT-P	15,297
LP	6,017
<b>TOTAL</b>	<b>60,216</b>

BASIC COORDINATOR	121
ADVANCED COORDINATOR	229
INSTRUCTOR	2,124

# Collin College paramedic students volunteer at 2011 Texas Special Olympics

By Loyd F. Campbell



Paramedic students Ricky Aguilar (L) and Ryan Burda (R) await assignments.

The Collin College EMS department was recently given a unique and valuable opportunity to give back to our community when we were invited to assist as medical staff at Texas Special Olympics at The University of Texas at Arlington on Memorial Day weekend 2011.

In March, we were contacted by Chief Russell “Rusty” Wilson of the Irving Fire Department. Each year Chief Wilson is in charge of the medical staff for the event, and he sends out a call to local hospitals, fire departments and colleges for anyone interested in volunteering.

We recognized this as an opportunity to do something worthwhile for our community and, at the same time, garner a valuable lesson in working with a

segment of our population that we may not normally come in contact with.

On the morning of the first day, Chief Wilson said, “If you’re out here for more than ten minutes and you don’t step back and re-evaluate your priorities, you probably need counseling.” Truer words were never spoken.

“I think working in this kind of event makes you a better paramedic since you’re with patients who may not communicate as easily as your average patient. It teaches you how to be patient and work to find better ways to communicate with people when they need you to,” paramedic student Yuri Omas said. “This was a great experience and I’m definitely going to do it again.”

In working with the participants, volunteers found their level of dedication easily matched that of any other athlete around, professional or otherwise. Whether they won the event or not, the athletes rapidly won the respect and hearts of those around them.

The athletes participated in a variety of events such as running, shot-put, basketball, tennis, cycling and a softball throw for distance.

“From what I could tell from the competitors, they had more heart than I



Paramedic student Justin Wallace helps a patient with heat-related injuries. (The temperature on the track was reported to be from 115 to 120 degrees.)

could ever have. Their love for competing and showing the crowd a great game was all that mattered,” said paramedic student Zachary Stringer. “All I know is that I’m very blessed to have been part of such an event. As we all worked together we saw great things happen and left more grateful than when we arrived.”

From a medical staff standpoint, the event brought some unusual challenges. Many of the athletes have chronic illnesses that are easily aggravated by extreme conditions, so they walk a fine line between giving it their all and succumbing to the heat or other stresses of the day.

This year, Collin College paramedic class Number 10 volunteered on Friday, and paramedic class Number 11 attended on Saturday. Although there were a few incidents that required medical attention (by and large heat-related), at the end of it all the athletes and paramedic students alike were all smiles.

In addition to the Texas Special Olympics, the classes also visit a local school district for a day, a local Parks and Recreation department for a day camp, and a local long term care facility for a shift working with the geriatric population and the dementia ward. All of these shifts are designed to bring students together with our community’s special populations, and the visits also qualify as Service Learning Projects, which provide Service Learning credit hours on students’ transcripts.

Loyd F. Campbell is an EMS clinical coordinator and professor at Collin College.



(Left to right) Paramedic students Justin Wallace, David Crump, Yuri Omas and Gerald Friend set up a first aid tent at the beginning of the day.



## Emergency funding available

Has your area suffered a devastating event that might qualify you for Extraordinary Emergency Funding? The Extraordinary Emergency Fund is available to assist licensed EMS providers, hospitals and registered first responder organizations if unforeseeable events cause a degradation of service to the community. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies. For information, contact Roxanne Cuellar at [Roxanne.cuellar@dshs.state.tx.us](mailto:Roxanne.cuellar@dshs.state.tx.us) or call 512-834-67000, ext. 2377.

## Don't forget your conference evaluations

If you came to the conference and haven't filled out a survey, please take a minute to do so at <http://2011attendeetexasemsconf.questionpro.com>. We'll use the information to make the 2012 conference even better. And we are in the process of sorting through the thousands of class evaluations and hope to get those entered into the computer and results sent to instructors by late February. And finally, exhibitors can fill out a survey at <http://11exhibitorstexasemsconf.questionpro.com>. The deadline for completion of online surveys is January 31, 2012.

## Grants available for ECA training

Are you in a rural area that needs more EMS personnel? DSHS has a total of \$25,000 this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and instructors to conduct ECA courses in rural or underserved areas of the state lacking local EMS training resources. Grant funds cover the cost of instruction and textbooks, as well as other expenses such as printing and supplies. OEMS/TS will accept grant applications on a first-come-first-served basis until the funds run out for the fiscal year. Eligibility requirements for ECAT grants: A minimum of three students; students must agree to perform emergency care attendant services for at least one year with a local emergency medical service provider or first responder organization; services must be provided in a designated rural or underserved area of Texas, as determined by zip code or county; and the course coordinator must be affiliated with an educational program. And give yourself plenty of time: It takes about 60 days for an ECAT grant to work its way through the DSHS approval process. For more information, go to [www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm](http://www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm) or contact Roxanne Cuellar at (512) 834-6700 ext. 2377 or [roxanne.cuellar@dshs.state.tx.us](mailto:roxanne.cuellar@dshs.state.tx.us). For a list of all EMS and trauma funding available through DSHS, go to <http://www.dshs.state.tx.us/emstraumasystems/efunding.shtm>.



Recently awarded:

**Scenic Loop VFD, Livingston**

## Announcement listserv migrates January 1

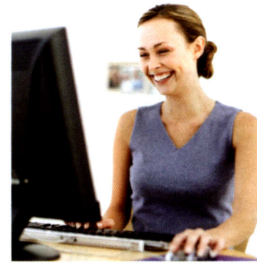
OEMS/TS will no longer send out announcements on the EMS/TS Announcements listserv beginning January 1. (However, the EMS listserv, which is hosted by a group outside of DSHS, will continue to be available as long as they are willing to host it.) Updates will be available via a new email notification system that alerts you when we make changes to the website based on topics you choose. There are 12 topics to choose from, ranging from EMS educators to GETAC. Every time we upload new information (such as GETAC agendas), you'll be notified. And don't worry – we decide when to send an email. So if we make a small change, like correcting a typo, we won't send an alert. Go to [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems) and click on "Sign up for email updates" icon.



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# Funding applications due February 14

The application for the fiscal year (FY) 2012 Designated Trauma Facilities and Emergency Medical Services (DTF/EMS) Account - Hospital Allocation is on the OEMS/TS website at [www.dshs.state.tx.us/emstraumasystems/default.shtm](http://www.dshs.state.tx.us/emstraumasystems/default.shtm). The application information was also mailed to administrators of all designated and “in active pursuit” hospitals; an email notice went to the Trauma Coordinator/Trauma Program Manager at each facility. To be eligible for the FY12 allocation a hospital must be a designated trauma facility by the application due date or meet “in active pursuit of trauma designation” requirements by the application due date. The application must be emailed, per instructions in the application, no later than February 14, 2012. Late applications cannot be accepted.



FY12 funds will be distributed in the following manner:

- Fifteen percent of the total amount of funds available for the Hospital Allocation will be divided equally among all eligible applicants.
- The remaining 85 percent will be distributed to eligible hospitals based on the percentage of uncompensated trauma care a hospital provides in relation to the total uncompensated care provided by all the eligible hospitals that apply for the Hospital Allocation.

The trauma care funding program enacted by House Bill (HB) 3588, 78th Texas Legislature, stipulates that 96 percent of the funds accumulated in the DTF/EMS Account be distributed to eligible Texas hospitals to reimburse a portion of their uncompensated trauma care. Since the inception of the account in 2003, OEMS/TS distributed approximately \$447,550,000 from the DTF/EMS Account to approximately 270 eligible Texas hospitals. For questions or additional information regarding “in active pursuit of trauma designation” requirements, please contact Emily Parsons at 512-834-6794 or [emily.parsons@dshs.state.tx.us](mailto:emily.parsons@dshs.state.tx.us).

## Call for presentations online for 2012 conference

Want to present a class, workshop or lecture at Texas EMS Conference 2012? Texas EMS Conference 2012 is accepting submissions now through March 9. The conference takes place November 18-21 in Austin. Preconference classes are November 17 and 18.

Texas EMS Conference is looking for a broad range of presentations and workshops for this year’s conference. We’re particularly interested in workshops with a clinical content, or those that offer a fresh take on a subject. We try to have each category of continuing education well-represented (content areas are listed at [www.dshs.state.tx.us/emstraumasystems/ceareas.shtm](http://www.dshs.state.tx.us/emstraumasystems/ceareas.shtm)).

Anyone interested in presenting at Texas EMS Conference 2012 must complete an official Call for Presentations form and submit it electronically by March 9, 2012. A volunteer committee will choose workshops based on content and CE category.

This year, in order to save money on audio-visual equipment and keep our registration costs the same, we are going to have fewer simultaneous tracks so there will be fewer presentations chosen. Please take time to make your Call for Presentation the best you can make it.

Speakers whose presentations are accepted will be notified via email. Traditionally, the notices announcing our decisions for selection are sent out around mid-June. Assignment of dates/times usually occurs in September. Handouts are due electronically by October 14 and will be posted on the conference website several weeks before the conference.



On Duty

# EMS/Trauma award



*Pete Wolf, EMT-P, was presented GETAC's Journey of Excellence for his tireless work as a GETAC member for the last 12 years.*



*Arlington Fire Department won EMS Public Information/Injury Prevention Award for implementing CPaRlington, which reached its goal of training ten percent of the city's population in CPR and increasing the number of AEDs available throughout the city.*

The Texas EMS and trauma community honored its best during Texas EMS Conference in November. The awards were announced at the Tuesday luncheon. Congratulations to the 2011 winners!

**EMS Public Information/Injury Prevention – Arlington Fire Department** for its development of CPaRlington, a hands-only CPR program with a goal of training about ten percent of Arlington's 377,000 residents in CPR and embracing new guidelines for "hands-only" CPR from the American Heart Association. With AFD in the lead, a partnership was

formed with the AHA and UT-Arlington's School of Nursing to improve cardiac arrest survival. In a little more than four years, about 40,000 people were trained in group sessions at businesses, schools, churches and events, including 4,626 eighth-graders at one huge event in Cowboy Stadium. The city council encouraged citizens to purchase AEDs and register them with the fire department, who then entered the information into the dispatch system so call-takers know an AED is available at that address. The council also authorized the purchase of AEDs for all city facilities. In June of 2009, a city employee used one of the AEDs to revive a patient attending a soccer game. The man survived and was discharged with no neurological deficits.

**EMS Citizen – David "DJ" Herbert Jr.** of Fredericksburg for his response to critical injuries his stepfather suffered in a fall. Ten-year-old DJ was watching television with his five-year-old sister while his mother worked an ambulance shift, and his stepfather, Stacy, a firefighter, was at home. While climbing into a nearby hunting blind, Stacy fell backwards head first, a metal peg step partially degloving his leg from just below his knee. He was unconscious for a while, then managed to walk the three-hundred yards back to the house. DJ managed to stay calm, even as his blood-soaked stepdad went to his truck to radio



*DJ Herbert, right front, won EMS Citizen of the Year for his calm and quick action when his stepfather was seriously injured. From left, Catherine Kuhlmann, Paige Kuhlmann, DJ Herbert and Stacy Kuhlmann. DJ wants to grow up to be a firefighter.*

for help. DJ put in a DVD for his sister to watch and told her to stay inside. He then gathered towels and pillows and applied pressure to the wound and tried to make Stacy comfortable in the driveway where he had collapsed. DJ stayed stoic until first responders arrived, not breaking down until Stacy was loaded in the ambulance. He remained in the hospital for three weeks, undergoing five surgeries. Today, Stacy is completely recovered and back to work at the Fredericksburg Fire Department. And DJ still wants to be a firefighter!

