

Texas EMS

Serving Texas Emergency Care Professionals



**Triplets delivered
in ambulance**
page 16

**Volunteers scale
tower for rescue**
page 18

CE: Bedbugs!
page 28

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Above, Bandera County EMS and Medina Lake Volunteer Fire Department medics helped to deliver Carsyn, Tristyn and Reese in an ambulance on August 20, 2010.

On the cover, Wise County EMS medics and a firefighter remove a patient from a rollover crash. Photo by Joe Duty.

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
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Suite N-410
Austin, TX 78754
(512) 834-6700

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

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

East group
5425 Polk St., Suite J
Houston, TX 77023
(713) 767-3333

South group
401 E. Franklin, Suite 200
PO Box 9428
El Paso, TX 79901
(915) 834-7709

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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M a g a z i n e

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On the calendar: Another busy year

How can it already be March? I'm still delivering Christmas presents to friends I haven't been able to connect with since before the holidays. Of course, we are busy here with the legislative session. DSHS must analyze any bill that affects us and provide an estimate of the cost of implementation. Already, the Regulatory Division, including EMS, has been sent scores of bills to peruse. The regular session of the Legislature ends on May 30. The July/August issue of Texas EMS Magazine will carry a rundown of all the legislation that affects EMS and trauma systems. To look up what's happening with a particular bill, go to www.capitol.state.tx.us.

Calling all educators! Have a hankering to do a presentation at Texas EMS Conference? Better hurry. The Call for Presentations deadline is March 11. Texas EMS Conference happens November 20-23 in Austin. Preconference happens November 19 and 20th. Call or write if you have any questions. Conference will be here before we know it.

We debut a new kind of profile on the back page this issue: Blinn College. This is the first time we've had an educational program on the back page. If your service or education program is interested in being profiled, please write me at kelly.harrell@dshs.state.tx.us. We're also looking for more people to profile in EMS Experience. Speaking of the magazine, you may notice it's a little smaller than it has been. We are trying to save money any way we can, and cutting just four pages saved us some money.

Do you know of a great 'save' story? We'd like to highlight it in the May/June issue of Texas EMS Magazine. There's an ad on page 7 that details what we need, or you can always call or write me. We've got a couple of good stories this issue about calls; I'd like to do more of those in each issue as well.

If you go to our website, you'll notice it's different. We hope you can still find everything you once had, but you may have to re-save your bookmarks. This redesign is part of the agency's website project. We tried to save any pages that weren't outdated, but if you are looking for something and can't find it, drop us an email.

And finally, a word about Maxie Bishop. Maxie has the luck (or misfortune) to have an office located right in the middle of our team. Maxie's update on his health challenge is on page 17. He talks about his setbacks in the article. But I'm here to tell you how hard he is working on getting himself to better health. As he says, the road is not always smooth. But Maxie has gotten back on the healthy lifestyle wagon every time he's gotten off track and we're all proud of him.

FROM THIS SIDE



Kelly Harrell
Editor

A handwritten signature in cursive script that reads "Kelly".


Letters to the editor

To Texas EMS Magazine:

Just a little over five years ago in Austin traffic, another car rear ended me at stop light...breaking my back and taking away my freedom. I am not handicapped but my life is full of physical pain every day and will be for the rest of my life. On February 11, 2011, on my way home from work...my worst nightmare came true. A car attempted to make a left-hand turn in front of me at which time I had the green light. I could not avoid the impact. Austin-Travis County EMS responded. Janica Elkins, EMT-P, and Mark Bowman, EMT-P, listened as I explained my injuries past and present. Putting me on a back board and using a neck collar, they were ever so gentle. As they slowly began to remove me from my car I began to cry from the pain. My back began to spasm like never before. Again they listened. In the middle of the street they stopped and checked for further injuries. My left leg was propped up at the knee with all the pillows and all the blankets the ambulance had. Their goal was to provide comfort. My tears stopped as quickly as they had begun.

They asked question after question and listened to my answers carefully. Checking my body for every injury, they loaded me on the ambulance. They worked as a team to determine my injuries, and to comfort me emotionally. They were professional, caring, not overlooking anything and at the same time making me comfortable as we took the ride to the hospital. Being a paramedic is hard work. It never stops. Calls happen 24 hours a day, 7 days a week. That day they picked me up, you would think I was their first call of the day...never complaining...but working together for my well-being. For that I want to say thank you.

Jan Parker
Substance Abuse Program
DSHS



EMS
Everyday Heroes

EMS Week
May 15-21, 2011

Visit www.acep.org/emssweek/
to download the
2011 EMS Week Planner

TEXAS EMS CERTIFICATIONS AS OF FEBRUARY 9, 2011	
ECA	3,110
EMT	31,313
EMT-I	3,786
EMT-P	14,664
LP	5,984
TOTAL	58,857
BASIC COORDINATOR	129
ADVANCED COORDINATOR	230
INSTRUCTOR	2,043

EMS Obituaries

Louis "Weldon"

Fittz, of Deweyville, died February 12 after a lengthy battle with cancer. He was 69. A paramedic, Fittz served Orange County, was coordinator and instructor for Peoples Ambulance and taught at Lamar State College-Orange.



Jodie Harbert, Jr

Jodie Harbert, Jr, 85, of Ennis, died February 10. Harbert Jr. was the father of Jodie Harbert III, who serves on GETAC. Harbert Jr. remained an active firefighter for more than 60 years, serving with the Ennis Fire Department and other fire departments in that area.

Robert Dale Jones, 27, of Ravenna, passed away from cancer January 6 at a Dallas hospital. He was a firefighter/paramedic with the Denison Fire Department.

Clinton Don "CD" Little, of Hendrix, Oklahoma, died December 31 in a car crash. He was 49. A paramedic, Little was a lieutenant with the Denison Fire Department.

EMS Local Projects Grant applications available soon

Does your EMS organization need financial assistance to purchase equipment, non-expendable supplies or other prehospital health care necessities? Apply for a Local Projects Grant (LPG). This grant program supports and improves the development of the Texas Emergency Health Care System and increases the availability and quality of emergency prehospital health care. Approximately \$1 million will be available for fiscal year 2012 grants.

DSHS expects the next Local Projects Grant request for proposal (RFP) to be available soon. The RFP that will be posted this spring is the document you will use to request funds available in fiscal year 2012. If your organization is awarded funds,

you can not purchase your items until the start date of your contract with DSHS, which we expect to be in October 2011.

Who is eligible for LPG funds?

Department-licensed EMS providers, department-registered first responder organizations, Regional EMS/Trauma Advisory Councils (RACs), EMS education organizations and prehospital injury prevention organizations may be eligible to receive funds.

What types of projects are funded through LPG?

In the past, we have awarded funds for EMS personnel

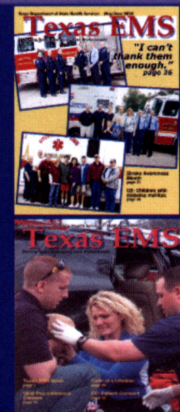
certification training, specialty training related to prehospital health care management, communication equipment, patient care equipment (including ambulances and non-disposable supplies), injury-prevention projects and continuing education programs.

Check our website this spring for the open RFP announcement: www.dshs.state.tx.us/emstraumasystems. We will make an announcement on the EMS listserve, as well as mail postcard announcements to licensed EMS providers and registered first responder organizations. Also see our webpage for more answers to your questions about LPG: www.dshs.state.tx.us/emstraumasystems/LPGfunding.shtm.

SAVES

Have you had a call that made a life-changing impact on a patient? We're looking for patients who survived the odds thanks to EMS and the trauma system and want to tell their stories.

Send your story to Kelly Harrell at Kelly.harrell@dshs.state.tx.us. Please give us the basic story plus the patient's name and contact information. We'll take care of the rest!





Pop quiz on criminal history

Q: When reporting Criminal History for a background check, **renewal** applicants do not have to report:

- A.** Misdemeanor
- B.** Criminal history reported on previous application
- C.** Deferred adjudication
- D.** Plea bargains that result in conviction on lesser charge

The correct answer is B. If you have reported a criminal incident on a previous application and it has been looked at by DSHS, you do not have to report that again. However, any new history must be reported. As a general rule, anyone applying for EMS certification or licensure must report all criminal history (excluding any as a juvenile), including any deferred adjudications or criminal offenses resulting in deferred disposition. Not telling us about a criminal history will only slow your renewal application down – and could mean that you lose your certification or licensure.

GETAC member resigns

Marti Van Ravenswaay has resigned from the Governor's EMS and Trauma Advisory Council. She represented the county provider of EMS on the Council. She writes that it was great honor and privilege to serve, as well as an opportunity to learn about EMS. She says that her fellow council members are some of the most committed and loyal members she could ever hope to meet. Van Ravenswaay has served on GETAC since 2003.

Go online or call for legislative updates

During a legislative session, information can go stale fast. To get the latest on legislation that's been filed, go to www.capitol.state.tx.us. There you can search for specific legislation using text or the number of the bill, find out when hearings are scheduled, and even receive bill or meeting alerts by email.



There is also help by phone. Call the bill status hotline at (877) 824-7038 (in Texas). Staff can give you up-to-the-minute status on any bill Monday through Friday from 8am until 5pm, or until the Legislature adjourns for the day. The service will be available through the end of the session on May 30.

Information available from the Hotline

- Current status of Texas legislation
- Legislative processes in Texas
- Contact information for legislative members and other elected officials
- Guidelines on how to obtain a copy of a bill
- Addresses for legislative and governmental websites and toll-free telephone numbers

Hotline staff cannot interpret a piece of legislation, transfer a call to a member's office, read the text of a bill to a caller (beyond the caption), or provide information on previous sessions.

GETAC meets in May and August in Austin

GETAC met in February after the magazine went to press, so the GETAC Recap for that meeting will be in the May/June issue of *Texas EMS Magazine*. Remember that GETAC meets again May 11-



13 and August 17-19. Both of those meetings are at the Hilton Austin Airport. A limited number of sleeping rooms are available at a rate of \$99 for single or double occupancy. Parking is at no charge. GETAC's November meeting will take place November 19-21 in Austin, in conjunction with Texas EMS Conference 2011.

Grants available for ECA training

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

Recently awarded:

Graford Volunteer EMS
City of Lorenzo – EMS
Edwards County EMS



Emergency funding available

Has your area suffered a devastating event that might qualify you for Extraordinary Emergency Funding? The Extraordinary Emergency Fund is available to assist licensed EMS providers, hospitals and registered first responder organizations if unforeseeable events cause a degradation of service to the community. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies. For information, contact Roxanne Cuellar at Roxanne.cuellar@dshs.state.tx.us or call 512-834-6700, ext. 2377.



DNR: Notary now okay

We keep getting calls about notaries signing Out-of-Hospital Do-Not-Resuscitate forms. Bottom line: A 2009 change in the law made it acceptable for notary publics to sign in lieu of two witnesses. That means either two witnesses OR a notary public can sign a form. Of course, the form still needs all the other signatures including the patient (or someone who can legally make decisions on behalf of the patient) and the doctor (or doctors if the patient is not competent). Then two witnesses or a notary public must sign before everyone signs again at the bottom. And yes, the second set of signatures at the bottom is specifically required in the law.



Our most-asked question

Q: How can I speed up the state certification process?

A: It is taking DSHS certification staff four to six weeks to process an application once it is received in our certification department, so students are encouraged to submit the certification application and fingerprints before they complete their educational program. Here's why: Once DSHS receives the application and fingerprint results, staff can process it and check criminal history. Then the application is on file and the student's criminal history has been evaluated by the time the student takes the NR exam. DSHS can issue a certification after receiving the NR number. Applications are good for two years, which should give students plenty of time to pass the NR exam.



On Duty

Call for presentations online for 2011 conference



Want to present a workshop at Texas EMS Conference 2011? Texas EMS Conference 2011 is accepting submissions from now to until March 11. The conference takes place November 20-23 in Austin. Preconference classes are November 19 and 20.

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

Anyone interested in presenting at Texas EMS Conference 2011 must complete a Call for Presentations form and submit it **electronically, on the official conference submission forms, by March 11, 2011**. A volunteer committee will choose workshops based on content and CE category.

This year, in order to save money on audio-visual equipment and keep our registration costs the same, we will have fewer simultaneous tracks, so fewer presentations will be chosen. Please take the time to fully complete the Call for Presentation and carefully choose topics, as the selection process will be more competitive.

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

There are several kinds of educational presentations:

Conference Lectures

These are 50-minute lectures that cover a wide variety of subjects.

Conference Hands-on Workshops

These will be approximately two hours in length (1 hour, 50 minutes), held in smaller rooms, and will cover a single subject in depth with plenty of opportunity for students to practice skills.

Workshops must include some hands-on skills practice. These sessions will have a limited number of students, usually 25 unless otherwise specified on the form. These classes are part of the conference registration price, but students will sign up in advance at registration so that we can monitor class size. Instructors will bring the equipment they need to teach the class and will be given a room to use all day to teach three sessions of the workshop. Workshop examples include airway management using manikins and practice on pig tracheas.

Preconference Classes

Preconference classes happen Friday through Sunday before the conference and range in length from four to 24 hours. Preconference classes must not only have relevant topics, but the final costs of these classes, when all the expenses are factored in, must not be so high as to discourage participation.

