Texas Department of State Health Services July/August 2011

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Texas EMS Magazine

Features

Departments

Above, Scott Zarse, a paramedic with Dallas Fire-Rescue, shows off prizes from Medical City Children's Hospital's Pediatric EMS Day celebration during EMS Week.

On the cover, Ray Richardson and Larry Crole of the Arlington Fire Deparment keep an eye on things from far above the field at Cowboy Stadium during Super Bowl XLV. Preparations for the event began almost immediately after the NFL announced that the February 2011 game would happen in Arlington.

Texas Department of State Health Services
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1100 W. 49th St., Austin, Texas 78756-3199
(512) 834-6700

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Magazine

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Texas EMS Magazine

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New laws affect EMS and trauma systems

The 82nd session of the Texas Legislature ended on May 31 after 140 days in the Capitol in Austin. How did EMS and trauma systems fare this session? Below is a synopsis of bills relevant to EMS and trauma that were passed and sent to the governor for signature. For more detailed information on each bill, go to www.capitol.state.tx.us and enter the bill number. Then click on "Text" and "Enrolled Version." These laws take effect on September 1, 2011, unless vetoed by the governor by June 19.

HB 554, *Howard, Rodriguez.* Chapter 143 of Local Government Code was amended to allow civil service status for EMS personnel in municipalities with a population of 460,000 or more. It requires a petition and local election to adopt and a similar process to repeal that action. Civil service status may affect qualified employees through certain provisions relating to eligibility lists, examinations, promotions, appointments, educational incentive pay, longevity or seniority pay, assignment pay, salary, vacation leave and disciplinary appeals. Effective September 1, 2011.

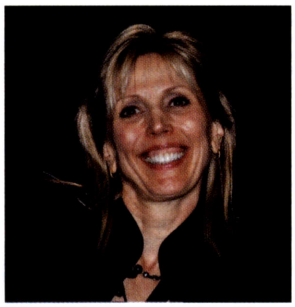
HB 577, *McClendon.* This bill adds clarification to Health and Safety Code §166.102 by specifying that EMS personnel have no duty to review, examine, interpret or honor written directives other than an Out-of-Hospital Do-Not-Resuscitate order. It also adds new §773.016 to Chapter 773 of the Health and Safety Code, detailing the responsibilities of the patient's physician, if present, and if not present, the responsibilities of the medical director or online physician as it relates to directing the termination of resuscitation by EMS personnel. Effective September 1, 2011.

HB 1476, *Riddle.* Regarding the mandate for revocation of an EMS personnel certification, §773.0614 was amended to add the *previous* placement on deferred adjudication or deferred disposition for certain egregious offenses listed in Article 42.12 of the Code of Criminal Procedure. The word "is" was changed to "has been" to incorporate this change. Effective September 1, 2011.

HB 901, *Hegar.* This legislation adds a restriction prohibiting a grant recipient from disposing of an ambulance before the fourth anniversary of the grant date, unless the department has been given prior approval. The amendment adds subsection (a-1) to the Health and Safety Code, §773.122 and §780.004. Effective September 1, 2011.

– Phil Lockwood

From this side



Kelly Harrell
Editor

I'm feeling a little tech-shy right now. When we decreased the number of pages in the magazine to help with the budget, my column seemed a natural place to cut. I was convinced that no one besides my mother read it, anyway. (Thanks, mom!) Now I'm about to step off into a brave new world for this column. Starting in July, instead of looking to my column each issue, you can find news about Texas EMS Conference on Twitter. Yep, that's right! I'm moving into the digital age – and it wasn't without some hesitation. Heck, I had to look up exactly what Twitter is before I could even get started. But I am in now, and our new Twitter address is @TXEMSConference. You can also find Texas EMS Conference on Facebook.

Hope to see you in the digital world! And if you have questions about how to Twitter or Facebook, your best bet is to ask the nearest 16-year-old. I'll still be trying to figure it out.