**EMS Educator – GETAC's Education Committee** for its tireless efforts to improve EMS education in Texas. For the first time, an entire committee has won a Texas EMS/Trauma award. Nominations praised the committee's vision, persistence and

# winners announced

dedication to EMS in Texas, noting how they'd gone above and beyond to help educators, providers and the most important stakeholders – the patients. The committee traveled all over the state, many of the members at personal expense, for committee meetings and to offer assistance to paramedic education programs seeking national accreditation. Members of the committee are: Jodie Harbert, LP (chair); Robert Gonzalez, MD; Scotty Bolleter, EMT-P; Jeffery Hayes, LP; Sandra Crady, NREMT-P; Robert Knappage, EMT-P; John Creech, LP; Gregory LaMay, EMT-P; Lorie Lefevers, LP, Oscar Salazar, LP; and Scott Mitchell, LP.

**Designated Trauma Facility** – **Shannon Medical Center** for playing an integral part in the community as a trauma center, with the highest designation in a 14-county service area, for supporting the RAC and assisting in disaster coordination, and for providing injury prevention and health education. Shannon, located

in San Angelo, first received its Level III trauma designation in 2000 and has maintained it ever since. The trauma program includes a regional communications center that provides dispatch for Shannon AirMed1, the trauma team and regional EMS partners. During the recent wildfires in the Concho Valley, the communications center coordinated response of ambulances and personnel. Shannon supports the Concho Valley RAC by providing meeting, office and warehouse space. The medical center also believes in education, offering frequent trauma education.

**EMS Administrator – Ernesto Rodriguez, LP**, for improving service to the community by introducing new business processes and establishing a new organization model within Austin-Travis County EMS. Since 2006, Rodriguez has worked to develop business practices and improve reporting, eventually aligning a new electronic patient record system



*Ernie Rodriguez, LP, got EMS Administrator of the Year for his work as director of Austin-Travis County EMS.*

with new reporting processes. He linked the department's budget to the business plan, including identifying upcoming issues, service deployment strategies and key performance indicators. He created a strategic plan that includes, among other things, a community health section intended to help frequent users of A/TCEMS navigate the health care system to find the long-term assistance they need. Rodriguez made it a goal to share information with other EMS agencies, and is now working with a coalition of 24 other major EMS services to share information and best practices. In short, Rodriguez is committed inspiring his staff at A/TCEMS to achieve great things and to make A/TCEMS – and EMS in general – better each day.

**EMS Medical Director – Levon Vartanian, MD**, for his leadership in setting organizational goals centered on surpassing national EMS standards at Cypress Creek



*GETAC's Education Committee took home EMS Educator of the Year. This is the first time a committee has ever won an award. Several members of the Education Committee were present to accept the awards and congratulations from supporters.*



*Capital Area Trauma RAC was honored for its work during the catastrophic wildfires that plagued Central Texas last fall.*

EMS. Vartanian has put into practice advances in research and treatment protocols, fostered health care partnerships to improve patient outcomes for cardiac arrest and STEMI care, and increased the number of community education programs to help prevent injuries. Vartanian has been quick to embrace new technology such as the ResQPod, induced hypothermia protocols, and Lucas Chest Compression System, which resulted in a ROSC rate of nearly 50 percent in all cardiac arrest cases in Cypress Creek. Vartanian has also worked with health care providers in the community to decrease the time it takes to get a patient from the scene to a cath lab. CCEMS now maintains a door to balloon time of 38 minutes, well below the national average of 90 minutes. One nomination states that through his commitment to making a positive impact on the community, Vartanian creates

higher expectations for the EMS profession.

**Outstanding RAC – Capital Area Trauma RAC** for taking a leadership role in coordinating resources when one of the largest wildfires in Texas history burned nearby. When many of the people the RAC typically relies on for help were responding to fires near their own homes, the RAC reached out to find resources from as far away as Alaska. The RAC contributed to evacuation, sheltering and firefighter rehab efforts, and it coordinated communication between agencies. The RAC made sure assets such as mobile medical units, ambulance strike teams and an Ambus supplied by SETRAC, were put to good use. In Bastrop alone, about 100 firefighters a day took advantage of the rehab offered by these resources. Any disaster takes coordination, and CATRAC stepped up when the wildfires began, coordinating and

collaborating so that the citizens could confidently rely on their emergency response system.

**EMS Air Medical Service – Southeast Texas Air Rescue**, of Beaumont, for the compassion they offer not only to patients but also to the EMS personnel they work with. One nomination, from a rural 9-1-1 provider, describes how grateful she is when treating a patient “out in the middle of nowhere,” to hear the aircraft land. The air service also provides free continuing education hours to local EMS and hospital personnel. The air service’s staff was praised for the emotional support they provide as well. On a recent call, medics responded to a three-month-old child in full cardiac arrest. Despite the care of medics, nurses and a physician’s assistant, the patient did not survive. An emergency responder writes that as she cried in the back of the ambulance, a flight nurse sat with her and cried as well, genuinely distressed about the call. The compassion of that Southeast Texas Air Rescue nurse, the nominator says, will stay with her forever.



*Southeast Texas Air Rescue took home EMS Air Medical Service for its support of local EMS and compassionate care.*

**EMS First Responder – Blue Mound VFD and Windthorst VFD (tie)**

Blue Mound VFD, outside Fort Worth, upgraded the level of service it offers to ALS. Impressively, once the group decided to upgrade the service, they established all protocols, and procured supplies and equipment in the short span of six months. The service uses MedStar as its transport agency. Blue Mound VFD also recently began tracking its response times and found that in the first three months, response time was 4.8 minutes from dispatch to scene – terrific numbers for an all-volunteer service.

Windthorst VFD, located in Archer County, maintains a full roster of 25 volunteers, including three with advanced certifications. With an annual budget of only about \$40,000, the department makes it a high priority to have excellent equipment. The volunteers will maintain, repair and customize the equipment themselves in many cases. The crews do not hesitate to travel to neighboring counties to help out. In 2011, the department assisted in some of the wildfires that plagued the state. Windthorst also sponsors several education classes each month for surrounding areas and was named Trauma Systems Advocate of the Year in 2010 by North Texas RAC.

**EMS Public/Private Provider – Cypress Creek EMS** for excellent patient care, setting high goals and a strong leadership that demonstrates a commitment to professionalism, knowledge and the community. CCEMS has been at



*One of the winners of EMS First Responder of the Year was Windthorst Volunteer Fire Department for its dedicated volunteer personnel and work on wildfires.*



*Blue Mound Volunteer Fire Department also won EMS First Responder of the Year for upgrading its level of service to ALS and for improving response time. The all-volunteer service now responds in less than five minutes.*

the forefront of new technologies, including ResQPod, Lucas Chest Compression System and induced hypothermia, resulting in a ROSC rate greater than 50 percent. Executive Director Brad England joined forces with medical centers in the area to improve cath lab times, greatly reducing the time it takes to get a patient to the lab. The service's first responder program works with each fire department and law enforcement

agency in the ESD, partnering on protocols and other programs. CCEMS believes in education, and regularly provides continuing education, EMT to paramedic courses and special continuing education symposiums. In 2010, they trained thousands of people in CPR and first aid. CCEMS also provides injury prevention education to schools and gives free car seat inspections at its station.



*Public/Private Provider of the Year went to Cypress Creek EMS for its leadership and commitment to professionalism, knowledge and the community it serves.*



*Shannon Medical Center, a Level III trauma facility, took home Designated Trauma Facility of the Year for its commitment to the 14-county area it serves.*

**EMS Person of the Year – Lisa Camp, LP**, for her commitment to emergency medicine, patient care and Friendswood. Raised in a fire/EMS family and with 33 years’ experience in EMS herself, Camp has worked tirelessly to improve patient care, public access, disaster preparedness, public education and EMS training – not just locally but across the country.

She has pushed for protocols proven to improve outcomes, such as induced hypothermia. In her job as chief of Friendswood Volunteer EMS, Camp leads by example, working several shifts and attending continuing education classes with her crews. She performs as a safety clown at schools and community events and formed a bike medic group

after getting bicycles donated to FVEMS. She has bachelor’s degree in public management and serves on the College of the Mainland Public Service Advisory Board. If that weren’t enough, Camp joined Texas-3 Disaster Medical Assistance Team (DMAT) and responds to disasters.

**GETAC’s Journey of Excellence – Pete Wolf, EMT-P**, for providing service, dedication and leadership to the EMS and trauma community in his years as a volunteer fire chief, medic and RAC advocate and member. Appointed to the first Governor’s EMS and Trauma Council by George W. Bush, Wolf has served as vice chair, interim chair and EMS committee chair in the last 12 years. He helped write the first Elected Officials Guide to EMS, a book that helped the public better understand the importance of EMS and trauma systems to all Texans. GETAC Chair Vance Riley says Wolf provided a voice of reason during sometimes contentious times, and that he truly cares for Texas and EMS and understands the decisions made in GETAC affect stakeholders and citizens. EMS and trauma are better off, Riley says, for sharing this journey with Pete Wolf.

—Photos by Matt Bowman



*Lisa Camp, LP, was honored as EMS Person of the Year for her work as at Friendswood EMS and the community.*

# National Registry — Texas Pass Percentage December 1, 2010, to November 30, 2011

The statistics below include the 2011 Texas EMS program pass rates and compare overall Texas scores to the national average. The data is from December 1, 2010, through November 30, 2011. A pass rate with a low number of students may not be indicative of a program's capabilities.

The state EMS director and DSHS EMS compliance managers for your region are available to discuss different avenues of improvement for Texas EMS education programs.

State EMS Director, Maxie Bishop, (512) 834-6700; maxie.bishop@dshs.state.tx.us

EMS Manager North, Jaime Vallejo (817) 264-4721

EMS Manager South, Fernando Posada (210) 949-2050

EMS Manager Central, Brett Hart (512) 834-6700

EMS Manager East, Marilyn Talley (713) 767-3333

EMS Certification Level	2010 National Average Pass Percentage	2011 National Average Pass Percentage	Texas 2010 First Opportunity Pass Percentage	Texas 2011 First Opportunity Pass Percentage	Texas 2010 Overall Pass Percentage	Texas 2011 Overall Pass Percentage
<b>ECA (FR)</b>	<b>76</b>	<b>80</b>	<b>70</b>	<b>74</b>	<b>75</b>	<b>78</b>
<b>EMT-B</b>	<b>77</b>	<b>78</b>	<b>61</b>	<b>67</b>	<b>73</b>	<b>77</b>
<b>EMT-I</b>	<b>79</b>	<b>85</b>	<b>77</b>	<b>76</b>	<b>84</b>	<b>83</b>
<b>EMT-P</b>	<b>83</b>	<b>82</b>	<b>63</b>	<b>62</b>	<b>78</b>	<b>76</b>

## ECA (FR)

Program Name	Attempted the Exam	First Attempt Pass Percentage	Final Attempt Pass Percentage
911 Training Concepts	3	100 (3/3)	100 (3/3)
Alvin Community College	4	75 (3/4)	75 (3/4)
Amarillo College	2	100 (2/2)	100 (2/2)
Annaville Volunteer Fire Department	5	60 (3/5)	80 (4/5)
Bowie Fire Department	4	50 (2/4)	50 (2/4)
College of the Mainland	5	60 (3/5)	100 (5/5)
Collin County Community College	3	100 (3/3)	100 (3/3)
Cypress Creek EMS	8	38 (3/8)	38 (3/8)
Del Mar College	1	0 (0/1)	0 (0/1)
East Texas Medical Center	10	80 (8/10)	90 (9/10)
Emergency Consultants, Inc.	28	86 (24/28)	89 (25/28)
Emergency Management Training & Services	8	75 (6/8)	75 (6/8)
Emergency Training Enterprises	6	50 (3/6)	50 (3/6)
EMS Network, Inc.	27	93 (25/27)	93 (25/27)
Galveston College	6	83 (5/6)	83 (5/6)
Healthwebce.com, LLC	4	50 (2/4)	75 (3/4)
Hill College	7	71 (5/7)	71 (5/7)
Howard College	1	100 (1/1)	100 (1/1)
International Academy of EMT	7	100 (7/7)	100 (7/7)
Kilgore College	5	100 (5/5)	100 (5/5)
Lamar Institute of Technology	1	100 (1/1)	100 (1/1)
Laredo Community College	6	50 (3/6)	50 (3/6)
Medina County EMS Training Center	6	67 (4/6)	67 (4/6)
Nacogdoches Memorial Hospital	5	60 (3/5)	80 (4/5)
National College of Tech Instruction	4	100 (4/4)	100 (4/4)
North Wheeler County EMS	2	0 (0/2)	50 (1/2)
Palo Alto College	1	0 (0/1)	0 (0/1)
Pineland EMS Educators	8	75 (6/8)	88 (7/8)
Plainview Fire EMS	9	78 (7/9)	78 (7/9)
Possum Kingdom Lake EMS Training	6	67 (4/6)	67 (4/6)
Pro Action Emergency Services Training	9	33 (3/9)	33 (3/9)
Professional Education and Resources Company	1	100 (1/1)	100 (1/1)