Honoraria

Unless otherwise specified by written agreement, lead presenters will receive the following compensation/honorarium for their conference presentation(s). Co-presenters can be paid if they take an active and equal role in presenting the information. Assistants, who assist the instructor but do not teach the class, are not usually paid an honorarium but will get complimentary registration to the conference.

- * \$200 (no expenses) per 50-minute lecture presentation and complimentary registration for the conference.
- * \$500 (no expenses) for teaching three sessions of the two-hour workshop (same subject repeated) and complimentary registration for the conference. Instructors need to furnish any equipment and supplies other than audio-visual. (Three workshops per day are presented in the same room.)
- * \$300 for full day, \$150 for half day (no expenses) per preconference class and complimentary registration for the conference. Instructors need to furnish any equipment other than audio-visual.

All instructors and official co-presenters will receive complimentary conference registration.

Backboards exchanged at Texas EMS Conference



Robin Ragan, firefighter/EMT, left, and Nathan Lee, firefighter/EMT, claimed two backboards that had gone missing from Vernon Fire/EMS.



Assistant Chief Ralph Hinkson of Fort Hood Fire Department had a backboard and zipper straps returned.

Ever wondered where you left a backboard or other piece of equipment? At least a couple of backboards and some zipper straps were reunited with their owners at the Backboard Exchange booth at Texas EMS Conference. Watson Kohankie, a firefighter/paramedic with the Carrollton Fire Department, coordinates the equipment exchange each year at the conference.

NASEMSO rallies for space on broadband spectrum

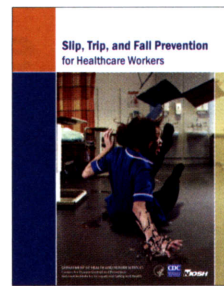
The National Association of State Emergency Medical Services Officials (NASEMSO) is warning EMS agencies and associations of an attempt by a group of wireless service companies to wrest away from public safety the 700 MHz “D Block” of wireless broadband spectrum. This same spectrum is sought by public safety entities to create a nationwide public safety broadband network. The wireless companies, which call themselves “Connect Public Safety Now” or the 4G Coalition, would have that spectrum sold to the highest bidders for commercial wireless use. The 4G Coalition is made up of Sprint-Nextel, T-Mobile, MetroPCS, and other wireless service providers who seek an opportunity to buy more 700 MHz broadband spectrum. They are encouraging Congress and the FCC to open the D Block for a “sale-to-the-highest-bidder” auction of that space instead of allocating it for public safety use as is overwhelmingly desired by the national public safety community. NASEMSO believes EMS needs this spectrum to be able to implement new, life-saving technologies. “Nobody should be misled by this group’s attempt to make it look like public safety wants the D Block auctioned. No EMS professionals, agencies, hospitals, or associations should even consider aligning with the 4G Coalition as “Connect Public Safety Now” or any other incarnation,” says NASEMSO.



The national public safety community’s effort is led by the Public Safety Alliance, to which NASEMSO belongs, whose website is www.psafirst.org/.

Injury prevention booklet available online

Slips, trips and falls are the second most common cause of lost-workday injuries in hospitals. The National Institute for Occupational Safety and Health (NIOSH) has a guide that provides excellent tips and checklists for assessing and preventing workplace injuries. Although it’s geared for hospitals, it’s relevant to EMS work environments. According to the U.S. Bureau of Labor Statistics [2009], the incidence rate of lost-workday injuries from slips, trips and falls (STFs) on the same level in hospitals was 38.2 per 10,000 employees, which was 90 percent greater than the average rate for all other private industries combined (20.1 per 10,000 employees). For a copy, go to www.cdc.gov/niosh/docs/2011-123/pdfs/2011-123.pdf.



On Duty



EMS Week May 15-21, 2011

Got EMS Week events happening in your area?

Send stories and pictures to
Kelly Harrell:
kelly.harrell@dshs.state.tx.us
Or mail to:

Texas EMS Magazine
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PO Box 149347
Austin, TX 78714-9347

Renewing? Here are the options

Looking to recertify/relicense (aka renew)? First get a recertification/relicensure application, then choose one of four options.

Option 1 - Examination

- DSHS uses the National Registry Assessment Exam as the state-approved exam.
- You will be responsible for scheduling an exam seat assignment with National Registry at www.nremt.org.
- In addition to the state application fee, you will be required to pay a testing fee to National Registry. Volunteers are not exempt from NR testing fees.
- You **MUST** make a passing score of at least 70 percent. If you fail the exam, you cannot gain certification through another option.
- If you fail the exam, you will be given opportunities to retake it.
- You can schedule your exam appointment through the NR website exam scheduler at www.nremt.org.

Option 2 - Continuing Education

- Submit application.
- CE must:
 - be preapproved and in specified content areas
 - meet minimum hours in content areas and meet total required hours for the four-year period.
 - As of September 1, 2002, reporting CE is no longer required (**unless selected for audit**).
- CE participation and record keeping are your responsibility. You must maintain all CE records for five years. Your records may be audited.

Option 3 - National Registry

- Submit application.
- You must hold current NR certification at the time of renewing your Texas certificate.
- You must include your NR number and expiration date on your Renewal application.

Option 4 - Formal Recertification Course

- Submit application.
- Complete a course any time during the four-year certification period.
- Minimum contact hours for the recertification course are as follows: ECA - 24; EMT - 48; EMT-I - 72; EMT-P - 96.



Snapshot: Trauma and stroke facilities

There are currently 256 hospitals in Texas designated as trauma facilities. There are 16 Level I Comprehensive Trauma Facilities; nine Level II Major Trauma Facilities; 48 Level III Advanced Trauma Facilities; and 183 Level IV Basic Trauma Facilities. For a complete listing, go to www.dshs.state.tx.us/emstraumasystems/Etrahosp.shtm.

There are currently 66 hospitals designated as stroke facilities. All are designated as Primary (Level II). For a listing, go to www.dshs.state.tx.us/emstraumasystems/etrastroke.shtm.



EMS/Trauma Registry Project Update

The new Texas EMS/Trauma Registry is one step closer to coming online. On February 8, 2011, DSHS entered into a contract to implement the new Registry with Consilience, a registry software vendor with extensive experience in registries and medical surveillance. Consilience, incorporated since 2003, is headquartered in Austin, with offices in Boston and Sydney, Australia. The Consilience product, Maven, is a modifiable off-the-shelf (MOTS) product that functions both as a case management and surveillance application. They provide a team of Registry personnel for the entire project, including requirements, use cases, configuration, testing, training, implementation and maintenance. Over the course of the next year DSHS will be working with Consilience to install, configure, test, train and implement the new Registry system. Chapters 92 and 773.113 of the Texas Health and Safety Code require health care facilities and EMS providers to submit data to DSHS, and that data will be made available to users both for system evaluation and improvement.

Choosing a vendor for the new Registry was a complex and difficult process because of the multiple requirements that needed to be satisfied. These included requirements of stakeholders, and requirements identified in a report on Health Registries prepared for the Legislature to increase efficiencies and interoperability between registries and to meet national technology standards (i.e.: HL7, HIT, etc.).

About the Consilience product

- Can link data between EMS and hospitals
- The EMS portion will be based on NEMSIS 3.0
- The hospital portion will be based on NTDB
- Has an easy-to-use reporting tool that allows users to create their own reports without the need for IT assistance
- Can accept data one case at a time or in batch form
- Provides error checking regardless of how the data are submitted
- Has a technical architecture that meets all of the state-required technology standards
- Has a web interface and can be used by those EMS units or hospitals that do not have trauma registry software. Trauma data could be entered directly into the state database and reports can be developed by the submitting EMS provider or hospital
- Is extremely configurable so new data fields could be added overnight to address a state-wide issue, such as a disaster caused by a hurricane
- Is currently being used by New York City and Houston as well as by a number of other states for various types of disease registries

History

The Texas EMS/Trauma Registry is a legislatively mandated program within DSHS's Prevention and Preparedness Division, Environmental Epidemiology and Disease Registries Section, responsible for collecting, analyzing, and disseminating information on EMS incidents, significant trauma and the occurrence of reportable injuries in Texas.

In 2008, DSHS began the process to replace the current EMS/Trauma Registry by conducting an assessment of stakeholder needs, best practices in other states, and the alternatives available for Texas. The assessment included system requirements for the future registry application based on business and data requirements, stakeholders' needs and expectations, and funding partner requirements. DSHS has been working closely with stakeholders on the acquisition, implementation and maintenance of a new system through the EMS/Trauma Registry Solutions Work Group (RSWG). *—John Villanacci*

TMA's Hard Hats for Little Heads

EMS/physician partnerships help prevent bicycle injuries

More than 300 children in north Harris County can now bike more safely thanks to a partnership between the local emergency medical services (EMS) and a physicians' group. In August 2010, Cypress Creek EMS (CCEMS), Cypress Physicians Association, and Texas Medical Association's (TMA's) Hard Hats for Little Heads joined forces to educate children in the northwest Houston neighborhood about the importance of wearing a helmet.

Members of the CCEMS Bike Medical Response Team fit the helmets and sponsored the bike rodeo that was a component of a health and safety fair sponsored by Cypress Physicians Association. Other community groups, such as the fire department, participated in the event.

"By combining our resources, we were able to provide much-needed services in a low-income area of town," says Jennifer Clemonds, community relations coordinator for Cypress Creek EMS. "The physician group approached us about the bike rodeo, and it grew from there."

Cypress Creek EMS is committed to educating children and their parents about bicycle safety through its Bike Rodeo program. With a trailer full of bikes and helmets, CCEMS takes its bike rodeo on the road to schools and community events throughout the year.

At the events, children receive free helmets. By working with TMA's Hard Hats for Little Heads, they were able to increase the number of helmets given away at the August event.

TMA's Hard Hats for Little Heads bicycle helmet giveaway program makes it easy for EMS to provide

free helmets for children. The simple program offers everything you need for a successful event, from helmets to educational materials to publicity.

Several emergency service providers partnered with TMA's Hard Hats for Little Heads in 2010:

- **East Texas Medical Center Trauma Services** in Tyler and Marshall.
- **Martin County EMS**, along with Pablo Teveni, MD.
- **Medina County EMS**, along with Drs. Mary Nyugen-Poole and Lloyd Van Winkle.
- **Scurry County EMS**, along with Bid Cooper, MD.
- **Seven Flags Regional Advisory Council on Trauma** (multiple events), along with Quality Care Ambulance in Hebronville, STAR Ambulance in Laredo, Zapata County Fire/EMS Department and Luis Pellicia-Ramos, MD.
- **Stockdale EMS**, along with Methodist AirCare and F. Wright Hartsell, MD.

Also, congratulations to the **Medina Valley EMS** on winning 50 free helmets from TMA to give away in their community. EMS professional

Sherry Trouten's name was drawn from entries at TMA's booth at the EMS conference in November.

How the program works

TMA provides free helmets, based on the amount you purchase. For orders up to 49 helmets, TMA matches your purchase. For orders of 50 to 199 helmets, TMA gives you **50 free helmets**. The match increases for larger purchases. **So, for as little as \$3.75 per child, you can give away 100 helmets to children in your community.**

TMA also provides free educational materials in English and Spanish. Items include brochures, posters, pledge sheets, banners and more. Check out the website for a complete listing of free materials. While any time is great for a helmet giveaway, TMA encourages events during May, Bicycle Safety Month (including EMS Week), and October, Brain Injury Awareness Month.

To find out how you can sponsor a Hard Hats event this year, contact Tammy Wishard, TMA's outreach coordinator, at (512) 370-1470 or tammy.wishard@texmed.org. Or visit www.texmed.org/hardhats.



Cypress Creek EMS Bike Medical Response Team, in conjunction with Cypress Physicians Association and the Texas Medical Association, sponsored a bike rodeo in August to teach kids and their parents about bike safety. TMA's Hard Hats for Little Heads bike helmet giveaway program works to prevent injuries and encourage safe exercise. Article and photo by Texas Medical Association.

2011 award nominations due October 7

Sure, we know it seems like a long way off – but now is the time to start looking around for people or organizations worthy of a Texas EMS and trauma award. If you've been nominated or done the nominating, you know just how exciting it is when the awards are announced at Texas EMS Conference.

Each category honors a person or organization that exemplifies the best that EMS/trauma system has to offer. It's quite an honor to be nominated and to win. The categories and the explanations are

listed below. Once you've chosen the correct category, the rest is pretty easy.

How can I nominate someone or a service for an award?

Go to www.dshs.state.tx.us/emstraumasystems/11AwardsIntroduction.shtm. Save the form to your computer and fill it out by clicking in the gray areas beside each question. **When you finish, save the file and email as an attachment to EMSAwards@dshs.state.tx.us.**

Include written explanations of why this person or organization should win. Please be specific, using examples when possible. Keep in

mind that the people who review the nominations most likely won't be as familiar with your nominee as you are.

Send the file to us by email no later than October 7, 2011. The packets are then given to programs in the Office of EMS and Trauma Systems Coordination and sent to each EMS zone office. Each program and zone ranks the nominations for each category and returns the information to the Office, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference.

Award categories

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

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

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

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

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

Private/Public Provider

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

Volunteer Provider Award

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

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

Air Medical Service Award

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

Outstanding EMS Person of

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

Telecommunicator of the Year

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

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

Regional Advisory Council Award

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

Triple play

Triplets make an appearance in a Bandera ambulance

By Doug Carlyle, LP, NREMT-P



The triplets stayed in the hospital for a couple of weeks before coming home to Bandera County.