New Education Resources page on EMS/Trauma systems website

Need a place to find resources for EMS education? The OEMS/TS website has a new page dedicated to EMS education. An "Education Resources" link on the right side of the home page will take you to education documents, including templates, gap analyses, education standards and instructor guidelines gathered from a variety of trustworthy sources.

Local Projects Grant Update

The Office of EMS/Trauma Systems Coordination (OEMS/TS) has received 136 Local Project Grant (LPG) applications for fiscal year 2012 funding consideration. At this time the OEMS/TS staff and Public Health Region staff are busy screening, reviewing and scoring all proposals. Our goal is to announce awards in August.

Each year, OEMS/TS awards about $1 million in funding for EMS projects through a competitive application process. Check the News/Features link on our website for LPG updates. For more information on funding, go to www.dshs.state.tx.us/emstraumasystems and click on Funding Sources. – *Linda Reyes*

May GETAC meeting motions

The Governor's EMS and Trauma Advisory Council (GETAC) met on Friday, May 13, 2011, in Austin. Following are the motions put forward after the chair, staff, standing committees and other groups reported on their most recent activities. Once approved, draft minutes from the meeting will be posted at www.dshs.state.tx.us/emstraumasystems/governor.shtm.

Action Items

A motion was made by Donald Phillips, DO, and seconded by Jodie Harbert, LP, to affirm the previously agreed-upon deadline of 2013 for paramedic education programs achieving accreditation or seeking accreditation.

A motion was made by Ronald Stewart, MD, and seconded by Ryan Matthews, LP, to table Donald Phillips' motion until the next meeting. The motion did not carry, with three in favor and seven opposed.

The original motion passed with eight in favor and two opposed.

GETAC committee applications accepted through September 30

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

Texas EMS Certifications
as of
June 16, 2011

ECA	3,085
EMT	31,600
EMT-I	3,843
EMT-P	14,902
LP	5,981
Total	59,411
Basic Coordinator	113
Advanced Coordinator	220
Instructor	2,074

EMS Obituary

Jeffrey Karl Bergt, 48, of Weatherford, died Friday, May 20, 2011, in Fort Worth. Bergt was an EMT and was part of Trans-Care Medical Transport, Greenwood Rural Volunteer Fire Department and the Parker County Fire Department Honor Guard.

Clarification

We would like to clarify a statement from the "Texas trauma facilities receive new designations" article in the May/June 2011 issue. The Medical Center of Plano is one of eight Level I or Level II trauma facilities in the Dallas–Fort Worth area.

MAXIE'S CHALLENGE

Seven months into the Maxie Challenge, and I can say this: It's not as hard as I thought it would be. I'm not saying it's easy. And some days are easier than others. But all in all, I can live with the new way of eating and moving. And I'm loving the payoff.

Part of the reason it hasn't been as hard as I thought it would be is that I still eat what I like—I just eat a little less of some things and more from the fruits and vegetables category. And when you get right down to it, how much you put on your plate is mostly a habit, and I can see now that my habits have changed.

And it is *all* just habits, whether it's a habit of choosing grilled chicken over the fried version, or choosing a short walk before I plop down in front of the television for the night. Here's a Maxie Challenge: Try the healthy choice just one time. Instead of reaching for a candy bar, grab an apple. Then, if you're still hungry, you can still chow down on the candy bar. I tried this approach for a while, and eventually it became automatic to reach for the healthy snack first. I rarely want to eat a candy bar in addition to my apple.

But let's be honest: I wouldn't do this if there wasn't something in it for me. And there is. I just feel better. There's a spring in my step I haven't had in several years. I have a lot more energy even though I'm sure not getting any younger. I have fewer aches and pains when I wake up. And I when I feel good, I'm happier.

