

Texas EMS

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Serving Texas Emergency Care Professionals



CE: Bell's palsy
page 28

Texas EMS Conference
complete list
of classes
page 16

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Additional EMS Publications

EMS and Trauma Systems Overview

This guide provides an overview and brief history of the Texas Emergency Medical Services/Trauma System, including how EMS and trauma systems are funded. Available only as a downloadable PDF at www.dshs.state.tx.us/emtraumasystems/publications.shtm.

When Minutes Count: A Citizen's Guide to Medical Emergencies

A guide that outlines simple first aid that can be performed prior to the arrival of emergency medical services. Available for free as a downloadable PDF (at www.dshs.state.tx.us/emtraumasystems/publications.shtm) or as a hard-copy brochure. (EMS-014)

Ready Teddy "I'm an EMS Friend" stickers

Ready Teddy, the Texas bearamedic, on a round 2½-inch, 3-color sticker; 500 per roll; free. Fax or mail an order form to the Office of EMS/Trauma Systems Coordination.

Certification and licensure documents can be found at www.dshs.state.tx.us/emtraumasystems/formsresources.shtm.

The Out-of-Hospital Do-Not-Resuscitate Order can be found at www.dshs.state.tx.us/emtraumasystems/dnr.shtm.

No longer available

Ready Teddy Coloring Book; final printing will fulfill current backorders only.

For additional information, call the Office of EMS/Trauma Systems Coordination at (512) 834-6700 or email emsinfo@dshs.state.tx.us.

EMS Publications Order Form

Shipping information

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Organization _____

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Coordination, MC 1876
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New information:

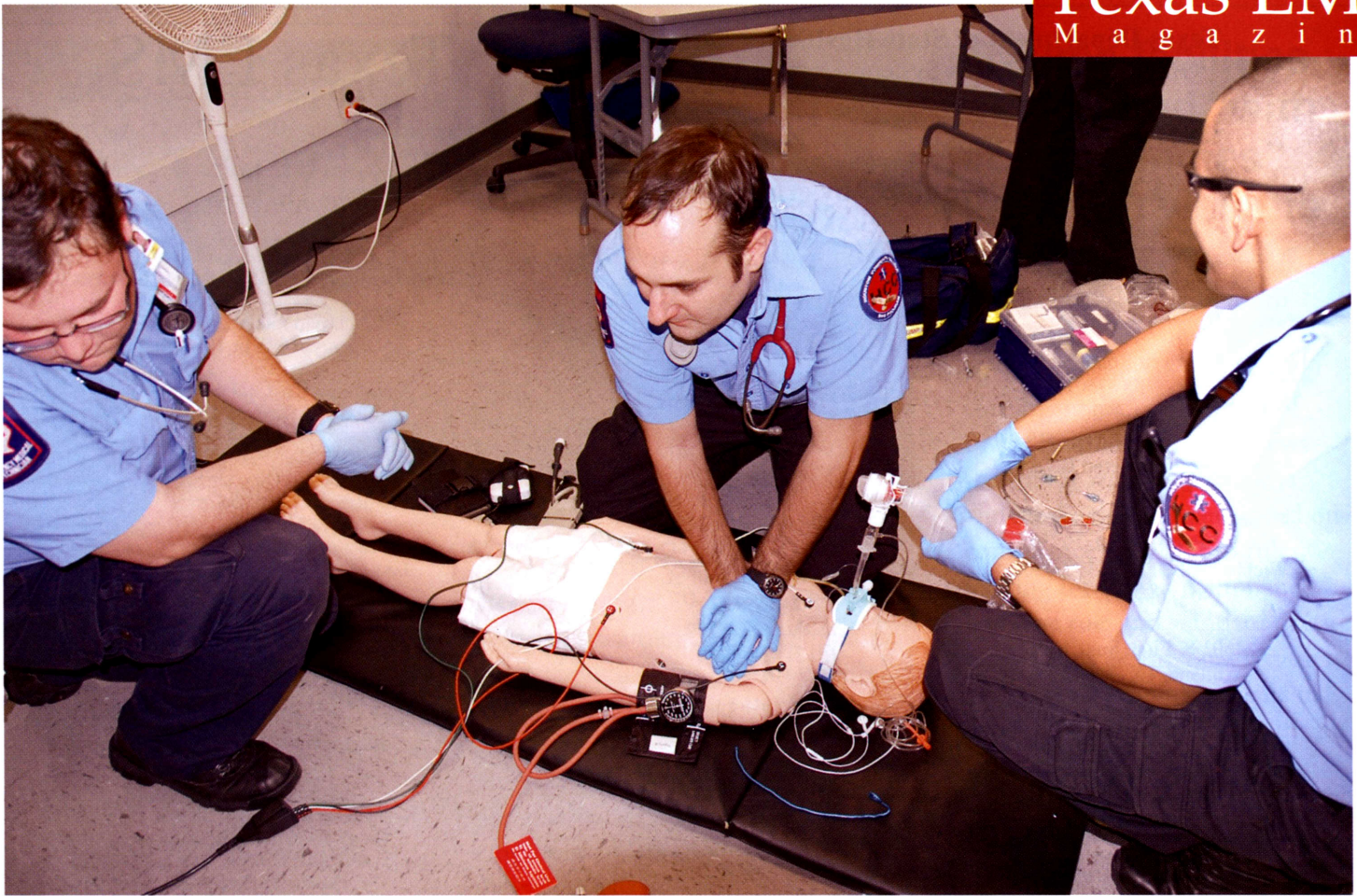
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FEATURES

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Above, paramedic students from Houston Community College's Public Safety Institute demonstrate the functions of a simulation manikin at an open house celebrating the Houston Livestock Show & Rodeo's donation of new simulation tools.

On the cover, medical personnel ready a woman for transport to a Fort Worth trauma center after a pickup crashed into her house. Photo courtesy of Glen Ellman, FWFD.

Texas Department of State Health Services

Office of EMS/Trauma Systems Coordination

www.dshs.state.tx.us/emstraumasystems

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EMS compliance offices by group

North group

PO Box 60968, WTAMU Station
Canyon, TX 79016
(806) 655-7151

622 S. Oakes St., Suite H
San Angelo, TX 76903
(325) 659-7854

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

7430 Louis Pasteur
San Antonio, TX 78229
(210) 949-2050

Physical: 6515 Kemp Blvd.
Bldg. 509
Mailing: EMS Compliance 509
PO Box 300
Wichita Falls, TX 76307-0300
(904) 689-5928

Central group
Mailing: TDSHS-EMS
MC 1876, P.O. Box 149347
Austin, TX 78714-9347
Physical: 8407 Wall St.
Suite N-410
Austin, TX 78754
(512) 834-6700

4601 S. First, Suite L
Abilene, TX 79605
(325) 795-5859

East group
MC 1906
5425 Polk Ave., Suite 480
Houston, TX 77023
(713) 767-3333

1517 W. Front St.
Tyler, TX 75702-7854
(903) 533-5370

South group

401 E. Franklin, Suite 210
El Paso, TX 79901-1206
(915) 834-7709
Fax (915) 834-7800

1233 Agnes
Corpus Christi, TX 78401
(361) 889-3481

2301 N. Spring, Suite 300
Midland, TX 79705
(432) 571-4105

601 W. Sesame Drive
Harlingen, TX 78550
(956) 423-0130

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Editor's office: (512) 834-6700, Office of EMS Trauma/Systems MC 1876, PO Box 149347, Austin, Texas 78714-9347 or FAX (512) 834-6736.

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We will accept telephone and mail queries about articles and news items. Manuscript and photograph guidelines available upon request.

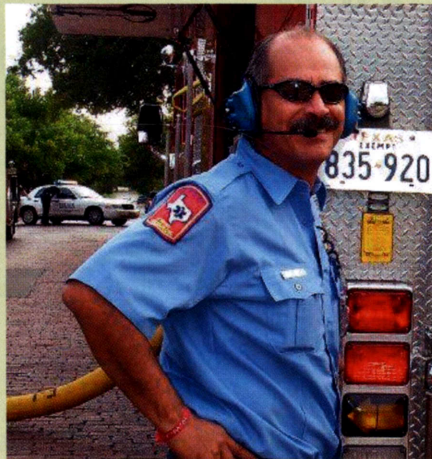
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EMS Obituaries

Marcy Rachal Harris, 46, died September 2 following a long illness. A licensed paramedic and firefighter, Harris worked for Dallas Fire Rescue for almost 22 years.

Michael Hatley, 46, of Houston, died while on duty as an EMS dispatcher at ETMC–Pasadena. On December 28, 2011, Hatley was working multiple calls with crews when he began having stroke symptoms. The crews noticed that Mike was not making sense on the radio. Hatley stood up looked at the fire dispatcher and said, “Stroke!” and sat back down. Hatley had suffered a severe hemorrhagic stroke which ended his life two weeks later. Hatley will be placed in the Texas EMS Hall of Honor at the awards luncheon on November 13.



Alejandro “Al” Garcia

Alejandro “Al” Garcia, 56, died September 29. He was a licensed paramedic and firefighter. After serving in the Air Force after high school, he joined Wichita Falls Fire Department in 1980 and retired in 2010 as a lieutenant/paramedic. He was currently employed at Vernon College as their Fire/EMS Training Director. He also served as director of the North Texas RAC and had served on EMSAT, on a GETAC committee and on the board of a children’s home.

Trauma facilities designated “with contingencies” listed on website

DSHS updates the list of trauma facilities each month on our website. Some of those facilities are designated “with contingencies.” The Office of EMS/Trauma Systems reviews the survey reports for trauma and stroke designations based on compliance with DSHS rules, looking for overall compliance with the rule and standard of care provided to ensure quality care is available for trauma patients in its area. A facility with significant deficiencies (findings of non-compliance with rule criteria) may still receive a designation, but it is contingent upon meeting required reporting or having a focus survey. In this case, the facility will receive a letter from DSHS that delineates the areas to be addressed and the specific timelines by which to comply.

Texas EMS Hall of Honor 2012 Annual Golf Tournament Hosted by Texas Association of Air Medical Services



Friday, November 9, 2012

1:00 pm Shotgun Start

**Onion Creek Country Club,
Austin, TX**

\$125/ player or \$400/ foursome

(Four man scramble format)

Includes: Driving Range, Golf & Dinner

Register at

www.taams.org/golf-2012.html

TEXAS EMS CERTIFICATIONS AS OF OCTOBER 5, 2012

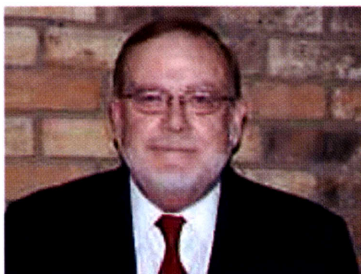
ECA	2,902
EMT	32,477
EMT-I	3,911
EMT-P	15,991
LP	6,196
TOTAL	61,477

BASIC COORDINATOR	110
ADVANCED COORDINATOR	228
INSTRUCTOR	2,354

Point of View

Texas medics can play the hero in detecting fraud

By Bob Kellow



Kellow

For too long, we've remained

silent about the Medicare and Medicaid fraud committed by some of Texas' ambulance providers. From what I've heard, fraud and abuse have sometimes

been a topic of conversation among Texas medics, who could be witnesses to it. To open up a frank discussion and to really tackle fraud in Texas, I've put down some activities and actions that medics can use as a jumping-off point for knowing when to refuse and what to report.

A great amount of the ambulance fraud perpetrated in Texas is the result of inappropriate billing for transport. Medics are often the most credible—and sometimes the only—eye-witnesses to a patient's condition at the time of transport. You are required to document your observations about the patient on a patient care report (PCR), and you should be held accountable for documenting a true and accurate account of the patient's condition using the context of the patient's physical setting. This condition can be key in identifying the difference between legitimate and fraudulent transport.

For example: Let's say you're dispatched to transport Mr. X for dialysis treatment. Upon arrival at his home, you observe Mr. X rocking in his rocking chair on his front porch. How would you describe that situation in your narrative? Or, would you document it at all?

Fraudulent activities medics should report

- Billing Medicare for medically unnecessary routine repetitive transports, such as dialysis patients

who do not meet medical necessity criteria.

- Upcoding the level of ambulance transport that was provided. For example, upcoding basic life support transport to advanced life support transport to get a higher allowable base rate from Medicare even though not all of the criteria for an ALS transport were met.
- Charging for supplies and services that were not actually provided to patients in the ambulance, such as oxygen and/or cardiac monitoring.
- Back-room deals between nursing homes and ambulance companies. In these "swapping arrangements," ambulance companies agree to provide low-cost ambulance services in exchange for guaranteed referrals of non-emergency discharge patients for ambulance transports that are billable to Medicare and Medicaid.
- Billing Medicare or Medicaid for stretcher ambulance services when patients can walk. These services can cost \$300 to \$400 per trip, while patients transported by wheelchair are billed at less than \$50. Unethical companies systematically defraud the Medicare system by billing Medicare the stretcher transport rate for patients who can walk.
- Providing cash or cash-equivalent kickbacks to medical facility nursing staff and others in exchange for the referral of dialysis and other repetitive transport patients. For example, your boss has asked you to deliver a \$500 Wal-Mart gift card (or similar unusual item) to a nurse at a nursing home.
- Active recruiting of unqualified

patients at dialysis centers, wound care facilities and so on.

Fraudulent orders you should refuse to follow

If you are asked to perform or participate in a fraudulent activity, you have the right to refuse. The federal “False Claims Act” and “Anti-Kickback Statute” outline activities that are considered fraudulent and provide protection for employees to report the fraud. The following are examples of activities that medics should refuse to participate in.

- Your boss has informed you that you are *never* to write anything on a PCR that suggests a patient is ambulatory.
- You’ve been called to the office and told to re-write your PCR narrative to reflect that a patient was bed-bound. Or, you have been asked to add any other language that would (falsely) establish medical necessity.
- You or someone you know was threatened, retaliated against or fired because he or she refused to falsely alter initial patient observations on a PCR.
- Your PCRs are written by someone other than yourself and require only your signature.
- You and your co-workers are told, as a matter of company policy, that you are to write every dialysis patient’s PCR exactly the same way.
- Your company requires that a 12-lead EKG or (TKO) IV be performed on every patient you transport—without exception.
- You’ve been posted at a dialysis center for the purpose of patient recruitment regardless of the prospective patients’ physical conditions.

I’m certain there are many more examples, but these come immediately

to mind. If you have *credible evidence* that any of the above is happening in your organization, or if someone has requested you participate in any of the above, you have a professional obligation to report him or her to federal and Texas law enforcement authorities. Although medics may fear retaliation or termination for reporting potential fraud, the federal False Claims Act does provide whistleblower protection for those who report.

It’s equally important to guard against false reporting. Wrongly accusing an ambulance provider of fraudulent business practices is a serious allegation. It should not be used as a means to get back at employers. Hearsay or rumors, such as “everyone knows they’re crooks,” do not constitute credible evidence. If proven, fraud can lead to lengthy federal prison sentences and enormous fines, so be sure to exercise your professional discretion.

I would love to see the nearly 60,000 Texas medics, fully informed about fraud and actively engaged in rooting out ambulance fraud in Texas. To report ambulance fraud using your name or even anonymously, call or write the Health and Human Services, Office of the Inspector General’s fraud Hot Line:

Phone: 1-800-HHS-TIPS (1-800-447-8477)

FAX: 1-800-223-8164

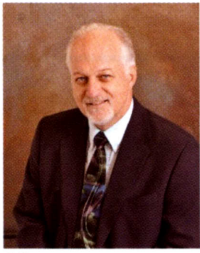
Mail: Office of the Inspector General
Department of Health and Human Services

ATTN: HOT LINE

P.O. Box 23489

Washington, DC 20026

Bob Kellow is a member of the Texas EMS Integrity Coalition, which is a group of concerned Texas ambulance providers who are dedicated exclusively to the eradication of ambulance fraud in Texas. He is also a 44-year Texas EMS veteran.



Murray

New designation coordinators on board

We're happy to welcome to the OEMS/TS someone you might recognize. Michael Murray worked at DSHS as a designation coordinator for five years before leaving in 2007. Murray most recently worked for Texas Department of Aging and Disability in the Quality Monitor Program. He has also held nursing positions at University of New Mexico Hospital, Hendrick Medical Center and Abilene Regional Medical Center. His nursing experience includes emergency department nurse, rotor- and fixed-wing flight nurse and trauma coordinator. He will be working on both trauma and stroke designations.

A new face to the DSHS designation team is Patricia Ashton-Garcia, RN. In addition to being a registered nurse, Ashton-Garcia is an ECA/first responder. She has been with Health and Human Services agencies for seven years and has held positions as a case manager and nurse surveyor. She also has held nursing positions at St. David's Medical Center and North Austin Medical Center. She will be working on trauma and stroke designations.