Few medics get to deliver a baby in the field. It is one of those challenges most medics wish for, hoping that bringing a new life into the world will compensate for all the times we see tragedy.

The crews of Bandera County EMS and Medina Lake Volunteer Fire Department achieved this landmark—three times over. On August 20, 2010, they delivered triplets in an ambulance.

Paramedic Bryan Gould and Intermediate Ruby Meyer were dispatched at 1:24 pm for a woman in labor – with triplets. She'd had two successful pregnancies but was only 31 weeks into the latest pregnancy. Anticipating the potential for complications, Bandera requested back up from San Antonio AirLIFE and Medina VFD first responders. BCEMS Assistant Director Calvin Plummer, LP, and an additional licensed paramedic, Carol Corales, also responded from the main station in Bandera.

With each passing minute of the 20 minutes it took to get to the patient's home, the labor advanced further. MLVFD responder Gina Grothues arrived to find the patient waiting anxiously on the front porch. To make matters worse, the patient had locked her house door with the keys inside. She and her other children were now stuck outside where it was a "pleasant" 96 degrees. MLVFD Chief Greg Grothues and Assistant Chief Ben Hicks arrived soon after. Medics placed the patient on oxygen and began their assessment. As soon as the ambulance arrived, it was load-and-go to the landing zone ten miles away so the babies could make their appearance in a hospital. Babies Carsyn and Tristyn had other ideas. The patient's water broke shortly after departing the scene and the ambulance pulled to a stop on the side of Park Road 37. Within minutes, two babies were delivered. Fortunately, Carsyn's delivery was not complicated. Tristyn, on the other hand, was frank breech. With a few maneuvers, the medics had her delivered as well. Both babies were suctioned, dried and warmed—something easy to accomplish in South Texas, during August, with the heat on high in the ambulance.

The ambulance met Flight Paramedic Tony Pope and Flight Nurse Laura Lewis at the landing zone. The decision was made to fly the two

newborns to North Central Baptist Hospital in San Antonio, the hospital chosen by family. The ambulance crew and mom would drive an additional 30 miles to the hospital by ground.

Prior to arrival, mom's second amniotic sac ruptured, and baby Reese had an uncomplicated birth about one mile from the hospital. The ambulance pulled up to the hospital at 3:50 pm and Reese and her proud but exhausted mom joined the other two babies. The EMS crew traded their sweat-soaked uniforms for scrubs, courtesy of North Central Baptist.

All baby girls weighed more than four pounds. Within two weeks, all three returned home with mom to join their father and siblings. But it's not likely the experience will ever be forgotten – by the parents or the EMS crews.



Two babies were transferred from the Bandera County EMS ambulance to San Antonio AirLIFE, while the mom rode 30 miles to the hospital by ground ambulance. Baby number three decided to make her appearance in the ground ambulance just a mile from the hospital.

MOTHER NATURE DOES HER BEST TO THROW MAXIE OFF HIS CHALLENGE



For demonstration only: Maxie Bishop is staying true to his commitment to eat healthy foods, which does not (usually) include Girl Scout cookies.

Who knew it wouldn't be Christmas or Thanksgiving that threw me off the track, but Mother Nature herself? Austin got cold, very cold, in January and February, and the prolonged freezing temperatures in Austin put the biggest roadblock yet in my path. Or, should I say, I let it be my biggest roadblock.

When I was in nursing school we discussed the effects of immobility on a patient and how the systems are affected by the patient being in bed. We were encouraged to ambulate the patient or get physical therapy started as soon as possible. I was determined my challenge would be done without adding a financial burden on my budget,

so my plan was to go to the neighborhood gym to use the treadmill on these cold days. But the treadmill was broken and I stayed home. Being shut up in the house for just a few days caused me to fall back into my old routine of sitting on the sofa watching western movies. Big mistake.

I maintained my eating habits, eating fresh vegetables and smaller, more frequent meals. But once I went several days without being active, I found that the weight loss came to a standstill. Then I began seeing a slight increase in my weight. But I'm creative, and I justified this increase in my mind by saying I was losing weight too fast anyway. When the office was closed due to weather, I convinced myself that I can't go to work so surely I can't get out of the house for anything. Again I justified my actions by staying inside accomplishing some work on the computer. I could always catch up on my exercise later, I told myself. Big mistake.

So, what have I learned? I learned I have to look at this new way of doing things (smaller meals plus more activity) as a permanent change that I need to do every day. I learned to pay attention to the saying "out of sight out of mind." Here's a tip: If you can't see your workout clothes, you forget about them. Leaving my workout clothes laying out where I can see them motivates me to put them on and get outside. And I have to plan better for cold days – actually for Mother Nature. I hope the cold days are over for this year, but I could see myself saying that it's too hot this summer, or too cold next winter. Because I am planning to still be doing daily activities this time next year, I need to plan how I'm going to exercise when the weather is less than perfect.

Another lesson learned: For about six weeks in January and February, go to Wal-Mart, Walgreens or other stores only very late at night or early in the mornings to keep from being tempted with Girl Scout cookies. How do you say *no* to a Girl Scout? I am particularly at risk because my cousin was famous a few years ago for having sold the most cookies in the U.S. She was even the answer to the question on Jeopardy. I admit that I did buy a few boxes this year and had some cookies. But that's okay. The key is moderation most of the time, and if I told myself I'd never have another Girl Scout cookie, it would never work. So, it's back to daily activity, small and frequent meals and an occasional cookie or two.

Apple, anyone?

Unusual save highlights diversity in rural rescues

By Randy Mankin

Courtesy of *The Eldorado Success*

A young Junction woman spent more than three hours one evening in October near the top of a 220-foot tower before rescuers convinced her to return to the ground. The tower, used for television transmission, is in Eldorado, south of San Angelo.

EMS and fire department volunteers T. J. Rodriguez, EMT-B, and Joey Jones, EMT-B, followed the woman up the tower, owned by Christoval Communications, minutes after a 9-1-1 operator received the first call about the incident.

The woman was reportedly distraught and threatening to jump from the tower when Rodriguez reached her. She was sitting on a “torque arm” where guy wires attach just below the top of the tower, with her feet dangling off the edge.

“It looked several times like she was going to jump,” Rodriguez said later. “I had to yell at her a few times to look at me. Then I would get her attention back and she would calm down.”

Rodriguez said she was concerned about her baby. The child was reportedly in the care of grandparents who later brought the child to the scene in hopes of coaxing the woman to climb back to the ground.

Authorities say the woman was able to access the tower by parking a Jeep near the fence surrounding the base of the tower. She then climbed on top of the vehicle, placed a blanket over three strands of barbed wire at the top of the chain link fence, and climbed over the fence.

Juan Rameriz was feeding his horse nearby and noticed a woman was climbing the tower. He quickly phoned to report it to the Sheriff’s Department. Ramirez would later



T. J. Rodriguez’s conversation, coupled with words of encouragement from friends and family on the ground, persuaded the woman to make her way to the center of the tower where Rodriguez was able to secure her with a safety line. Photo by Kathy Mankin.

join the rescue attempt and scale the tower to within 20 feet of the woman in order to bring a radio and drinking water up to Rodriguez and Jones.

Sheriff’s Department units responded, as did Eldorado Volunteer Fire Department personnel and a Schleicher County EMS ambulance. Electrical power was shut off to the tower, causing an interruption in cable TV service throughout the town.

At one point, the woman climbed to the top of the tower, nearly reaching the beacon light atop the structure. She later retreated a few feet and settled on the torque arm, but then slid along the arm until her feet hung over the edge.

Rodriguez was the first to reach the woman. He began talking with her and urging her to move toward him so he could secure her with a safety line. Meanwhile, Jones climbed up from below bringing climbing gear, a pulley and a half-inch rope with which to

lower her to the ground if she agreed to come to the center of the tower.

On the ground, the Sheriff’s Department’s mobile command post was dispatched to the scene. A camera atop the unit zoomed in on the woman so authorities could gauge her reaction as counseling psychologist Jane Kosub, First Methodist Church pastor Steven Rowe, and Sheriff David Doran spoke to her over a loud speaker. Friends and family members also took turns urging the woman to come down from the tower.

Darkness slowly set in, severely limiting the ability of those on the ground to monitor activity on the tower. However, some 200 feet above, Rodriguez continued to talk with the woman. His efforts, coupled with words of encouragement being sent up from below by loud speaker, eventually persuaded the woman to make her way back to the center of



Rodriguez and Jones scaled a 220-foot tower in Eldorado to rescue a distraught woman. Photo by Kathy Mankin.

the tower where Rodriguez was able to secure her with a safety line.

They climbed down a few feet to where Jones had rigged a rope and pulley. A makeshift harness was placed on the woman, and she was carefully brought to the ground on the inside of the three-sided tower.

Sheriff Doran met her on the ground and escorted her to a waiting ambulance for transport to Schleicher County Medical Center. She was later transported by the sheriff to the Hill Country Mental Health Mental Retardation center in Kerrville.

The following day, Doran said he was proud of the way the community pulled together in a time of crisis and he praised the rescue effort mounted by T. J. Rodriguez and Joey Jones.

“We are fortunate to have people like T. J. and Joey who step up when others would hesitate,” Doran said. “If you ask me, they are heroes.”

Fire Chief Jerry Jones had similar praise for the emergency services personnel who gathered at the tower and stayed until the end. “You never know how these things will turn out,” Jones said. “I was pleased with how well it all came together.”

The infant’s grandmother was thankful for the volunteers who rushed to help her grandchild’s mother. “[She] is getting the help she needs because people like Jane, T. J. and Joey were willing to put themselves at risk . . . and we appreciate them all.”



Schleicher County EMS and Eldorado Volunteer Fire Department volunteers T. J. Rodriguez, EMT-B, and Joey Jones, EMT-B. Photo by Kathy Mankin.

FAQ

Frequently Asked Questions

By Mattie Mendoza, EMT, and Phil Lockwood

Q | I'm currently a Texas-certified EMT-Basic, and I'm about to finish an EMT-Intermediate course here in Texas. I know I need to submit the Texas initial application for the EMT-Intermediate certification, but do I need to have the Federal FBI fingerprints done also?

DSHS: No. If you currently hold a Texas EMS certificate and you are taking an upper level course here in Texas, you do not need to have the Federal FBI background check done. You *do* need to submit the Texas EMS initial application and select the higher level for which you are applying. You also have to pay the initial application fee, but you do *not* need to have the FBI fingerprints done. You can submit your application from the Texas EMS website at www.dshs.state.tx.us/emstraumasystems/certapps.shtm.

If you have further questions, you can contact the Texas EMS Certification office at (512) 834-6700.

Q | I submitted my initial EMT-Basic application to the Texas EMS Certification office a few weeks ago and I received a deficiency letter that states I need to submit my course completion number and course completion date. What is that, and where can I get that information?

DSHS: You will find the Texas-assigned course completion number on your Course Completion Certificate. If you did not receive a Course Completion Certificate from your school, you can contact your instructor or coordinator for this number. Instructors and coordinators do not have to give this number to students until they have completed the class, so you shouldn't have received that number until you have successfully completed the course. The course completion date is the date you completed the course. Usually, that would be your last day of class, but you can also check with your instructor or coordinator about this. Once you have the course completion number and date, fax that information to the EMS Certification office at (512) 834-6714. If you have further questions, please call the EMS Certification office at (512) 834-6700.

Q | I attended the EMS Instructor course with the Texas Commission on Fire Protection. I submitted my Instructor application to the Texas EMS Certification office, but I just received a deficiency letter that said I need to submit the Course Completion Certificate. How can I do that?

DSHS: The Texas Commission on Fire Protection is an approved Instructor training program, but yes, you will need to submit a copy of your Course Completion Certificate from the commission. You may mail the certificate to the address given to you on the deficiency letter, or fax your certificate to the Texas EMS Certification office at (512) 834-6714. If you have questions about the application process, contact the EMS Certification office at (512) 834-6734.

Q | Wasn't there previously a rule that required instructor certification for those who teach EMS courses and/or consecutive certification as an instructor to qualify for EMS coordinator certification?

DSHS: Yes and yes, however the specific rule requirement for instructor certification to teach at *any* capacity in an EMS class is no longer in effect. Currently, a content expert may serve as a guest lecturer in an EMS course as long as the coordinator establishes that individual's educational competence and medical content expertise (through the self-study/site-visit process). Although the course coordinator is responsible for ensuring that such a lecturer is competent educationally, it may be proven in a number of ways

FAQ

Frequently Asked Questions

other than through EMS instructor certification. The requirement for consecutive years of certification as an instructor remains a qualification for coordinator certification and those who regularly instruct may be considered for advancement into the training coordinator position should reasonably obtain instructor certification. Many of the rule-mandated responsibilities of the EMS instructor are critical capabilities for coordinators.

Q | What is inactive certification status in Texas and why would I want to apply for it?

DSHS: Inactive EMS certification status in Texas is essentially an option to put a moratorium on continuing education (CE) or other renewal/training requirements. One might choose inactive status if he or she is unable *or* unwilling to meet renewal (training) requirements, yet is intent on retaining a certification status. Inactive certification would **not** qualify an individual to staff an ambulance or practice in any other capacity. Often, individuals choose inactive certification if anticipating they'll not need to practice emergency care for a period longer than four years. By choosing inactive status, the individual can avoid having to routinely complete CE or recertification training each certification period, yet still retain the option to renew certification

(in lieu of repeating initial training requirements). To change your active status to inactive, submit an Inactive Certification Application form along with the required fee. To regain active certification, the individual must apply for inactive-to-active certification, complete a formal recertification course or the standard four-year CE requirements, and pass the NREMT assessment exam.