I've found only one downside to my new lifestyle. Anyone who knows me well knows I've always hated shopping, especially for clothes. I'm not what you'd call a standard size. And since I've slimmed down, my old shirts and pants hang on me. So I'll be going to the mall in July, when all the summer clothes start going on sale. But I've already got it planned out, and I've changed my attitude about shopping as well: I'll get the bonus of a nice walk *in the air conditioning*!

Maxie's trip to the grocery store just got a whole lot greener. Fruits and vegetables dominate his grocery list. Now he's making plans to go shopping for clothes — in smaller sizes.

DSHS unveils survival stories

Surviving Disaster: How Texans Prepare, a documentary series about Texas disasters and emergency preparation, is now available to view online at TexasPrepares.org. DSHS produced the series, which features Texans telling stories of survival and sharing lessons they learned.

"The series puts a human face on disasters and reinforces how to prepare," said Dr. David Lakey, DSHS commissioner. "We are putting the documentaries into the hands of people across Texas so they can hold a screening locally, share them with others and create or improve their disaster plans."

The six eight-minute stories, produced in English and Spanish, show the impact a disaster can have on a community and the people who live there. They are called:

- Surviving Hurricanes: Grab It and Go – Galveston and Bolivar Peninsula
- A Community Rebuilds: Recovering From Wildfires – Montague County
- Back to Business: Planning for Disasters – Beaumont
- Ready for Anything: Preparing for the Next Flood – Del Rio
- Winds of Destruction: A County's Lessons – Maverick County
- Facing Disasters: A Plan for Work and Home – Rio Grande Valley

The videos can be used as a tool for preparedness workers and community organizations to promote disaster preparedness in their areas. The contents of the DVD "extras" folder and documents at TexasPrepares.org can help people create their own disaster plans.

"Each year brings the threat of disasters and emergencies to Texas — from hurricanes and floods to tornadoes and wildfires," said W. Nim Kidd, Chief, Texas Division of Emergency Management. "Being prepared for emergencies can help save lives and protect property. These videos are an excellent tool to help build public awareness about the need for everyone to have emergency plans in place."

The series was produced as part of the state's Ready or Not campaign. Originally launched in 2007, Ready or Not is an ongoing multilingual public education campaign from DSHS encouraging Texans to prepare for emergencies. Through the campaign, the state provides resources that can be used locally to help Texans prepare, respond and recover if disaster strikes.

House Bill 1831 of the 81st Legislative Session directed DSHS to establish a program to educate Texans on disaster preparedness and appropriated funds for the effort, which includes the documentary series.

Staff changes

Three long-time employees left DSHS EMS in June. Pat Elmes, an EMS specialist in the Arlington office, retired after 24 years of service. Pat has been in EMS for 32 years, 24 as an EMS specialist with DSHS. Elmes says he'll miss being a part of developing and maintaining a high standard of prehospital emergency medicine in Texas and being part of the grass roots of EMS.

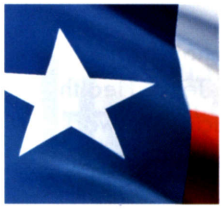
"We are a unique state and, having traveled all over the country, I have found that we shine in many areas in the provision of patient care and serve as a fine example for the rest of the country," Elmes says. "I was once told that Texas EMS Conference was in line with Australia as the "largest" or "best" in the world." Elmes has accepted a position at the National Headquarters of the American College of Emergency Physicians as the EMS and disaster preparedness manager, where he hopes to influence EMS on a national scale.

Pat Elmes working at the site of an accident, circa 1982.

Pat Elmes in the middle with Dallas Cowboy Cheerleaders.

Aaron Patterson, EMS manager of the Houston DSHS EMS office, took a job with Southeast Texas Regional Advisory Council. Brian Singleton, an EMS specialist in the Houston office, went to work for the Texas Department of Licensing and Regulation, where he'll be inspecting everything from barber shops to tow truck firms.

Star of Texas Awards



The Star of Texas Awards honor peace officers, firefighters and emergency medical first responders who have been seriously injured or killed in the line of duty on or after September 1, 2003.