Ashton-Garcia

San Antonio office welcomes new specialist

Jeffrey Duncan recently joined the San Antonio DSHS EMS Compliance office. A paramedic, Duncan attended UTHSC in San Antonio and has worked in county EMS systems in Kerr, Grimes and Frio, and he has managed some private systems as well. Duncan has worked in EMS since the early 1980s.



Duncan

Uncompensated care applications now available

The application for the fiscal year (FY) 2013 Designated Trauma Facilities and Emergency Medical Services (DTF/EMS) Account - Hospital Allocation is now available on the Office of EMS/Trauma Systems webpage under News/Features (www.dshs.state.tx.us/emstraumasystems). The application information also was mailed to administrators of all designated and "in active pursuit" hospitals and emails were sent to each trauma coordinator and trauma program manager.

To be eligible for the FY13 allocation, a hospital must be a designated trauma facility by the application due date, or it must 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 January 15, 2013. Late applications cannot be accepted.

"In active pursuit" requirements:

- Submit a letter of intent to designate as a trauma facility
- Submit a "timely and sufficient" trauma designation application
- Submit data to the State EMS/Trauma Registry
- Participate in the appropriate Regional Advisory Council
- Provide evidence that a hospital trauma performance improvement committee has been developed

FY13 funds distribution details:

- 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 of the Hospital Allocation funds 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 has distributed approximately \$447,550,000 from the DTF/EMS Account to approximately 270 eligible Texas hospitals to reimburse a portion of their uncompensated trauma care. All eligible hospitals that applied received a minimum of \$11,686 in FY 2004, \$29,596 in FY 2005, \$34,132 in FY 2006, \$28,853 in FY 2007, \$42,831 in FY 2008, \$42,165 in FY 2009, \$40,362 in FY 2010, \$37,250 in FY 2011, and \$29,021 in FY 2012.

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.

On Duty

New GETAC appointments

The Governor's Office notified the Office of EMS/Trauma Systems of five appointments to the Governor's EMS and Trauma Advisory Council. All terms expire January 1, 2018.

Jodie Harbert III

College Station, Texas
Position: EMS Educator
(Reappointment)

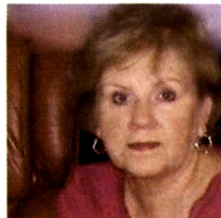
Shirley Scholz

Ransom Canyon, Texas
Position: Air Medical
(Reappointment)

Karen M. Pickard

Ovilla, Texas
Position: EMS Volunteer Service
Pickard began her career as a

paramedic in 1980 and has a bachelor's degree in nursing from UT Arlington. She began working with EMS volunteers 30 years ago when she moved to then-rural Ellis County. Since then, she has worked with volunteer agencies across the state, including The State Firemen and Fire Marshals Association of Texas, which works with and sponsors EMS and fire volunteers.



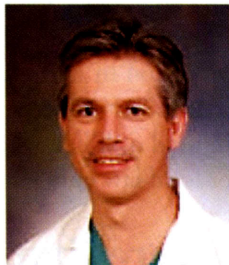
Pickard

Alan H. Tyroch, MD

El Paso, Texas
Position: Trauma Surgeon or Nurse
Dr. Tyroch is professor and Chair of Surgery at Texas Tech University Health Sciences Center of El Paso. He is Chief of Surgery and Trauma Medical Director at University Medical Center of El Paso.

As a member of the American College of Surgeons, he serves as the state chair for the ACS South Texas Committee on Trauma and is a Governor at Large. He has been an active member in the Border RAC (TSA-I) since 1997.

Dr. Tyroch, a fifth generation native Texan, earned a bachelor's degree in microbiology from Texas A&M University and a doctorate of medicine from the University of Texas Health Science Center at Houston. He completed a surgery internship at Baylor College of Medicine (Houston), a general surgery residency at the Phoenix Integrated Surgery Residency Program (Arizona) and a trauma/surgical critical care fellowship at the University of California, San Francisco-Fresno Campus.



Tyroch

Level I stroke center application now on website

The application to apply for state designation as a Comprehensive (Level I) Stroke Center is now posted and accessible on the DSHS website at www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#Stroke. DSHS began accepting applications October 1 from Comprehensive (Level I) Stroke Centers certified by The Joint Commission or the DNV. Further state stroke system development information is available at www.dshs.state.tx.us/emstraumasystems/stroke.shtm.

“Approved” doesn’t mean certified

Q: I just submitted my Recertification form electronically and the status reads, “Approved”. Does that mean my application is approved?

A: No, your Recertification application will need to be reviewed by EMS Certification staff before it is approved and you are issued a new certification card. The online application is listed as “approved” by the online system, which indicates that the online system has accepted your payment and application. We hope to have that wording modified soon to avoid further confusion. Contact the EMS Certification office at (512) 834-6734 if you have additional questions.

On Duty

Did you know...

Volunteer personnel can now use the electronic renewal process to submit their DSHS Renewal application. But, wait! Before you can use the electronic system, you will also need to fax the Volunteer Sign-Off form to the Certification office at (512) 834-6714. Personnel that want to upgrade their certification levels (e.g.: ECA to EMT) will still need to submit the paper DSHS Initial application at this time. We hope to have an electronic application submission solution soon.

Looking for more continuing education?

How about flash CE? Texas EMS Conference is partnering with the EMS Gathering of Eagles conference to present ten-minute CE sessions on Sunday, November 11. To receive one full hour of CE, you must attend five of the flash sessions and record the CE numbers. For each five-session set you attend, you will receive one hour of EMS continuing education credit. You choose the type of CE based on the sessions you attended. The topics are wide-ranging and cutting-edge, offering the latest in the science of EMS. The sessions will be held all day on Sunday at the Hilton Austin.

Watch for MOA changes!

DSHS is changing the way it administers Memorandums of Agreement for help during disasters. Watch our website and this magazine for details.

Two receive Star of Texas honors



Two emergency first responders were honored at the Star of Texas awards at the Capitol in September. EMT Mike Hatley, 46, was on duty as the system status controller (SSC/Dispatcher) for the East Texas Medical Center-Pasadena communications center when he suffered a massive hemorrhagic stroke. Around 2:00 p.m. on December 27, 2011, Hatley stood up at his console and said "stroke," then he slumped down in his chair. Colleagues say he had been symptomatic but was reluctant to leave his post due to multiple active 9-1-1 calls he was working. An ambulance was called to treat and transport, but he died two days later.

Michael Thomas Steffen, 65, of Salt Flat, lost his life while responding to an emergency on March 12, 2012. He was responding to a call for additional assistance at an accident on U.S. Highway 62/180 in his private vehicle when he lost control, the vehicle rolled over, and Steffen died on-scene. Steffen was an ECA for Northern Hudspeth County EMS.

The Star of Texas Awards honor emergency medical first responders, peace officers and firefighters who have been seriously injured or killed in the line of duty for the sacrifices they have made to protect Texans. The Star of Texas Awards were created by House Bill 1937 in 2003 to honor and commemorate individuals who have made profound commitments while performing their duties as peace officers, firefighters and emergency medical first responders. The award was expanded in 2005 to include all peace officers, firefighters and emergency medical first responders who were seriously injured or killed in the line of duty on or after Sept. 1, 2003. HB 1164 in 2007 further expanded the award to include federal law enforcement officers or special agents seriously injured or killed while performing duties in Texas to assist state or local law enforcement.

Accreditation begins January 1, 2013

Texas Administrative Code 157.32 relating to accreditation went into effect in August. Beginning in January, all paramedic education programs in Texas must be accredited or have a current Letter of Review from the Committee on Accreditation of Education Programs for the EMS Profession (CoAEMSP) in order to continue teaching paramedic courses. The rule also requires EMS education programs to adopt the National Highway and Traffic Administration's National EMS Education Standards for EMR, EMT, AEMT and paramedic. For information on that, go online to Texas EMS Magazine and click on July/August 2011 issue. Then click "National Registry rolls out new exams."

Grant funding available

DSHS has funding available for areas that have suffered a devastating event that may severely reduce or incapacitate emergency response capability. 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.

DSHS also has a total of \$50,000 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 on either program, go to www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm or contact Haramain Shaikh at (512) 834-6700 ext. 2377 or haramain.shaikh@dshs.state.tx.us. For a list of all EMS and trauma funding available through DSHS, go to www.dshs.state.tx.us/emstraumasystems/efunding.shtm.

Federal Medicare fraud indictments announced

The U.S. Attorney's office announced indictments of people in Dallas-Fort Worth and Houston for defrauding the government of nearly \$100 million in false Medicare billings. The indictments were part of an investigation in seven U.S. cities involving about \$429 million in fraudulent billings. The government alleges that the defendants billed for services not performed, for unnecessary services and for equipment not provided. In Houston, the CEO of Riverside Hospital and five others were charged with conspiracy to commit fraud by paying "recruiters" to send patients to the hospital and offering "partial hospitalization" for the mentally ill. Riverside is licensed as a general hospital by DSHS and is designated with contingencies as a Level IV trauma facility.

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Are you a Facebook fanatic? Join more than 1400 other fans of Texas EMS Conference and "like" us on Facebook. We update the page with the latest news about the conference, including last-minute changes and hotel updates. Also, the Austin Convention and Visitors Bureau has created a special tab on our page with details on what to do in Austin.

Uptick in elderly falls could be reporting changes

More accurate coding of falls could be the reason for a recent national spike in the number of elderly falls. Rates jumped 42 percent between 2000 and 2006, say researchers at Johns Hopkins. They attribute the spike to the implementation of the International Classification of Diseases (ICD-10) in 1999 that attributed deaths to the fall rather than an illness or complication as a result of the fall. The study was published in the May/June issue of Public Health Reports.

RAC coordinator joins OEMS/TS

Colin Crocker recently joined OEMS/TS as the RAC program coordinator. Crocker attended the University of Oregon and has most recently worked developing and managing education policy projects for the National Security Education Program and The Language Flagship. He will be coordinating RAC contracts.



Crocker

On Duty

2013 Local Projects Grant Recipients

The Department of State Health Services Office of EMS/Trauma Systems Coordination is pleased to announce award recipients for Fiscal Year 2013 Local Projects Grants (LPG). Eighty-one applicants have been awarded funds totaling \$1.23 million in support and improvement of the Texas emergency health care system.

For more information about Local Projects grants go to www.dshs.state.tx.us/emstraumasystems/LPGfunding.shtm.

Aransas County Medical Services, Inc., dba ACEMS
Rockport, Aransas County
\$37,500
5 cardiac monitor/
defibrillators

Atascocita Volunteer Fire Department
Humble, Harris County
\$7,300
50 back boards; 3 radios

Austin-Travis County Emergency Medical Services
Austin, Travis County
\$27,760
300 portable cribs; 122 child safety and booster seats

Bandera County, dba Bandera County EMS
Bandera, Bandera County
\$35,000
ambulance

Bastrop County First Responder Association
Bastrop, Bastrop County
\$650
1 laptop computer

Big Country Regional Advisory Council
Abilene, Taylor County
\$33,952
Coleman County Medical Center EMS: 3 video laryngoscopes; 3 pulse oximeters; 3 intubation kits; 3 oxygen cylinders-D; 3 stethoscopes; 3 regulators;
Mitchell County EMS: 3 video laryngoscopes; 3 pulse oximeters; 3 intubation kits; 3 oxygen cylinders-D; 3 stethoscopes; 3 regulators;
Comanche County EMS: 4 video laryngoscopes; 4 pulse oximeters; 4 intubation kits; 4 oxygen cylinders-D; 4 stethoscopes; 4 regulators;
Scurry County EMS: 4 video laryngoscopes; 4 pulse oximeters; 4 intubation kits; 4 oxygen cylinders-D; 4 stethoscopes; 4 regulators;
Stamford EMS: 2 video laryngoscopes; 2 pulse oximeters; 2 intubation kits; 2 oxygen cylinders-D; 2 stethoscopes; 2 regulators

Blinn College, dba Blinn College Brazos Campus
Brenham, Washington County
\$4,418
2 cardiac monitor carrying cases; 2 IV infusion pumps; 5 back boards; 1 infant car seat; 5 glucose meters; 10 web straps; 10 spider straps; 20 head immobilizers; 20 cervical collars-adult; 20 cervical collars-pediatric

Bonham Fire Department
Bonham, Fannin County
\$35,000
ambulance

Brazos Valley Regional Advisory Council
Bryan, Brazos County
\$28,598
15 IV infusion pumps; 1 laryngoscope kit; 7 tourniquets; 4 IV warmers; 2 video laryngoscopes; 2 automated external defibrillator trainers; 10 radio batteries; 1 automated external defibrillator adaptor; 10 radio ear microphones; 1 cardiac monitor/defibrillator

Brownsville Fire/Rescue
Brownsville, Cameron County
\$15,600
12 automated external defibrillators

Bulverde-Spring Branch Emergency Medical Services
Spring Branch, Comal County
\$31,500
210 anatomy course tuition

Canyon Lake Fire/EMS, Inc.
Canyon Lake, Comal County
\$1,200
2 intubation manikins

CareFlite
Grand Prairie, Dallas County
\$13,837
1 trauma patient simulator; trauma simulator supplies

Castro County Hospital District, dba Castro County Healthcare
Dimmitt, Castro County
\$2,000
1 advanced life support simulator manikin

Cedar Park Fire Department, City of
Cedar Park, Williamson County
\$1,725
3 suction units

Champion EMS
Longview, Gregg County
\$32,780
26 automated external defibrillators; *South Van Zandt Volunteer Fire Department:* 2 equipment bags; 2 pediatric immobilization boards; 2 back boards; *Hallsville Volunteer Fire Department:* 2 equipment bags; 2 pediatric immobilization boards; 2 back boards; *West Harrison Volunteer Fire Department:* 2 equipment bags; 2 pediatric immobilization boards; 2 back boards; *Edom Volunteer Fire Department:* 2 equipment bags; 2 pediatric immobilization boards; 2 back boards

Childress County Hospital District, dba Childress Regional Medical Center EMS
Childress, Childress County
\$15,000
2 cardiac monitor/
defibrillators

Citizens Emergency Medical Service
Clyde, Callahan County
\$1,000
2 radios

Crims Chapel Volunteer Fire Department
Henderson, Rusk County
\$3,580
3 scene lights; 1 rescue jack

Cross Plains Emergency Medical Service
Cross Plains, Callahan County
\$4,043
3 trauma bags; 49 cervical collars; 2 Combi-Carriers; 2 multi-cuff blood pressure kits; 5 stethoscopes; 2 padded drug cases; 1 oxygen bag; 1 airway management trainer

Dallam-Hartley Counties Hospital District, dba Dalhart EMS
Dalhart, Dallam/Hartley Counties
\$5,000
10 pagers

Danbury Volunteer Fire and EMS
Danbury, Brazoria County
\$2,000
4 radios

Dimmit County EMS
Carrizo Springs, Dimmit County
\$35,000
ambulance

Donley County Hospital District, dba Associated Ambulance Authority
Clarendon, Donley
\$6,298
1 lead simulator; 1 cardiac monitor/defibrillator

El Campo EMS, City of
El Campo, Wharton County
\$34,146
1 stretcher; 2 ventilators; 2 stair chairs; 4 video laryngoscopes; 10 VHF voice pagers; 2 portable radios; 3 AC power supply for cardiac monitors; 2 cardiac compression devices

El Paso Fire Department, City of
El Paso, El Paso County
\$10,200
17 ambulance refrigerators

Ennis, City of, dba City of Ennis Fire Department
Ennis, Ellis County
\$8,375
1 extrication power unit; 1 extrication cutter; 1 extrication spreader; 1 extrication ram

Far West Texas & Southern New Mexico Trauma Regional Advisory Council
El Paso, El Paso County
\$11,300
1 simulated impaired-driver experience package

Galveston County Health District, dba Galveston Area Ambulance Authority
La Marque, Galveston
\$7,105
5 vehicle monitoring systems

Gonzales Volunteer Ambulance Corps, dba Gonzales County EMS & Rescue
Gonzales, Gonzales County
\$30,000
ambulance remount

Graford Volunteer EMS
Graford, Palo Pinto County
\$830
1 multiple casualty simulation kit; 1 airway management manikin-adult

Groom Volunteer Ambulance Service
Groom, Carson County
\$3,670
1 emergency medical technician-basic course coordinator fee; emergency medical technician-basic course instructor fee; EMT course approval fee

Hamilton County Hospital District, dba Hamilton EMS
Hamilton, Hamilton County
\$10,934
1 stretcher; 2 ventilators; 1 cardiac monitor/defibrillator