Q | What patient care records are required for the EMS to provide to the hospital when delivering a patient?

DSHS: The transporting EMS is required to provide at least a preliminary report at delivery, followed by a formal, written/printed report as soon as possible. The preliminary information isn't required to be in a particular format, but should provide any and all vital information that's necessary for continuing treatment of the patient. Both the preliminary report and the formal, written report should document, at a minimum, the patient's condition upon arrival at the scene; the prehospital care provided; the patient's status during transport, including signs, symptoms, and responses during the transport; the call initiation time; dispatch time; scene arrival time; scene departure time and hospital arrival time.

Q | I submitted my initial EMT-Basic application about a week ago. How can I confirm y'all received it and what the status of my application is?

DSHS: Application processing time is approximately six weeks from the date you submitted the application. During that time, you can visit the Texas EMS Certification website at www.dshs.state.tx.us/emstraumasystems, and click on the Check Certification Status button on the left. You won't need to create a user name or password to check your status; you can just click the Public License Search button. Once your application has been processed and approved, you will be able to verify your certification there. Until your application has been processed and approved, you will not be able to view any personal or application information from that link. If you submitted your application electronically from the EMS Certification website, the "trace" or "confirmation" number you were issued at the end of the online application process is your confirmation that the application was successfully submitted. If it has been six weeks since you submitted your application, and you haven't received your certificate and your status does not show "certified" on the website, you may call the EMS Certification office at (512) 834-6700 to get additional information on the status of your application.

The EMS Experience

Saluting those with 20 years or more in EMS

David Chreene, Air Operations Manager



that most of the patients at nursing homes have a decreased level of consciousness . . . as well as some of the staff! The patient was a little old lady balled up in the fetal position, and from the looks of it had been that way for some time. I go through the drill, ask all the questions and get all the paperwork. Then I checked her blood pressure and it was 82/P. My adrenaline started pumping. We were taught in school that BP lower than 90 wasn't a good thing. My mind raced. What do I need to do? I had to do something! So what did I decide my plan of action would be? . . . You guessed it. MAST trousers! My partner laughed so hard he cried when he saw me trying to put those things on the little retracted-up patient. It was like trying to dress a turtle. Needless to say, I figured out real quick that the book didn't cover everything!

Which services have you worked for over the years?

I have worked for nearly every type of service you could possibly think of. I started with a private ambulance service, did my time at a fire department, public ambulance district, industrial and hospital settings, and aeromedical. I currently work as a flight paramedic and air operations manager for LifeNet EMS out of Texarkana.

David Chreene at a LifeNet EMS event in 2009 with his daughter, Maggie.

What was your first day on the job in EMS?

I was 18 years old, just out of EMT school. I had completed my hours with the field-training officer and had been cleared to work solo. It was my first day to be the one in charge. (We didn't have paramedics on ambulances back then.) I was

so nervous. I remember going through scenarios in my head of what to do and how to react. And then it happened. A call came in, my medic unit number was called. Would it be trauma, maybe a heart attack? Nope, it was a nursing home patient with a decreased level of consciousness. I soon realized

Why did you get into EMS?

When I was a young lad, my dad started a fire district in northern Louisiana. I would go on the calls with him because it was cool! It was my job to hold the light still on the dash as we raced to the scene. In other words, I was important, if only in my mind. I was eager to learn and took every course I could. I was actually certified as a first responder at the ripe old age of 14. During high school I had an agreement with the principal: If I kept my grades up, I could leave from school whenever a call came in. Talk about respect. Everyone knew I was on the fire department and were kind of envious of me because I was allowed to do things that were way out of the norm for someone my age. From that point on, it was in my blood, and even to this day, I wouldn't want to do anything else. I truly love my job and honestly care for the patients I treat.

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

There are so many things that I've seen come and go since I started in 1984. If I had to put it into one word I would have to say *technology*. The first ambulance I worked out of was a high-top Suburban. Soon after, the Type II vans came into favor—they had 460-cubic-inch police interceptor supercharger engines! The only “governor” these big-block beasts had was the floor board! Fast was an understatement, but cooling was a problem for those monsters. It was not uncommon, but rather the norm, to drive past an accident scene and see all the hoods on



Chreene, in the blue jumpsuit, assists a patient as a volunteer for Caddo Fire District #5, circa 1987.

the emergency vehicles up, trying to keep them from overheating. Hood scoops weren't for looks, but actually functioned. Emergency lights were all seal-beam bulbs with electric motors used to rotate them. The high idle had to be engaged on scene or the batteries on the truck would die and the rig would have to be towed back to the station. Cardiac monitors were simple to use. The printer actually “burned” the image onto a strip of EKG paper. A heated stylette was used to discolor the paper, thus creating a tracing. You always knew when you had a paper jam because of the smoke. Spine boards were made of wood, the KED was unheard of, gloves were for wimps and cars were made of *real* metal. When you were dispatched to a major accident, that's exactly what you found when you got there.

Is there a particular moment or call that stands out?

Actually my first call as a first responder was a cardiac arrest . . . my uncle! He lived behind us. I remember getting there to find my dad in tears kneeling

over his brother. I instantly started CPR. Despite my best efforts, he was pronounced later at the hospital. My second call wasn't much better. It was a few days later at my uncle's funeral. My dad had a massive hemorrhagic stroke. I again sprang into action and did what I was trained to do. Despite having some right-side deficits, he survived to later have two heart attacks and another stroke (lucky guy). I was there for all of them. He brought me into this world and, as ironic as it may seem, I kept him in it. I consider us even!

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

Every day I get to go do something that may hugely impact someone else's life. I know everyone says it, but it's true: we are underpaid, overworked, not recognized as well as fire and police departments on the national scene, but I still wouldn't trade it for anything. I love my job. My wife and kids are supportive and understanding. What more could any man ask for . . . well, besides winning the lottery!

Local & Regional EMS News

by Kathy Clayton



University of Texas-Brownsville/Texas Southmost College EMS students participated in a large disaster drill as part of their Advance Disaster Life Support class in January. Students responded to a variety of scenarios and were able to practice on “victims” from high school EMT classes. A total of 42 UTB-TSC students and 28 high school students, along with more seasoned professionals, responded to a mock explosion.

EMS students practice disaster response

University of Brownsville and Texas Southmost College EMS students got to practice their skills in a mock disaster drill in Brownsville in January. As part of an Advanced Disaster Life Support course, 42 EMS students responded to a mock explosion during a festival that “killed” seven and “injured” many more. The victims were played by 28 local high school students who are currently studying EMS. The course, which is a partnership between Texas A&M Health Science Center and the University of Texas – Southwestern, covered natural and accidental man-made events to traumatic, explosive, nuclear, radiological, biological and chemical events.

Instructors also covered the health care provider’s role in public health, incident management and community mental health. Hands-on training included patient decontamination, haz-mat scenarios, simulation training and a mass casualty drill. UTB-TSC EMS program director Adiel Garcia said students learned that a disaster does not have to be a scene of mass destruction with multiple casualties, “but simply any time that the needs are greater than the resources and that their goal is to do the greatest good for the greatest number of potential survivors.” The UTB-TSC EMS Program is nationally accredited through the Committee on Accreditation for Allied Health Programs.

MedStar starts AED loan program

While more and more businesses have AEDs available in case of cardiac arrest, special events and one-time gatherings often do not. MedStar is changing that by allowing event planners to borrow an AED unit on a short-term basis at no cost. Events that qualify for the program include: community, school, neighborhood or church events with attendance over 500 people; group events with athletic or strenuous activities; or events attended by those at high risk for cardiac arrest, such as the elderly. Events must be within MedStar’s 15-city service area and must be held at a venue that does not already have an AED onsite. Participants receive training from MedStar paramedics on chest compression CPR and use of an AED. “The survival rates of cardiac arrest patients can be significantly improved by more widespread use of AEDs,” says Jeff Beeson, MedStar’s medical director. “This program provides a no-cost way to have an AED on hand during events in our area that currently go without such potentially lifesaving coverage.”

Hospital opens EMS room

Texas Health Harris Methodist has opened an EMS courtesy room in the emergency department near the ambulance entrance. The room has a television and a fridge stocked with coffee and sodas. Julie Garrett, RN, trauma nurse coordinator and EMS liaison for the hospital, says the room provides a place to sit and document or just to take a breather.

Local & Regional EMS News



Fort Bend EMS's new station has more than 14,000 square feet and has three ambulance bays. In 2010, FBEMS responded to more than 26,500 calls.

Fort Bend opens new building

Fort Bend County opened a new headquarters and Medic 1 facility in November. The 14,116 square foot building, located in Rosenberg in front of the Fort Bend County Fairgrounds, cost \$2.4 million. The building houses all administrative offices, including the operations, clinical and logistics-supply divisions, and a training facility. Medic 1's crew quarters also are located in the building, which features three drive-through

bays, which house primary and back-up units, a bariatric response unit, and two regional response disaster trucks and trailers. Fort Bend County EMS covers 869 square miles with a population of over 560,000 and responds with 22 separate EMS first responder fire departments. The EMS staff consists of 11 EMT-Intermediates, 50 EMT-Paramedics, and 17 Licensed Paramedics. Among the staff there are 12 certified EMS Instructors and one EMS Coordinator.

Of the four administrative staff, three are EMT-Bs. Fort Bend County EMS responds from 10 MICU stations and three paramedic first response stations. An eleventh MICU station will open soon. EMS also has four "Response – Ready" MICU units and four additional reserve ambulances. All ambulances are Frazier Type I units. In 2010, Fort Bend County EMS responded to over 26,500 9-1-1 calls for assistance.

Tech*Star hosts dinner

Tech*Star EMS Education hosted a Christmas meal for some Eastland County air medical providers in December. Wayne Dennis, a paramedic and program director for Tech*Star, says they've hosted the holiday meals since 2007 to show their thanks to the air medical providers in the area. The event was held at the Boom Town Cafe in Desdemona. Crews from Air Evac in Granbury and CareFlite in Granbury attended. The next event is planned for EMS Week in May.



*Tech*Star EMS Education hosted a Christmas meal in December at a Eastland County restaurant to show its appreciation for their service. This made the fourth year Tech*Star hosted the event.*

Local & Regional EMS News



Austin-Travis County medics were busy running calls after a winter storm sent cars crashing all over Austin. When an expectant couple driving to the hospital was stranded due to road conditions, paramedics ended up delivering the baby in the back of the ambulance as it made its way over slick streets. From left, paramedics Michael Saia, Chris Quiroz and Nathan Bell pose with the mom and the baby they helped deliver.

Medics deliver baby during winter storm

Austin's doesn't see icy streets very often, but on February 4, Mother Nature delivered a winter wonderland. Unfortunately for some expectant parents, the storm happened about the same time a baby decided to make his appearance in the world. Early that morning, the parents became stranded by ice and snow on the way to the hospital. The three-person crew from Austin-Travis County EMS had been responding to crashes when the call came in from the father, who had pulled over to a gas station on I-35. On the way to the hospital, the mother began giving birth and the infant was delivered in the back of the ambulance. Road conditions were so hazardous at that point that the ambulance was not able to go faster than 30 miles per hour. Both mother and baby were delivered safely to the hospital. On that call was veteran Chris Quiroz, EMT-P, and two ATCEMS cadets, Nathan Bell, EMT-P and Michael Saia, EMT-P.



Claude Causey of Rowlett FD was one of the participants in the free PEPP course sponsored by Medical Center Children's last year. Causey's holding up proof that he did well – the stickers on his page, each a different cartoon character – attest to the fact that he passed each skills set. Medical Center Children's plans to hold another free PEPP course in September.

Medical Center Children's offers free class

Question: When is the good time to offer free Pediatric Education for Prehospital Professionals?

Answer: When the economy begins to affect EMS budgets. And that's just what Medical City Children's Hospital in Dallas did. Coordinated by Lanie St. Claire, RN, EMT-P, and taught by the hospital's transport team, pediatric emergency physicians and surgeons, the first PEPP class last fall drew a full class. St. Claire says her administration has been very supportive, providing a place to meet and meals for the participants. Attendee response was positive, too, and provided a way for struggling EMS departments to provide better care to their littlest patients. The first course was so successful the hospital decided to make this an annual event. The next PEPP course will be September 8-9 in Dallas. For information, go to <https://www.peppsite.com>.

Athens Fire becomes first responders

Beginning February 1, Athens Fire Department began providing some first responder duties to the City of Athens under an agreement with East Texas Medical Center. ETMC provides 9-1-1 transport service to the City of Athens. Bill Moore, MD, of Tyler, is the medical director. Athens Police Department now dispatches Athens Fire Department personnel to medical calls. All of the department's firefighters are at least EMT-B certified, up from about 50 percent two and a half years ago.

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Local & Regional EMS News

ATCEMS sponsors HOSA students

Austin-Travis County EMS and the Austin Independent School District-sponsored Emergency Medical Technician class recently participated in the Texas Region 1 Health Occupation Students of America (HOSA) conference and competition. HOSA is national student organization endorsed by the U.S. Department of Education in 47 states and has more than 120,000 members nationally. HOSA's two-fold mission is to promote career opportunities in the health care industry and to enhance the delivery of quality health care to all people. There are seven HOSA regions located within Texas, of which AISD is part of Region 1.