In 2007, HB 1164 amended the Star of Texas Awards statute to include awards for federal law enforcement officers or special agents seriously injured or killed while performing duties in Texas while assisting a state or local law enforcement agency.

Three advisory committees (one for each category of first responder) review award nominations each year to ensure that they meet statutory criteria. Nominations for this year's awards may be submitted no later than July 31, 2011. The awards ceremony will be held in September 2011. To nominate an individual for a Star of Texas Award, go to http://governor.state.tx.us/cjd/star_awards.

Fake antibiotics under investigation

Medics need to be alert for several over-the-counter products being falsely marketed as antibiotics. The products are sold as dietary supplements under names such as Amoxilina, Pentrexcilina, Ampitrexyl, Citricillin, Amoximiel and Pentreximil. Product labeling falsely suggests to consumers that they are prescription antibiotics. DSHS officials are concerned that people taking the products believe they will provide the beneficial health effects of an antibiotic drug. The products do not appear to have any active drug ingredients and are not approved to treat medical conditions. The product names and packaging may closely resemble well-known prescription antibiotic drugs, such as Amoxicillin. The products may be available in capsule, syrup, ointment and drinkable forms.

The products appear to have been distributed statewide and are targeted toward Hispanic consumers. They may be sold at various retailers, including small independent stores that cater to the Hispanic community. Usage instructions are in Spanish and English.

DSHS is working with other agencies, including the U.S. Food and Drug Administration, to investigate product origin, distribution, labeling and advertising. Retailers are urged to remove the products from store shelves and contact their distributors for instructions.

State health officials became aware of the situation following reports that an Austin hospital treated several patients whose parents mistakenly believed they had been treating their children with an antibiotic.

Grants recently awarded

Could you use ECA training in your rural area? Has your area suffered a devastating event? DSHS has grants available for ECA training in rural areas (ECAT) and for areas that have suffered a degradation of service due to an unforeseeable event (Extraordinary Emergency Funding, called EEF)

For more information on either funding, go to www.dshs.state.tx.us/emstraumasystems/efunding.shtm.

Recently awarded:

ECAT

Orange County ESD #1

EEF

Willacy County EMS

$72,400

Replace ambulance chassis

Acadian acquires Central Texas EMS

Acadian Ambulance Service has acquired Central Texas EMS, a 9-1-1 and transport provider with stations in Bell, Falls and Williamson counties. CTEMS also provides transports to several other locations in the region. Acadian provides emergency and non-emergency service in Travis, Williamson and Hays counties, and is a 9-1-1 provider in Bexar County. Once the two providers combine resources, Acadian will have 15 stations, 350 employees and 70 ambulances in Central Texas. Acadian was established in Louisiana in 1971 and has 3600 employees. Acadian has operated in Texas since 2006.

On Duty

On Duty

John Creech, M.Ed., LP

John Creech named to NAEMSE board

John Creech, M.Ed., LP, director of Brazosport College's EMS program, was recently named to the National Association of EMS Educators' Board of Directors. He will serve a two-year term. Creech also has served on GETAC's Education Committee since 2009. Creech began his career in emergency response more than 40 years ago, starting out as a first responder with Bishop Volunteer Fire Department and working his way up to licensed paramedic in 1997. He is a DSHS advanced course coordinator and an instructor for several national courses, such as ACLS and PALS. He received a bachelor's degree in science from the University of Houston and a master's in education from American Intercontinental University. He has served in his current position at Brazosport College since 2001.

Stewart named chair of surgery department

Ronald Stewart, MD, has been named chair of the Department of Surgery at the University of Texas Health Science Center San Antonio School of Medicine. Stewart has served as chair of GETAC's trauma committee and has been a member of GETAC since its inception in 2000. He also serves as chair of his RAC, the Southwest Texas Regional Advisory Council. Stewart, a professor of surgery and anesthesia, graduated from UTHSCSA's medical school in 1985. He completed his residency in surgery in San Antonio, followed by fellowships in trauma and surgical critical care at the University of Tennessee Health Science Center in Memphis. Dr. Stewart was recruited back to San Antonio, where he has served as the Fellowship Program Director for Surgical Critical Care, the Trauma Medical Director for University Health System and the Trauma Division Chief for the Department of Surgery. He currently holds the Jocelyn and Joe Straus Endowed Chair in Trauma Research.