Hardeman County EMS
Quanah, Hardeman County
\$2,400
2 evacuation stretchers; 2 scoop stretchers

Heart of Texas Regional Advisory Council
Waco, McLennan County
\$11,000
1 advanced life support simulator kit

Huntsville-Walker County EMS
Huntsville, Walker County
\$35,000
ambulance

Kennedale Fire Department, dba Kennedale Fire Rescue
Kennedale, Tarrant County
\$15,735

1 pediatric advanced life support trainer; 1 adult CPR manikin; 2 adult airway trainer; 2 intraosseous drivers; 2 CombiCarriers; 6 back boards; 1 cardiac monitor/defibrillator; 2 portable 2-way radios

Kinney County Fire Rescue
Brackettville, Kinney County
\$35,000
ambulance

Knox County Emergency Medical Services
Knox City, Knox County
\$800
2 suction units

Krum Fire Department
Krum, Denton County
\$5,100
1 extrication tool set

La Feria Volunteer Fire Department, dba La Feria Fire/Rescue
La Feria, Cameron County
\$7,500
15 radios

Liberty County Emergency Medical Services
Hull, Liberty County
\$8,000
4 stretchers

Littlefield EMS, City of
Littlefield, Lamb County
\$30,000
ambulance remount

Lockhart EMS, City of
Lockhart, Caldwell County
\$3,990
2 IV infusion pumps; 1 trauma bag; 1 pulse oximeter; 2 intubation manikins

Lowry Crossing Volunteer Fire Department
Mckinney, Collin County
\$3,900
4 vehicle stabilization equipment; 2 automated external defibrillators

Lubbock County Hospital District, dba UMC EMS
Lubbock, Lubbock County
\$14,056
15 video intubation kits; 15 intubation supply bags; 1 moulage kit; *Abernathy EMS*: 1 video intubation kit; 1 intubation supply bag; *New Deal EMS*: 1 video intubation kit; 1 intubation supply

bag; *Idalou EMS*: 1 video intubation kit; 1 intubation supply bag; *Shallowater EMS*: 1 video intubation kit; 1 intubation supply bag; *Slaton EMS*: 1 video intubation kit; 1 intubation supply bag; *West Carlisle EMS*: 1 video intubation kit; 1 intubation supply bag; *Wolforth EMS*: 1 video intubation kit; 1 intubation supply bag

Mansfield Fire Department, City of, dba Mansfield Fire Rescue
Mansfield, Tarrant County
\$4,407
6 thermometers with wall mounts; 4 suction units

Marble Falls Area EMS
Marble Falls, Burnet County
\$2,832
3 ambulance refrigerators

Merkel Emergency Medical Services
Merkel, Taylor County
\$4,200
1 cardiac compression device

Navarro College
Corsicana, Navarro County
\$8,754
10 back boards; 5 head immobilizers; 1 cervical collar case; 1 ambulance mount for cardiac defibrillator; 1 cricothyrotomy simulator; 1 tension pneumothorax simulator; 5 pneumothorax pleural cavity models; 2 human skeleton models; 1 stretcher; 1 stair chair; 6 portable radios

New Braunfels Fire Department, City of
New Braunfels, Comal/Guadalupe Counties
\$30,000
4 cardiac compression devices

NHC EMS, Inc., dba Northern Hudspeth County EMS
Dell City, Hudspeth County
\$22,500
ambulance

North Blanco County EMS
Johnson City, Blanco County
\$35,000
ambulance

North Central Texas Trauma Regional Advisory Council (NCTTRAC)

Arlington, Tarrant County
\$84,961
983 back boards

Olton Volunteer Ambulance Association
Olton, Lamb County
\$5,300
Cardiac monitor/defibrillator

Payne Springs Volunteer Fire Department, dba Payne Springs Fire-Rescue
Payne Springs, Henderson County
\$28,397
2 VHF repeater boosters; 3 desktop computers; 1 first responder vehicle; *North 19 Fire/Rescue*: 1 VHF repeater booster; 13 portable radios; 3 mobile radios

Piney Woods Regional Advisory Council, dba RAC-G
Tyler, Smith County
\$18,500
2 ventilators; 2 cardiac monitor/defibrillators

Possum Kingdom Westlake Volunteer Emergency Medical Services
Graham, Young County
\$30,000
ambulance remount

Quality Care Ambulance Service
Hebbronville, Jim Hogg County
\$35,000
ambulance

Refugio County Memorial Hospital District EMS
Refugio, Refugio County
\$5,250
3 ventilators

Richland Hills Fire Rescue
Richland Hills, Tarrant County
\$536
1 ventilator

Robstown EMS, City of
Robstown, Nueces County
\$1,600
2 scoop stretchers; 3 back boards

Sanger Fire Department, City of
Sanger, Denton County
\$10,500
1 stretcher; 2 radios; 1 cardiac monitor/defibrillator

Scurry County EMS
Snyder, Scurry County
\$6,029
4 IV infusion pumps; 1 infant IV arm; 1 pediatric injection head manikin; 1 infant IV arm; 10 advanced medical life support course tuition

South Taylor EMS, dba STEMS
Tuscola, Taylor County
\$10,000
10 radios; 10 pagers

Stamford EMS
Stamford, Jones/Haskell Counties
\$6,500
1 cardiac compression device

Stratford Hospital District, dba Stratford Emergency Medical Service
Stratford, Sherman County
\$35,000
ambulance

Sutton County Hospital District, dba Sutton County EMS
Sonora, Sutton County
\$10,291
3 oxygen brackets for stretchers; 3 IV poles for stretchers; 3 laptop computers; 1 electronic patient care reporting system

Tarpley Volunteer Fire Department
Tarpley, Bandera County
\$9,400
20 portable radios

Temple College-EMS Professions
Temple, Bell County
\$1,155
1 ventilator

Texas State Technical College-Harlingen
Harlingen, Cameron County
\$5,830
1 stair chair; 1 pulse oximeter; 1 auto injector training pen; 1 pediatric airway trainer

Texas State Technical College-West Texas
Sweetwater, Nolan County
\$15,000
ambulance simulator

Travis County Search and Rescue
Austin, Travis County

\$5,615
8 VHF replacement antennas; 8 VHF radio batteries; 3 lapel microphones; 8 radio belt clips; 3 terrain mapping software; 2 storage cases; 2 portable generators; 2 inverters; 2 GPS units; 100 100m rope; 1 patient packaging and extrication pak

University of Texas Health Science Center at San Antonio
San Antonio, Bexar County
\$12,000
12 emergency medical technician-basic course tuition

Utopia Volunteer EMS
Utopia, Uvalde County
\$1,865
2 vacuum splint mattresses; 1 extremity splint set; 2 bilateral traction splints; 1 pediatric immobilization board

Victoria, City of
Victoria, Limestone County
\$12,500
5 video laryngoscopes

Ward County EMS
Monahans, Ward County
\$35,000
ambulance

Washington County EMS
Brenham, Washington County
\$13,000
2 cardiac monitor/defibrillators

Willacy County EMS, dba Willacy County Emergency Medical Services
Raymondville, Willacy County
\$15,500
1 suction unit; 2 cardiac compression devices

Wise County EMS
Decatur, Wise County
\$8,872
3 pediatric airway trainers; 2 adult airway management trainers; 2 pneumothorax trainers; 2 IV training arms; 6 pediatric back boards; 6 medication boxes; 20 back board straps

Zapata County Fire Department
Zapata, Zapata County
\$30,000
ambulance remount

Texas EMS Conference



*See you in
Austin!*

**Austin Convention Center
November 11-14**

Exhibit Hall Hours

Sunday 2 to 7pm
Monday 11am to 6pm
Tuesday 8 to 11:30am

Education

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

The full package includes

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

New!

Exhibit Hall Passes

-Included with conference registration
-Included with preconference registration
-Pass only: \$10 at the door

Schedule Conference At-A-Glance

Austin Convention Center

Saturday, November 10

7:00 am – 6:00 pm Exhibitor Registration
3:00 pm – 6:00 pm Attendee Registration

Sunday, November 11

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

Monday, November 12

7:00 am – 6:00 pm Registration
8:15 am – 9:30 am Keynote Session
9:45 am – Noon Lectures / Workshops
11:00 am – 6:00 pm Exhibit Hall open
11:30 am – 1:00 pm Lunch
1:00 pm – 3:00 pm Lectures / Workshops
2:30 pm – 3:45 pm Snack Break in Exhibit Hall
3:15 pm – 5:45 pm Lectures / Workshops

Tuesday, November 13

7:00 am – 3:00 pm Registration
7:30 am – 11:45 am Lectures / Workshops
8:00 am – 11:30 am Exhibit Hall open
11:45 am – 1:30 pm Awards Luncheon (doors open at 11:30 am)
2:00 pm – 5:30 pm Lectures / Workshops
3:00 pm – 4:30 pm Snack Break on Levels 3 and 4

Wednesday, November 14

8:30 am – 10:45 am Lectures / Workshops
11:00 am – Noon Closing Session
Noon Conference adjourns

November 11-14, 2012



The conference goes mobile

Got a smartphone? You can carry the conference in your pocket! Just go to Apps on your phone and search for Guidebook. Once that's installed, search for Texas EMS Conference. Once you have it installed, you'll have access to schedules, maps and exhibitor listings. You can even give instant feedback on the classes!

Just a reminder...

Like we have done the last few years, we've made all our handouts electronic. You can either bring paper copies with you, or load them on your computer to bring along. We're also adding a link to them from our new Guidebook application, so if you have a smartphone and have downloaded the Guidebook app, you can access the handouts from your phone during class. We are trying to go as paperless as we can, not only for the environment, but to keep our conference costs low.



2012 Texas EMS Conference Keynote Address

Say What? Communicating for Results

Anne Pritchard Grady works with organizations around the country to maximize organizational culture, build leadership, and improve communication. Anne has been a university instructor and currently works with the professional development department at the University of Texas.

Monday
November 12, 2012
8:15 - 9:30 am
Austin Convention
Center Ballroom D

Schedule

1-Hour lectures
subject to change

Monday

Keynote Session: 8:15–9:30 Ballroom D Anne Pritchard Grady **Say What? Communicating for Results** CE: Spec Cons

Room	9:45–10:45 am	11:00 am–noon	1:30–2:30 pm	3:15–4:15 pm	4:30–5:30 pm
Ballroom D	Motor Vehicle Collisions: “Responder & Victim” Bouvier <i>Trauma</i>	When we hurt while trying to help. Lessons from the EMS medicine evidence Racht <i>Prep</i>	Fairy Tales, Myths and Sepsis Management Hayes / Beeson <i>Medical</i>	Understanding Hypoperfusion “Shock” Bouvier <i>Trauma</i>	Lupus—Not a Wolf in <i>Twilight</i> : Autoimmune Emergencies Migala <i>Medical or Spec Cons</i>
Ballroom E	Pandora’s Box and The Taming of the Shrew: The Story of Unintended Consequences Hayes <i>Airway</i>	Chest Pain: It’s Not Just for Heart Attacks Anymore Jarvis <i>Medical</i>	The Silent Majority: Geriatrics in the New Millennium Duckworth <i>Spec Cons</i>	Advanced EMS Capnography: Where are we? Where can we go? Goodloe <i>Airway or Pt. Assessment</i>	Interacting with the Disruptive Individual: Verbal De-Escalation Techniques and Documentation of the Event Turner <i>Spec Cons</i>
Ballroom F	Basic EMS Capnography: Building Blocks for Airway Management and Patient Assessment Goodloe <i>Airway or Pt. Assessment</i>	Bad to the Bone: A Review of Intraosseous Infusion Devices Torrey <i>Medical</i>	Resuscitation Science Highlights from 2011 Navarro <i>Medical</i>	D3: Drunk, Drugged or Deranged? How to Know and Document the Differences Turner <i>Medical or Spec Cons</i>	Does Oxygen Really Help ... or Worse? Navarro <i>Airway or Pt. Assessment</i>
Ballroom G	Sex, Drugs and R&R Pepe / Wigginton <i>Medical</i>	“I think I have acute abdomen. What do you think?” Mittelman <i>Medical</i>	Airways: How to Assess and Manage Migala <i>Airway</i>	Sepsis: Our Newest Emergency (And We Can’t Even See It!) Racht <i>Medical</i>	“I can’t hear you, speak up!” A Look at Geriatric Emergencies Mittelman <i>Spec Cons</i>
15 Research Track	Research for Rednecks — EMS Style Wampler <i>Prep</i>	From Science to Practice: Using Research to Improve Patient Care McManus <i>Prep</i>	The Best in Texas EMS Research 2012 Wampler / Cabanas <i>Prep</i>	<i>Open</i>	<i>Open</i>
16A Medical Director Track	Texas Medical Board Rule 197 Greenberg <i>Prep</i>	Cardiac Arrest in a Time of Rapidly Changing Science Fowler <i>Medical</i>	Expand BLS Scope of Practice Goodloe <i>Prep</i>	Community Health Programs Beeson <i>Prep</i>	Implied Consent Challenges Kidd <i>Pt. Assessment</i>
16B Emerg. Mgmt. Track	Ambus Operations: Part 1 Conley / Jones <i>CRO</i>	Ambus Operations: Part 2 Conley / Jones <i>CRO</i>	Emergency Management in Texas Phinney / Penney / Miller <i>CRO</i>	Deaf Communication Consideration and Techniques Turner / O’Neil <i>CRO</i>	Emergency Planning Dhanji / Moss <i>CRO</i>
17A Educator Track	Lessons from Accreditation McDonald <i>CRO</i>	The Role of Critical Thinking in Medical Education: Technicians versus Clinicians Duckworth <i>CRO</i>	Avoiding Stress at Your CoAEMSP Site Visit: 10 Things to Say and Do McDonald <i>CRO</i>	Putting People Skills Back at the Top of the Bucket List Creech <i>CRO</i>	Who’s Minding the Students? Creech <i>CRO</i>
17B	LUCAS Device: Echo Fact or Fiction Spear/ Bowman <i>Medical</i>	EMS Non-Transport Decision-Making: Alternative Transport, Alternative Destinations and “High-End” 9-1-1-Users Ogilvie / Wait / Isaacs <i>Prep</i>	Keep it in Mind: Common Misconceptions of Concussions Lyman <i>Trauma</i>	Pathophysiology for EMS: Why We Do What We Do Torrey <i>Medical</i>	Autism Awareness for the First Responder Jones-Fewell <i>Spec Cons</i>
18AB	Epinephrine vs. Vasopressin: The Role of Vasopressors in Cardiac Arrest Navarro <i>Medical</i>	Minimizing the EMS Provider’s Family Stress Campa <i>Spec Cons or Prep</i>	Pediatric Patients: Not Small Adults Frey <i>Pedi</i>	“Why does it hurt so bad?” Clarke <i>Medical</i>	Stress Prevention and Management Tabor <i>Prep</i>

Monday cont.