Austin EMT students Leon Wagner and Pedro Perez were awarded first place and EMT students Stephanie Jacobs and Michael Pina were awarded second

place in the EMT category for Texas Region One, including greater Austin and San Antonio. In addition, EMT student Ayra Pasaol was awarded first place in Clinical Nursing in Region One. 2011 marks the fourth year the AISD - ATCEMS EMT class has taken first and second place in the EMT competition for this region.

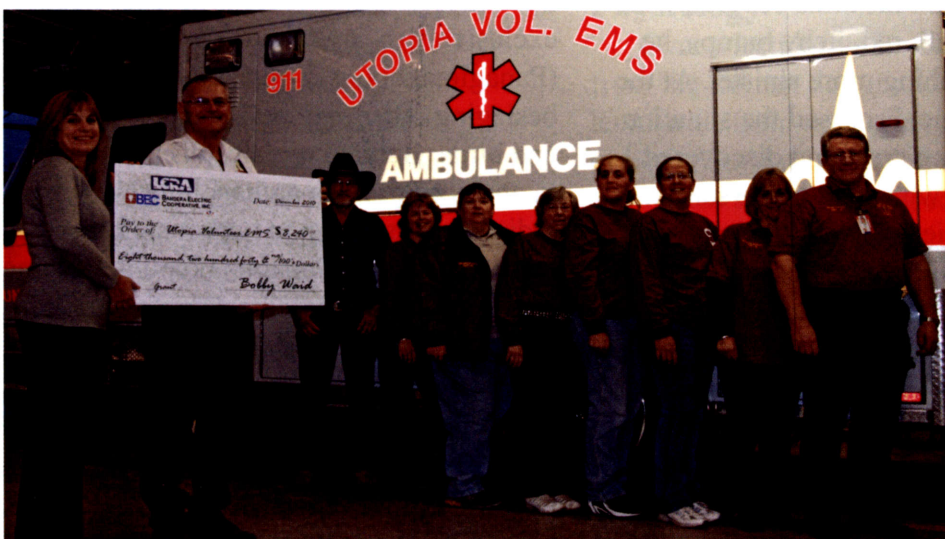
The AISD students are enrolled in a year long EMT-Basic program offered by the Austin Independent School District and taught by Austin-Travis County EMS Paramedic Captains Keith Noble and Blake Hardy. The students' efforts and hard work have given them the opportunity to compete in the Texas State competition in Corpus Christi, Texas in April. If successful there, the students will move on to the national competition.



AMR Paramedic Kelly LaPointe, middle, is presented with a CPR save pin from Texas State Fair President Errol McKoy in Dallas for performing CPR on a woman who was struck by a light rail train on the state fairgrounds. At left is Joe Huffman, AMR special events coordinator.

Medic makes CPR save at State Fair

Kelly LaPointe, EMT-P, received recognition last fall for her efforts to save a woman at the Texas State Fair. LaPointe, who works for American Medical Response, was providing EMS coverage at a football game when she got a call that a woman had been struck by a light rail train nearby. When she arrived, the woman was pulseless and cyanotic; LaPointe began CPR until Dallas Fire and Rescue arrived with the ambulance. The woman was later diagnosed with a fractured rib. LaPointe, who is also a critical care transport paramedic, is not new to awards. She received an internal AMR "Star of Life Award" in 2009 for outstanding customer and patient care, including establishing a "Teddy Bear Clinic" to help kids better understand health care.



Representatives from Utopia Volunteer EMS are happy to pose with a check for \$8240 presented by the Lower Colorado River Authority. Doug Carlyle, a medic with Utopia, says that LCRA has been generous to the volunteer service for many years.

Good night, sleep tight, don't let the bedbugs bite

By Lynne Dees, PhD, NREMT-P



Bedbug photo from iStockphoto.

Objectives

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

1. Recognize signs of bedbug infestations and bites.
2. Identify potential bedbug infestation hazards while at work and off duty.
3. Develop prevention measures and a plan for controlling infestations.
4. Serve as an advocate for patients and their families while responding to calls related to signs/symptoms of bedbug bites.

Scenario

For the last couple of shifts, a paramedic at Station 5 noticed a few tiny blood spots on his bed linens as he left his bunk at the end of duty. He innocently assumed that he had cut himself shaving or had acquired a small scratch while making runs that day. However, when he awoke on the third shift with his arms covered with hundreds of small, red, itchy bumps, he suspected something more sinister. At the end of his shift he discussed the situation with the incoming crew and discovered that a coworker who slept in the same bunk also experienced similar signs and symptoms. Skillful deduction indicated the infestation of some type of insect, and further investigation revealed that the fire station bedroom was the home of bedbugs.

History and habits

Although myriad hazards face EMS providers while on duty, one of the more unconventional and inconceivable includes bedbug infestations. Fortunately, bedbug

bites are not known to transmit disease (Goddard & deShazo, 2009), and although only slightly more than a nuisance for most bite victims, infestations can cost employees and employers thousands of dollars in medical bills, preventive measures and professional extermination.

The bedbug problem is not a recent one. These bloodsuckers originally lived exclusively in caves and fed on bats (Panagiotakopulu & Buckland, 1999), later besieging other mammals such as rodents and birds. Bedbug remains discovered in ancient Egyptian archaeological sites indicate an association with man for at least 3500 years (Panagiotakopulu & Buckland). Classical Greek historians Aristophanes, Pliny, Aristotle and Dioscorides chronicled the nuisance of bedbugs (Anderson & Leffler, 2008; Panagiotakopulu & Buckland). Bedbugs persisted in the eighteenth century British Isles, and interestingly, the wealthy suffered more from bedbug infestations than the poor because they could afford to

heat their homes with coal rather than peat. The fuel difference resulted in warmer homes that were more conducive to bug breeding (Panagiotakopulu & Buckland). Even today, people who can afford to travel are at higher risk of acquiring and moving bedbugs from location to location. This pest knows no socioeconomic boundaries and is not related to a lack of hygiene.

The bedbug population was at its height in the 1920s and 1930s in the United States (Berg, 2010), with an estimated 30 percent of American homes infested during pre-World War II times (Gangloff-Kaufmann & Pichler, 2008). During the mid-twentieth century, America's bedbug population waned to its lowest number. However, in the last three decades, a formidable resurgence has occurred (Goddard & deShazo, 2009). Several factors have led to the recrudescence of the tiny bloodsuckers, especially in urban settings.

The banishment of dichlorodiphenyltrichloroethane (DDT) in the United States on December 31, 1972 (U.S. Environmental Protection Agency [EPA], 2009) removed a pesticide that had been used with success to control cockroaches with a secondary benefit of controlling bedbugs. However, bedbug resistance to DDT had already been seen as early as 1948 (Gangloff-Kauffman & Shultz, 2003). More recently, pyrethrin, an extract from daisies that is also used in pet flea treatments, has shown promise, but bedbugs are similarly beginning to display resistance (Romero, Potter, & Haynes, 2007; 2009). Insect sprays and foggers have been shunned by consumers who maintained concerns related to danger to pets, children and the environment. Entomologists and

exterminators are currently working in earnest to develop another form of control.

An increase in travel, particularly international travel, moved bedbugs quickly from place to place, even across continents from countries with a more pronounced bug population. Immigrants also have transported bugs from one geographical setting to another in luggage, furniture, and other belongings.

Because infestations in the United States were in decline for decades, public awareness about bedbugs was essentially nonexistent until recently. As a result, when the public finally realized that a problem existed, it was already of epidemic proportions.

Finally, shipping and transport of cargo has entrapped bugs and their eggs in boxes and crates, sending them perhaps thousands of miles from their origin. In 2010, a number of New York clothing stores including Abercrombie & Fitch, Victoria's Secret, Juicy Couture, and Nike temporarily closed for extermination. Trained bedbug-sniffing dogs are now being utilized to detect infestations.

Physiology

Cimex lectularius L. (*Cimex* derived from the Roman designation for bug and *lectularius* from the Latin name for couch or bed) (Goddard & deShazo, 2009) is a wingless blood-sucking ectoparasite (external parasite) that is similar to head lice. Its size can range from one to seven millimeters in length, or approximately the size of Lincoln's head on a penny. Relatively flat, the unfed brownish bedbug looks like crinkled paper, and is covered with short, golden hairs. It becomes longer, more cylindrical, and reddish after a blood meal. Bedbugs seek warmth and carbon dioxide, which attracts them to sleeping humans and animals, usually

in the early hours of the morning. The creature injects into the skin an anesthetic and anticoagulant with one tube while extracting blood from the victim with a sucking tube. Although it can travel more than 100 feet nightly, the bedbug usually congregates within one to two meters of its sleeping victims (Goddard & deShazo; U.S. Centers for Disease Control and Prevention [CDC] & U.S. Environmental Protection Agency [EPA], 2010) and hides during the daytime. Its small size and flat shape allow it to hide along the creases



Bedbug bites. Photo from iStockphoto.

and seams in mattresses and box springs in addition to the backside of headboards and behind electrical outlet plates and baseboards. Since the bugs cannot jump or fly, they must rely upon crawling to reach their victim.

A bedbug's life span is approximately one year, and it can breed all year in a warm environment. Females can lay 200 to 400 eggs annually; hatch time for the eggs is 6 to 17 days (Texas A&M University, 2008), and blood meals are required at several stages of life (Gangloff-Kaufmann & Shultz, 2003). *C. lectularius* can survive up to 18 months without a blood meal (Anderson & Leffler, 2008; Berg, 2010; Goddard & deShazo, 2009), making short-term human evacuation from a residence ineffective.

Environmental evidence of the presence of bedbugs includes excrement in the form of brown stains along the seams

of mattresses and box springs in addition to eggs, shed skins, and bugs behind baseboards, headboards, electrical outlets, hanging pictures and clutter stacked against walls. Luggage and backpacks may house bedbugs in cracks and crevices. Tiny blood spots may occur on bedding as the victim rolls over in his or her sleep, consequently squashing the bedbug. In heavily infested rooms, a sweet smell of rotten raspberries may prevail. Live bugs may also be viewed crawling around on surfaces, especially at night.

Preventing bedbug transport

Prevention includes employing awareness and care when responding to EMS runs as well as using caution in personal affairs. Firefighters and EMS providers should avoid sitting or leaning upon upholstered furniture, beds and carpeting, including upholstery in vehicles while responding to EMS calls. Although the likelihood of transporting live bugs on clothing is slim, the sticky eggs could adhere to bunker gear, uniforms or footwear. In addition, rescuers should avoid placing medical bags on suspect surfaces. Some fire departments now mandate that rescuers wear disposable shoe covers when responding to residences and assign designated personnel to hold all medical bags rather than leaving them on the floor or furniture. Bunker gear and equipment should not be taken into station living quarters. When contamination is suspected, gear can be placed in a closed automobile and left in the sun in a hot climate for 24 hours or run through a clothes dryer. Uniforms should be laundered in hot water and left at the station or workplace. Apparel should not be taken home, where family and private domiciles could be exposed. Even if infestation at the workplace is not evident,

zippered mattress and box springs covers should be used to eliminate the bugs' hiding places, and beds should be moved away from walls.

Bedbugs have been known to infest not only residences, but also department stores, hotels, offices, jails, schools, college dormitories, public transportation vehicles and even movie theaters. Caution is advised when responding to any type of scene. In a Denver, Colorado, attic fire, bedbugs fled from the blaze and sought refuge on firefighters' equipment and turnout gear (Nicholson, 2010). Fire stations in numerous American cities have been infested, including Cincinnati, Albuquerque, San Diego and Phoenix.

In one's personal life, care should be taken especially while traveling. Hotel rooms and quarters on cruise ships or train compartments should be surveyed for evidence of bedbugs before unpacking belongings. Signs of bedbugs should immediately be reported to management. Suitcases, clothing and shoes should not be stored on the floor, and care should be taken to not allow bed linens to come in contact with floor surfaces. Bedbugs cannot easily navigate smooth surfaces (Gangloff-Kaufmann & Shultz, 2003), so some travelers profess storing luggage and shoes on tile bathroom floors. One EMT stated that whenever they return from a vacation, his family unpacked suitcases, duffel bags and backpacks in the garage and then immediately cycles all clothing through the laundry before it is allowed in the house. Dryer heat kills bedbugs in all life stages, as will laundering with hot water. Care should also be taken when purchasing items from garage sales or resale shops, especially upholstered items, and all items should be inspected and laundered if possible before introduction into the home.

Eliminating bedbug infestations

A concerted effort to eliminate hiding places for bedbugs will lessen their prevalence. For example, clutter should be reduced in the home as well as the work quarters, cracks and crevices in the walls should be painted and/or caulked, loose paneling or wallpaper should be inspected and repaired. Floors and carpets should be vacuumed often and the vacuum cleaner bag contents disposed of frequently.

Professional treatment of an infestation includes the use of steam heat and/or extreme cold with carbon dioxide along with specialized applications of pesticides to kill bedbugs in all life stages. Unfortunately, do-it-yourself pesticides generally drive the pests deeper into crevices and walls, failing to eliminate the problem and increasing the difficulty for professional exterminators to reach the bug populations. The Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA) recommend integrated pest management (IPM), which is an effective and environmentally sensitive approach used by exterminators that is most effective in conjunction with participation by residents (CDC & EPA, 2010).