Schleicher County Volunteer Fire Department	12	92	(11/12)	92	(11/12)
South Plains College	4	50	(2/4)	50	(2/4)
South Texas College	13	69	(9/13)	69	(9/13)
Southeast Texas EMS Instructors	5	80	(4/5)	100	(5/5)
Tarrant County College	6	67	(4/6)	67	(4/6)
TechPro Services, Inc.	3	100	(3/3)	100	(3/3)
Texarkana College	6	67	(4/6)	67	(4/6)
Texas Engineering Extension Service	51	76	(39/51)	80	(41/51)
Training Division.com	21	76	(16/21)	81	(17/21)
West Texas EMS Resources	4	25	(1/4)	25	(1/4)

## EMT-Basic

Program Name	Attempted the Exam	First Attempt Pass		Final Attempt Pass	
			Percentage		Percentage
911 Training Concepts	75	71	(53/75)	79	(59/75)
ABC Resources	13	54	(7/13)	77	(10/13)
Alert Academy	5	100	(5/5)	100	(5/5)
Alvin Community College	18	50	(9/18)	50	(9/18)
Amarillo College	72	63	(45/72)	76	(55/72)
Angel Care EMS Training Program	3	33	(1/3)	33	(1/3)
Angelina College	53	66	(35/53)	75	(40/53)
Annaville Volunteer Fire Department	1	0	(0/1)	0	(0/1)
Aransas County EMS	10	80	(8/10)	100	(10/10)
Austin Community College	76	100	(76/76)	100	(76/76)
Austin Fire Department EMT Academy	8	50	(4/8)	50	(4/8)
Austin-Travis County EMS	8	75	(6/8)	88	(7/8)
B & M Ambulance Service	9	78	(7/9)	100	(9/9)
Blinn College	92	80	(74/92)	90	(83/92)
Bowie Fire Department	9	44	(4/9)	56	(5/9)
Brazosport College	14	86	(12/14)	86	(12/14)
Brookhaven College	90	64	(58/90)	68	(61/90)
Bulverde-Spring Branch EMS	38	68	(26/38)	79	(30/38)
Central Texas College	13	69	(9/13)	77	(10/13)
Champion EMS Training Center	28	25	(7/28)	29	(8/28)
City of Laredo Fire Department	37	57	(21/37)	68	(25/37)
Code 3 Educational Services	8	25	(2/8)	38	(3/8)
College of the Mainland	37	84	(31/37)	89	(33/37)
Collin County Community College	102	76	(78/102)	90	(92/102)
Crockett County EMS Education Program	10	70	(7/10)	80	(8/10)
Cuero Community Hospital	3	0	(0/3)	0	(0/3)
Cypress Creek EMS	71	51	(36/71)	62	(44/71)
Dalhart EMS Education Department	7	71	(5/7)	71	(5/7)
Del Mar College	73	62	(45/73)	74	(54/73)
DeSoto Fire Academy EMS	43	60	(26/43)	70	(30/43)
Driscoll Childrens Hospital	1	100	(1/1)	100	(1/1)
Eagle Pass EMS Training Program	7	57	(4/7)	57	(4/7)
East Texas Medical Center	11	55	(6/11)	64	(7/11)
El Paso Community College	101	56	(57/101)	69	(70/101)
El Paso County ESD #1	1	100	(1/1)	100	(1/1)
Emergency Consultants, Inc.	39	62	(24/39)	77	(30/39)
Emergency Management Training & Services	52	81	(42/52)	85	(44/52)
Emergency Medical Services Education	24	79	(19/24)	88	(21/24)
Emergency Medical Training Services EMTS	74	81	(60/74)	88	(65/74)
Emergency Training Enterprises	33	58	(19/33)	70	(23/33)
EMS Online Training Plus	9	89	(8/9)	89	(8/9)
Fort Worth Fire Department	23	100	(23/23)	100	(23/23)
Fort Worth Independent School District	2	50	(1/2)	50	(1/2)
Frank Phillips College	3	67	(2/3)	67	(2/3)
Friona EMS Education	1	0	(0/1)	0	(0/1)
Galveston College	7	71	(5/7)	86	(6/7)
Garland Fire Department	16	75	(12/16)	81	(13/16)
GEM Training Center	12	75	(9/12)	75	(9/12)
Goldenwest EMS	6	50	(3/6)	50	(3/6)
Grayson County College	49	71	(35/49)	80	(39/49)
Guardian EMS Training Academy	26	73	(19/26)	81	(21/26)
HCH EMS Training Program	4	25	(1/4)	75	(3/4)
Healthwebce.com, LLC	49	45	(22/49)	59	(29/49)
Hill College	51	55	(28/51)	65	(33/51)
Houston Community College	143	68	(97/143)	84	(120/143)
Howard College	19	58	(11/19)	63	(12/19)
Integrated Training Services, Inc.	19	58	(11/19)	68	(13/19)
International Academy of EMT	10	90	(9/10)	100	(10/10)



Kilgore College	41	34	(14/41)	51	(21/41)
Killeen Fire Department Academy	47	45	(21/47)	55	(26/47)
Kyle Fire Department	3	0	(0/3)	0	(0/3)
Lamar Institute of Technology	51	55	(28/51)	67	(34/51)
Lamar State College-Orange	2	0	(0/2)	0	(0/2)
Laredo Community College	16	81	(13/16)	94	(15/16)
Life Ambulance EMS Academy	30	70	(21/30)	70	(21/30)
Lone Star College-Cy Fair	61	72	(44/61)	85	(52/61)
Lone Star College-Montgomery	79	68	(54/79)	84	(66/79)
Lone Star College-North Harris	100	71	(71/100)	82	(82/100)
Longhorn Student EMS Education Program	33	91	(30/33)	97	(32/33)
McLennan Community College	41	59	(24/41)	63	(26/41)
Medina County EMS Training Center	9	44	(4/9)	56	(5/9)
Mesquite ISD	5	20	(1/5)	20	(1/5)
Methodist Dallas Medical Center	78	67	(52/78)	79	(62/78)
Mexia Training Associates	8	38	(3/8)	75	(6/8)
Midland College	22	55	(12/22)	77	(17/22)
National College of Tech Instruction	44	64	(28/44)	70	(31/44)
Navarro College	68	59	(40/68)	69	(47/68)
North Central Texas College	18	94	(17/18)	100	(18/18)
North Wheeler County EMS	3	67	(2/3)	67	(2/3)
Northeast Texas Community College	14	64	(9/14)	64	(9/14)
Northeast Texas Fire/EMS Training Academy	40	50	(20/40)	68	(27/40)
Odessa College	36	42	(15/36)	47	(17/36)
Palo Alto College	18	67	(12/18)	67	(12/18)
Panola College	10	60	(6/10)	70	(7/10)
Paris Junior College	40	80	(32/40)	83	(33/40)
Plainview Fire-EMS	21	48	(10/21)	57	(12/21)
Plano Independent School District	28	64	(18/28)	68	(19/28)
Port Aransas EMS	6	33	(2/6)	33	(2/6)
Possum Kingdom Lake EMS Training	17	71	(12/17)	88	(15/17)
Pro Action Emergency Services Training	41	37	(15/41)	54	(22/41)
Professional Education and Resources Company	39	92	(36/39)	92	(36/39)
Rice University EMS	17	88	(15/17)	88	(15/17)
San Angelo Fire Department	7	100	(7/7)	100	(7/7)
San Antonio College EMS Academy	44	73	(32/44)	84	(37/44)
San Antonio EMS Degree Program	47	74	(35/47)	85	(40/47)
San Jacinto Community College	154	60	(92/154)	69	(106/154)
San Saba County EMS	2	100	(2/2)	100	(2/2)
Schertz EMS Training Academy	45	76	(34/45)	84	(38/45)
Seminole EMS	1	100	(1/1)	100	(1/1)
ShurMedic Training Institute	12	75	(9/12)	75	(9/12)
South Plains College	96	60	(58/96)	77	(74/96)
South Texas College	108	56	(61/108)	70	(76/108)
Southeast Texas EMS Instructors	18	67	(12/18)	72	(13/18)
Southwest Texas EMS Training	42	76	(32/42)	76	(32/42)
Tarrant County College	138	68	(94/138)	78	(107/138)
TechPro Services, Inc.	16	69	(11/16)	75	(12/16)
Temple College	43	81	(35/43)	88	(38/43)
Texarkana College	2	50	(1/2)	50	(1/2)
Texas Emergency Services Education Group	10	50	(5/10)	50	(5/10)
Texas Emergency Training	1	0	(0/1)	0	(0/1)
Texas Engineering Extension Service	154	55	(84/154)	67	(103/154)
Texas State Technical College-Harlingen	17	35	(6/17)	65	(11/17)
Texas State Technical College-West Texas	46	70	(32/46)	80	(37/46)
Texas Tech School of Medicine	44	91	(40/44)	93	(41/44)
Training Division.com	160	88	(140/160)	93	(149/160)
Travis County ESD #3	44	91	(40/44)	95	(42/44)
Trinity Valley Community College	30	60	(18/30)	77	(23/30)
Tyler Junior College	101	66	(67/101)	70	(71/101)
University of Texas Southwestern Medical Center	158	87	(137/158)	93	(147/158)
University of Texas at Brownsville	30	80	(24/30)	90	(27/30)
University of Texas Health Science Center	196	71	(140/196)	81	(158/196)
Vernon College	41	51	(21/41)	61	(25/41)
Vest Safety & Medical Services	28	57	(16/28)	64	(18/28)
Victoria College	26	73	(19/26)	85	(22/26)
Waller County EMS	5	80	(4/5)	80	(4/5)
Washington County EMS	2	100	(2/2)	100	(2/2)
Weatherford College	63	87	(55/63)	94	(59/63)
Weslaco Fire Department/EMS	45	56	(25/45)	56	(25/45)
West Texas Emergency Services Training	16	44	(7/16)	44	(7/16)
West Texas EMS Resources	6	67	(4/6)	67	(4/6)
Western Texas College	7	57	(4/7)	71	(5/7)
Wharton County Junior College	43	49	(21/43)	63	(27/43)