Room	9:45–10:45 am	11:00 am–noon	1:30–2:30 pm	3:15–4:15 pm	4:30–5:30 pm
18C	Suicide by Social Media Givot <i>Spec Cons or Prep</i>	This ain't my first rodeo ... or is it? Rodeo and the Medic Puryear <i>Spec Cons</i>	Elusive Diagnoses in Newborns Frost <i>Pedi</i>	Understanding Negligence to Save Lives (and Careers) Givot <i>Prep</i>	Responding to Pediatric Emergencies with Confidence White <i>Pedi</i>
18D Admin. Track	Developing and Implementing a Successful Community Health Paramedic Program Elder / Burton <i>CRO</i>	Problems We Face in Rural EMS Franklin <i>Prep</i>	The New Generations: Why Do They Act That Way? Athey <i>Prep</i>	Loyalty and Integrity: The Impact on Organizational Culture Dush <i>Prep</i>	Managing Revenue Flow Branning <i>CRO</i>
19A	When Humpty Dumpty Fell: Traumatic Brain Injuries Hollett <i>Trauma</i>	The Case for Ketamine in EMS Kovar <i>Spec Cons</i>	Grandma Got Run Over by a Reindeer: Geriatric Trauma Hollett <i>Trauma</i>	Children with Special Health Care Needs Gosdin <i>Pedi</i>	Do you know what's happening around you? Situational Awareness Smith <i>Spec Cons or Prep</i>
19B	What Do I Do Now? A Review of Pediatric Respiratory Distress Miller <i>Pedi</i>	"I can't drive 55!": Mechanism of Injury Yates <i>Trauma</i>	EMS Response to Family Violence Involving Strangulation and Suffocation Turner <i>Spec Cons</i>	Bridging the Gap Between EMS and Emergency Departments Yates / Dush <i>Prep</i>	Texas DMAT 4 Vankawala <i>CRO</i>

Tuesday

Room	7:30–8:30 am	8:45–9:45 am	10:00–11:00 am	2:00–3:00 pm	3:15–4:15 pm	4:30–5:30
Ballroom D	<i>No lecture scheduled</i>	Prehospital Care for the Morbidly Obese Bouvier <i>Trauma or Spec Cons</i>	The Continuing Saga of Humpty Dumpty: Re-Exploring Traumatic Brain Injury Hayes <i>Trauma</i>	Picking Up the Pieces Bolleter / Justice <i>Airway</i>	6 Jeffs and a Pastor: 7 Things You Need To Know About Cardiac Arrest in 50 Minutes Jarvis, et al. <i>Medical</i>	Outnumbered Does Not Mean Outgunned: Managing Mass Gatherings Kayea <i>CRO</i>
Ballroom E	<i>No lecture scheduled</i>	Hot Baby Hot: Pedi Vehicular Hyperthermia House <i>Pedi</i>	Tot Talk: Tricks of the Trade to Effectively Communicate with Pedi Patients House <i>Pedi</i>	Capnography for Prehospital Providers: The Basics and Beyond Saffer <i>Airway or Pt. Assessment</i>	It Is Not Always As It Appears: Sudden Infant Death Syndrome House <i>Pedi</i>	Airway of Choice: To ET or Not to ET? Duckworth <i>Airway</i>
Ballroom F	<i>No lecture scheduled</i>	Narcotics 101 - Rules, Regs, Reality Griffin <i>CRO or Prep</i>	The Perfect Storm: OB Emergencies Scadden <i>Spec Cons or Medical</i>	Difficult Airway Management: A Philosophy of Success! Duckworth <i>Airway</i>	Positional Asphyxia: Don't Let It Happen to Your Patient Torrey <i>Airway</i>	Putting the TEAM Back in Airway Management Roles <i>Airway</i>
Ballroom G	<i>No lecture scheduled</i>	Sepsis: Recognizing the Silent Killer Grayson <i>Medical or Pt. Assessment</i>	Team Dynamics in Cardiac Arrest Resuscitation: Can We Save More Lives? You Bet Your Keister We Can! Goodloe <i>Medical</i>	All That Is Asthma Does Not Wheeze: Recognition and Treatment of Respiratory Ailments Grayson <i>Medical or Pt. Assessment</i>	What's Wrong with the Old Way of Treating a Major Bleeder? Weinzapfel <i>Trauma</i>	When you're 104! Scadden <i>Spec Cons</i>
16A Medical Director Track	<i>No lecture scheduled</i>	Destinations for Psychiatric Patients Kovar <i>Spec Con</i>	Crisis Standards in EMS Moriber / U. Shah <i>Prep</i>	Medical Control: Variations in Practice Jarvis <i>Prep</i>	Making Do With Less: Strategies for Drug Shortages Manifold <i>Prep</i>	EMS Subspecialty Certification Update Escott <i>Prep</i>

Schedule

1-Hour lectures
subject to change

Tuesday cont.

Room	7:30–8:30 am	8:45–9:45 am	10:00–11:00 am	2:00–3:00 pm	3:15–4:15 pm	4:30–5:30
16B Emerg. Mgmt. Track	Rules of Engagement: Strategies for Engaging Your Social Media Audience Kelly <i>CRO</i>	Hurricane Response Decision Support Moore <i>CRO</i>	Evacuating the Masses Mulligan <i>CRO</i>	Animals in Disasters Zoran / Bernhard <i>CRO</i>	Chief's Roundtable Kidd <i>CRO</i>	Texas Severe Weather ... Preparing for the Inevitable Yura <i>CRO</i>
17A Educator Track	<i>No lecture scheduled</i>	Transition Courses for National Registry GETAC Education Committee <i>CRO</i>	Transition Courses for National Registry GETAC Education Committee <i>CRO</i>	How Do We Make Our Students Caring, Competent and Compassionate While Still Passing the Test? Creech <i>CRO</i>	The Illusion of Attention in Assessment: How Did I Miss That? Duckworth <i>Spec Cons</i>	Helping Students Read Textbooks with Greater Success Miles <i>CRO</i>
17B	<i>No lecture scheduled</i>	Analysis of Burns Vanek / Curnow / Edwards / Fulton <i>Trauma</i>	Thoracic Park: Chest Tubes in EMS Transport Taylor <i>Trauma</i>	<i>open</i>	First Blood: Blood Transfusions in EMS Transports Taylor <i>Medical</i>	EMS Response at the London Olympics Hines <i>CRO</i>
18AB	<i>No lecture scheduled</i>	Understanding Child Abuse and Neglect Bennett <i>Pedi</i>	Who'd a Thought? The New Trends of Chemical Suicide Dush <i>Medical</i>	Developmental Delays and Abnormalities in the Pedi Birth-to-3 Patient: Recognition and Implications for the EMS Provider Butler / Butler <i>Pedi</i>	<i>open</i>	Distracted Driving Atchley <i>CRO</i>
18C	<i>No lecture scheduled</i>	ABCs of the DRT: Death Notification and Field Terminations Arze / Straus <i>Prep or Spec Cons</i>	Reading Between the Lines: Pedi Medical Assessment Ebright <i>Pedi or Pt. Assessment</i>	Beyond the Neb Ellis <i>Medical or Airway</i>	Pedi Sepsis Ebright <i>Medical or Pedi</i>	Droolers, Wheezers and Sneezers: Pedi Respiratory Emergencies Ebright <i>Pedi</i>
19A	<i>No lecture scheduled</i>	Non-Accidental Trauma in Children Gettig <i>Trauma or Pedi</i>	Blue Babies Gone Bad: A Review of Congenital Heart Defects Gilmore <i>Spec Cons</i>	Talk the Talk Tompkins / Poresky <i>Pt. Assessment</i>	Hemorrhage Control in Trauma Mehta <i>Trauma</i>	Defensive Tactics for Offensive Scenes Tompkins / Poresky <i>Pt. Assessment</i>
19B	<i>No lecture scheduled</i>	Critical Thinking: Looking Beyond the Symptoms Smith <i>Prep or CRO</i>	Endocrine Emergencies, or Am I just a big sweetie? Smith <i>Medical</i>	The Fundamentals of EMS Documentation Givot <i>Prep or Spec Cons</i>	Women and the Silent MI Saffer <i>Medical</i>	<i>open</i>

Wednesday

Room	8:30–9:30 am	9:45–10:45 am	11:00 am–noon
Ballroom D	Just the Basics: Pharmacology for the EMT Taylor <i>Medical</i>	The Strangest ECGs You've Never Seen Brosius <i>Medical</i>	Who Are We ... and Who Are We Not? Views of EMS from the Street Scadden <i>Prep or Spec Cons</i>
Ballroom F	Giving Presentations: Getting More with Less Brosius <i>Prep</i>	EMS-SurgePlan-Whatsis: Why You Need One Kayea / George <i>Pt. Assessment</i>	<i>No lecture scheduled</i>
Ballroom G	Mitigation of Secondary Brain Injury in the TBI Child Ellis <i>Trauma or Pedi</i>	The Patient Has a VAD: Is This BAD? Gilmore <i>Spec Cons</i>	<i>No lecture scheduled</i>

Key to CE

Airway = Airway

CRO = Clinically
Related Operation

Medical = Medical

Pedi = Pediatric

Pt. Assessment =
Patient Assessment

Prep = Preparatory

Spec Cons = Special
Considerations

Trauma = Trauma

Thank a sponsor!

Let Texas EMS Conference sponsors know you appreciate their sponsorship! Their underwriting helps keep conference costs down for attendees.

Monday

Room	9:45–11:45 am	1:00–3:00 pm	3:45–5:45 pm
4ABC Level 3	Trauma 9-1-1: A Pediatric Perspective House / Seastrom <i>Trauma and/or Pedi</i>	Trauma 9-1-1: A Pediatric Perspective House / Seastrom <i>Trauma and/or Pedi</i>	Trauma 9-1-1: A Pediatric Perspective House / Seastrom <i>Trauma and/or Pedi</i>
5ABC Level 3	Bullets in the Heart: 12-Lead Trauma Griffin <i>Trauma</i>	Bullets in the Heart: 12-Lead Trauma Griffin <i>Trauma</i>	Bullets in the Heart: 12-Lead Trauma Griffin <i>Trauma</i>
6A Level 3	Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work Grayson / Saffer / Scadden <i>Pedi</i>	Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work Grayson / Saffer / Scadden <i>Pedi</i>	Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work Grayson / Saffer / Scadden <i>Pedi</i>
6B Level 3	Proper Physical Restraint Tompkins / Poresky <i>Pt Assessment</i>	Proper Physical Restraint Tompkins / Poresky <i>Pt Assessment</i>	Proper Physical Restraint Tompkins / Poresky <i>Pt Assessment</i>
8ABC Level 3	Changin' HOPA (Hands-On Pediatric Assessment) Suprun <i>Pedi</i>	Changin' HOPA (Hands-On Pediatric Assessment) Suprun <i>Pedi</i>	Changin' HOPA (Hands-On Pediatric Assessment) Suprun <i>Pedi</i>
9AB Level 3	Two Rescuers, One Rope, No Problem Green <i>CRO</i>	Two Rescuers, One Rope, No Problem Green <i>CRO</i>	Two Rescuers, One Rope, No Problem Green <i>CRO</i>
9C Level 3	Using Smart Phones in Your Classroom Pearse <i>Prep</i>	Using Smart Phones in Your Classroom Pearse <i>Prep</i>	Using Smart Phones in Your Classroom Pearse <i>Prep</i>
10AB Level 3	Friday Night Lights ... On-Field Care of the Potential Spine-Injured Athlete Langford <i>Trauma</i>	Friday Night Lights ... On-Field Care of the Potential Spine-Injured Athlete Langford <i>Trauma</i>	Friday Night Lights ... On-Field Care of the Potential Spine-Injured Athlete Langford <i>Trauma</i>
11AB Level 4	Easy ECG Rhythm Interpretation Jechow <i>Prep and/or Medical</i>	Easy ECG Rhythm Interpretation Jechow <i>Prep and/or Medical</i>	Easy ECG Rhythm Interpretation Jechow <i>Prep and/or Medical</i>
12AB Level 4	Hands-On Disaster Moulage Thompson <i>Prep and/or Pt Assessment</i>	Hands-On Disaster Moulage Thompson <i>Prep and/or Pt Assessment</i>	Hands-On Disaster Moulage Thompson <i>Prep and/or Pt Assessment</i>
13AB Level 4	Understanding Radiological Threats in Your Community Clawson / Alverson <i>Medical and/or Spec Cons</i>	Understanding Radiological Threats in Your Community Clawson / Alverson <i>Medical and/or Spec Cons</i>	Understanding Radiological Threats in Your Community Clawson / Alverson <i>Medical and/or Spec Cons</i>
14 Level 4	Wilderness First Aid Cobin <i>CRO</i>	Wilderness First Aid Cobin <i>CRO</i>	Wilderness First Aid Cobin <i>CRO</i>

3rd Annual Texas EMS Research Forum

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



Everyone welcome!
Monday, November 12
3:30 – 5:30 pm
In the Exhibit Hall

Prehospital providers will present original work in this poster session involving the latest in EMS research.

Schedule

2-Hour workshops
subject to change

Tuesday

Room	7:30–9:30 am	9:45–11:45 am	2:00–4:00 pm
4ABC Level 3	No workshop scheduled	No workshop scheduled	No workshop scheduled
5ABC Level 3	Pediatric Trauma in the Prehospital Setting Frey Trauma and/or Pedi	Pediatric Trauma in the Prehospital Setting Frey Trauma and/or Pedi	Pediatric Trauma in the Prehospital Setting Frey Trauma and/or Pedi
6A Level 3	Sick and Blue, What Do I Do? Pediatric Airway Management Anderson / Sinclair Airway and/or Pedi	Sick and Blue, What Do I Do? Pediatric Airway Management Anderson / Sinclair Airway and/or Pedi	Sick and Blue, What Do I Do? Pediatric Airway Management Anderson / Sinclair Airway and/or Pedi
6B Level 3	When Sugar Ain't Sweet McCrea / Levesque Medical and/or Spec Cons	When Sugar Ain't Sweet McCrea / Levesque Medical and/or Spec Cons	When Sugar Ain't Sweet McCrea / Levesque Medical and/or Spec Cons
8ABC Level 3	"I'm in here! Can you see me?" Insights into EMS Assessment and Communication Skills for Children with Special Needs Taught by the Kids Themselves Gilchrest Pt Assessment and/or Pedi	"I'm in here! Can you see me?" Insights into EMS Assessment and Communication Skills for Children with Special Needs Taught by the Kids Themselves Gilchrest Pt Assessment and/or Pedi	"I'm in here! Can you see me?" Insights into EMS Assessment and Communication Skills for Children with Special Needs Taught by the Kids Themselves Gilchrest Pt Assessment and/or Pedi
9AB Level 3	TASER ECD Workshop Turner Spec Cons	TASER ECD Workshop Turner Spec Cons	TASER ECD Workshop Turner Spec Cons
9C Level 3	Jams and Pretzels: Innovative Pediatric Packaging Mittelman / Mittelman Trauma and/or Pedi	Jams and Pretzels: Innovative Pediatric Packaging Mittelman / Mittelman Trauma and/or Pedi	Jams and Pretzels: Innovative Pediatric Packaging Mittelman / Mittelman Trauma and/or Pedi
10AB Level 3	Video Laryngoscopes and Other Advanced Airway Devices Cowles / Jackson Airway	Video Laryngoscopes and Other Advanced Airway Devices Cowles / Jackson Airway	Video Laryngoscopes and Other Advanced Airway Devices Cowles / Jackson Airway
11AB Level 4	No workshop scheduled	No workshop scheduled	No workshop scheduled
12AB Level 4	Moulage by the Numbers Gehrig / Gehrig CRO and/or Pt Assessment	Moulage by the Numbers Gehrig / Gehrig CRO and/or Pt Assessment	Moulage by the Numbers Gehrig / Gehrig CRO and/or Pt Assessment
13AB Level 4	Can You Hear Me Now? Colley / Garcia Spec Cons and/or Pt Assessment	Can You Hear Me Now? Colley / Garcia Spec Cons and/or Pt Assessment	Can You Hear Me Now? Colley / Garcia Spec Cons and/or Pt Assessment
14 Level 4	Pediatric Prehospital Skills Stations Pearson / M. Shah / Miller / Yankiver Pedi	Pediatric Prehospital Skills Stations Pearson / M. Shah / Miller / Yankiver Pedi	Pediatric Prehospital Skills Stations Pearson / M. Shah / Miller / Yankiver Pedi

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

Our two-hour workshops that emphasize intense, hands-on experiences in a small group are better than ever. Here's the important part: Because attendance is limited, you MUST sign up in advance and get a ticket to be admitted. Once the tickets for that workshop are gone, no more will be issued. Check out the schedules for Monday and Tuesday and pick your favorites before you get to registration. One ticket per person will be given; first-come-first-served for all workshops. Sign-up for the workshops at conference registration beginning at 7:00 am on Sunday, November 11.