Responding to bedbug-related calls

EMTs and paramedics may be called to assess and identify cutaneous symptoms of bedbug bites. Part of the EMS profession's evolving responsibilities includes public health education, and EMS providers should be accordingly educated and aware so they can advise patients of suspected bedbug bites and resources to contact for help. EMS also may play a role in alleviating fear and rumors regarding the pest and the ramifications of an infestation.

Because of the increased attention

given to the problem by the news media, EMS may be increasingly summoned by patients who feel that they have been infested with the parasites, complete with real or imagined itching or crawling skin sensations. Rescuers should remember that such symptoms, including any visual sign of bites could be attributed to other insects, mites, allergies, medical conditions or psychiatric problems. Because bedbug infestations are difficult to control, rescuers may also respond to individuals who have accidentally poisoned themselves while attempting to eradicate bedbugs by using aerosol foggers or even illegal pesticide products.

Signs and symptoms of bites include small, pink, pruritic bumps that may resemble mosquito bites or pustules similar to those seen in fire ant bites. If the victim's scratching infects the site, a secondary infection may develop, which can include folliculitis, cellulitis and eczematoid dermatitis (Goddard & deShazo). At times, multiple bites in straight lines or clusters may be visible (Buchanan & Cleary, 2006). Uninfected bites usually resolve in 3 to 10 days; however, hives (urticaria) may be seen and/or anaphylaxis can occur due to an inflammatory response. Proteins present in the bedbug's saliva can instigate mild to severe allergic reactions in up to 30 percent of all victims (Goddard & DeShazo), sometimes requiring antipruritic lotions, antihistamines and even prescribed corticosteroids. Anemia has been reported in those patients with age extremes within heavily infested residences, and asthma has been linked to the presence of bedbugs, as with the presence of cockroaches (Gangloff-Kaufmann & Pichler, 2008).

Finally, firefighters may be called to respond to fires or explosions caused by residents who may have attempted

to eradicate their bedbugs by methods of heating rooms with propane grills, fogging near an open flame, or by applying pesticides to mattresses or personal belongings. As a result, EMS providers may be required to treat burns, explosion injuries, or poisonings.

Federal and state public health entities have attacked this problem with zeal. In fact, the Second National Bedbug Summit was convened on February 1 and 2, 2011, in Washington, D.C., and several states have published guidelines related to controlling the pest. Numerous resources available on the Internet include information helpful for EMTs and paramedics in their personal as well as professional lives. Cornell University sponsors an online comprehensive guide for prevention and management of the pest (Gangloff-Kaufmann & Pichler, 2008), and Texas A&M maintains an informational webpage with numerous illustrations (Texas A&M, 2008). Bedbugs are difficult to eradicate, and with no demonstrated effectiveness in repellents (Goddard & deShazo, 2009) or pesticide residuals (Romero, Potter, & Haynes, 2009), prevention promises to provide the most advantageous action in controlling the pest in the workplace as well as in the home.

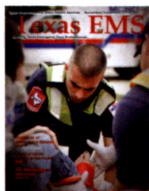
Scenario solution

Quick recognition and a comprehensive treatment plan eliminated the bedbug problem at Station 5. The paramedic's immune response to his bedbug bites was remedied with antipruritic lotion, diphenhydramine, and a course of corticosteroids. To allow for professional extermination, the rescuers were moved out of their quarters for two weeks. Interestingly, the exterminators found evidence of bedbugs in the presence of shed bedbug skins; however, only two live

bugs were found. Although no conclusive source for the pests was identified, the paramedic has reevaluated and modified his behavior when traveling and also while responding to EMS calls, and a continuing education module increased the EMS professionals' awareness and dispelled rumors regarding the pest.

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Bedbug Quiz

1. Bedbugs have been shown to transmit contagious diseases such as hepatitis B virus (HBV) and AIDS to humans.
 - A. True
 - B. False
2. What is the least likely cause for the increase in bedbug infestations in the United States?
 - A. Increased world travel
 - B. Lack of public awareness about the pest
 - C. Importation of goods
 - D. Poor hygiene in hotels and homes
 - E. Cessation of use of DDT
3. Bedbug bites generally occur in victims who have unclean habits.
 - A. True
 - B. False
4. Generally, EMS personnel should take precautions to avoid bedbug infestation when responding to
 - A. A low-income area of the city
 - B. A 9-1-1 call at night
 - C. A location where bugs and eggs are seen
 - D. An indoor area such as an apartment, jail or residence
 - E. Any emergency scene
5. Bedbugs can jump and fly
 - A. True
 - B. False
6. What are the most common health hazards resulting from bedbug bites?
 - A. Seizures, coma and death
 - B. Bacterial infections such as MRSA, C. Diff, and pseudomonas
 - C. Inflammatory and/or allergic reaction
 - D. Sepsis and gangrene
 - E. AIDS and hepatitis
7. Bedbug bites are best prevented by
 - A. Reducing clutter in the sleeping area
 - B. Using repellents on skin before retiring to bed
 - C. Fogging and spraying the sleeping area
 - D. Evacuating the sleeping area for several weeks
8. What is the most practical, safe and effective control method for suspected bedbug contamination in an EMS provider's equipment?
 - A. Fogging and spraying contaminated items with insecticide
 - B. Washing and drying contaminated items using hot temperatures
 - C. Disposal of contaminated items in plastic bags
 - D. Placing contaminated items outdoors for several days
9. Bedbug bites are generally indicated by which of the following signs and symptoms?
 - A. Low-grade fever and generalized itching of skin
 - B. Sensation of crawling on the skin
 - C. Painful, stinging wheals with shortness of breath
 - D. Small, red bumps that itch
10. When responding to what appears to be a patient suffering from bedbug bites, the EMS provider should
 - A. Suggest to the patient that he/she improve his or her cleanliness habits.
 - B. Avoid transporting the patient in the ambulance and direct the patient to an exterminator for assistance with pest control.
 - C. Offer a list of pesticides and/or remedies to eliminate the bedbugs.
 - D. Treat the medical issue at hand and direct the patient to appropriate resources for assistance with the infestation.

This answer sheet must be postmarked by April 20, 2011
CE Answer Sheet Texas EMS Magazine
Good night, sleep tight, don't let the bedbugs bite
CE Medical

Name _____ SSN _____
Certification Level _____ Expiration Date _____
Organization _____ Work Phone _____
area code
Address _____ City _____
street
State _____ Zip _____ Home Phone _____
area code

Note: Due to the cost of processing CE, each answer sheet must be accompanied by a check or money order for \$5, made out to UT Southwestern.

For DSHS CE credit, mail your completed answer sheet with a check or money order for \$5 made out to UT Southwestern to:

Debra Cason, RN, MS
EMS Training Coordinator
The University of Texas
Southwestern Medical Center
5323 Harry Hines Blvd.
Dallas, Texas 75390-9134

You will receive your certificate for 1.5 hours of medical CE in about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

Answer Form

Check the appropriate box for each question. All questions must be answered.

1. A. B.
2. A. B. C. D. E.
3. A. B.
4. A. B. C. D. E.
5. A. B.
6. A. B. C. D. E.
7. A. B. C. D.
8. A. B. C. D.
9. A. B. C. D.
10. A. B. C. D.

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

New medical directors named



Jeff Beeson, DO

Two EMS providers recently named new medical directors. The Emergency Physician's Advisory Board, which provides oversight for Fort Worth-based MedStar EMS

and the first responders in a 15-city area across North Texas, named Jeff Beeson, DO, as its new medical director. Steven Davis, MD, was named associate medical director.

Beeson won Medical Director of the Year at Texas EMS Conference in 2010. He is a board-certified emergency physician, licensed paramedic and registered nurse. Dr. Beeson works in the emergency department of Fort Worth's Huguley Memorial Hospital, John Peter Smith Health Network and serves as the medical director for the EMT programs at Weatherford Community College and Trimble Technical High School. He also serves on the EMS Committee of the American College of Emergency Physicians, on the Board of Directors for the Committee on the Accreditation of Training Programs for EMS Professions, and on the

Medical Directors Committee of the Governor's EMS and Trauma Advisory Council of Texas. Dr. Beeson is assistant clinical professor at UT Southwestern where he continues to teach new paramedics and emergency physicians at Parkland Memorial Hospital.

Charles P. Burnell, MD, has been named lead medical director of Acadian Ambulance and the Acadian Companies. Acadian serves nine counties in Texas, including Bexar, Travis, Jefferson and Orange. Burnell is a board-certified emergency physician and is the emergency department director in Our Lady of Lourdes Regional Medical Center in Lafayette, Louisiana. Burnell will review on-scene medical procedures and oversee training and continuing education programs.

Texas EMS Conference 2011 CALL FOR PRESENTATIONS

Time is running short! If you would like to present a one-hour lecture or two-hour workshop, complete the Call for Presentations form by **March 11, 2011** using the forms available at www.dshs.state.tx.us/emstraumasystems/11CallForPresentations.shtm.

One of the largest EMS conferences in the nation, Texas EMS Conference draws more than 2,000 EMS professionals from Texas and across the nation, as well as 1,000 exhibitors, faculty and volunteers.

See page 10 of this magazine for more information.

GETAC Meeting Dates for 2011 in Austin

May 11-13

August 17-19

November 18-20
(In conjunction
with Texas EMS
Conference)

Don't give up your diet soda just yet – but you might want to keep an eye on the studies, say researchers. A recent study presented to the International Stroke Conference found that people who drank diet sodas every day had a 61 percent higher risk of vascular events, including stroke and heart attack, than did those who

A study found that people who drank diet sodas every day had a higher risk of vascular events.

completely avoided diet soft drinks. The study followed about 2500 New Yorkers for at least nine years and accounted for risk factors such as smoking, hypertension and high cholesterol levels. Researchers found no increased risk among those who drank regular sodas. Still, researchers aren't saying you should quit drinking diet sodas – yet. It may be something else that people have in common, such as unhealthy food items such as pizza consumed along with the diet soda. This is the second study that linked diet soda to health issues. An earlier study found an increased risk of metabolic syndrome with diet soda consumption. Larger studies are needed to confirm the results of the earlier studies. Researchers say you don't have to quit your diet soda yet, unless you have a lot of other risk factors.

From msnbc.com, “Daily diet soda tied to higher risk for stroke, heart attack,” by Linda Carroll, February 10, 2011.

Officials are warning against the newest synthetic drugs, often marketed as “bath salts” or “plant food” and legally sold on the internet and in drug paraphernalia shops. The powdered drugs, sold under brand names such as “Ivory Wave” or “Purple Wave,” have made hundreds of people sick across the country, including one suspected overdose. The American Association of Poison Control Centers has received 251 calls related to “bath salts” as of mid-February of this year, compared to 256 calls in all of 2010. The drugs can cause chest pains, increased blood pressure and heart rate, agitation, hallucinations, extreme paranoia and delusions. The drugs mimic the effects of cocaine, ecstasy and LSD. The bath salts contain the synthetic stimulant MDPV, or 3,4-methylenedioxypyrovalerone, and mephedrone. The chemicals are neither controlled by the Drug Enforcement Administration nor approved for human consumption by the Food and Drug Administration. Although as of press time, there were no bills related to “bath salts” filed in the Texas Legislature, a New York congressman has drafted a bill that would add the two chemicals to the list of federally controlled substances.

“Bath salts” have made hundreds of people sick across the country.

From msnbc.com, “Drug czar: ‘Bath salts’ drugs pose ‘serious threat,’” by Alicia A. Caldwell; and WebMD, “‘Bath Salts’ Drug Trend: Expert Q & A,” by Matt McMillen.



Did you read?



Did you read?

Energy drinks such as Red Bull and Rockstar may be dangerous to children's health, according to a study published in *Pediatrics* in February. The study looked at all the existing studies on the health effects of energy drinks and found the hazards may be especially worrisome for children with conditions such as ADHD, diabetes and heart conditions. The energy drinks, which are classified as dietary supplements, are not regulated by the Food and Drug

Energy drinks may be dangerous to children's health.

Administration. The biggest concern is the amount of caffeine in the drinks, which can be twice as high as the stimulant NoDoz and three times as high as a caffeinated soda. Dr. Steven Lipshultz, a pediatrician, began looking into the drink after seeing children getting sick from the energy drinks. He says he's hoping to alert pediatricians and parents about the dangers of the drinks, especially when mixed with medications to treat ADHD.

From Time.com, "Energy Drinks May Harm Health, Especially for Children," February 14, 2011.

Want to increase your brain power as you age? Take a walk. Here's why: In healthy adults, the hippocampus, a part of the brain that helps with memory formation, begins to atrophy around 55. A new study published in *The Proceedings of the National Academy of Sciences* claims that walking can help expand the hippocampus, albeit modestly. Researchers randomly assigned

120 healthy but sedentary adults (average age, mid-60s) to either an exercise group who walked a track three times a week, building up to 40 minutes, or a

Walking can help expand the hippocampus.

group that did less aerobic exercises such as yoga. A year later, brain scans showed the walkers' hippocampus had increased in volume by two percent on average while the others had declined by about 1.4 percent. Since decline is normal, an increase is significant, according to the researcher.

From New York Times, nytimes.com, "Fitness: A Walk to Remember? Study Says Yes," February 7, 2011.