## EMT-Intermediate

Program Name	Attempted the Exam	First Attempt Pass		Final Attempt Pass	
		Percentage		Percentage	
Alvin Community College	7	86	(6/7)	86	(6/7)
Amarillo College	25	80	(20/25)	92	(23/25)
Angelina College	7	71	(5/7)	71	(5/7)
Austin Community College	16	100	(16/16)	100	(16/16)
Blinn College	4	75	(3/4)	75	(3/4)
Brazosport College	2	100	(2/2)	100	(2/2)
Central Texas College	3	100	(3/3)	100	(3/3)
College of the Mainland	10	80	(8/10)	80	(8/10)
El Paso Community College	11	64	(7/11)	91	(10/11)
Emergency Consultants, Inc.	24	54	(13/24)	67	(16/24)
Emergency Medical Training, Inc.	6	67	(4/6)	67	(4/6)
EMS Online Training Plus	1	100	(1/1)	100	(1/1)
Frank Phillips College	5	40	(2/5)	40	(2/5)
Galveston College	11	64	(7/11)	73	(8/11)
Guardian EMS Training Academy	4	75	(3/4)	75	(3/4)
Hill College	3	100	(3/3)	100	(3/3)
Houston Community College	30	83	(25/30)	87	(26/30)
Howard College	16	81	(13/16)	88	(14/16)
Integrated Training Services, Inc	2	100	(2/2)	100	(2/2)
International Academy of EMT	7	86	(6/7)	86	(6/7)
Kilgore College	12	58	(7/12)	67	(8/12)
Lamar Institute of Technology	11	64	(7/11)	82	(9/11)
Laredo Community College	1	100	(1/1)	100	(1/1)
Lifesaver Education Courses	3	67	(2/3)	67	(2/3)
Lone Star College-Cy Fair	16	75	(12/16)	81	(13/16)
Lone Star College-North Harris	25	88	(22/25)	92	(23/25)
McLennan Community College	2	50	(1/2)	50	(1/2)
Methodist Dallas Medical Center	13	92	(12/13)	100	(13/13)
Midland College	1	100	(1/1)	100	(1/1)
Nacogdoches Memorial Hospital	6	83	(5/6)	83	(5/6)
North Wheeler County EMS	5	60	(3/5)	60	(3/5)
Palo Alto College	6	100	(6/6)	100	(6/6)
Professional Education and Resources Company	7	100	(7/7)	100	(7/7)
Rice University EMS	10	90	(9/10)	100	(10/10)
Safety First	3	33	(1/3)	33	(1/3)
San Antonio College EMS Academy	15	73	(11/15)	87	(13/15)
San Jacinto Community College	56	71	(40/56)	79	(44/56)
South Plains College	25	88	(22/25)	88	(22/25)
South Texas College	50	66	(33/50)	76	(38/50)
Southeast Texas EMS Instructors	8	75	(6/8)	75	(6/8)
Southwest Texas EMS Training	7	100	(7/7)	100	(7/7)
Tarrant County College	2	100	(2/2)	100	(2/2)
TechPro Services, Inc.	8	88	(7/8)	88	(7/8)
Temple College	1	100	(1/1)	100	(1/1)
Texarkana College	1	100	(1/1)	100	(1/1)
Texas Engineering Extension Service	23	52	(12/23)	65	(15/23)
Texas State Technical College-West Texas	2	50	(1/2)	50	(1/2)
Trinity Valley Community College	5	80	(4/5)	80	(4/5)
Tyler Junior College	3	67	(2/3)	100	(3/3)
University of Texas at Brownsville	8	88	(7/8)	88	(7/8)
University of Texas Health Science Center	38	82	(31/38)	92	(35/38)
Vernon College	7	86	(6/7)	100	(7/7)
Victoria College	9	78	(7/9)	78	(7/9)
Wharton County Junior College	8	63	(5/8)	63	(5/8)

## Paramedic

Program Name	Attempted the Exam	First Attempt Pass		Final Attempt Pass	
		Percentage		Percentage	
Alert Academy	5	100	(5/5)	100	(5/5)
Alvin Community College	4	25	(1/4)	75	(3/4)
Amarillo College	16	75	(12/16)	81	(13/16)
Angelina College	5	80	(4/5)	80	(4/5)

Austin Community College	20	95	(19/20)	100	(20/20)
Blinn College	15	67	(10/15)	87	(13/15)
Brazosport College	1	0	(0/1)	0	(0/1)
Brookhaven College	40	83	(33/40)	95	(38/40)
Central Texas College	26	58	(15/26)	73	(19/26)
College of the Mainland	5	100	(5/5)	100	(5/5)
Collin County Community College	31	71	(22/31)	94	(29/31)
Cuero Community Hospital	1	100	(1/1)	100	(1/1)
Dalhart EMS Education Department	1	0	(0/1)	0	(0/1)
Del Mar College	25	64	(16/25)	92	(23/25)
East Texas Medical Center	7	86	(6/7)	86	(6/7)
El Paso Community College	26	46	(12/26)	73	(19/26)
Emergency Consultants, Inc.	54	48	(26/54)	63	(34/54)
Emergency Medical Training, Inc.	7	57	(4/7)	57	(4/7)
Emergency Medical Training Services (EMTS)	40	63	(25/40)	80	(32/40)
EMS Online Training Plus	3	33	(1/3)	33	(1/3)
Galveston College	4	25	(1/4)	25	(1/4)
Grayson County College	19	37	(7/19)	89	(17/19)
Hill College	13	23	(3/13)	31	(4/13)
Houston Community College	15	93	(14/15)	93	(14/15)
Howard College	13	85	(11/13)	85	(11/13)
Integrated Training Services, Inc.	13	38	(5/13)	46	(6/13)
Kilgore College	19	37	(7/19)	42	(8/19)
Lamar Institute of Technology	8	38	(3/8)	88	(7/8)
Laredo Community College	1	100	(1/1)	100	(1/1)
Lifesaver Education Courses	16	38	(6/16)	50	(8/16)
Lone Star College-Cy Fair	11	45	(5/11)	55	(6/11)
Lone Star College-North Harris	12	83	(10/12)	92	(11/12)
McLennan Community College	6	33	(2/6)	67	(4/6)
Methodist Dallas Medical Center	33	58	(19/33)	70	(23/33)
Midland College	13	31	(4/13)	54	(7/13)
Montgomery County Hospital District	12	67	(8/12)	92	(11/12)
National College of Tech Instruction	30	33	(10/30)	50	(15/30)
Navarro College	23	61	(14/23)	74	(17/23)
North Central Texas College	22	45	(10/22)	86	(19/22)
Northeast Texas Community College	1	0	(0/1)	0	(0/1)
Odessa College	16	56	(9/16)	69	(11/16)
Panola College	5	60	(3/5)	80	(4/5)
Paris Junior College	16	88	(14/16)	88	(14/16)
Pro Action Emergency Services Training	22	32	(7/22)	41	(9/22)
Professional Education and Resources Company	6	67	(4/6)	100	(6/6)
San Antonio College EMS Academy	24	67	(16/24)	67	(16/24)
San Antonio EMS Degree Program	8	88	(7/8)	100	(8/8)
San Jacinto Community College	42	62	(26/42)	71	(30/42)
South Plains College	28	75	(21/28)	79	(22/28)
South Texas College	27	37	(10/27)	52	(14/27)
Southwest Texas EMS Training	10	80	(8/10)	90	(9/10)
Tarrant County College	28	79	(22/28)	96	(27/28)
TechPro Services, Inc.	4	50	(2/4)	75	(3/4)
Temple College	15	100	(15/15)	100	(15/15)
Texarkana College	10	40	(4/10)	60	(6/10)
Texas Emergency Services Education Group	12	50	(6/12)	75	(9/12)
Texas Engineering Extension Service	116	52	(60/116)	70	(81/116)
Texas State Technical College-Harlingen	10	40	(4/10)	60	(6/10)
Texas State Technical College-West Texas	2	100	(2/2)	100	(2/2)
Training Division.com	82	72	(59/82)	87	(71/82)
Trinity Valley Community College	19	58	(11/19)	63	(12/19)
Tyler Junior College	13	46	(6/13)	62	(8/13)
University of Texas Southwestern Medical Center	94	82	(77/94)	98	(92/94)
University of Texas at Brownsville	9	56	(5/9)	56	(5/9)
University of Texas Health Science Center	125	78	(97/125)	92	(115/125)
Vernon College	10	60	(6/10)	70	(7/10)
Victoria College	8	88	(7/8)	88	(7/8)
Weslaco Fire Department EMS	18	33	(6/18)	39	(7/18)
West Texas Emergency Services Training	8	13	(1/8)	13	(1/8)
Wharton County Junior College	13	46	(6/13)	54	(7/13)

# Local & Regional EMS News

by Kathy Clayton



*In November, Aircraft Medical, a specialist developer and producer of medical devices focused on the needs of anesthesia and critical care professionals, donated a McGrath portable video laryngoscope to Texas State Technical College–Harlingen for use in the EMT Program laboratory. Roxanne Pena, NREMT-P, EMS Instructor for the Emergency Medical Technology Program accepted the device, and the EMT Program hosted a demonstration offered by an Aircraft Medical representative visiting the campus.*



*Rice Emergency Medical Services (REMS) member Alicia Buck, a Baker College senior and an education lieutenant for the student-run organization, got schooled in driving emergency vehicles through busy intersections and in challenging weather conditions when the Texas Engineering Extension Service brought its driving simulator to the Rice campus. The simulator uses several computers, driving scenario software and three high-definition display screens to help emergency responders improve their skills driving rescue vehicles, such as the new Chevy Tahoe that REMS recently added to its fleet. Photo by Jeff Fitlow, Rice University.*

## Heart attack victim thanks rescuers

In October, Roy Tousley, a 67-year-old CEO from Arizona, suffered a massive heart attack as he walked into Galleria Dallas, and in early November he was out of the hospital and able to thank his rescuers in person.

The first stop was at Dallas Fire-Rescue Station 20 in north Dallas, where Tousley and his wife, Myrna, thanked the crew of paramedics who helped keep his heart beating and transport him to Medical City Hospital.

“My heart goes out to the Galleria for having a defibrillator in that mall, (because) that’s what I am told saved me,” Tousley told area reporters. “That and these gentlemen here at Fire Station No. 20. If it wasn’t for them, I would not be alive today.”

Dallas Fire-Rescue Paramedic Jay Prigmore and the rest of his crew said they were able to save Tousley thanks to others who stepped in first, administering CPR, and to Galleria Dallas for having a defibrillator.

As Tousley told reporters, a close friend who was next to him when he collapsed dropped down to the ground and began doing CPR, but Tousley was unconscious and not breathing. A doctor walking by intervened next and began compressions.

Galleria security quickly arrived with a defibrillator, shocked Tousley’s heart and got it going again. Dallas Fire-Rescue paramedics then arrived and kept Tousley’s heart beating as they rushed him to Medical City Hospital.

Tousley and his wife have a new goal to spread awareness about the importance of knowing CPR and of having defibrillators in public places. Without both, Tousley says he wouldn’t be alive today.

**GETAC  
February 8-10  
Austin**

# Local & Regional EMS News

## Blue Mound FD gets oxygen mask for pets



Ferrets to felines, and canines too, will be breathing easier after smoke inhalation or other emergencies, thanks to the pet-friendly oxygen now available at the Blue Mound Fire Department.

Oxygen Masks for Pets, a nonprofit

organization based in South Carolina, recently made the donation to Blue Mound, one of 34 fire departments in the country to receive the specially designed equipment.

The oxygen masks are specifically designed to fit over the mouths of small pets and will no doubt save the lives of pets that otherwise might be lost because of fires or other emergencies, said Jon Dahlvig, EMS coordinator for the Blue Mound Fire Department.

The need for the masks was underscored recently when a dog was killed in a fire that damaged five apartments in east Fort Worth, Dahlvig said. Each year about 500,000 animals are affected by fire and 40,000 die, according to Oxygen Masks for Pets, which was founded in 2009 and is dedicated to providing the equipment, which costs less than \$100 a set, to fire departments nationwide.

## CLEMC upgrades ambulance

Clear Lake Emergency Medical Corps (CLEMC) recently took delivery on a new remounted ambulance. CLEMC received assistance for the remount of this ambulance from the DSHS Local Projects Grant program, which awarded a \$30,000 grant. By remounting one of the older ambulances, CLEMC was able to save \$60,000 over the purchase of a new vehicle. The remounted ambulance will serve CLEMC District 2, which covers an unincorporated section of Harris County in the Heritage Park area.

The Type III ambulance includes a walk-through between the cab of the

truck and the patient-care area. It can transport two patients and is equipped as a mobile intensive care unit. The vehicle was remounted by Osage Industries with the help of the Phoenix Group of Texas. The remount is part of CLEMC's scheduled fleet replacement program, which replaces ambulances in five-year cycles.

CLEMC is a not-for-profit combination paid/volunteer EMS organization serving the Clear Lake area for thirty-seven years and providing 9-1-1 emergency medical services with five Type III units, two emergency response vehicles and a supervisor mass casualty vehicle.