Exhibit hall hours

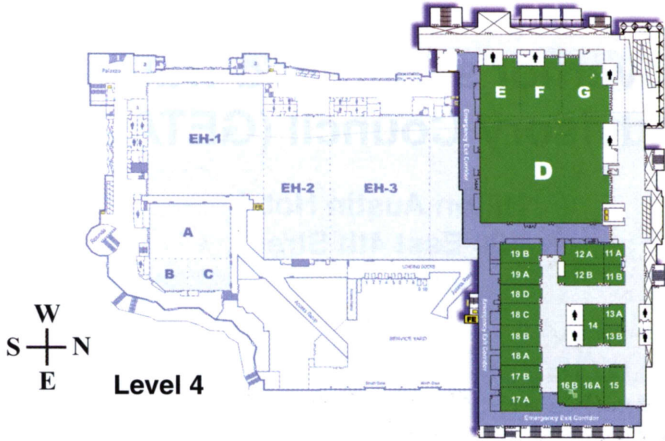
Sunday 2 to 7 pm

Welcome Reception 4 to 6 pm

Monday 11 am to 6 pm

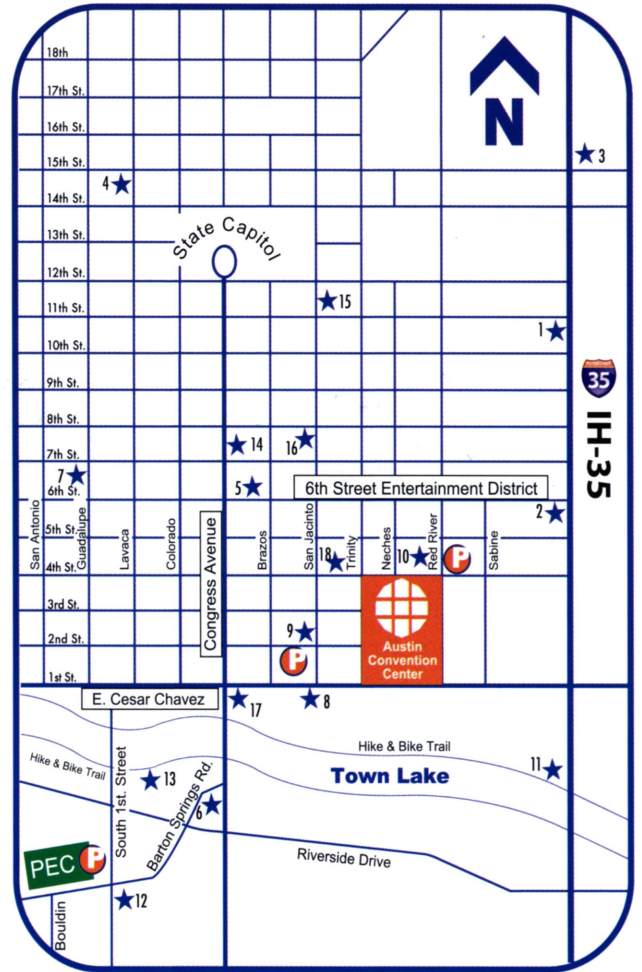
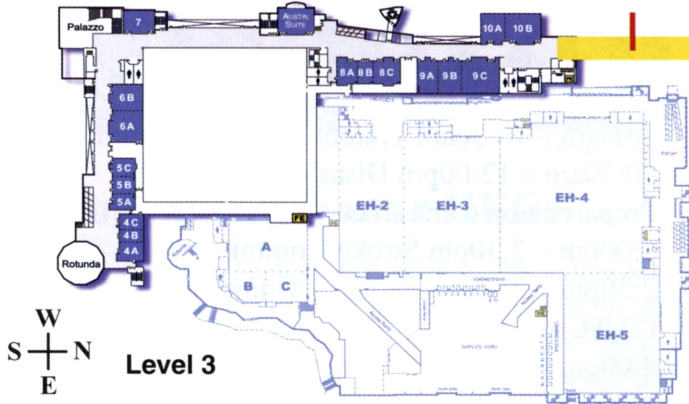
Tuesday 8 to 11:30 am

Austin Convention Center and downtown Austin



Lectures and workshops are on the third and fourth levels

Skyway connector from escalators to 4th level



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

Tuesday lunch enters through the Trinity Street entrances

Monday lunch enters through the exhibit hall

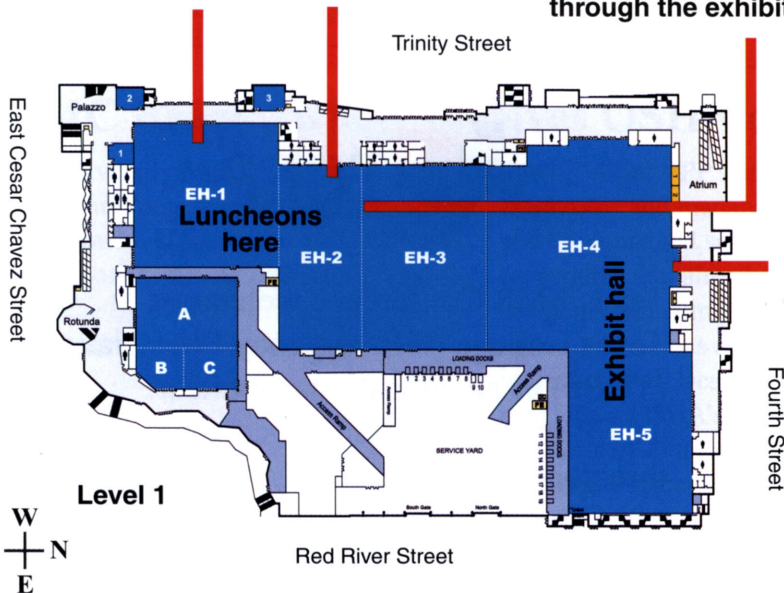


Exhibit hall entrance

Conference hotels highlighted yellow

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

Other meetings happening during the conference

Friday, November 9

TTCF meeting, 10 am to 5 pm, Embassy Suites Central (I-35 at 290) (jbetts@unitedregional.org)
Texas EMS Hall of Honor Golf Tournament.
Hosted by TAAMS, 1 pm, Onion Creek Country Club (www.taams.org)

Saturday, November 10

STN TOPIC Course, 7:30 am to 5 pm, Embassy Suites Central (I-35 at 290) (Jorie.Klein@phhs.org)
GETAC committee meetings, 9 am to 5:30 pm, Hilton Austin
RAC Chairs, *Upon adjournment of Air Medical committee*, Hilton Austin
ATS Trauma Registry Course (**2-day**), 7:30 am to 5 pm, Embassy Suites Central (I-35 at 290) (Jorie.Klein@phhs.org)

Sunday, November 11

GETAC committee meetings, 9 am to 5:30 pm, Hilton Austin
TETAF Fundraiser, 6:30 to 10 pm, Esther's Follies (TETAF.org)

Monday, November 12

ACS Disaster Management and Emergency Preparedness Course, 7 am to 5:30 pm, Hilton Garden Inn (Jorie.Klein@phhs.org)
Texas Ambulance Association, 8 to 11 am, Hilton Austin
EMS/Trauma Registry Training, 10 to 11:30 am and 3:30 to 5 pm, Hilton Austin (tammy.sajak@dshs.state.tx.us)
New GETAC Committee Member Orientation, 1:30 to 3:30 pm, Hilton Austin
SFFMA EMS Board meeting, 2 pm, Convention Center
EMS Research Forum (poster session), 3:30 to 5:30 pm, Convention Center Exhibit Hall
GETAC meeting, 6 to 9 pm, Hilton Austin

Tuesday, November 13

EMS Leadership Forum, 5:30 to 7:30 pm, Hilton Austin

Governor's EMS and Trauma Advisory Council (GETAC)

Hilton Austin Hotel
500 East 4th Street
Austin, Texas

Saturday, November 10

9:00am – 10:30am Cardiac Care Committee
10:30am – 12:00pm Medical Directors Committee
1:00pm – 2:30pm Injury Prevention Committee
2:30pm – 4:00pm EMS Committee
4:00pm – 5:30pm Air Medical Committee

Sunday, November 11

9:00am – 10:30am Trauma Systems Committee
10:30am – 12:00pm Disaster/Emergency Preparedness Committee
1:00pm – 2:30pm Stroke Committee
2:30pm – 4:00pm Pediatric Committee - CANCELLED
4:00pm – 5:30pm Education Committee

Monday, November 12

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



Texas EMS Conference welcomes Texas College of Emergency Physicians (TCEP) as an educational sponsor. TCEP arranged the new medical directors track. Lectures in that track offer credit for either physician CME or EMS continuing education.

Local & Regional EMS News

by Kathy Clayton



Photo by Diana Jean Rodriguez/HFD EMS.

Tortorice, as they threw the ceremonial first pitch at Heroes' Night with the Houston Astros on September 11. Tortorice, a 34-year veteran of HFD, died January 4, 2011, after a four-year battle with lung cancer, believed to have been caused by exposure to contaminants while working at Ground Zero. Pictured below, left to right, are Rescue Team Manager, District Chief Steven Sparks; Rescue Specialist, Senior Captain David Swanson; Rescue Squad Officer, Captain Eddie Mathison; Rescue Specialist, Captain Todd Kahney; and Logistics Specialist, Firefighter Jason "Bear" Wilson.

Heroes events honor HFD

Two events in September honored the Houston Fire Department. During Heroes' Night at Robertson Stadium during a University of Houston football game, cardiac arrest survivor Edna Baylor was reunited with the HFD team who helped save her. Pictured above, from left to right, are EMS Supervisor 82, Captain Larry Batiste; firefighter-paramedic

Ryan Smith; firefighter Michael Agina; firefighter Jesse Woolley; engineer/operator Zach Maher; engineer/operator-paramedic Jacob Johnson; Raymond Baylor; Edna Baylor (survivor); and senior 9-1-1 telecommunicator Earletha Land.

Also, five HFD members of Texas Task Force-1 honored the memory of their colleague, Captain Anthony

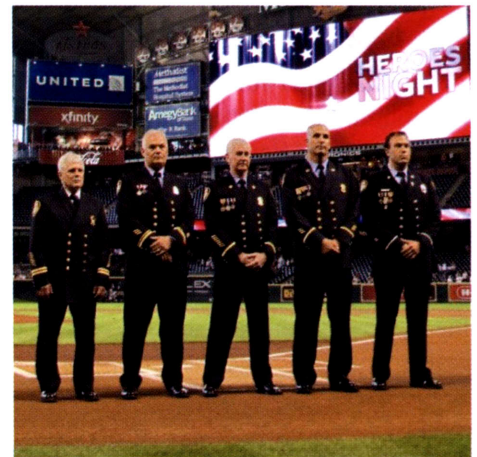


Photo by Diana Jean Rodriguez/HFD EMS.

UMC Brackenridge receives OSHA designation

University Medical Center Brackenridge is the first Level I trauma center in the U.S. to earn the Voluntary Protection Program (VPP) designation from the U.S. Occupational Safety and Health Administration (OSHA). Fourteen other hospitals are VPP-certified, but none of them are Level I facilities. A special, full-size "VPP" flag was presented by OSHA to UMC Brackenridge safety team leaders and members during a ceremony in September.

UMC Brackenridge earned

"Merit"-level VPP status after employees and managers developed and implemented safety processes and procedures that already are decreasing accidents and eliminating risks to nurses, physicians and others who work in the hospital. Designation as a VPP program is OSHA's official recognition of efforts by employers and employees working together to achieve exemplary occupational safety and health. Guided by OSHA, management and labor develop and establish cooperative relationships at workplaces and

implement a comprehensive safety and health management system.

In the U.S., injuries such as back strains and needle sticks among health care employees are trending downward, but health care injury rates are not improving as quickly as injury rates in most other occupations. At UMC Brackenridge in 2008, the injury illness rate was 7.5—slightly higher than today's national average. But today, after a three-year focus on improving safety, the rate is 5.0—a 33 percent improvement.

Local & Regional EMS News



Following a collision between a pick-up truck and a school bus, the EMTF 8 ambulance stationed at Schertz EMS was called into action for the first time. On the morning of September 4, a Schertz-Cibolo-Universal City Independent School District bus was rear-ended near Steele High School. After assessment and contacting the children's parents, the Cibolo Fire Department and Schertz EMS worked together to load 11 students and one adult onto the 20-person ambulance. They were then transported to Northeast Methodist Hospital. Without the ambulance, six ambulances and crews would have been utilized.

HCEC receives donation from Baker Hughes



In September, Houston-area nonprofit Harris County Emergency Corps (HCEC) received a \$100,000 donation from global oilfield services company Baker Hughes for the creation of the Baker Hughes-HCEC Education Center.

The Education Center will be located at HCEC's headquarters in

Houston and will be used to educate HCEC and other local paramedics on new advances in prehospital medicine. It will also serve as a center for community education initiatives, such as community CPR, first aid/safety courses and local community emergency response team classes.

HCEC and Baker Hughes first began collaborating when Baker Hughes approached HCEC regarding training for medical first responders for its Rankin Road campus in northern Harris County. That grew into training opportunities for other Baker Hughes facilities and mutual collaboration on community initiatives.

ETMC EMS bicycle response team responds during fair



East Texas Medical Center EMS's new bicycle response team had their first save on their first day at the East Texas State Fair in Tyler in September. While on patrol at the fair, the team received a call for assistance and was able to respond within two minutes to a cardiac arrest patient. Over the course of the fair, the bike team responded to more than twenty calls, including hypertension, hypo/hyperglycemia, heat exhaustion, abrasions, lacerations, falls and dizziness.

ETMC EMS bicycle response teams include 12 paramedics and EMTs who meet physical fitness standards, possess superior cycling skills, have a positive history with ETMC EMS and have completed training to ensure safe and efficient operations. Each EMS bike team is comprised of a paramedic and EMT. The team carries basic life support and advanced life support equipment, as well as other supplies to respond to any emergency. Most EMS cyclists utilize a rear rack bag to store the equipment on the bicycle.

Local & Regional EMS News

Cypress Creek EMS earns national award



Pictured, from left to right are Nick Cecere, Bradley J. England and Ruben Gonzales, Jr.

Cypress Creek Emergency Medical Services (CCEMS) was recently recognized for management excellence. An independent panel of judges selected Cypress Creek EMS as one of the Principal Financial Group's 10 Best Companies for

Employee Financial Security for 2012, for linking employee health to employee long-term financial security. The judges credited CCEMS for recognizing the critical tie between physical health and future financial health

and by maximizing a wide range of benefits designed to keep employees well.

In October Nick Cecere, Vice President of Principal Financial Group, presented the award to Ruben Gonzales, CCEMS Board president,

and to Bradley J. England, CCEMS Executive Director, at a community-wide event. This is the eleventh year for the nationwide award program that celebrates employers who are committed to providing for their employee's financial future and security. As part of the award, the Principal Financial Group gave \$2,500 to the charity of CCEMS' choice: His Grace Foundation, a Houston organization that provides physical, emotional and financial support for patients and families in the Bone Marrow Transplant Unit at Texas Children's Hospital. During the event, Patricia Harless, a state representative in District 126, also honored CCEMS with a resolution and the gift of a Texas state flag flown over the Capitol.

HCC Public Safety Institute open house debuts new technologies

The Houston Community College Northeast Public Safety Institute (PSI) recently received a donation from the Houston Livestock Show & Rodeo (HLSR) earmarked for the Emergency Medical Services department for the purpose of updating their existing technology. PSI simulation facilities now include patient simulation manikins that are capable of replicating human vital signs and receiving medication. A control room equipped with video and computer monitoring technology allows HCC Northeast instructors to observe students and control the manikin. An ambulance simulation lab features a fully equipped ambulance and communications system that will enable students to practice communicating with other first responders to coordinate care for patients. And an apartment simulation room lets students train for in-home



emergencies in a life-like setting.

At an open house held in September, Johnny Sessums, PSI director; Vickie L. May, Emergency Medical Services program director; and John Mayes, Fire Technology program director, led tours of the simulation facilities and expressed

their appreciation to HLSR donors. All of the public safety programs at HCC Northeast—police, fire technology and EMS—share the hands-on training facilities, including the new EMS simulators, a firing range, fire-rescue training tower, six-story burn building, driving track and water rescue pond.

The EMS Experience

Saluting those with 20 years or more in EMS

Paul E. Pepe, MD, MPH



Paul E. Pepe, MD, MPH

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

It was November 1, 1982, a Monday morning. I reported to the Houston Fire Department (HFD) headquarters as HFD's inaugural medical director. The entire command staff was there, quite curious to know what this new "entity" would be like and what impact it might have. Likewise, I was anxious to see what they needed and how I could support them.

At one point I asked if I could review "this past weekend's EMS run records." The group chuckled. We were talking about more than 1,000 incidents I'd be reviewing! Like the proverbial deer in the headlights, I began to realize the sheer magnitude of the new task I was taking on.

Then, a *very* wise (and visionary)

assistant fire chief, Dennis Holder, said, "Here, just go find out what our folks are facing out there on the streets!" He handed me an HFD "walkie-talkie" and keys to a "vintage" HFD response vehicle.

What happened over the next several years on the streets has been well-chronicled in scientific studies and media reports—and it laid the basis for a whole new subspecialty—EMS and prehospital medicine.

Which services have you worked for over the years?

I began my EMS career in 1977 as a naïve but enthusiastic assistant to the brilliant medical directors for the Seattle Fire Department, Drs. Leonard Cobb and Mike Copass. Serving there till my fall 1982 arrival in Houston, I remained at HFD until 1996 when I was recruited to Pennsylvania and became their Commonwealth Emergency Medical Director (statewide EMS medical director), a new position created for me. I held that post until 2000 when I moved back to Texas and became Dallas' director of Medical Emergency Services for Public Safety, Public Health and Homeland Security and medical director for the BioTel (EMS) system, now a time-honored collaboration of nearly 20 EMS agencies in metropolitan Dallas. Even while I was in Pennsylvania,

however, I maintained my Texas medical license and continued to serve our state as a medical director for AED programs in Texas.

Why did you get into EMS?