During medical school, Dr. Stewart received the Paul Cutler Award for Clinical Excellence and was chosen as the class Alpha Omega Alpha Chapter President. In addition to his board certification, Dr. Stewart has added qualification in surgical critical care. He was the University Health System Physician of the Year in 2007 and the University Hospital Shining Star in 2006. In 2007, Dr. Stewart was also given the Leonard Tow Humanism in Medicine Award. He was the 2005 Distinguished Alumnus of the School of Medicine. He has been listed in Best Doctors in America from 2007 to 2010. The 2010 Graduating Chief Residents awarded Dr. Stewart the Outstanding Surgery Faculty Mentor Prize.

Canyon office welcomes new specialist

Sharon Kay King, NREMT-P, LP

The Canyon DSHS EMS office has a new EMS specialist. Sharon Kay King began in EMS in 1995 as a paramedic with Littlefield EMS. She has a bachelor of science degree and is a licensed paramedic and NREMT-P. She will be responsible for doing provider inspections and conducting investigations.

GETAC appointment

Mike DeLoach, LP

The Governor's Office notified the Office of EMS/ Trauma Systems in May of an appointment to the Governor's EMS and Trauma Advisory Council.

James M. "Mike" DeLoach, LP, of Littlefield, is a new appointment representing county EMS providers. His term expires January 1, 2014. He serves as the county judge for Lamb County. Mr. DeLoach replaces Marti Van Ravenswaay, who resigned from the Council earlier this year.

National Registry rolls out new exams
Texas certification levels remain the same

by Kelly Harrell

If you remember nothing else from this article, remember this: If you are certified in Texas EMS and you are not nationally registered or don't care about maintaining your National Registry certification, you don't have to do anything except follow the Texas recertification process to be certified in Texas.

Why are we telling you this? The National Registry for EMTs, which conducts initial and assessment testing for Texas and many other states, is implementing the EMS Education Agenda for the Future: A Systems Approach, which proposes new levels of certification:

EMR (Emergency Medical Responder)
EMT
AEMT (Advanced EMT)
Paramedic

Texas levels of certification will remain the same: ECA, EMT, EMT-I, EMT-P and licensed paramedic. These are defined in statute, Health and Safety Code 773.003, and can only be changed by the Texas Legislature, which won't meet again in regular session until 2013.

Does this affect my Texas certification?

No, this does not affect your Texas certification. Read the last sentence again and repeat.

Then why are you telling me this?

This will affect only those people who wish to remain nationally registered through NREMT after passing the initial exam.

What happens if I want to remain nationally registered?

You'll need to take a transition course by the deadline (see box) to remain a nationally registered EMR, EMT or paramedic, then follow NR recertification requirements. Texas EMT-Is who wish to remain nationally registered must take the transition course **and** a test because there is such a disparity between EMT-I and AEMT curricula. Again, as long as you fulfill Texas recertification requirements, you can remain a Texas-certified ECA, EMT, EMT-I, EMT-P or licensed paramedic.

Is DSHS going to approve the transition courses?

Yes, we are still working out the process and should begin approving courses soon.

Is DSHS still approving courses under the old curricula?

Yes, but eventually all new course approvals will be for the new curricula. For instance, programs can offer the EMT-I/85 course until DSHS requires AEMT courses, probably sometime in 2012.

Will Texas get new patch designs?