*Memorial Hermann Life Flight now carries blood products and transfusion equipment on every flight.*

## Prehospital blood transfusion available on Memorial Hermann flights

Memorial Hermann Life Flight announced that all aircraft will now carry blood products. This means life-saving blood transfusions will be available to trauma patients in the prehospital environment throughout Southeast Texas for the first time. All Life Flight air ambulances are now outfitted with new equipment and protocols developed to provide warmed plasma and red blood cells to patients in need. In addition to standard equipment, the helicopters are equipped with a portable fluid warmer, two units of thawed plasma and two units of red blood cells.

The Memorial Hermann Life Flight prehospital blood transfusion program was developed based on research findings that indicate early blood administration is life-saving. Also, warming intravenous fluids has been demonstrated to improve outcomes in trauma patients.

## Thanksgiving homecoming for North Texas man

A North Texas man recently experienced something that hadn't happened in years. He came home for Thanksgiving.

On May 5, 2008, Michael Sherrick, an industrial construction worker, suffered a traumatic brain injury after falling at work. The care he needs has since made it impossible for him to return home, even for a visit. Michael's fragile medical condition required living in a nursing home.

This year, Fort Worth-based MedStar paramedics here able to bring him to Crowley to join his wife, Rana, his grandchildren and a houseful of other relatives for Thanksgiving dinner. It's part of MedStar's Home for the Holidays program, which pairs paramedics already set aside to handle non-emergency calls with families that have mobility or medical limitations and wouldn't normally be able to be all together for the holiday.

"It's something I guess I never thought would happen," Sherrick's brother-in-law, Don Grazier, told local reporters.

Happily, it turns out that this trip is practice for the future. The family will soon be able to build a handicap-accessible home in rural Wise County. A close friend, a registered nurse, will live with the Sherricks and his mother will live next door.

# The EMS Experience

Saluting those with 20 years or more in EMS

Carol Miller, LP, and James F. Cravens, EMT



*Cypress Creek EMS celebrates two 20+ year dino-medics. This photo of a rearview mirror emphasizes the classic reverse paint trick.*

## Carol Miller, LP

### What was your first day on the job in EMS?

I must admit I have no recollection of my first day with Cypress Creek EMS. Back then we had a fairly extensive volunteer/probationary period, and because I started as a non-med driver, my first encounters involved learning how to drive an ambulance and finding my way around the territory. Patient care was provided by other volunteer crew members and on occasion, a dreaded paid paramedic. It wasn't long before I realized I really wanted to be a part of the EMS family, and I found myself devoting every free minute to learning about prehospital

patient care. I quickly earned my EMT certification and then my Special Skills patch. I volunteered at every opportunity. When I was not attending class I would be volunteering on the ambulance.

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

EMS was a very young profession when I was introduced to it twenty-five years ago. It was not found in many college curriculums and most care providers were trained in basic first aid and fire-fighting techniques. Today prehospital care providers are highly trained professionals. They have the opportunity to pursue continuing education and advanced training in various aspects of emergency medical care.

Monitoring devices and emergency medications are readily available and are becoming standard of care for most EMS services. EMS is now a very respected and accepted profession.

### Which services have you worked for over the years?

My entire EMS career has been with CCEMS. During my volunteer years I did work part time for Gold Star and Harris County Emergency Corps. My first paid position with Cypress Creek was working in administration, writing protocols, designing patient care reports and numerous other forms that were necessary to track our growth and development. Rules and regulations were changing, and as EMS became more in vogue, litigation



*Cypress Creek EMS pairs with Lifeflight, above in 1980 and on the left in 1975.*

*Carol Miller, LP, in the red uniform, cares for a patient early in her career.*

became an issue. Providing the highest quality care became our mantra and everything we did was directed toward our goal of becoming the best prehospital care provider in the nation. We wanted everyone to know that when seconds count they could count on us. It became increasingly more difficult for volunteer medics to maintain their skills and keep up with new medications and procedures, and many decided to become full time employees, giving up their other jobs. I decided biochemistry and cancer research were no longer the right career path for me and applied for a full-time paramedic position with Cypress Creek.

**Is there a particular moment or call that stands out?**

Every shift is different, each one having its ups and downs. There are many calls that come to mind, but not any one in particular that I could classify as the one that stands out from the rest. I have learned that calls involving children



provide the greatest grief and greatest joy. I have learned that the elderly have chronic problems that often can be remedied with just a little bit of tender loving care. I have learned that some families come together in times of stress and others fall apart. I have learned not to judge “books by their covers” . . . what one is wearing does not always reflect what is inside. But the most

important thing I have learned is that people in any emergency situation do not care how much you know, they want to know how much you care.

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

My most favorite part of my EMS career is having the opportunity to say, “Hi my name is Carol, may I help you?”



James F. Cravens, EMT

## James F. Cravens, EMT

### What was your first day on the job?

I started in August 1976. FM 1960 was a two-lane road, and the nearest shopping center was five to ten miles away. “Dining out” meant a 20-mile trip into Houston. Fortunately a new local hospital was built and staffed, providing the growing population a wide range

of medical services closer to home. The Wall Street Journal called the “1960 area” the fastest growing residential community in America.

Thousands of people continued to move into the quiet, wooded area during Houston’s energy and aerospace population boom. The availability of prompt high quality emergency medical care had been overlooked. Response times when ambulances responded to medical emergencies sometimes exceeded one hour.

In 1975, a single event provided the impetus for action by concerned volunteer citizens to provide local emergency medical service. A man had a heart attack, anxious family members called for help and they waited in vain for ambulance service. There was no emergency medical team to come to his aid, and the man died in the arms of his wife. His needless death provided major concern and stimulus for providing local EMS; first on the street where he lived, then in his subdivision; then throughout northwest Harris County.

### Which services have you worked for over the years?

I have been with CCEMS the entire time. We were affiliated with Harris County Emergency Corps for a few years in the beginning.

### Why did you get into EMS?

I got into EMS because my wife signed me up for an ECA class to keep me busy. I’ve always felt a desire to put something back into the community, aside from just living in it and paying my taxes. At that time, I lived only six blocks from the ambulance station, which was a small trailer on a lot across from the hospital. I was a senior geophysicist by day and volunteer ambulance attendant by night.

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

The improvement and changes have been fantastic. Medics can do so many more procedures than they could 35 years ago. The improvement in equipment has greatly aided in saving lives. I remember when we started,





*Cypress Creek EMS was awarded Public/Private Provider of the Year at the 2011 Texas EMS Conference. James Cravens is pictured second from the right.*

our first ambulance was a used (with 80,000 miles) Maryland Coffee panel truck. There was no 9-1-1 number or system, we had a red phone with a service number people could call if they needed an ambulance. We kept a note pad next to the phone, took down the information, and then drove to the scene. We had an answering service that would pick up if the phone rang more than three times and they would radio the information to us. There were many times I would be the only one at the station during the night; if there was a call, I would drive to the incident and be met by first responders. If we had to take the patient to the hospital, we would all jump in the ambulance to go, and I would bring everyone back to their vehicles afterwards. We were not much more advanced than the days when the morgue would pick up the injured and load them in the back and pray they make it to the hospital. We were certified as

ECAs providing first aid and a lot of TLC.

### **Is there a particular moment or call that stands out?**

A call that stands out was the first baby I delivered. I was so excited I called my wife at five in the morning. I still, to this day, remember the family's name and have a picture of the baby the mother sent me hanging on my wall. It was one of the greatest feelings!

A funny moment I remember was back in 1977 when our first female crew went into service. We were not allowed to have a mixed crew at night, so they implemented the "night flight" female crew. They were scheduled to stay all night so everyone else could go home. Only one member had full faith in them on their first night shift alone, and went home to sleep. Everyone else followed them

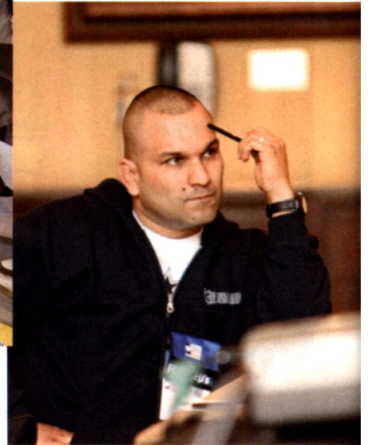


*James F. Cravens, EMT*

in their personal vehicles, rescue trucks and spare ambulances. The ladies effectively handled several critical runs and were never shadowed again!

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

My favorite part is the people I have worked with and their excellence and enthusiasm for EMS.

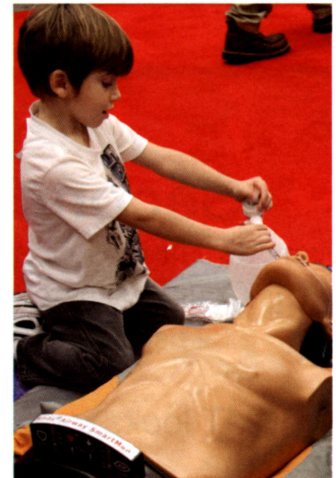


Exhibitors:	184
Attendees:	1523
Visitors:	1106
Exhibitor Reps:	830
Faculty:	125
Volunteers:	116
CE awarded:	Estimate 20,000 hours!
The final tally:	3884 people attending!

# Conference 2011: Education, networking, exhibits make for busy days



 **TEXAS  
EMS**  
Conference 2011



*Photos by Matt Bowman*

**See you next year, November  
18-21, 2012, in Austin!**

# PHOTO CONTEST

# 20 11



## Grand Prize

Ryche Guerrero,  
photographer, Ryche Guerrero  
Fine Photography, Houston,  
TX

EMTs and a flight nurse in  
the process of intubating a  
patient.

## Second Place

Jeanette Thompson, photographer,  
Harris County Emergency Services  
District 5, Highlands, TX

EMT looks for patient's vein  
during transport.



## Honorable Mention

Ryche Guerrero, photographer, Ryche Guerrero Fine Photography, Houston, TX

Man is transported with severe injuries after being hit by a car.



## First Place

Jeanette Thompson, photographer, Harris County Emergency Services District 5, Highlands, TX

EMS personnel respond to a head-on collision.

## Third Place

Dawn McGee, photographer, Deer Park Fire Department, Deer Park, TX

A firefighter shows kids equipment during a fire safety expo.



# Respiratory Syncytial Virus

By Kenneth Navarro, Assistant Professor, Emergency Medicine Education  
University of Texas Southwestern Medical Center at Dallas



*iStockphoto*

## Objectives

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

1. Describe risk factors, transmission and pathophysiology of RSV infection.
2. Formulate a treatment plan for patients infected with RSV.
3. List important steps in minimizing the spread of RSV.

## Case review

You are awakened in the night to respond to a report of difficulty breathing in an infant. You arrive to find an eight-month-old child with a two-day history of worsening respiratory distress. The parents thought the child was developing the flu, but the dyspnea seems much worse tonight, so they called 9-1-1. The child has a history of Down syndrome but no cardiac or respiratory disease history.

The patient is an eight-month-old male who weighs approximately six kilograms (13 pounds). The child has an increased respiratory effort as evidenced by intercostal and sternal retractions, coughing and inspiratory stridor. The fingers and toes are mildly cyanotic although the capillary refill time is less than two seconds. The infant's heart rate is 165 beats per minute, the respiratory rate is 45 breaths per minute, the pulse oximetry value is 85 percent while the infant is breathing oxygen through a non-rebreather mask, and there is no fever.

You and your partner continue high-flow oxygen therapy while placing the child in an upright position to facilitate ventilation. You place the patient on an ECG monitor, which reveals a sinus tachycardia without ectopy. You also place the patient on a capnograph, which reveals a end-tidal carbon dioxide reading of 55 mm Hg.