In Seattle, I was training as an ICU specialist, conducting high-profile research at the trauma center. But I began to appreciate, more and more, two principal concepts: 1) "The earlier the intervention, the better the results" (my #1 mantra); and 2) the need for intensive medical oversight of the entire continuum of care we called the "Chain of Survival/Recovery" (concepts later published in scientific papers). I advocated that on-scene interventions were not only critical to the patient's continuum of care, but could even drive better in-hospital management by early identification and initiation of the required level of interventions and by doing the research that determines what works and what doesn't.

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

Tremendously! Full-time medical direction is found in many large EMS systems, and EMTs, paramedics and first responders have become very sophisticated about quality assurance, patient safety and even research, largely because we now have technological advances that demonstrate better what we needed to improve upon—and what we haven't been doing so well (e.g., CPR quality issues and outcome data tracking).

Is there a particular moment or call that stands out?

Yes. At a news conference in 1996, I was asked what I was most proud of during my 14 years with HFD. Was it all the ground-breaking research HFD had accomplished? The dramatic increase in documented life-saving? The striking decline in complaints or the numerous media stories that visually recorded our cutting-edge trauma care? “No”, I said, “It was a particular case I responded to with an engine company when the closest paramedic unit was delayed trying to make it through that Friday afternoon’s rush-hour traffic.”

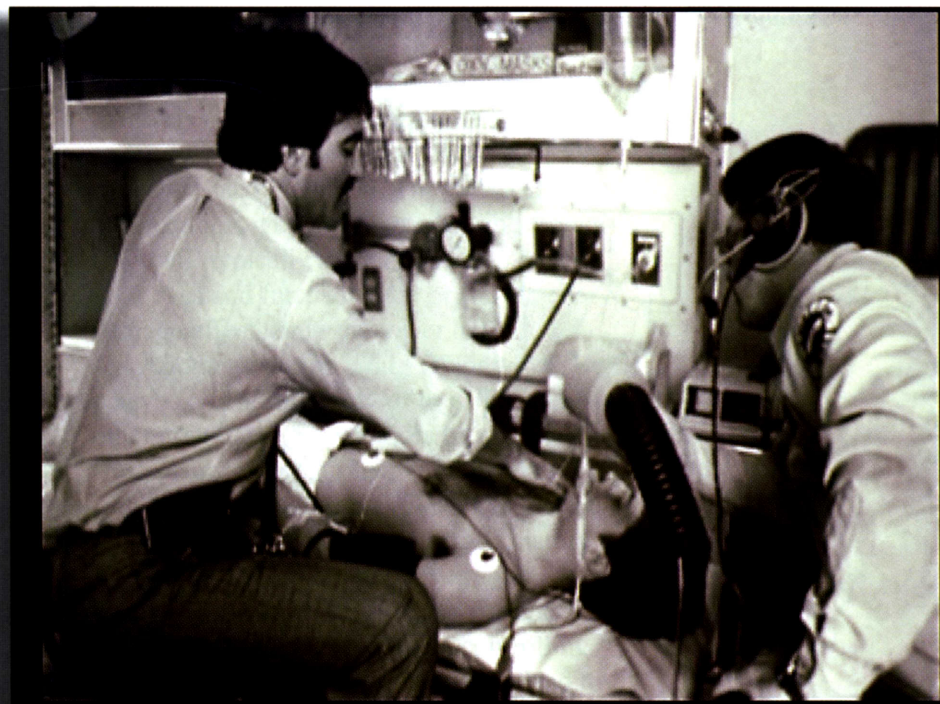
In that sad circumstance, a young boy had found his relatively young father (in his 40s) face down and lifeless at their home: an unwitnessed (and likely futile) cardiac arrest case. Our efforts, as expected, were not successful, but I decided to transport the man considering his age and the significant psycho-social aspects (that frightened young boy and his devastated mom were also our patients!).

As I prepared to drive away with the wife in my car, one of the HFD engine’s firefighters asked to speak to me.

Now this was in the early days when firefighters often resented being sent out as first responders on what often appeared to be non-emergent cases. I actually was expecting some related complaint, but instead, it became a great moment of pride.

Arising from the vehicle, out of earshot from the wife, that firefighter asked, with clear compassion, “Doc, is it okay if we stay back here a bit to clean up that vomit and blood in the bedroom? She doesn’t need to come back to that.”

What I was hearing was evidence of a new philosophical trend moving among the veteran firefighters — a new evolving sense of public service duties.



Pepe on Houston Fire Department ambulance November 1982

We in EMS and public safety as a whole are, in many ways, the ultimate public servants. Though a four-bugle chief at HFD, it was never beneath Dennis Holder to take his turn at chest compressions or pick up leftover on-scene trash following an expedited trauma transport—or to help an elderly woman out of her fire-ravaged home! That day I was witnessing a renewed sense of duty that was starting to unfold more and more in Houston—all because of EMS. It would make Chief Holder so proud! In turn, I am so proud of what EMS personnel across Texas now deliver to our patients—not just the outstanding medical care—but the tremendous sense of public service.

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

Making on-scene responses with EMS crews, be it for a major catastrophic event, or just the daily awkward, unpleasant sociological

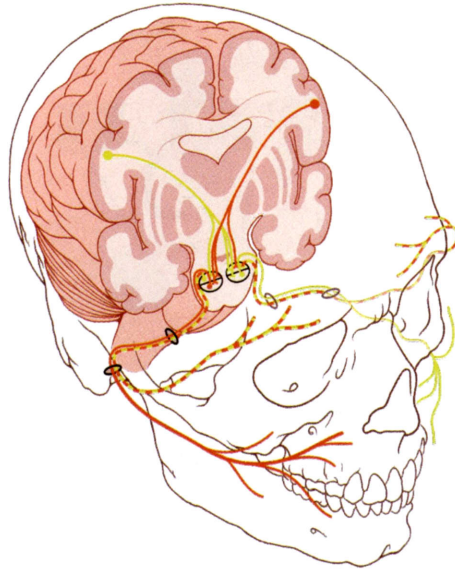


Pepe at Houston Fire Department dispatch 1989

situations. I find myself most content when I am on-scene helping out—and hopefully showing how much I care about those public servants in EMS who take care of us, day in and day out!

Bell's palsy: A common cause of facial paralysis

By Jolene E. Cormier, EMT-P, CHT



Facial nerve: the facial nerve's nuclei are in the brainstem. Orange: nerves coming from the left hemisphere of the brain. Yellow: nerves coming from the right hemisphere of the brain. Creative credits; Patrick J. Lynch, medical illustrator; C. Carl Jaffe, MD, cardiologist.

Objectives

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

1. Define Bell's palsy.
2. Be able to recognize and discuss the signs and symptoms associated with Bell's palsy.
3. Differentiate between the signs and symptoms associated with a cerebrovascular accident and those associated with Bell's palsy.
4. Discuss the prehospital interventions the EMT may expect to perform that would help treat and comfort a patient with Bell's palsy.

Introduction

Idiopathic facial paralysis, commonly known by the term Bell's palsy, is the most common cause of facial paralysis, affecting approximately 40,000 Americans annually according to the National Institute of Neurological Disorders and Strokes.¹ The condition is named for the Scottish surgeon who first described it in the 1800s, Sir Charles Bell.^{1,2} Bell's palsy can occur suddenly and produces stroke-like symptoms by causing unilateral or bilateral facial paralysis. The acute onset of facial paralysis, and its resemblance to stroke, is likely to cause high anxiety among people who develop the disorder. This may precipitate a call to EMS for medical assistance. There are many differences between Bell's palsy and a stroke; a basic knowledge of the disease process and how it affects the face will help paramedics recognize this condition and differentiate between the two neurological disorders.

Etiology

The VII cranial nerve (really a pair of nerves) is a facial nerve that originates in the brain stem between the pons and the medulla. This cranial nerve has both sensory and motor functions, but it is primarily a motor nerve responsible for controlling the muscles in the face. The right side of the face is controlled by one of the paired nerves and the left side by the other. Inflammation or trauma to the facial nerve appears to be the cause of the paralysis seen in Bell's palsy. It is very unlikely that both nerves will be affected—63 percent of the time the paralysis is seen only in the right side.²

The definitive cause of Bell's palsy remains unknown but ongoing research continues to provide clues. Many specialists believe a virus is to blame; often patients have reported having a viral infection prior to the onset of symptoms. Viruses possibly linked to the disorder include syphilis, herpes zoster, Lyme disease, HIV, Epstein-Barr, influenza and even the common cold.^{1,2} Some studies point to a correlation between Bell's palsy and the herpes simplex virus type 1 (HSV-1) which has been found postmortem in a collection of cranial nerve fibers called the geniculate ganglion.^{2,3} Another hypothesis points to edema and ischemia caused by compression of the facial nerve as the causative factor. The facial nerve travels through the temporal bone via a small canal called the facial or fallopian canal (known by both terms); compression of this nerve within that bony canal has been identified with the aid of MRI scans in patients suffering from Bell's palsy.²

Although the cause of the neurological disorder is unknown, research and tracking data do show certain populations to be at a higher risk of developing the disorder than others. These include women who are pregnant (who are over three times more likely to develop the disorder), diabetics and people older than 65 years of age. Besides a greater propensity for developing the neurological

condition, diabetics are also more likely to be the ones who will not have a complete resolution of symptoms, and they are more likely to experience a recurrence of the disorder.^{1,2} The peak age for Bell's palsy onset is during the third and fourth decades of life (between 20 and 40 years of age). A person with a recent history of the flu, a cold or an upper respiratory tract infection is also more likely to develop Bell's palsy; this is consistent with the theory that Bell's palsy is linked to a viral infection.¹ Finally, the disorder is more likely to manifest in the winter months, which could be due to the increased diagnosis of influenza during this same time period.²

Signs and symptoms

Bilateral paralysis due to Bell's palsy is very rare. Only 1 percent of Bell's palsy patients will have bilateral facial paralysis; also, out of all cases of bilateral facial paralysis only 23 percent can be attributed to Bell's palsy.^{1,2} The most common presentation for Bell's palsy is unilateral facial paralysis affecting the upper and lower portions of the face. The fact that it affects the forehead, eyes and mouth are important and will help with differentiating Bell's palsy from a cerebrovascular accident (CVA). This occurs because with Bell's palsy the peripheral facial nerve is damaged, not the central nerve. During a CVA the central nerve, the nerve running from the cortex to the brain stem, is damaged, resulting in only the lower half of the face being affected. To simplify matters, think of the brain being divided into left and right halves, then divide those halves again into top left, bottom left, top right and bottom right. The motor neuron tracts that control the forehead muscles originate from the brain stem; they divide and only one branch crosses over to the other side of the body just prior to leaving the brain. The tracts that control the lower half do not divide in this manner. This means motor control of the forehead is supplied by tracts coming from both sides of the brain. Injury in the brain to the central nerves will manifest as paralysis on the lower portion of the opposite side of the face; a CVA in the left hemisphere causes lower facial paralysis on the contralateral (right) side. If the injury is to the peripheral nerves, the crossover

and division has already occurred and the nerves serving that side of the face will be affected no matter which side of the brainstem they originated from. This is what happens with Bell's palsy, and it explains why the paralysis occurs on the same side as the lesion or injury and involves the entire side of the face (forehead included). This nerve structure also explains why a patient suffering from a CVA will typically not have trouble closing both eyes and furrowing the brow—the nerve damage affects only the lower half.

Another differentiating factor is that Bell's palsy is a condition only of the VII nerve—no other area of the body should be affected. Gait, grip strength, pronator drift and other tests used to determine weakness should be normal for that patient. The patient history will include an acute onset of the paralysis. Facial drooping should be evident and patients may complain of pain. The muscles controlling the mouth will be affected; this may lead to drooling and a loss of taste. Since the facial paralysis includes the muscles surrounding the eye, patients will often not be able to close their eyes. This leads to dryness, irritation and possible corneal abrasions. However, fluid may be coming from the eye because patients are unable to blink and hold back the normal fluid. Besides the acute onset of unilateral facial paralysis, patients with Bell's palsy may complain of pain behind the ear on the affected side.⁴

Diagnosis

Bell's palsy is a diagnosis of exclusion; all other possible causes of facial paralysis must be ruled out. These include Lyme disease, Guillain-Barré syndrome, Ramsay Hunt syndrome, meningitis and sarcoidosis. Ramsay Hunt syndrome is caused by an infection of the cranial nerves by the varicella zoster virus. Symptoms include a painful rash around the ears. A thorough patient history and assessment will help rule out many of these other possibilities and should include discussion of recent exposure to ticks, rash, fever, history of viral infection and the presence of ear pain.

Treatment

Bell's palsy is usually a transient condition that begins suddenly and whose symptoms



peak within 48 hours. After two weeks the symptoms will typically begin to subside and most completely resolve within six months; however, 10 to 20 percent of patients with Bell's palsy will have no resolution of their symptoms and the paralysis will be permanent.^{1,2} Patients are typically treated with a course of corticosteroids started within the first week after the onset of symptoms. Ideally, treatment should be started within 72 hours of onset.⁴ This may be combined with a round of antiviral drugs, such as acyclovir or valacyclovir, based on the theory that Bell's palsy may be linked to a viral infection. There is some evidence that prednisone may be more beneficial than acyclovir (which is used for the herpes virus) at treating the disorder and decreasing the amount of nerve degeneration.⁵ Artificial tears and an eye patch may also be prescribed to relieve eye dryness and irritation and to provide protection. There is no evidence to support the use of physical therapy, electrostimulation, heat pack or massage in the treatment of Bell's palsy.⁶ Studies supporting the use of acupuncture for treatment have been flawed in both study design and reporting.⁴

EMS

Because the disease symptoms are similar to that of a transient ischemic attack (TIA) or cerebrovascular accident, it is likely that many patients will call 9-1-1 when the symptoms appear. Most of these patients will be concerned that they are having a stroke, and they will be scared and anxious. As you respond, remember that Bell's palsy is the most common cause of lateral facial paralysis.

Upon arrival, note that the loss of motor control can affect the patient's airway, making him or her more susceptible to choking or aspiration from fluid or foods. Monitor the patient's airway and suction if required. As stated previously, to distinguish Bell's palsy from other causes of facial paralysis it is important to obtain a thorough patient history. Onset is typically acute; a slow onset of more than two weeks may suggest a mass lesion.⁷ Since Lyme disease can cause facial paralysis, it would be important to ask the patient about any possible tick exposure. Also ask them about exposure to the influenza vaccine; there is evidence the vaccine can also cause facial paralysis.⁷ Make note of any history involving

a rash, fever or any recent ear pain, as otitis media can lead to unilateral facial paralysis.

Most of these patients will also be experiencing discomfort because they are unable to close the eye on the affected side. If available, on-scene lubrication of the affected eye with artificial tears is important and can help comfort the patient.

Remember, Bell's palsy affects only the VII cranial nerve; the patient should not exhibit any pronator drift, and strength in the extremities should be normal and equal bilaterally. Pronator drift can be assessed by asking the patient to hold his or her arms at shoulder height with palms facing upwards. If one arm drifts downward, this is a positive test and is indicative of a central nervous system motor neuron lesion like that seen in CVA patients. Asking the patient to close his or her eyes while performing the test will exacerbate a positive result, making it more noticeable. Tapping the patient's palms in a downward motion toward the floor will make a positive result even more obvious. As with any patient presenting with neurological symptoms, a complete neurological assessment should be conducted. Even if Bell's palsy is suspected, any patient presenting with acute onset of facial paralysis should be transported to the emergency room for further evaluation.

Conclusion

Bell's palsy is the most common cause of facial paralysis around the world.² While certain patient populations are more at risk, it can affect people from any socioeconomic background, of any ethnicity or living in any area of the world. As a result, there is a strong likelihood emergency personnel will come into contact with someone suffering from this disease process. Due to its close resemblance to a cerebrovascular accident it is important for EMS personnel to have a familiarity with the disease process. Although every patient presenting with acute unilateral facial paralysis should be transported to the emergency room, knowledge of Bell's palsy may help paramedics better serve their patients by aiding in an early diagnosis.

This article is provided for education only. Always consult with your medical director and follow your local protocols in making treatment decisions.

About the author

Jolene Cormier is an EMT-P, CHT, and safety director at the Baylor North-Irving Coppell Hyperbaric and Comprehensive Wound Center. She started as a paramedic in Nova Scotia in 2002. She is currently completing her Bachelor of Science degree in emergency health services at the UT Health Science Center in San Antonio.

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Bell's palsy quiz

Scenario

You are called to the home of a 37-year-old man who is married with two young children. Even though it is a school day in November, all the family members are in the home because the two children are home sick with the flu. The patient reports experiencing numbness on the right side of his face about an hour ago. When he mentioned it to his wife, she noticed the facial paralysis on the right side and called 9-1-1 worried he may be having a stroke. When you arrive on scene the patient is alert and oriented but anxious; he is sitting in a chair in the kitchen and drooling profusely. You note facial drooping on the patient's right side, and fluid is leaking from the patient's right eye. Respiratory rate is slight tachypneic at 24 breaths per minute, skin is pink, warm and dry and heart rate palpated at the radial pulse is 112 beats per minute and regular.