No, Texas certifications are defined in statute,

Continued on page 45

Transition course completion deadlines for those who wish to remain nationally registered

First Responder to Emergency Medical Responder

Current Certification Expires	Complete Transition By
September 30, 2011	September 30, 2015
September 30, 2012	September 30, 2016

EMT-Basic to EMT, EMT-I/85/99 to AEMT and EMT-P to paramedic

Current Certification Expires	Complete Transition By
March 31, 2011	March 31, 2015
March 31, 2012	March 31, 2016

NREMT exam transition dates

New NREMT exams begin:

Advanced EMT	June 1, 2011
Emergency Medical Responder	January 1, 2012
Emergency Medical Technician	January 1, 2012
Paramedic	January 1, 2013

NREMT exams based on old levels will extend through:

First Responder	December 31, 2011
EMT-Basic	December 31, 2011
EMT-Intermediate/85	March 31, 2013
EMT-Intermediate/99	December 31, 2013*
EMT-Paramedic	December 31, 2012

*NREMT will offer access to exam to states for purposes of state licensure after 12/31/13.

Texas EMS Confere

See you in Austin!

TEXAS EMS Conference 2011

Austin Convention Center
November 20-23

Exhibit Hall Hours
Sunday 2 to 7pm
Monday 11am to 6pm
Tuesday 8 to 11am

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

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

Special conference rates available at seven downtown hotels

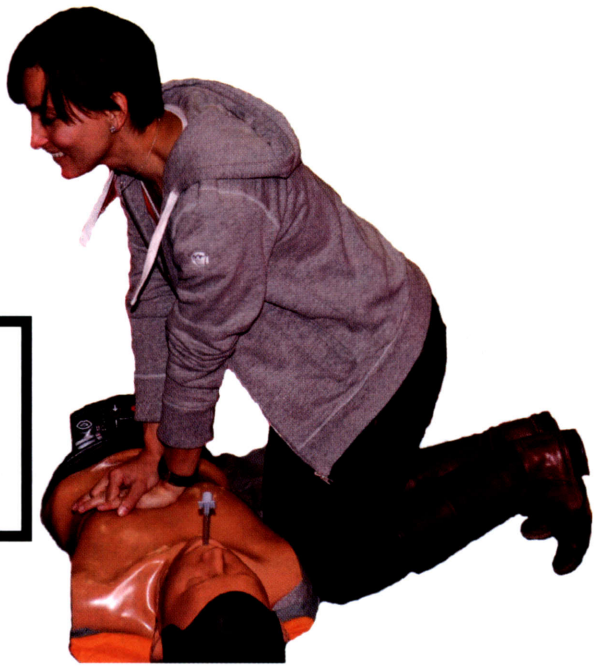
Hilton Austin
500 East 4th Street
Austin, Texas 78701
(800) 236-1592
Room rates equal to prevailing state rate for Travis County at the time of Conference.
Booking code: TXE
The Hilton Austin, adjacent to the convention center, will be the conference host hotel.

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

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

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

nce 2011



2011 Texas EMS Photography Contest

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

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

Schedule

Conference At-A-Glance

Austin Convention Center

Saturday, November 19
7:00 am - 6:00 pm Exhibitor registration
3:00 pm - 6:00 pm Attendee registration

Sunday, November 20
7:00 am - 7:00 pm Registration
2:00 pm - 7:00 pm Exhibit Hall open
4:00 pm - 6:00 pm Welcome Reception

Monday, November 21
7:00 am - 6:00 pm Registration
8:15 am - 9:30 am Opening Session
9:45 am - 10:45 am Workshop Breakouts
11:00 am - 6:00 pm Exhibit Hall open
11:00 am - Noon Workshop Breakouts
11:30 am - 1:00 pm Lunch
1:30 pm - 2:30 pm Workshop Breakouts
2:45 pm - 3:45 pm Workshop Breakouts
4:00 pm - 5:00 pm Workshop Breakouts

Tuesday, November 22
7:00 am - 3:00 pm Registration
7:30 am - 8:30 am Workshop Breakouts
8:00 am - 11:00 am Exhibit Hall open
8:45 am - 9:45 am Workshop Breakouts
10:00 am -11:00 am Workshop Breakouts
11:00 am Exhibit Hall closes
11:45 am - 1:30 pm Awards Luncheon
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts

Wednesday, November 23
8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - Noon Closing Session
Conference adjourns

Four Seasons Hotel Austin
98 San Jacinto Boulevard
Austin, Texas 78701
(512) 685-8100
$149/$179
Booking code: EMS2011
The Four Seasons Hotel is near Lady Bird Lake and just one block south of the convention center.