On arrival at the emergency department (ED), the child has a slightly depressed level of consciousness with occasional tonic movements. Blood gas analysis confirms a moderate respiratory acidosis. The ED staff sedates the infant, intubates the child's trachea, and places the child on a mechanical ventilator. Immediately after intubation, the tube fills with a thin, frothy pink secretion that is easily suctioned. The ED physician begins intravenous steroid and antibiotic therapy and transfers the child to an isolation room in the pediatric intensive care unit. Serological tests confirm the presence of respiratory syncytial virus and sputum secretions do

not find any bacteria. After 48 hours, the child improves and is extubated.

## Introduction

Respiratory syncytial virus (RSV) is a potentially life-threatening infection commonly associated with pediatric patients. However, the virus also represents a significant threat to adults, especially those with pre-existing respiratory problems. This module will explore the pathophysiology, assessment and management of RSV infections.

After isolating the respiratory syncytial virus for the first time, researchers attributed RSV to epidemic bronchiolitis in infants (Chanock, Roizman, & Myers, 1957). RSV is the leading cause of viral bronchiolitis and pneumonia in the pediatric population (Nokes & Cane, 2008), and many clinicians continue to consider RSV to be primarily a pediatric pathogen (Henderson, 1987). Over two-thirds of all newborns will become infected with RSV within the first year of their life (Glezen, Taber, Frank, & Kasel, 1986). Mortality rates for infants are 10 times higher for RSV infections than influenza infections, resulting in the death of about 3 percent of all infants hospitalized with RSV (Thompson et al., 2003). Most children who die were previously healthy, although certain medical conditions increase the chances of death, including prematurity, chronic lung disease, congenital heart disease or immunodeficiency (Boyce, Mellen, Mitchel, Wright, & Griffin, 2000; Wang, Law, & Stephens, 1995). RSV outbreaks have resulted in significant morbidity and mortality among patients hospitalized in neonatal intensive care units (Abadesso, Almeida, Virella, Carreiro, Machado, 2004; Cox, Rao, & Brandon-Cox, 2001; Dizdar et al., 2010; Kilani, 2002; Kurz, Herbich, Janata, Sterniste, & Bauer, 2008; Thorburn, Kerr, Taylor, & van Saene, 2004).

More recently, RSV is emerging as a significant source of respiratory illness among certain adult groups (Dowell et al., 1996; Falsey, Hennessey, Formica, Cox, & Walsh, 2005; Fleming & Cross, 1993; La Montagne, 1997; Sikkel, Quint, Mallia, Wedzicha, & Johnston, 2008; Thompson et al., 2003). Reports of RSV outbreaks among nursing home patients appeared in the 1970s, resulting in associated pneumonia with mortality rates as high as 55 percent (Agius et al., 1990; Garvie & Gray, 1980; Hart, 1984; Mandal, Joglekar, & Khan, 1985; Public Health Laboratory Service Communicable Diseases Surveillance Centre, 1983; Sorvillo et al., 1984). Researchers have established an association between chronic cardiopulmonary disease, an immunocompromised state and advanced age with increased complications in adult patients who contract RSV (Griffin et al., 2002; Englund et al., 1988). RSV may also play a role in chronic obstructive pulmonary disease (COPD) exacerbation, a hypothesis that is supported indirectly by seasonal increases in COPD frequency that mirror the seasonal frequency of RSV hospitalization in children (McManus, Coyle, & Kidney, 2006). Experts estimate that over 10,000 Americans over the age of 65 die each year from complications directly associated with RSV infection (Thompson et al., 2003).

Most RSV infections occur between November and May (Brandenburg, Neijens, & Osterhaus, 2001) with January and February being the peak months (Centers for Disease Control and Prevention, 2007).

## Virology, pathophysiology and transmission

Viruses are small pieces of genetic material surrounded by a protective protein capsule and, in some cases, a secondary capsule made of lipids, otherwise known as fats. RSV belongs to the same family

of viruses that cause measles, mumps and parainfluenza. Genetic variations of RSV produce various strains, which may produce subtle differences in disease severity (Hall et al., 1990; Martinello, Chen, Weibel, & Kahn, 2002; McConnochie, Hall, Walsh, & Roghmann, 1990; Mufson, Akerlind-Stopner, Orvell, Belshe, & Norrby, 1991; Walsh, McConnochie, Long, & Hall, 1997) by activating alternative chemical responses in the human body or through variations in viral replication methods (DeVincenzo, 2004).

RSV infection of the lining of the patient's respiratory tract produces changes that promote respiratory distress (Atreya & Kulkarni, 1999; Ferris, Aherne, Locke, McQuillin, & Gardner, 1973). After entering the ciliated host cells, RSV causes the cells to swell and protrude into the airway lumen, thereby narrowing the passageway for airflow. The cilia become ineffective at clearing away mucus (Mohapatra & Boyapalle, 2008). RSV also causes the infected cell to fuse with adjacent cells creating a large mass of protoplasm containing many nuclei. This multi-nucleated mass is called a syncytium (sin sish' e əm).

Swelling and merging of the respiratory tract lining subsequently fills the airway lumen with mucus and cellular debris. In an attempt to fight the viral invasion, white blood cells rush into the tissue surrounding the airway, resulting in peri-bronchiolar swelling. These conditions combine to completely obstruct the smaller bronchioles during exhalation. Inhalation allows sufficient dilation of the bronchioles to permit air entry however, obstruction during exhalation results in air trapping and hyperinflation of the patient's alveoli. The patient begins accumulating carbon dioxide resulting in respiratory acidosis and hypoxemia.

Although transmission of the virus to your body increases the chances of you

becoming ill, exposure and transmission does not necessarily mean that you will get sick. There are a variety of factors that determine whether exposure to the virus results in illness.

RSV is transmitted from person to person through close contact, droplets, or fomites (Mohapatra & Boyapalle, 2008). In direct transmission, the person carrying the virus directly contaminates a susceptible host through physical contact. If an infected patient touches your bare skin for example, the virus could transfer from the patient to you. Inadequate disinfection of your skin following direct contact could allow the virus to colonize your body.

Indirect transmission occurs when people touch fomites, the formal name for contaminated non-living objects. Fomites can be gloves, paper tissues, doorknobs, water faucets or any surface in the back of the ambulance. Many types of infectious organisms can survive for extended periods on stretchers, oxygen regulators, stethoscopes or ECG cables. RSV in secretions can survive for hours on countertops, gloves and tissue and can remain infectious for about half an hour on skin surfaces (Wong, 1995).

When patients colonized with infectious viruses cough or sneeze into the open, tiny water droplets containing the virus can float in the air. If someone else inhales those droplets, the virus moves from one person to another via the airborne route. Droplets not inhaled can settle onto surfaces with dust particles, which can become airborne again when disturbed.

A virus that lands on your skin or mucus membranes results in contamination. It does not necessarily mean that the virus will stay around long enough to cause any problems. The virus must survive your body's natural defense mechanisms. For example, viruses that land on the surface of your skin must withstand the harsh environmental conditions present. Viruses that land



on your respiratory membranes must overcome the action of mucus and cilia, which protect airway structures. If the virus can survive, contamination becomes colonization as the virus begins reproducing (Creager, Black, & Davison, 1990).

Under normal circumstances, you do not get sick following contamination or colonization regardless of the exposure route. The human body has many additional protective mechanisms that keep viruses from causing disease. However, if the virus can get past your defenses, you could develop an infection. Even if the infection never develops, you can spread the virus to other patients.

RSV infection begins when a virus binds to the host cell (Falsey, 2007). Binding requires proteins on the RSV surface membrane to interact with proteins on the host cell membrane (Miyairi & DeVincenzo, 2008). Once binding occurs, the virus injects the host cell with a small piece of genetic material that hijacks the protein manufacturing machinery of that cell. Once this happens, the host cell stops performing its normal functions and begins creating new viruses. Because this viral replication occurs within normal cells, your protective white blood cells cannot get to the virus to stop them.

Young adults can shed the respiratory syncytial virus and remain infectious for three to six days (Hall, Hall, Speers, 1978); infants can be infectious up to three times longer (Hall, Douglas, & Geiman, 1976).

The fact that RSV infections can occur throughout an individual's lifespan indicates that infection and recovery does not provide complete immunity (Falsey, 2007). However, animal and human studies suggest that prior infection induces antibody response that can provide at least partial immunity and mitigate future disease severity (Lamprecht, Krause, & Mufson, 1976; Walsh, Hall, Briselli, Brandriss, & Schlesinger, 1987; Walsh,

Schlesinger, & Brandriss, 1984). To date, researchers have failed to produce an approved vaccine against RSV (Nokes & Cane, 2008), however, researchers have identified several candidates for an effective RSV vaccine (Falsey & Walsh, 1996; Teng et al., 2000; Wright et al., 2000).

## Assessment

It is often difficult to distinguish RSV infection from influenza or other upper respiratory tract infections. The presence of bronchiolitis in infants suggests the presence of RSV (Falsey, 2007). No strong predictor exists for adult patients, as most present with nasal congestion and cough, which overlap any number of wintertime viruses. Definitive diagnosis of RSV infection requires laboratory testing.

RSV infection appears as a mild to moderately severe upper respiratory illness (Johnson, Bloom, Mufson, & Chanock, 1962). In the initial stages, most patients have a runny nose, cough or sneeze and suffer from a sore throat. About one-fourth of young adults will develop lower respiratory tract symptoms and about half will experience fever (Hall, Long, & Schnabel, 2001). Wheezing is also a common symptom in infants and young children.

As the infection progresses, the wheezing and coughing becomes more pronounced. The patient may have an increased work of breathing that includes the use of accessory respiratory muscles. With increased air hunger and hypoxemia comes cyanosis.

Late in the disease progression, the patient will experience a decreased level of consciousness. Although the patient may exhibit profound tachypnea, there will be poor air exchange resulting in decreased or absent breath sounds. The patient may periodically experience apneic spells.



Continuing Education

## Treatment

Most patients with RSV infection require symptom treatment only. You should ensure adequate oxygenation and minimize any unpleasant symptoms the patient experiences. Allow the patient to assume any position that provides optimal ventilatory effort.

Administer enough oxygen to keep the patient from becoming hypoxemic. In all but the most severe cases, nasal cannula oxygen administration will result in immediate improvement of pulse oximetry readings and begin to alleviate some of the distress. Certainly if there is no improvement, use higher flow rates.

Patients infected with RSV rarely need large volumes of intravenous (IV) fluid. If the patient is responding well to non-invasive therapy, there is no need to stick them with a needle. However, consider the potential of IV drug administration and if needed, secure venous access. An acceptable alternative to the traditional IV is the use of a saline lock. Infants and young children may become dehydrated more rapidly than adults because of increased respiratory rates and decreased oral intake. They may be unable to access fluids themselves and may require supplemental IV fluids, but only if depleted.

Patients who are wheezing may benefit from the prehospital administration of inhaled bronchodilators. This class of medication acts on the beta-receptors in the body. There are two types of beta-receptors, designated as beta-one and beta-two. Stimulation of beta-one receptors will produce tachycardia, nausea, and will make the patient jittery. These side effects are not particularly beneficial in treating dyspnea. Beta-two receptor stimulation causes bronchodilation, among other things. This bronchodilation will protect the patient against any bronchoconstrictive stimuli. In addition, they enhance mucociliary clearance.

Two common beta-agonists used in the prehospital setting are albuterol and epinephrine. Epinephrine has strong beta-one and strong beta-two properties. Albuterol has strong beta-two properties and much weaker beta-one properties.

Beta-two agonists administered by inhalation via metered-dose inhaler (MDI) or small-volume nebulizer (SVN) to both adults and children have several advantages. These routes act in less than five minutes and have the fewest beta-one side effects. The optimal dose is titratable and patient-specific.

Begin with albuterol 2.5 mg in 3 ml normal saline via small volume nebulizer with oxygen set at 6 liters/min. You may use the same dose for the pediatric patient that you do for the adult patient. Do not be discouraged if the patient does not immediately improve following the first dose. Repetitive administration of albuterol produces incremental bronchodilation. Some patients will demonstrate clinical improvement after the first or second dose; some will require several more. Since albuterol stimulates the sympathetic nervous system, higher doses can result in rapid or irregular heart rate, shakiness or nervousness, and/or nausea.