1. The most appropriate action to take first is
 - A. Apply 100 percent oxygen with a non-rebreather mask
 - B. Check for track marks and other signs of drug abuse
 - C. Ensure a patent airway, suctioning if necessary

D. Start an IV with NS 0.9% as a drug route

2. You find out from the patient's wife that his medical history includes childhood asthma and seasonal allergies; he has no drug or food allergies; and he takes a multivitamin every day. The patient tells you he also has a headache that is worse behind his right ear. He has no other complaints. Which of the following are pertinent to report in the patient chart?

- A. No history of CVA, TIA, hypertension or diabetes
- B. Recent illness in family
- C. Acuteness of symptom onset
- D. Pain behind the right ear
- E. All of the above

3. The tachypnea and tachycardia in this patient are most likely due to

- A. Shortness of breath from an asthma exacerbation
- B. Anxiety
- C. A cerebrovascular accident affecting airway patency

4. Most patients who are afflicted with Bell's palsy are
- 10 to 20 years old
 - 20 to 40 years old
 - 30 to 50 years old
 - Over the age of 65
5. Pronator drift results consistent with a diagnosis of Bell's palsy would be
- Positive—you expect the patient to be able to hold his arms in place
 - Negative—you expect the patients arms / arm to drift downwards
 - Positive—you expect the patients arm/arms to drift downwards
 - Negative—you expect the patient to be able to hold his arms in place
6. Every patient diagnosed with Bell's palsy will be cured eventually with appropriate treatment.
- True
 - False
7. Because you suspect Bell's palsy in this patient and not a cerebrovascular accident, it is unnecessary for this patient to go to the hospital for further evaluation.
- True
 - False
8. The patient complains of burning and dryness in his right eye. This is due to
- The patient's history of seasonal allergies
 - The patient's pain from his right ear and headache is radiating to his right eye
 - Paralysis of the nerve that serves the eye muscles is preventing him from closing his eye
 - The patient is experiencing an aneurysm in the vessels in the right eye; this is common with a right-sided CVA
9. The patient's facial paralysis affects the forehead, eye and mouth; this indicates that the lesion or irritation of the nerve is located at the
- Central facial nerve in the right hemisphere
 - Central facial nerve in the left hemisphere
 - Peripheral facial nerve on the right side
 - Peripheral facial nerve on the left side
10. A patient suffering from a cerebrovascular accident would typically present with facial paralysis
- On the lower half of the face, contralateral to the injured neurons
 - On the upper half of the face, contralateral to the injured neurons
 - On the lower half of the face, same side as the injured neurons
 - On the upper half of the face, same side as the injured neurons
11. This patient may find immediate comfort in which of the following interventions?
- Supplemental oxygen administration
 - Aspirin to alleviate the headache
 - Scalp massage behind the right ear
 - Lubrication for the right eye
12. Viruses commonly linked to Bell's palsy include all of the following except
- Rabies virus
 - Herpes simplex type 1
 - Influenza
 - Epstein-Barr
13. A person may be more likely to develop Bell's palsy if they have any of the following histories/conditions except
- Previous history of CVA
 - Diabetes
 - Currently pregnant
 - HSV type 1 virus
14. A patient with a history of diabetes is at an increased risk of not experiencing a full recovery and being diagnosed with Bell's palsy more than once.
- True
 - False
- Scenario**
- Your patient is a 65-year-old female who reports acute onset of facial paralysis about one hour ago. She has a medical history of hypertension and IDDM (insulin-dependent diabetes mellitus); both are well controlled with medications. She tells you that she has been sick recently with the flu but has been taking all of her medications as regularly prescribed. When she performs the smile test there is obvious asymmetry with drooping of the mouth on the right side. She has a positive pronator drift test and is able to raise both eyebrows.
15. Given the information so far, you suspect this patient's diagnosis may be which of the following?
- Drug overdose
 - Bell's palsy
 - Cerebrovascular accident
 - Idiopathic facial paralysis
16. With this diagnosis, the signs and symptoms indicate this patient's nervous system damage is located where?
- Central nerves in the right hemisphere
 - Central nerves in the left hemisphere
 - Peripheral nerves on the right side
 - Peripheral nerves on the left side

This answer sheet must be postmarked by December 20, 2012
CE Answer Sheet Texas EMS Magazine

Bell's palsy
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.

- | | | | | | | | | | | | | | | | | | | | |
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| 1. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 11. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | |
| 2. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | E. | <input type="checkbox"/> | 12. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 3. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | | | 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"/> | | | | | | |
| 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"/> | | | | | 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"/> | | | | | | | | | | | | | | | |
| 8. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | | | | | | | | | | |
| 9. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | | | | | | | | | | |
| 10. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | | | | | | | | | | |

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

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.

A-Blessed EMS, LLC, dba A-Blessed EMS, Nacogdoches, TX. February 9, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Advanced Cardiac and Trauma EMS, Inc., Weslaco, TX. December 19, 2011, reprimanded for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(7), 157.11(i)(2), 157.11(j)(1), 157.11(j)(7)(A) and 157.11(m)(1) related to failing to prominently display vehicle authorization and failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Alaniz, Carlos C., Katy, TX. June 10, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(7), 157.36(b)(14), 157.36(b)(19) and 157.36(b)(30) related to taking possession of patient's prescription drug and failure to return medication per protocols.

Alsaleh, Inc., dba National Care EMS, Houston, TX. June 10, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Amana Care, Inc., Houston, TX. June 3, 2012, revocation for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 156.16(d)(19) related to failure to notify department of a change in medical director and failure to respond to depart-

ment request for information.

Ambu-Care EMS, LLC, dba Ambu-Care EMS, Richmond, TX. May 28, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations, failing to assure critical patient care equipment has spare batteries or an alternative power source and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Ambulance Transportation Services, LLC, McAllen, TX. December 30, 2011, reprimanded 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 have crew members properly identified by name, certification level and/or provider name.

AMR-Dallas, Farmers Branch, TX. February 9, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) 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.

Anointed EMS Inc., Houston, TX. June 24, 2012, revocation for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 156.16(d)(19) related to failure to notify the department of a change of its medical director and failure to respond to the department's request for information.

Anson General Hospital EMS, dba Anson EMS, Anson, TX. August 6, 2012, assessed a \$800.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have current protocols, equipment, supply and medication list maintained on vehicle; and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Arnold, Jeffrey W., San Antonio, TX. June 10, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(24), 157.36(b)(28) and 157.36(b)(29) related to receiving deferred adjudication for the state fail felony offense of theft-welfare fraud, failure to disclose said criminal history on a renewal application and failure to respond to the department's request for information.

Arteaga, Eliseo, Houston, TX. June 29, 2012, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(7) and 157.36(b)(28) related to failure to properly assess, document patient care on PCR, obtain refusal form and contact supervisor or medical control for non-transport.

Bamburg, Johnny D., Dallas, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(21), 157.36(b)(22), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(30) related to causing bodily injury to a person by impeding normal breathing and circulation by applying pressure to the throat and neck, receiving deferred adjudication for 3rd degree felony offense of assault, failure to notify the department within 30 days of court order and failure to respond to the department's request for information.

Bates, Jodee S., Odessa, TX. May 13, 2012, reprimanded for violating EMS Rule §157.36(b)(7) related to failing to follow medical director's protocols.

Bovina EMS, Bovina, TX. December 19, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §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.

Bruton, Jeffery B., Kerrville, TX. July 31, 2012, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(7), 157.36(b)(9) and 157.36(b)(28) related to falsifying a patient care report and allowing an EMT to perform advanced level skills.

Bulloch, David L., Round Rock, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(5), 157.36(b)(18), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23) and 157.36(b)(24) related to a conviction of theft of service by check, failure to notify the department within 30 days of conviction, failure to disclose said criminal history on a renewal application and failure to respond to the department's

request for information.

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.

Bryson Volunteer EMS, Inc., Bryson, TX. July 31, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Cardiomax EMS, LLC, Houston, TX. April 17, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(j)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, certification or license level and provider name, and failing to display vehicle authorizations.

Carr, Joe D., Austin, TX. June 10, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(21), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(30) related to receiving deferred adjudication for misdemeanor assault causing bodily injury-family violence, failure to disclose said criminal history on a renewal application and failure to respond to the department's request for information.

Causby, Ronald L., Tulsa, OK. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(19), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to misappropriating and/or adulterating while on duty several vials of Ativan (Lorazepam), Fentanyl, Zofran and Bendryl, and injecting into his body Ativan (Lorazepam) without authorization from a physician or his employer's medical director.

Chavarria, Hugo A., El Paso, TX. July 26, 2012, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(18) and 157.36(b)(30) related to falsifying ambulance internship documents while attending an EMT-paramedic program.

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 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.

Clinicare EMS, Inc., Alvin, TX. September 12, 2012, assessed a \$7,500.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(i)(2), 157.11(j)(1) and 157.11(m)(11) related to failing to display the vehicle authorization in the patient compartment of each vehicle; failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have current protocols, equipment, supply and medication list maintained on vehicle; and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Colorado County EMS, Columbus, TX. May 4, 2012, 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 staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate.

Coppell Fire Department, Coppell, TX. May 4, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(3) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Cox, James M., North Richland Hills, TX. December 21, 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.

Cox, Robert E., Anson, TX. March 13, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(28) and 157.36(b)(30) related to three counts of for felony deferred adjudication for fraudulently obtaining quantities of the prescription drug hydrocodone from various physicians on numerous occasions.

Crosbyton Clinic Hospital EMS, Crosbyton, TX. June 29, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(i)(2), 157.11(j)(5) and 157.11(m)(11) re-

DISCIPLINARY ACTIONS

lated to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to have provider license number displayed on vehicle, failing to have current protocols, equipment, supply and medication list maintained on vehicle, and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Diames EMS, Inc., dba Diames EMS, Richmond, TX. May 9, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(4), 157.11(i)(3), 157.11(j)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations; and failing to assure protocols, equipment, supply and medication lists are maintained on EMS vehicles.

DeSoto Fire Rescue, DeSoto, TX. September 19, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(3) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; and failing to have current protocols, equipment, supply and medication list maintained on vehicle.

Double Daniels, LLC, dba Double Daniels Ambulance Service, Houston, TX. April 17, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Duracare Emergency Medical Services, Inc., Houston, TX. July 31, 2012, assessed a \$1,200.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Eagle Mountain Fire Department, Fort Worth, TX. February 9, 2012, 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 have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and staffing an EMS ambulance vehicle with a person that had an expired DSHS-issued license and/or certificate.

ESHNA, Inc., dba Lake Whitney Medical Center EMS, Whitney, TX. March 21, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(g)(3), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to have crew members properly identified by name, certification level, and /or provider name and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Espinoza, Paul Jr., San Antonio, TX. July 17, 2012, reprimanded for violating EMS Rules §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.

Fiszer, Saul A., Houston, TX. June 10, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(30) related to an arrest for three counts of possession of child pornography and failure to notify the department within 10 days of arrest.

Follett Hospital District, dba Follett EMS, Follett, TX. July 23, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(j)(1) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have provider license number displayed on vehicle; and failing to have current protocols, equipment, supply and medication list maintained on each vehicle.

Future EMS, Inc., dba Vanguard EMS, Houston, TX. July 31, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(m)(20) and 157.16(d)(19) related to failing to notify the department within one business day of a change in medical director.

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.

Garcia, Alfredo L., Weslaco, TX. March 16, 2012, twelve (12) month probation with conditions for violating EMS Rules §157.36(c)(1) and 157.36(c)(3) related to two convictions for the state jail felony offense of driving while intoxicated with a child passenger under 15 years of age and conviction of the misdemeanor offense of driving while intoxicated.

Gonzalez, Francisco, Brownsville, TX. July 4, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for intoxication assault and failure to stop and render aid.

Hart, Leslie K., Longview, TX. June 12, 2012, reprimand for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to falsifying clinical documents.

Hartley VFD, Inc., dba Hartley Volunteer EMS, Hartley, TX. May 4, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(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.

Haskell County Ambulance Service, Inc., Haskell, TX. July 31, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have current protocols, equipment, supply and medication list maintained on vehicle; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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.

Hernandez, Gustavo C., El Paso, TX. December 30, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(27) and 157.36(b)(28) related to a misdemeanor conviction for assault, two misdemeanor convictions for driving while intoxicated and misdemeanor possession of marijuana.

Higgins, Gregory T., Fort Worth, TX. February 22, 2012, reprimand 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.

Hillsboro Fire Rescue, Hillsboro, TX. July 26, 2012, assessed a \$5,900.00 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 staffing an EMS ambulance vehicle with a person that did not hold a DSHS-issued license and/or certificate.

Hillcrest EMS, Inc., San Antonio, TX. September 21, 2012, assessed a \$24,000.00 administrative penalty for violating EMS Rules §157.11(c)(2), 157.16(d)(14), 157.11(i)(2), 157.11(i)(3), 157.11(j)(1), 157.11(j)(7)(1), 157.11(m)(1), 157.11(m)(4), 157.11(m)(5) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate; failing to display the vehicle authorization in the patient compartment of each vehicle; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Hinze, Marilyn S., Weimar, TX. September 14, 2012, rep-

rimanded 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.

James, Alan C., Buda, TX. July 17, 2012, reprimanded for violating EMS Rules §157.36(b)(22), 157.36(b)(24), 157.36(b)(25) and 157.36(b)(28) related to receiving deferred adjudication and a conviction for two misdemeanor obstruction of a highway and failure to notify the within 10 days of being arrested for driving while intoxicated on two occasions.

JCSJ Emergency Medical Group, Inc., dba Medic One Medical Response, Farmers Branch, TX. July 25, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(3), 157.11(j)(5) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

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.

Jennings, Brenda, dba Cotulla EMS, Cotulla, TX. January 27, 2012, reprimanded for violating EMS Rules §157.11(m)(2)(A), 157.11(m)(2)(E) and 157.16(d)(8) related to allowing a minor to ride out on EMS ambulance, failing to monitor the quality of patient care and failing to take appropriate corrective action on personnel after personnel performed advanced level of care without calling for online medical control.

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) 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.

La Marque Fire/Rescue, La Marque, TX. June 21, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) 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.

Lancaster Fire Department, Lancaster, TX. August 2, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(3) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Lazbuddie Volunteer Fire Department, Inc., dba Lazbuddie EMS, Lazbuddie, TX. December 2, 2011, reprimanded for violating EMS Rules §157.11(d)(1), 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.

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.

Lone Star Ambulance, Inc., Richardson, TX. May 22, 2012, assessed a \$300.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(i)(2), 157.11(j)(3), 157.11(j)(5) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations, failing to assure critical patient care equipment has spare batteries or an alternative power source and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Marak, Brenda L., Hungerford, TX. April 1, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(15), 157.36(b)(18), 157.36(b)(21), 157.36(b)(24) and 157.36(b)(28) related to receiving a state jail felony

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deferred adjudication for theft and failing to disclose said criminal history on a renewal application; and failing to give the department true and complete information when requested.

Martinez, Brittany R., Houston, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(30) related to an arrest for the felony offense of solicitation of capital murder and failure to notify the department within 10 days of arrest.

Martinez, Mariza, Dallas, TX. June 24, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for intoxicated manslaughter with vehicle and intoxicated assault with vehicle causing serious bodily injury.

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.

Med-Care EMS, Inc., McAllen, TX. February 17, 2012, assessed a \$750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(h)(2), 157.11(i)(2), 157.11(j)(5)(A), 157.11(m)(1), and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations, failing to display provider name and license number on ambulance, and failing to have current protocols, current equipment, supply and medication lists, and the correct original vehicle authorization.

Medex Transportation Services, Inc., McAllen, TX. January 19, 2012, reprimanded for violating EMS Rules §157.11(b)(2), 157.11(i)(2), 157.11(j)(1) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Medical and Trauma Specialist, LP, McAllen, TX. December 19, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(4), 157.11(j)(5), 157.11(m)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failure to properly identify crew by name, certification level and/or provider name.

Medico Enterprises, Inc., dba Medi Swat EMS, Houston, TX. July 31, 2012, assessed a \$1,001.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Medtran Services, LLC, dba Medtran Service Company, Houston, TX. December 19, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(m)(20) and 157.16(d)(19) related to failing to notify the department within one day of a change in medical director.