It could be the biggest change for breast cancer treatment in decades: A new study found that many women with early breast cancer do not need to have cancerous lymph nodes removed from their armpits – a procedure that has its own list of complications. Surgeons have been removing lymph nodes as standard practice for about 100

Many women with early breast cancer do not need to have cancerous lymph nodes removed.

years. Now for 20 percent of patients – about 40,000 a year in the U.S. – the study found that node removal holds no

advantage because the chemotherapy and radiation the women received probably wiped out the disease. The results did not apply to all patients, however: The tumors were found early and were less than two inches across. The women had at least one node with cancer, but the nodes were not enlarged enough to be felt, and the cancer had not spread. The women in the study had lumpectomies, plus other treatments such as radiation to the entire breast, and chemotherapy, or hormone-blocking drugs, or both. It is not known whether the findings apply to women who do not have radiation and chemotherapy, or have only part of the breast irradiated. The findings suggest that women who fit the criteria will have at least one lymph node removed to look for cancer, but taking one or a few should be enough. Removing many lymph nodes increases the likelihood of complications such as infection, fluid collecting in the armpit and lymphedema. Still, don't look for surgeons to jump on board with the new treatment model. As one researcher put it, surgeons have thought their role was to get all the cancer, including lymph nodes. It may take some time to change the way it's done.

From msnbc.com, "Lymph Node Study Shakes Pillar of Breast Cancer Care," by Denise Grady, February 8, 2011.

If you're looking for ways to extend your life, you might look to fiber. Yep, the kind you get with fruits, vegetables and whole grains. A study at the National Cancer Institute found a link between high fiber diets and lower risks of death from heart

disease, cancer in men, infections and respiratory illnesses. The current daily recommendation of fiber is 25 grams for women or 38 grams for men, or about 14 grams per 1000 calories. The study followed 388,000 men and women ages 50 to 71 for nine years. The subjects

A study found a link between high fiber diets and lower risks of death.

who ate the highest amount of fiber were 22 percent less likely to die from any cause compared to those who ate the lowest amount. The benefit may be strongest in heart disease and diabetes, where fiber is thought to improve cholesterol and blood sugar levels, inflammation and blood pressure. It also is theorized that fiber may be able to bind to toxins, eliminating them more quickly from the body. In this study, the cancer benefit showed up only for men, but researchers say that may be because men are more likely than women to die from cancers related to diet. Fiber is found in fruits, vegetables, beans and whole grains, which were most strongly tied to lower risk in this study.

From msnbc.com, "Eat fiber, live longer," by Carla K. Johnson, February 14, 2011.

New research, old suspicion: Single men really do have more germier houses than single women. A research study found that single men's homes contain about 15 times the amount of bacteria than their female counterparts on four common surfaces — TV remotes, coffee tables, nightstands and



Did you read?



Did you read?

doorknobs. The surfaces were tested in 30 homes of single men and 30 homes of single women.

For instance, seven out of ten coffee tables at bachelors' pads had coliforms, a type of bacteria abundant in the feces

Single men's homes contain about 15 times the amount of bacteria than single women's.

of warm-blooded animals. But wait, there is a reasonable explanation. It seems about 90 percent of shoes have some fecal bacteria on them after three months (again, eww) and guys are more likely to put their feet up on tables. The fecal bugs also are indicators of other microbes that can cause cold, flu and diarrhea. Germs weren't quite so prevalent on surfaces other than coffee tables: TV remotes, 30 percent; nightstands, 62 percent; and doorknobs, 13 percent. To be fair, germs were also in bachelorette pads, just not as many, with one exception. Bacteria lurked on about 33 percent of women's front door knobs.

Form msnbc.com, "Dirty truth: Bachelor pads have 15 times more germs," by Bill Briggs, February 14, 2011.

Here's one to think about on your next EMS call: only about fifty percent of people take their prescription medications as directed. Some don't feel sick anymore, or it's too expensive, or blame confusing drug labels. Express Scripts is a drug benefit firm who tries to figure out why people don't do what they're supposed to do, medication-wise, and offers these tips for those folks: Take

pills at the same time they do something else regularly; if cost is an issue, they can

Only about fifty percent of people take their prescriptions as directed.

discuss other options such as generics with their doctor; they can check for programs that provide free or reduced-cost prescription programs; they can use a mail order pharmacy and sign up for automatic refills.

From npr.org, "Forgot To Take Your Medicine Today? D'oh! You're Not Alone," by Michelle Andrews, February 15, 2011.

Are you over 51? Diabetic or hypertensive? African American? Your recommended salt intake just dropped by half. The U.S. departments of Agriculture and Health and Human Services issued the latest dietary

The biggest change this year is the recommendation to reduce daily salt.

guidelines earlier this year. Overall, the news isn't too shocking. For optimal health, everyone needs to eat a more plant-based diet including vegetables, fruit and whole grains, and more water instead of sugary drinks. The guidelines come out every five years. The biggest change this year is the recommendation to reduce the daily salt to 1500 mg a day – about a half a teaspoon of salt. The average American consumes

about 3400 mg of salt a day. It's going to be more than simply putting down the salt shaker. The American diet is loaded with packaged foods and restaurant fare, which makes up about 75 percent of the sodium in American diets. The report also tweaks the recommended number of calories: We should get no more than 260 calories a day from solid fats, such as butter, and sugar for every 2000 calories consumed. Americans currently eat about 700 calories per day from solid fats and sugars in a 2000 calorie a day diet. Other recommendations: Avoid trans (synthetic) fats, pare down portions and increase physical activity to 150 minutes per week.

From msnbc.com, "Hold the salt! New food rules lower sodium limits," by Elisa Zied, RD, January 31, 2011.

And, just when you ask how you can possibly get another apple into your day, news comes that the Physicians Committee for Responsible Medicine is suing the U.S. departments of Agriculture and Health and Human Services to stop using the MyPyramid, a nutritional diagram that guides consumers on what foods to eat. PCRM says while the MyPyramid diagram does tout more plant-based foods and less animal-based foods, it does not

One group says food diagram does not go far enough.

go far enough, and the recommendations are confusing. PCRM wants the federal government to offer instead its own Power Plate, a plant-based alternative developed by PCRM that focuses on a vegan diet.

From <http://voices.washingtonpost.com>, "PCRM sues federal agencies over dietary guidelines," by Tim Carman, February 15, 2011; and www.pcrm.org, "Doctors Sue USDA, HHS for Ignoring Healthy Alternative to MyPyramid," (press release), January 6, 2011.

Does time really go by faster the older we get? The sentiment is expressed by people all over the world, but could it be true? No, say scientists. One theory: What changes is how we perceive time. Neuroscientist David Eagleman of Baylor College of Medicine says you can blame it on the novelty of the

Does time really go by faster the older we get?

experience. When the brain experiences new things – like a first kiss – the brain uses more energy to represent a memory. It's like driving to a new job for the first time, he says. The first trip, it seems to take a long time. But after driving back and forth every day, the trip seems to take no time at all. But who says novel experiences belong exclusively to the young? Duke University psychology professor Warren Meck says people hitting their 60s and 70s, perhaps because time is running out, remember more because the experiences get more precious. Stay tuned, there will surely be other theories to consider.

From npr.org, "Why Does Time Fly By As You Get Older?," by Robert Krulwich, February 1, 2011.



Did you read?

FYI

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

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

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

A1 First Response EMS, Inc., San Antonio, TX. September 20, 2010, assessed a \$8,200.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Acute Care EMS, Inc., Houston, TX. March 31, 2010, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

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

Alonzo, Julian Jr., Houston, TX. July 3, 2010, denial of renewal application for violating EMS Rules § 157.36(c)(2), 157.36(c)(14) and 157.36(c)(9) related to pleading guilty and receiving deferred adjudication for felony-deadly conduct and conduct that jeopardizes or has the potential to jeopardize the health or safety of any person.

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

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

Ashford, Scott, Houston, TX. March 21, 2010, reprimanded for violating EMS Rules §157.36(b)(7), 157.36(b)(26) and 157.36(b)(28) related to performing advanced level and/or invasive treatment on a patient without medical direction or supervision.

Ashton, Benjamin, Midland, TX. June 18, 2010, denial of certification pursuant to EMS Rule §157.36(c)(9) related to a felony deferred adjudication for prescription fraud on or about September 28, 2006.

Bailey County EMS, Muleshoe, TX. August 10, 2010, assessed a \$4,000.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Barber, David W., San Antonio, TX. June 26, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(29) related to misappropriation of controlled substances from an EMS employer.

Bay Area Transport LP, dba Bay Star Ambulance Service, Baytown, TX. January 23, 2011, administrative penalty of \$5,900 for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.11(m)(8), 157.16(d)(14), and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel, and failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

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

Blackwell EMS, Blackwell, TX. July 3, 2010, reprimanded for violating EMS Rules §157.11(l)(15)(C)(iv), 157.16(d)(1) and 157.16(d)(19) related to transporting patients without a medical director and delegation of authority for EMS personnel to provide care at the advanced level.

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

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

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

Brant, Stan P., Graham, TX. June 26, 2010, revocation of EMS Instructor Certification for violating EMS Rules §157.44(e)(1), 157.44(e)(6), 157.44(e)(13) and 157.44(i)(2)(G) related to failing to provide supervision and oversight for assigned courses and giving CPR cards to students without any instruction and/or skills test.

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

Byers, Danny, Springlake, TX. June 26, 2010, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(4), 157.36(b)(26) and 157.36(b)(28) related to failing to submit a timely, complete and/or accurate patient care report to hospital staff.

DISCIPLINARY ACTIONS

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

Coon, Ryan C., Seabrook, TX. July 3, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(19), 157.36(b)(27), 157.36(b)(28) and 157.37(a) related to receiving a misdemeanor deferred adjudication for possession of a controlled substance and misappropriation of a controlled substance while on duty.

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

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

Darrouzett EMS, Darrouzett, TX. July 29, 2010, assessed a \$3,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(2)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Davis, Jessie J., San Antonio, TX. April 17, 2007, six (6) month suspension followed by a forty-two (42) month probated suspension through April 16, 2011, for violating EMS Rule §157.36.

Earth EMS, Earth, TX. April 13, 2010, assessed a \$300.00 administrative penalty for violating EMS Rules §157.11(l)(1), 157.11(l)(3), 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.

East TX Medical Center EMS, Tyler, TX. May 24, 2010, assessed a \$3,500.00 administrative penalty for violating EMS Rules §157.11(l)(3), 157.11(l)(5), 157.11(l)(13) and 157.16(d)(14), related to utilizing an EMT-Basic to perform advanced levels skills and/or assessments.

Fisher, Tammy L., Ralls, TX. October 20, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(4), 157.36(b)(18), 157.36(b)(21), 157.36(b)(26)

and 157.36(b)(28) related to falsifying and/or altering a Course Completion Certificate for an EMT-Paramedic course.

Fleet Ambulance Service, Inc., Del Rio, TX. July 17, 2010, assessed a \$13,800.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(19), 157.11(j)(1), 157.11(m)(1), 157.11(m)(4), 157.11(m)(11), 157.11(l)(1), 157.16(d)(14) and HSC §773.050.(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel and failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Flores, Arthur R., Texas City, TX. June 18, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to a felony deferred adjudication for injury to a child on or about May 5, 2006.

Fuentes, Nathan, Cibolo, TX. June 26, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to inappropriate sexual contact with a child younger than 17 years of age.

Gonzales, Mark A., San Antonio, TX. April 17, 2007, six (6) month suspension followed by a forty-two (42) month probated suspension for violating EMS Rule §157.36.

Gonzales, Paul E., San Antonio, TX. October 28, 2009, six (6) month suspension followed by a twelve (12) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(26) and 157.36(b)(28) related to a positive drug screen for marijuana.

Goodall, Joe D., Hurst, TX. May 22, 2009, twenty-four (24) month 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 drug screen for methamphetamine and for multiple violations of a protective order.

Guidry, Kevin A., Groves, TX. June 26, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to inappropriate sexual contact with a child younger than 17 years of age.

Henderson, James M., San Angelo, TX. March 31, 2010, reprimanded for violating EMS Rules §157.43(m)(3)(B), 157.43(m)(3)(E), 157.43(m)(3)(F) and 157.43(m)(3)(T) related to failing to verify skills on a Skills Proficiency form.

Howard, Jeremy, Clarendon, TX. October 8, 2010, reprimanded for violating EMS Rules

§157.36(b)(2), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(28) related to failing to notify the Department within 10 days of an arrest for DWI, receiving deferred adjudication for reckless driving and submitting to a positive urinalysis drug screen for alcohol while on duty.

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

Isaacs, Eric S., San Marcos, TX. July 3, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(25), 157.36(b)(28) and 157.36(b)(29) related to receiving two (2) misdemeanor deferred adjudications and a conviction for possession of marijuana and failing to provide information to the Department.

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

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

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

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

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

DISCIPLINARY ACTIONS

Leigh, Angie D., Arlington, TX. March 23, 2010, twelve (12) 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 drug screen for a controlled substance.

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

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

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

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

Masters, Tony J., Magnolia, TX. June 26, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(28), 157.36(c)(2) and 157.36(c)(9) related to a felony deferred adjudication for possession of child pornography on or about January 6, 2009.