The other beta-two agonist, epinephrine, relaxes bronchial smooth muscles although its effects on alpha-receptors causes constriction of the bronchial arterioles. Epinephrine reduces congestion and edema and, thus, improves pulmonary function. It has an onset of detectable systemic levels within five to ten minutes after subcutaneous injection and reaches peak blood levels between twenty and forty minutes later. Its bronchodilating effects last up to four hours. A 0.3 - 0.5 milligram subcutaneous injection of epinephrine 1:1,000 given to a conscious patient who is not exhausted and has adequate baseline cardiopulmonary reserves may provide immediate bronchodilation and eliminate the need

for intubation. Unfortunately, epinephrine increases myocardial irritability and may precipitate cardiac dysrhythmia.

Although case reports and studies involving very small patient samples demonstrate reduction in work of breathing and improvement in gas exchange with continuous positive airway pressure (CPAP) therapy for bronchiolitis (Beasley & Jones, 1981; Cambonie et al., 2008; McNamara & Sullivan, 1997), there are no trials that definitively show the utility of CPAP for these patients. Although, CPAP may prevent collapse and complete obstruction in smaller airways, the therapy may contribute to alveolar overinflation (Greenough, 2009).

### **Infection control**

Clustering of RSV infections within specific areas of the hospital suggest that health care personnel are quite capable of acting as a vector for person to person transmission (Falsey, Treanor, Betts, & Walsh, 1992). Since health care workers are capable of transmitting the virus from infected to non-infected patients, you play an important role in stopping the spread of RSV. Most experts agree that proper hand washing is the single most effective way of preventing the spread of infection (Fridkin & Raynes, 1999). Unfortunately, health care providers across multiple disciplines do not wash their hands as often or as effectively as they should (Karabey, Ay, Derbentli, Nakipoglu, & Esen, 2002; Pittet, Mourouga, Perneger, 1999). Medical personnel could significantly reduce the rate of pathogen colonization by increasing hand hygiene compliance (Sebille, Cheveret, & Valleron, 1997; Pittet et al., 2000).

In the field, where soap and water are not immediately available, you should use commercial waterless hand cleaners. Upon arrival at the hospital, wash your hands as soon as possible after transferring patient care to the emergency department staff.

Wear disposable, single-use gloves for all patient contact and change them when moving from one patient to another or when they become heavily soiled. However, wearing gloves is not a substitute for proper hand washing.

Proper decontamination of the patient care compartment is essential after delivering the patient to the hospital. The respiratory syncytial virus can remain active on non-porous surfaces, skin and gloves for many hours (Hall & Douglas, 1981). One of the most important equipment decontamination practices is to clean surfaces with soap and water before disinfection (Rutala, 1996). Cleaning removes the foreign material from the objects while disinfection removes the microorganisms. Before disinfecting, clean with soap and water all equipment that was exposed to the patient or your gloves. This includes the stethoscope, blood pressure cuff, ECG monitor cable, stretcher, and clipboard. Once clean, wipe all surfaces in the patient care compartment with a disinfectant and allow the surfaces to air-dry. The disinfectant should be a commercial solution or a 1:10 concentration of household bleach and water (Goodman & Cone, 2001).

### **Summary**

RSV is a common virus that can produce life-threatening complications in both pediatric and adult patients. RSV produces symptoms that are similar to the common cold or flu and is the most common cause of bronchiolitis in infants. Bacterial infection can complicate RSV infection resulting in pneumonia and the need for mechanical ventilation. The virus is easily transmitted from one person to another and EMS professionals must take adequate precautions to protect themselves and other patients from viral transmission.



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# Respiratory Syncytial Virus Quiz

- Which condition increases the chances of death for an infant with RSV infection?
  - Prematurity
  - Being a twin
  - Down syndrome
  - Shoulder dystocia at birth
- Which condition increases the chances of complications in adult patients who contract RSV infection?
  - Chronic arthritis
  - Crohn's disease
  - Previous RSV infection
  - Immunocompromised state
- Which month represents a peak month for RSV infections?
  - October
  - January
  - December
  - November
- What is the reason that the body's white blood cells cannot prevent viral replication?
  - Viral replication occurs inside of a host cell.
  - The virus's protein capsule provides protection.
  - Viruses replicate before white blood cells arrive.
  - The virus's lipid capsule destroys white blood cells.
- What changes occur to the cells that line the patient's respiratory tract when they are invaded by RSV?
  - They shrivel and die.
  - They swell into the airway lumen.
  - They rapidly divide, creating a large mass.
  - They detach from the basement membrane.
- What condition occurs when white blood cells rush into the tissue surrounding the lower airways?
  - Bronchodilation
  - Mucociliary hyperplasia
  - Peri-bronchiolar swelling
  - Pulmonary vasoconstriction
- During exhalation, what condition results from RSV infection in the bronchioles?
  - Air trapping
  - Hypocapnea
  - Respiratory alkalosis
  - Pulmonary hypertension
- What type of transmission occurs when a person carrying the respiratory syncytial virus contaminates someone else through a non-living object?
  - Direct
  - Indirect
  - Airborne
- What term describes the presence of a virus on the surface of a living or non-living object?
  - Infection
  - Colonization
  - Contamination
- What term describes the growth of a virus on the skin or mucus membranes?
  - Infection
  - Colonization
  - Contamination
- Which step must occur *first* if a microorganism is to cause a disease?
  - Infection
  - Colonization
  - Contamination
- What is the term that describes the appearance of symptoms caused by a virus?
  - Infection
  - Colonization
  - Contamination
- How long can young adults who are shedding RSV remain infectious?
  - One to two days
  - Three to six days
  - Seven to ten days
  - About two weeks
- Which condition, when present in infants, suggests the presence of RSV?
  - Coughing
  - Sore throat
  - Bronchiolitis
  - Nasal discharge
- What is a complication in infants and young children that is associated with increased respiratory rates and decreased oral intake?
  - Diarrhea
  - Vomiting
  - Arrhythmia
  - Dehydration
- What is the onset of action interval for beta-agonists administered by small-volume nebulizer?
  - 2 minutes
  - 5 minutes
  - 10 minutes
  - 30 minutes
- What is the initial dose of albuterol for patients infected with RSV who are wheezing?
  - 1.0 mg
  - 2.5 mg
  - 1.0 mg/kg
  - 3 mg
- What is the single most effective way of preventing the spread of viruses?
  - Using gloves
  - Wearing face masks
  - Proper hand washing
  - Cleaning the ambulance
- What is the most important decontamination practice for equipment and surfaces in the back of the ambulance?
  - Using only bleach solutions for disinfection
  - Allowing surfaces to air dry before disinfection
  - Use of commercial disinfectant instead of bleach
  - Cleaning with soap and water before disinfection
- What is the minimum ratio of bleach to water you should mix to create an effective disinfectant?
  - 1 part bleach to 1 part water
  - 1 part bleach to 10 parts water
  - 10 parts bleach to 1 part water
  - 10 parts bleach to 5 parts water

**This answer sheet must be postmarked by February 20, 2012**  
**CE Answer Sheet Texas EMS Magazine**  
**Respiratory Syncytial Virus**  
**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"/> |    |                          |
| 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"/> |    |                          |
| 3.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 13. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 4.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 14. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 5.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 15. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 6.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 16. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 7.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 17. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 8.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> |    |                          | 18. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 9.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> |    |                          | 19. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 10. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> |    |                          | 20. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |

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

New GETAC committee members  
continued from page 5

Jeffery Hayes, LP  
Austin/Travis County EMS  
Austin  
Expiration: 12/2014

### **EMS**

Capitan Tami Kayea, LP  
Dallas Fire Rescue  
Dallas  
Expiration: 12/2014

#### *Reappointed:*

Dudley Wait, EMT-P, BBA  
Schertz EMS  
Schertz  
Expiration: 12/2014

Lucille Maes, LP  
Angleton Area Emergency  
Medical Corps  
Angleton  
Expiration: 12/2014

Eddie Martin, EMT-P  
Crockett County EMS  
Ozona  
Expiration: 12/2014

### **Injury Prevention**

Juliette Brown, CHES  
Dell Children's Medical Center  
Austin  
Expiration: 12/2014

MaryAnn Conteras, RN  
IPS Health Network  
Fort Worth  
Expiration: 12/2014

Kara Tapley, RN  
East Texas Medical Center  
Tyler  
Expiration: 12/2014

#### *Reappointed:*

Linda Faye Galvan, RN  
St. David's Georgetown Hospital  
Georgetown  
Expiration: 12/2014

### **Medical Directors**

Jeffrey Jarvis, MD  
Williamson County EMS  
Georgetown  
Expiration: 12/2014

#### *Reappointed:*

Steven Ellerbe, DO  
City of Liberty FD/EMS  
Liberty  
Expiration: 12/2014

Sharon Ann Malone, MD  
Denison Fire Department  
Denison  
Expiration: 12/2014

### **Pediatrics**

Jorge Sainz, MD  
University Medical Center  
of El Paso  
El Paso  
Expiration: 12/2014

#### *Reappointed:*

Britton M. Devillier, MD, MPH,  
FAAP, FACEP  
University of Texas Southwestern  
Medical Center at Dallas  
Dallas  
Expiration: 12/2014

### **Stroke**

Lisa Hutchison, RN  
East Texas Medical Center  
Tyler  
Expiration: 12/2014

George Cravens, MD  
Center for Neurological Disorders  
Fort Worth  
Expiration: 12/2014

#### *Reappointed:*

J. Neal Rutledge, MD  
Austin Radiological Association  
Austin  
Expiration: 12/2014

### **Trauma Systems**

Mary Frost, RN  
Texas Children's Hospital  
Houston  
Expiration: 12/2014

Ruben Lopez, MD, FACES  
Cardiovascular and Trauma  
Associates  
Harlingen  
Expiration: 12/2014

Deborah Tappen, RN  
Culberson Hospital  
Van Horn  
Expiration: 12/2014

#### *Reappointed:*

Jorie Klein, RN,  
Parkland Health & Hospital System  
Dallas  
Expiration: 12/2014

David Rives, MS  
Southeast Texas Regional Advisory  
Council  
Houston  
Expiration: 12/2014





# Did you read?

A decade-long study found passengers on certain Houston Metro bus routes were more likely to have tuberculosis, raising the question of whether they contracted the disease on the bus.

“We see a higher prevalence of clustering with bus riders,” said Edward Graviss, an epidemiologist who collected the data. “It’s not direct evidence that transmission occurred on the bus per se, but from a biological standpoint, it makes sense.”

Graviss, director of the molecular tuberculosis laboratory at the Methodist Hospital Research Institute, said he believes the study is the first published to find public transportation as a possible risk factor for tuberculosis.

**In 2010, 10.4 cases of tuberculosis were reported in Houston for every 100,000 residents, more than double the 3.6 cases per 100,000 residents nationally.** Harris County had 340 cases reported in 2010; statewide, there were 1,385 cases.

The study was conducted between 1995 and 2004, and the findings published in the journal *Tuberculosis* last month.

Houston residents diagnosed with tuberculosis were asked detailed questions, including whether they rode public buses and, if so, what routes. After distilling the findings, Graviss said researchers determined people infected with the same strain but living in different parts of town were connected by certain bus routes.

Marsha Feske, who analyzed the data as a graduate student at the University of Texas School of Public Health, said that even after controlling for such risk factors as poverty, drug use and compromised immune systems, people who used certain bus routes still were more likely to have TB. “The only link they shared was the bus,” she said.

Metro officials note that infectious disease can spread in any public space but said they are working with researchers and engineering students at Rice University to improve air filtration and lower the risk that bacteria and germs will make passengers sick. The project met Rice’s goal of engaging students in real-world problems but was simple enough to be completed within a year, said Joey Spinella, 21, a senior engineering student.

He and the rest of the team of senior engineering students—Sundeep Mandava, Jerry Lu, Shidong Chen and Grace Ching—built a prototype using ultraviolet

light to kill bacteria. They hope to install a working device on a Metro bus by next spring.