Miller, Jennifer J., Tyler, TX. February 29, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(15), 157.36(b)(18), 157.36(b)(21), 157.36(b)(27) and 157.36(b)(30) related to receiving a deferred adjudication for misdemeanor theft of property, failing to disclose the criminal history on recertification application and failing to give the department true and complete information when asked.

Mims Volunteer Fire Department, dba Mims VFD & Ambulance, Avinger, TX. August 2, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(4) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

Motley County Ambulance Service, Matador, TX. June 5, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(d)(7) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have provider license number displayed on vehicle.

Mullen, Sean P., Lavon, TX. June 3, 2012, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to failure to follow protocols by obtaining medical direction to authorize removal of foley catheter.

Murray, Justin W., Lufkin, TX. August 2, 2012, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance ve-

hicle with an expired DSHS-issued license and/or certificate. **Mustapha, Ralfu, dba Alpha EMS Ambulance Service**, Garland, TX. May 11, 2012, reprimanded for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(7), 157.11(j)(1), 157.11(m)(1) 157.11(m)(5) and 157.16(d)(12) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, EMS crew failing to be properly identified by last name, certification or license level and provider name, and failing to give the Department information when requested. **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.

O'Hara Flying Service II LP, dba Air Ambulance Stat, Amarillo, TX. February 24, 2012, assessed a \$3,751.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(5), and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have current protocols, current equipment, supply and medication lists and the correct original vehicle authorization.

Oji, Ike, dba Deluxe EMS, Houston, TX. May 22, 2012, reprimanded for violating EMS Rules §157.11(m)(25), 157.11(m)(26), 157.16(d)(19) and TTC §601.051 related to failure to maintain motor vehicle liability insurance and professional liability insurance.

Palm Valley EMS, dba Texas Medical Transport, McAllen, TX. December 19, 2011, reprimanded for violating EMS Rules §157.11(c)(2)(D), 157.11(j)(7)(I) and 157.11(m)(1) related to failing to prominently display vehicle authorization, failing to have present emergency response guide book and failing to assure that vehicles are maintained, operated, equipped and staffed.

Pantuso, Patrick D., Arlington, TX. July 4, 2012, revocation for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(30) related to an arrest for 2nd degree felony offense of arson and failure to notify the department within 10 days of arrest.

Pargas, Joe M., Cotulla, TX. February 18, 2012, reprimanded for violating EMS Rules §157.36(b)(5), 157.36(b)(7), 157.36(b)(28) and 157.36(b)(30) related to allowing his minor son to ride out on ambulance calls and performing advanced level treatment without proper medical direction.

Patriot EMS Group, Inc., dba Patriot EMS, Houston, TX. February 11, 2012, assessed a \$7,600.00 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 have EMS ambulance vehicle(s) adequately equipped and supplied at all times and staffing an EMS ambulance vehicle with a person that had an expired DSHS-issued license and/or certificate.

Paul K. Ozoigbo, dba County Ambulances, Garland, TX. February 3, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have current protocols, current equipment, supply and medication lists, and the correct original vehicle authorization.

Pena, Jason, dba South Point EMS, Elsa, TX. May 9, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §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.

Phillips, Lawrence C., Odessa, TX. February 23, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to submitting untruthful and/or inaccurate statements and/or information during an official investigation.

Portillo, Jaime H., Donna, TX. June 24, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section

53.021(b) related to a felony conviction and imprisonment for conspiracy to possess, with intent to distribute, 161.98 kilograms of marijuana and 26.94 kilograms of cocaine.

Powell Professional Services, LLC, dba Guardian Emergency Medical Services, Columbus, TX. May 11, 2012, assessed a \$1,600.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(i)(2), 157.11(i)(3), 157.11(j)(5), 157.11(j)(7)(I) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and EMS crew failing to be properly identified by last name, certification or license level and provider name.

Powell Professional Services, LLC, dba Guardian Emergency Medical Services, Columbus, TX. May 9, 2012, reprimanded for violating EMS Rules §157.11(m)(3), 157.11(m)(12) and 157.11(m)(32) related to failing to monitor the quality of patient care provided, take corrective action and enforce compliance with SOP's and/or policies.

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. January 17, 2012, assessed a \$22,500.00 administrative penalty for violating EMS Rules §157.11(m)(2), 157.11(m)(2)(A), 157.11(m)(3), 157.11(m)(8), 157.11(m)(9), 157.11(m)(10), 157.11(m)(12), 157.16(c), 157.16(d)(12) and 157.16(d)(19) related to failing to monitor staff by not adhering to a continuous quality improvement plan and/or not reviewing patient care reports and failure to give the department information upon request.

PVC EMS, Inc., dba Synergy Ambulance Service, Houston, TX. August 2, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(d)(4), 157.11(j)(1) and 157.11(m)(11) related to failing to display the vehicle authorization in the patient compartment of each vehicle; failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have an environmental system capable of cooling the patient compartment at all times; and failing to have current protocols, equipment, supply and medication list maintained on vehicle.

Pyse, Christopher J., Houston, TX. February 29, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24) and 157.36(b)(28) related to receiving a deferred adjudication for a Class B misdemeanor offense of theft and failing to give the department true and complete information when requested.

Quitauque Volunteer Ambulance Service, Quitauque, TX. April 17, 2012, assessed a \$2,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to assure protocols, equipment, supply and medications list are maintained on each vehicle.

Ramirez, Enrique, Weslaco, TX. February 23, 2012, reprimanded for violating EMS Rules §157.36(b)(9), 157.36(b)(21), 157.36(b)(26) and 157.36(b)(28) related to failing to provide appropriate level of patient care and failing to give the department true and complete information when requested.

Reid, Misty S., Abilene, TX. June 10, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(27) and 157.36(b)(30) related to pleading guilty to misdemeanor assault, conviction for misdemeanor disorderly conduct, deferred adjudication for felony possession of a controlled substance - methamphetamine, deferred adjudication for state jail felony theft and failure to respond to the department's request for information.

Rhodes, Lashanthi T., Houston, TX. April 17, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18) and 157.36(b)(29) related to receiving a misdemeanor deferred adjudication for theft.

Rodriguez, Thomas, Houston, TX. July 4, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(28) related to a conviction for misdemeanor offense of driving while intoxicated, failure to notify the department within

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10 days of arrest, and conviction for class A misdemeanor offense of driving while intoxicated second offender.

Rojas, Pablo M., San Benito, TX. January 20, 2012, reprimanded for violating EMS Rule §157.36(b)(21) related to failure to give the department information upon request.

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.

Safe Response Medical Transportation, Pearland, TX. March 22, 2012, assessed a \$10,000.00 administrative penalty for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 157.16(d)(19) related to failing to notify the department when a change of medical director had occurred and failing to give the department true and complete information when asked.

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.

Sauceda, Randy, Rio Grande City, TX. December 21, 2011, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(30) related to receiving a deferred adjudication for a second degree felony offense of possession of marijuana.

Schafer, Chad W., Del Rio, TX. June 5, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14) and 157.36(b)(30) related to illegally possessing a patient record without authorization.

Select EMS, Inc., Houston, TX. July 19, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(j)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have current protocols, equipment, supply and medication list maintained on vehicle; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Sepulveda, Joseph A., El Paso, TX. July 26, 2012, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(18) and 157.36(b)(30) related to falsifying ambulance internship documents while attending an EMT-paramedic program.

Silvas, Lisa, Corpus Christi, TX. June 14, 2012, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(16), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24), 157.36(b)(25) and 157.36(b)(28) related to a misdemeanor conviction for driving while intoxicated, conviction for felony burglary of a habitation, failure to notify the department within 30 days of said conviction, failure to disclose said conviction on a renewal application and failing to respond to the department's request for information.

Sorenson, Christopher G., Bedia, TX. July 9, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for indecency with a child.

South Star Ambulance Service Inc., Weslaco, TX. December 16, 2011, assessed a \$250.00 administrative penalty for violating EMS §157.11(j)(1), 157.11(i)(2) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

South Wheeler County Hospital District, dba Wheeler County EMS Shamrock, Shamrock, TX. July 31, 2012, assessed a \$350.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

Southlake DPS, Southlake, TX. May 13, 2012, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate.

Star Med EMS, Inc., Houston, TX. May 29, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules

§157.11(d)(1), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have EMS crew properly identified by, last name, certification or license level and provider name.

Starlight EMS, Inc., Houston, TX. July 31, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(d)(7), 157.11(i)(2) and 157.11(j)(1) related to failing to display the vehicle authorization in the patient compartment of each vehicle; failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to assure critical patient care equipment has spare batteries or an alternative power source; failing to have current protocols, current equipment, supply and medication lists; and failing to prominently display the EMS provider license on both sides of the vehicle.

St Joseph's Ambulance Service, Inc., Houston, TX. August 22, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(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 have EMS crew properly identified by, last name, certification or license level and provider name.

St. Jude Ambulance, LLC, Sugarland, TX. July 31, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(4), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have an environmental system capable of cooling the patient compartment at all times; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Stonewall County Ambulance Service, Aspermont, TX. February 16, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have current protocols, current equipment, supply and medication lists, and the correct original vehicle authorization.

Sundown EMS, Sundown, TX. September 19, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Sylla Corporation, dba Trans American EMS, Dallas, TX. May 9, 2012, assessed a \$2,500.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(7), 157.11(j)(1), 157.11(m)(1) and 157.11(m)(5) related to failing to display vehicle authorization, failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and EMS crew failing to be properly identified by last name, certification or license level and provider name.

TC Care Ambulance Services, Inc., dba TC Care EMS, Houston, TX. June 24, 2012, revocation for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(1), 157.11(m)(20), 157.16(d)(12) and 157.16(d)(19) related to failure to notify the department of a change of its medical director, failure to respond to the department's request for information and violating any local, state, or national code or regulation.

Tiger EMS, Inc., dba Tiger EMS, Longview, TX. March 16, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(1) and 157.11(m)(5) related to related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and failing to have crew members properly identified by name, certification level, and/or provider name.

Tiger EMS, Longview, TX. August 2, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(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 have EMS crew properly identified by last name, certification or license level and provider name.

Tinkler, Emerson W., Fort Stockton, TX. May 11, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to submitting inaccurate statements during an investigation.

Turkey EMS, Turkey, TX. May 4, 2012, assessed a

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).

\$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(4) 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.

Union EMS, LLC, dba All Life EMS, Houston, TX. July 17, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

Uvalde EMS, Inc., Uvalde, TX. September 10, 2012, assessed a \$2,650.00 administrative penalty for violating EMS Rules §157.11(m)(4), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Veliz, Juan G., Mission, TX. March 13, 2012, 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 an ambulance to illegally possess and/or transport approximately 237 pounds of marijuana.

Vera, Kevin A., Raymondville, TX. April 1, 2012, revocation pursuant to Chapter 53 of the Texas Occupations Code, Section 53.021(b), based on a felony conviction for sexual assault of a child.

Ward, Tonia D., dba Ward's Emergency Service, Houston, TX. March 19, 2012, assessed a \$45,000.00 administrative penalty for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 157.16(d)(19) related to failing to notify the department when a change of medical director has occurred and failing to give the department true and complete information when asked.

Westlake VFD, Inc., Katy, TX. July 31, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Williams, Emily M., Corpus Christi, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(23), 157.36(b)(27), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to an arrest for intoxication manslaughter with a vehicle, arrest for assault causing bodily injury, failure to notify the department with 10 days of arrests, and failure to respond to the department's request for information.

Wolforth EMS, Wolforth, TX. December 30, 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.

Woods, Terry W., Odessa, TX. May 11, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to submitting inaccurate statements during an investigation.

Meetings & Notices

Jobs

Cuero Community Hospital:

Now hiring full- and part-time paramedics. We offer competitive wages, retirement, insurance and much more. For more information contact human resources at (361) 275-0522 or visit www.cuerohospital.org/employ.shtml for an application. +

CareFlite: Paramedic applications are now being accepted for full-time open positions in ground ambulance and 9-1-1/EMS operations. Experience preferred but new medics are encouraged to apply. Visit www.careflite.org to submit your application. CareFlite is an equal opportunity employer. *

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.

Allegiance Ambulance:

Seeking qualified EMT and paramedic applicants for both full- and part-time positions. Allegiance provides both emergency (9-1-1) and non-emergency services in the DFW metroplex, Bryan/College Station, San Jacinto County and Leon County areas. Learn more about us and download an application at www.allegiance-ambulance.com. For additional information please contact Charlie Lynn at (855) 835-2424 ext. 2111. *

Biotest Pharmaceuticals

job opening: Performs physical examination of donors and potential donors, including blood pressure and review of body systems. Graduation from a recognized educational program such as nursing, paramedic or physician assistant with current certification/licensure and one to two years of experience in health care required. Fax resume to Biotest Pharmaceuticals at (210) 224-4337 or call (210) 224-1749 for more information.*

Miscellaneous

CCEMT-P Course:

Offered under the auspices of the University of Maryland, Baltimore County, the course will be conducted at the Mabee EMS Training Center at CareFlite in Grand Prairie, Texas. The course dates are November 4–17, 2012. Information and registration are

available at www.careflite.org. +

ABLE1 Rescue Training:

We offer training for emergency service providers, including wilderness emergency care, rope rescue, search and rescue, man tracking and incident command. Contact ABLE1 Rescue Solutions for all your back-country and/or wilderness rescue training needs. Visit www.able1rs.com or email training@able1rs.com.*

Formal refresher/recertification courses: EMR (ECA) and EMT-B National Registry and Texas DSHS courses available. LifeStart Training & Consulting, LLC, offers DSHS-approved formal recertification courses twice a month in our school in Austin, Texas. In just a few days of class you can meet all the requirements for either Texas or National Registry recertification. Classes include lecture, skills, scenarios and discussion. Sample the Austin night-life while meeting your certification requirements. Visit www.lifstart.us for more details or call (512) 614-7556. *

Specialized Billing and Collection Systems of Texas:

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Meetings & Notices

requirements and utilize the latest computer hardware and software technologies, providing higher rates of returns. For more information contact Bruce Glover at (800) 999-2417 ext. 214 or visit www.specializedbilling.com.*

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

Firefighter continuing education: is available online at www.FirefighterCE.com. FirefighterCE is accepted by the Texas Commission on Fire Protection. Visit www.FirefighterCE.com for a free test-drive today or call toll free at (888) 447-1993. *

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

Looking for an EMS billing company?: Health Claims Plus is an EMS/fire billing company located in Liberty, Texas. Health Claims

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

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

National Registry skills testing: TEEX is proud to announce that we are an NREMT Advanced Practical Exam site, able to accommodate Intermediate 85, Intermediate 99 and Paramedic exams. For more information about exams or to register, please contact Donna McGee at (979) 458-2998 or

email at Donna.McGee@teex.tamu.edu. +

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

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

+ This listing is new to the issue.

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

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 Susie Jechow, LP

EMS Profile: Val Verde Regional Medical Center EMS

About us: Val Verde Regional Medical Center EMS is a hospital-based 9-1-1 and MICU hospital-to-hospital emergency transfer service located in Del Rio. The service area is Val Verde County, which covers 3,200 square miles, an area larger than the state of Rhode Island.

Number of personnel: Nineteen paramedics, four intermediates, seven EMTs make up the staffing at VVRMC EMS. Three of these are currently enrolled in paramedic class.

Years of service: VVRMC EMS began its service in 1978 when a local funeral home service delivered their two van ambulances to the hospital ER. It has since developed into an almost all-paramedic service. Over the years, our exemplary staff have received the DSHS Public Provider Award (1989), EMS Educator Award (2005) and EMS Director Award (2007) among other local awards and recognitions.

Number of units: The fleet is made up of six MICU Type I or III ambulances. The newest members of the fleet have onboard generators,



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allowing for continued electrical function without running the engine.

Number of calls: The 9-1-1 service responded to 4,165 in 2011; 71 percent of them were emergency calls. Also in 2011, the service transported 303 patients to San Antonio area hospitals.

Current activities: The staff works 24-hour shifts, one shift on and three off. On days off, staff can sign up for transfer call, community outreach programs or EMS class instructing. Injury Prevention programs are numerous, as the staff are routinely involved in preschool and school activities, community health events and stand-bys at high school athletic events. Two of the staff are certified child passenger seat

technicians, and VVRMC EMS has adopted safe transport methods for children in ambulances. Two of our EMS dispatchers are also EMTs and all monitor telemetry at the medical center.

VVRMC EMS works closely with the EMS Academy in order to “grow our own” EMTs and paramedics. The second paramedic class course finished this past June has provided the southwest area of Texas a total of 26 paramedics. The Academy also provides continuing education through the AHA Training Center with all level courses, provides other “alphabet” courses, and offers QI-driven programs to provide service that includes waveform capnography, 12-lead ECG and EZ IO.