McClanahan, John, Fort Worth, TX. June 26, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(21), 157.36(b)(25), 157.36(b)(28) and 157.36(b)(29) related to a felony deferred adjudication for possession of a controlled substance and failure to respond to Department request for information.

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

Miller, Mark L., Baytown, TX. August 25, 2009, 24-month probated suspension for violating EMS Rules §157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(27) and 157.36(b)(28) related to misappropriating narcotics from a medical director.

Miller, Mollie M., Point Blank, TX. June 26, 2010, twenty-four (24) month probated

suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to misappropriation of controlled substances from an EMS employer.

Mineral Wells Fire/EMS, Mineral Wells, TX. December 19, 2010, reprimanded for violating EMS Rules at HSC §773.050(a) and §157.11(m)(1), 157.11(m)(4), and 157.16(d)(14) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

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

Nichols, James J., Lavon, TX. November 2, 2010, eight-month suspension followed by a 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.

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

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

Patriot Express LLC, San Antonio, TX. September 21, 2010, assessed a \$1,500.00 administrative penalty for violating HSC §773.050(a) and EMS Rules §157.11(d)(1), 157.11(j)(5)(A), 157.11(m)(1), 157.11(m)(4) and 157.16(d)(14) related to failing to staff

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

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

Perez, Brian T., Saraland, AL. June 13, 2010, twelve (12) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive drug screen for a controlled substance.

Pitts, Stephanie K., Silsbee, TX. July 29, 2010, reprimanded for violating EMS Rule §157.43(m)(3)(K) related to demonstrating a lack of supervision of personnel instructing courses for which a coordinator is responsible.

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

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

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

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

Richards, William L., Fort Worth, TX. May 8, 2010, reprimanded for violating EMS Rules §157.36(b)(13) and 157.36(b)(28) related to staffing an EMS vehicle and responding to EMS calls and/or transporting patient with an expired certification.

Rivas, Brittany, Texas City, TX. January 25, 2011, 18-month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(22), 157.36(b)(23), 157.36(b)(26), and 157.36(b)(28) related to being convicted of misdemeanor burglary of a vehicle,

DISCIPLINARY ACTIONS

misdemeanor driving while intoxicated, misdemeanor assault causing bodily injury, and deferred adjudication for misdemeanor criminal trespass.

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

Rowlett Fire Department, Rowlett, TX. July 3, 2010, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050.(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

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

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

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

Scott, Marcus D., Killeen, TX. October 28, 2009, eighteen (18) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to testing positive for alcohol while on duty.

Solsbery, Clinton W., Fort Worth, TX. May 22, 2009, twenty-four (24) 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 drug screen for opiates.

Steele, Edwin J., Weatherford, TX. July 12, 2010, twelve (12) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive drug screen

for controlled substances.

Taylor, Michael S., Mesquite, TX. July 3, 2010, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to receiving two (2) misdemeanor deferred adjudications for criminal mischief, a misdemeanor conviction for DWI, and a felony deferred adjudication for arson.

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

Timpson Volunteer Ambulance Service, Inc., Timpson, TX. July 29, 2010, reprimanded for violating EMS Rules §157.11(l)(1), 157.11(l)(3), 157.16(d)(14) and HSC §773.050.(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

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

Trinity EMS, McAllen, TX. April 28, 2010, assessed a \$1,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

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

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

Waldvogel, Jason S., Dallas, TX. June 26, 2010, twelve (12) month probated suspension for violating EMS Rules §157.36(c)(2) and 157.36(c)(9) related to a felony deferred adjudication for a controlled substance on or about March 9, 2009.

Watson, Robert L., Roanoke, TX. May 13,

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).

2010, reprimanded for violating EMS Rules §157.36(b)(7), 157.36(b)(26), 157.36(b)(28) and HSC §773.041(b) related to allowing a lower level EMS person perform advanced level and/or invasive treatment on a patient without medical direction or supervision.

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

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

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

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

Meetings & Notices

Calendar

SLAM Texas 2-Hour Advanced Human Airway Cadaver Lab: UNT Health Science Center, Fort Worth, TX, May 13-15, 2011. This advanced 2-hour lab will utilize human airway cadavers to teach various techniques to overcome and prevent difficult and failed intubation; and LMA-Fastrach intubation. Don't miss this unique opportunity to hone your airway management skills. Approved by CEBEMS, ASTNA, AANA, AARC, AMA Cat I PRA. Student: \$100, RN-EMT-RT: \$175, CRNA-PA-Physician: \$250. 8 available sessions beginning Friday afternoon, May 13th. Info and registration: JRofDallas@gmail.com; <http://www.slamairway.com/human-airway-cadaver-lab> or 1-888-973-7526. +

SLAM Texas Pediatric – Adult Airway Combined Course with Cadavers: UNT Health Science Center, Fort Worth, TX, May 14-15, 2011. Approved for 20 CE by

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.

CECBEMS, ASTNA, AARC, AANA and AMA Cat I PRA. Preconference classes will be held the afternoon of May 13th. RN or EMT: \$350. For details visit www.slamairway.com or contact Jim Rich at JRofDallas@gmail.com, 1-888-973-7526. +

San Antonio AirLIFE: Emergency Care Conference, August 12–13 in San Antonio, TX. Stay tuned to www.txairlife.com for further details and registration information. *

Kyle Fire Department: Fire Academy, March 14 - July 30 in Kyle, TX. A 20-week program consisting of classroom and hands-on field application and training. All applications must be completed and turned in by March 4. For information, contact Lt. R. Craig Kolls Jr. at training@kylefire.com or call (512) 268-3131. *

Jobs

Medical Director: The City of Lockhart, TX is receiving Requests for Qualifications (RFQ) from Texas licensed physicians to serve as Medical Director for its EMS department. Position requires an average 8 hours per month. Fee is negotiable. Sealed RFQ submittals in envelopes marked "Medical Director" may be mailed to City of Lockhart, Attn: Vance Rodgers, PO Box 239 Lockhart, TX 78644, or dropped off at City Hall, 308 W. San Antonio St., Lockhart, TX during normal business hours. For more information call 512-398-3461. +

Open Sales Position: LifeQuest, a premier EMS & Fire billing and collections company, is looking for an external sales representative with EMS field experience. For more information contact MaryBeth at mmork@lifequest-services.com or call 920-787-2291. +

Val Verde Regional Medical Center: We are looking for Paramedic Level EMTs to join our EMS team, in Del Rio, Texas. We welcome new graduates and offer training and continuing education. Our AHA training center offers BCLS, ACLS, and PALS. VVRMC has an excellent benefits package. Come enjoy our new technologies, flexible scheduling, and friendly working environment. You may visit us at www.vvrmc.org or contact our Director of Employment @ 830-778-3722 sheri.weathersbee@vvrmc.org. +

Emergency Services Foundation of Texas: Dynamic, growing not-for-profit organization providing exceptional health care in Pampa Texas is recruiting current Texas DSHS certified EMTs, EMT-Is, and EMT-Ps/LPs. We offer competitive wages, including a comprehensive benefit package and continuing medical education. Applicants must hold current ACLS and PALS certifications. If you are energetic and would like to join our rapidly growing innovative company please visit our website at www.esft.org for more information, or you may email questions and resume to peggiecoleman@esft.org +

Central Texas EMS: Seeking Paramedics for 9-1-1 and non-emergency operations in Falls, Bell and Williamson Counties. Both PM and full time (with benefits) positions are available. Competitive pay and great working conditions. Visit our website for online application at www.centraltexasems.com or contact Angie Webster @ 254.771.1513. *

EMSP Curriculum Specialist This position will lead discipline-specific online and/or hybrid course development and pilot tests for project activity. Apply online at www.odessa.edu. *

Meetings & Notices

Miscellaneous

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

Texas EMS Billing: All billing is completed by a nationally certified ambulance coder. We cater to the small to medium size private provider. Regardless of your size, we are here to keep your cash flow "flowing". Check our website at www.texasemsbilling.com or call 832-626-7732. Prompt... accurate...ethical. +

Continuing Education: For over a decade EmCert.com has provided continuing education for EMS/Fire/Rescue individuals and groups. Experience counts! All courses are CECBEMS approved and recognized by the NREMT. Our economical pricing and exceptional service are one of a kind. Visit us www.EmCert.com or call 1-877-EMS-HERO today!+

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

Looking for an EMS billing company? Health Claims Plus is an EMS/fire billing company located in Liberty, TX. Health Claims Plus performs all levels of EMS/fire billing from the small to the large.

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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. *

Spring Break out at the Emergency Services Education Center: McLennan Community College in Waco, Texas, is offering classes March 7-12th. The Tactical First Responder, Basic & Advance Level ITLS, Basic Rappelling and Low Angle Vertical Rescue and Vehicle Access and Extrication. Pre-registration is required for all courses. For any questions pertaining to class descriptions, equipment requirements, pre-requisites, registration, etc., contact Eldon Taylor at (254) 299-9591 or via e-mail at: taylor@mcclennan.edu. *

National Registry skills testing: TEEX is proud to announce that we are an NREMT Advanced Practical Exam site, able to accommodate Intermediate 85, Intermediate 99,

and Paramedic exams. For more information about exams or to register, please contact Stacey Elliott at (979) 458-2998 or email at Stacey.Elliott@teexmail.tamu.edu. *

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

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

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

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

+ This listing is new to the issue.

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

Placing an ad? Renewing your subscription?

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

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

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

EMS Profile by Jason Segner, LP
Program Director

EMS Profile: Blinn College Emergency Medical Services Program

Who we are: Blinn College began its Emergency Medical Services Program in 1995. Since then the program has grown to include an annual enrollment of about two hundred EMS students. We are committed to a mission of helping students develop excellence in their professional practice, while responding to community health care needs by equipping students, through quality education, with the knowledge and technical skills necessary to become competent entry-level EMS providers. The EMS Program serves the Bryan, Brenham, Sealy and Schulenburg campuses. We received accreditation from the Commission on Accreditation of Allied Health Education Programs in January 2011.

Faculty and students: The Blinn EMS Program includes five full-time faculty members with more than 40 years of combined EMS experience. Jason Segner is the director; Sandy Medina, clinical coordinator; Jason Vrooman and Kim Decker are instructors; Eric Wilke, MD, medical director; and Nicole Jones is the EMS Program administrative assistant.

Our enrollment for the Spring 2011 semester includes 70 EMT-Basic students and 20 second-semester paramedic students. The EMS program has a combined 90 percent overall pass rate on all levels of the National Registry Exam and boasts a 100 percent pass rate on the most recent graduating paramedic class.

What we offer: Course offerings with the Blinn College EMS Program include EMT-Basic, EMT-Intermediate, EMT-Paramedic and EMS Instructor courses. In addition, the EMS Program works in conjunction with PHI Air Medical to provide the community with continuing education and card-carrying courses.

Students can receive an EMS Professions Associate of Applied Science Degree upon completion of the degree plan. The Associate's Degree, Paramedic Certificate, and Intermediate Certificate include knowledge, skills and attitudes necessary to recognize, assess, and manage medical emergencies under the supervision and direction of a physician.



Texas Department of State Health Services
Office of EMS Trauma/Systems MC 1876
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The Blinn College EMS Program is led by Paramedic Instructor Jason Vrooman; EMT-Basic Instructor Kimberly Decker; EMS Clinical Coordinator Sandy Medina; and EMS Program Director Jason Segner. Photo by Tim Hardy

Following successful completion of the EMT-Basic or paramedic program, students are eligible to sit for the National Registry exam. In addition to the required courses, paramedic graduates will have completed the following card-carrying courses: ACLS, PALS, PHTLS and a 12-lead EKG course.

We offer two main certification and degree tracks. The EMT-Basic course is made up of lecture sessions that prepare students for the didactic book-work portion of the class and a lab component that meets once a week. There is also a clinical portion of the course, which meets once a week and prepares students for the clinical rotations required to complete the EMT-Basic training. Students are required to complete 108 clinical hours in an emergency room, in obstetrics and in EMS.

We also offer a competitive-entry paramedic academy, which is a three-semester program that prepares students for certification or licensure by the National Registry of EMTs and the Texas Department of State Health Services. The academy requires acceptance into Blinn College

(college ready in all levels of the THEA, Accuplacer, Compass or equivalent exam or have completed the remedial sequence), an application to the paramedic academy, current EMT-Basic certification or the ability to obtain certification within 30 days of starting the course, and completion or co-enrollment in a college-level Anatomy & Physiology course where the student must earn a grade of C or better. Applications are available year-round, but the academy begins only during the fall semester.

The Paramedic Academy encompasses lecture courses, laboratory sessions and clinical rotations. Students are required to participate in a set number of clinical hours each semester, including emergency room, obstetrics, operating room, health clinic and EMS rotations.

What's on the horizon: In the summer of 2011 the EMS Program will move to a new state-of-the-art facility on the Texas A&M Health Science Center campus. The facility will be equipped with high-fidelity simulation mannequins and a simulation hospital that will allow students the opportunity to practice life-like scenarios before encountering patients in the field. The new facility will also provide students with the opportunity to work collaboratively with other allied health programs such as nursing, radiology technology, surgical technology and physical therapy.

The Blinn College EMS Program is committed to meeting the demand for paramedics by providing the local community, the state and the nation with highly trained, well-prepared EMS providers. One avenue to meeting this goal will be to expand enrollment in the coming years, especially in rural and underserved areas, while remaining committed to maintaining Blinn College's mission.