Maria Oden, director of the university’s Oshman Engineering Design Kitchen, said the key will be finding a reliable way to use the light. “They’re looking at where you could put the UV system to give it time to kill the pathogens but also not drain too much power and not get in the way of the air flow,” she said.

From Houston Chronicle Metro-TB link prompts search for solutions, by Jeannie Keever, December 12, 2011.

Most U.S. motorists surveyed acknowledged few situations in which they would not use a cell phone or text while behind the wheel although they support measures to curb both practices, data released on Thursday by the Transportation Department showed.

The findings were part of a study of driver behavior launched to help regulators understand “why some people continue to make bad decisions” about driving while distracted, officials said.

“What’s clear from all of the information we have is that driver distraction continues to be a major problem,” said David Strickland, the top auto safety regulator as head of the National Highway Traffic Safety Administration.

The survey results were released as Strickland’s agency finalized traffic fatality figures showing 32,855 people were killed on U.S. roads in 2010, about 1,000 fewer than the 33,808 deaths in 2009.

Fatalities declined even though drivers on U.S. roads traveled 46 billion more miles last year, an increase of 1.6 percent.

The fatality rate of 1.10 deaths per 100 million miles traveled compares to rate of 1.15 in 2009.

**Distracted driving deaths totaled 3,092 last year but the agency believes the total could be higher due to an unwillingness of drivers to always admit behavior, a lack of witnesses to a crash in some cases or the death of the driver.**

NHTSA said that 5 percent of motorists observed at any one time last year were talking on a hand-held cell phone, unchanged from 2009.



Key findings of the national distracted driving survey show that more than three quarters of motorists say they are willing to answer a call while behind the wheel and rarely consider traffic conditions when deciding whether to pick up their phone. Many said they would send a text while driving. A third of the same drivers said, however, that they would feel unsafe as a passenger if their driver was using a phone.

From Reuters.com, Distracted driving “major problem,” December 8, 2011.

**K**ids with asthma and pollen allergies were more likely to wheeze, cough and have shortness of breath and other asthma symptoms—even when pollen levels were considered “low”—in a new study that suggests parents need to be careful in all seasons.

Yale and Brown University researchers tracked children with asthma, as well as the daily pollen levels near each child’s home, over the course of five years. **They found that despite daily maintenance medications, kids with pollen sensitivities were up to 37 percent more likely to have respiratory symptoms and to need rescue medication when pollen in the air was as low as six to nine grains per cubic meter—a level the National Allergy Bureau calls low.**

“In some respects, it’s common sense that if a child is asthmatic and allergic to pollen, when they’re exposed to pollen, they would bear some risk of asthmatic symptoms,” said lead author Curt DellaValle, of the Yale School of Forestry and Environmental Studies.

“The biggest thing, though, is seeing these effects even with the lowest levels of pollen,” he told Reuters Health. “It leads us to believe that parents of these asthmatic children should be aware that even when pollen levels are low, their children will experience asthmatic symptoms.”

The researchers were surprised to find, though, that pollen-sensitive kids had fewer symptoms when ragweed pollen was at high levels. DellaValle said it may mean that the children’s parents reacted to high pollen reports and took extra precautions.

“It suggested that they modified their children’s behavior by keeping them inside, in air conditioning or by using air filters,” DellaValle said.

Previous research has yielded mixed answers about how much of an effect outdoor allergens have in provoking asthma symptoms, DellaValle’s team writes in the journal *Epidemiology*. One problem, they say, is a lack of good data about local pollen levels over time.

DellaValle’s team recruited 430 children with asthma between the ages of four and 12 in New York, Connecticut and Massachusetts between 2000 and 2003. Each kid’s mother kept a calendar tracking her child’s asthma symptoms and use of asthma medications. The researchers also tested the children’s blood for sensitivity to pollens from trees, grass and weeds.

To get a better picture of realistic pollen exposures, every year during the Northeast’s pollen season the researchers used a model to analyze the amount of pollen within 1.2 miles (two kilometers) of each child’s home. They also tracked daily and seasonal weather, foliage, when pollen seasons began and ended and peak pollen periods.

Among kids with sensitivities to particular types of pollen, even small amounts in the air could trigger asthma symptoms.

Children not on maintenance medication who were sensitive to grass pollen, for example, wheezed, coughed and had trouble breathing and other nighttime symptoms when they were exposed to more than two grains per cubic meter of grass pollen.

Kids on daily maintenance therapy and sensitive to weed pollen could have similar symptoms and a need for rescue medication at pollen levels above six to nine grains per cubic meter.

Among the kids sensitive to weed pollen, low-level exposures raised their risk of symptoms by 37 percent. That compared to a 23 percent rise in risk during the highest weed-pollen periods—hinting that kids may have stayed indoors when pollen levels were known to be high, the researchers note.

Pollen levels were not tied to an increase in asthma symptoms in kids without allergies to specific pollens.

While the study expands understanding of how pollen can affect each individual, DellaValle says, more research is needed. Meanwhile, he advises parents to take necessary precautions to protect their asthmatic children who also are allergic to pollen.

From Reuters.com, Even low pollen levels can trigger kids’ asthma, by Kimberly Hayes Taylor, December 1, 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.

**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.

**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.

**Burton, James A. Jr.**, Spring Branch, TX. November 20, 2011, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a second degree felony conviction and imprisonment for indecency with a child.

**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, 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.

**City of Grapevine Fire Department**, dba Grapevine Fire Department, Grapevine, TX. November 30, 2011, assessed a \$1,400.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and

## DISCIPLINARY ACTIONS

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 currently certified personnel.

**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.

**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.

**Faris, Kenneth**, Joshua, TX. October 7, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(28) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

**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.

**Halo Medical Services, LLC.**, DeSoto, TX. October 31, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(5)(A), 157.11(j)(7)(A) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

**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 RS1.

**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.

**Jenkins, Stephen H.**, Corsicana, TX. November 5, 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.

**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.

**Karva, Kathleen A.**, Longview, TX. November 5, 2011, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(18) and 157.36(b)(30) related to submitting falsified EMS skills appraisal forms by forging the preceptor's signature.

**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)

## DISCIPLINARY ACTIONS

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.

**Kinsman, Randy M.**, Ovilla, TX. October 31, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(15) and 157.36(b)(28) related to pleading guilty to two counts of indecent assault and battery on a person 14 years of age or over and failure to disclose on renewal application.

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

**Life Star EMS, Inc.**, McAllen, TX. April 29, 2011, assessed an administrative penalty of \$3,750.00 for violating EMS Rules §157.11(d)(1), 157.11(j)(5), 157.11(m)(1) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and/or supplied at all times.

**Lillie, Christopher W.**, Denton, TX. November 16, 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.

**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.

**McGill, William S.**, Grapevine, TX. November 15, 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.

**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.

**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.

**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.

**Olague, Matthew E.**, New Caney, TX. October 31, 2011, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to tampering with and/or removing medication patches containing fentanyl from patients and ingesting.

**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.

**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.

**Powers, Jacob D.**, Clute, TX. November 5, 2011, reprimanded for violating EMS Rules §157.36(b)(9) and 157.36(b)(26) related to allowing an EMT-Basic to perform advanced levels of care.

**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).

**Reddington, Todd**, Jasper, TX. October 7, 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.

**Rescue, LLC, dba Rescue EMS**, Edinburg, TX. March 14, 2011, assessed a \$1,250.00

## DISCIPLINARY ACTIONS

administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(2)(A), 157.11(j)(5), 157.11(m)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to assure that all personnel are prominently identified.

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

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

**Royalty Ambulance Service Inc.**, Pharr, TX. November 5, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 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.

**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.

**Saldana, David**, McAllen, TX. November 20, 2011, eighteen (18) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for cocaine and marijuana after causing a motor vehicle accident while driving an ambulance.

**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.

**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

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).

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(i)(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, 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.

**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.

**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 STEMI Care Conference 2012:** Presented by Methodist West Houston Hospital January 24, 2012. Learn the latest on national standards and discuss best practices in clinical care for STEMI patients. Tour our technologically-advanced, PCI-capable campus to see how Methodist is leading medicine and saving patients' lives. 1.5 CE hours awarded upon conference completion. To register for this free conference, call 713-790-3333 by January 20, 2012. For more information, contact Denise McCall 832-522-0043 or email: [dymccall@tmhs.org](mailto:dymccall@tmhs.org). +

**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

### 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.

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](http://www.gatheringofeagles.us) or [www.utsouthwestern.edu/gatheringofeagles](http://www.utsouthwestern.edu/gatheringofeagles). \*

## For Sale

**Ambulance for sale:** Scurry Co EMS has an ambulance for sale. If interested or for details, email [jasonjet@hotmail.com](mailto: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](http://www.tjc.edu/nursing). For more information, contact the TJC Associate Degree

Nursing Office at 903-510-2869. \*  
**CE Solutions:** [www.ems-ce.com](http://www.ems-ce.com) offers online EMS continuing education that is convenient, cost effective and interesting. Visit [www.ems-ce.com](http://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](http://www.FirefighterCE.com). FirefighterCE is accepted by the Texas Commission on Fire Protection. Visit [www.FirefighterCE.com](http://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](http://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](http://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,

# Meetings & Notices

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](mailto:Rodney@healthclaimsplus.com). Visit our website at [www.HealthClaimsPlus.com](http://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@teexmail.tamu.edu](mailto:Stacey.Elliott@teexmail.tamu.edu). \*

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



## NOW ACCEPTING CALL FOR PRESENTATIONS SUBMISSIONS FOR THE 2012 TEXAS EMS CONFERENCE

- Call for presentation opens: January 1, 2012
- Deadline for submissions: March 9, 2012
- Speakers notified by: Mid-June

Click on Call for Presentations under the News and Features section of our home page.  
[www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems)

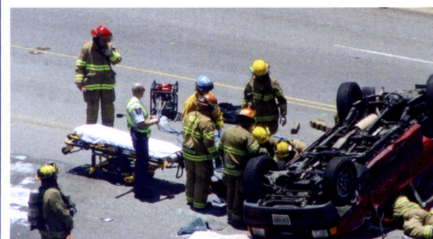
## 2012 GETAC meetings Austin

February 8-10  
May 9-11  
August 15-17  
Hilton Airport Austin  
November 17-19  
(in conjunction with Texas  
EMS Conference)

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!

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*EMS Profile by Jon Dahlvig,  
EMT-P, EMS Coordinator*

## **EMS Profile: Blue Mound Fire Department**

**About us:** Blue Mound Fire Department (BMFD) is an all volunteer fire department located in north central Tarrant County, approximately eight miles north of Fort Worth. BMFD serves 2,400 citizens in an area of approximately one square mile. BMFD also provides and receives mutual aid to several neighboring cities. BMFD had the honor of being one of the winners of the 2011 EMS First Responder of the Year Award at Texas EMS Conference.

**Number of personnel:** Blue Mound Fire Department currently has a total of 23 personnel, with seven certified or licensed paramedics and six EMTs. Three of our EMTs are currently working towards paramedic certification.

**Years of service:** BMFD has been providing fire and EMS services to the citizens of Blue Mound and surrounding



*Blue Mound Fire Department*

communities since 1957.

**Number of units:** BMFD has one engine, which is our primary EMS response vehicle, as well as two brush trucks and a utility trailer. We are housed out of one station.

**Number of calls:** On average BMFD responds to over 250 calls for service each year.

**Current activities:** Blue Mound Fire Department began providing advanced life support services during medical emergencies in September of 2011. We are able to provide the highest level of prehospital

care while MedStar EMS is en route for transport. BMFD also received two big donations of EMS equipment this past year: pet oxygen masks, for use on family pets suffering smoke inhalation or a similar emergency, and a Lucas 2 Chest Compression System, provided by the Firehouse Subs Public Safety Foundation. BMFD also provides an engine and crew for career day at the local elementary school. We use this as an opportunity for public education on life and fire safety issues. For more information on BMFD visit [www.bluemoundfire.com](http://www.bluemoundfire.com).