Hilton Garden Inn Austin Downtown
500 North IH 35
Austin, Texas 78701
(877) 782-9444
$95/$125
Booking code: EMS
The Hilton Garden Inn is located 1 Block from the Hilton Austin and the Austin Convention Center

Residence Inn Austin Downtown
300 East 4th Street
Austin, Texas 78701
1-800-Marriott
$109/$109
Booking code: EMSEMSA
The Residence Inn is just up the block from the Convention Center entrance and adjoins the Courtyard Austin Downtown.

Texas EMS Conference 2011 Lectures and Workshops

November 21, 22, 23

Faculty and sessions subject to change

One-Hour Lectures

MRSA Nasal Colonization Prevalence Among EMS Personnel
Miss Alaa Al Amiry, MS, BSN, CCEMT-P, PNCCT

H and Ts in Cardiac Arrest: Considering Medications from a Pharmacist's Perspective
Mark L. Albert, Rph, PharmD Candidate

Cannibalism in EMS
Jeffery D. Anderson, NREMT-P

The ABCs of the DRT: Death Notification and Field Terminations
Steven Arze, MD, FACEP
J.C. "Skip" Straus, NREMT-P, BCCC, MPC

The Fairytales, Myths and Science of Geriatrics
Jeff Beeson, DO, LP
Jeff Hayes, BS, LP

Crew Resource Management: A Lesson from Aviation
Jeff Beeson, DO, LP

Normalization of Deviance: Stopping the Madness
Jeff Beeson, DO, LP
Ray Fowler, MD, FACEP

Procedural Reality
Scotty Bolleter, BS, EMT-P

Bats, Balls and Trauma Calls
Ken Bouvier, NREMT-P

"Rampart to Squad 51: Start an IV!"
Ken Bouvier, NREMT-P

Pediatric Stroke
Jason Bowman, RN, NREMT-P

Drug Diversion
Jason Bowman, RN, NREMT-P

If I had to Go to Court: Guidelines for Good Documentation
Dana Clarke, CFRN, LP

Duck, Duck, Goose
Dana Clarke, CFRN, LP

Airways You Hope You Never Have to Deal With
Charles Cowles, MD, RN, NREMT-P

The Missing Piece: Assessment and Scene Management at Pediatric Emergencies
Rommie Duckworth, LP

How Dead is Dead? Real-World Cardiac Arrest Management Using the 2010 Guidelines
Rommie Duckworth, LP

My Patient Is Pinned and Pregnant! OB Trauma Case Studies
Jason Dush, FF/EMT-P, CCEMT-P, FP-C

Depression: Trapped in the Maze of the Mind!
John F. Elder, EMT-P

What Does Patient Assessment Technology Mean to Me?
Bryan F. Ericson, Ed.D(c), RN, NREMT-P, CCP-C

EMS Capnography 2011–Where Are We?
Jeffrey M. Goodloe, MD, NREMT-P, FACEP

Pecs, Projectiles and Pneumothoraces: Assessment and Management of Thoracic Trauma
Steven "Kelly" Grayson, CCEMT-P

Wound Ballistics: An Idiot's Guide to Firearms Trauma
Steven "Kelly" Grayson, CCEMT-P

Losing Control: A Story of Narcotic Diversion
Russell Griffin, FP-C, CCEMT-P, NREMT-P, BS
Mark Hemphill, EMT-P

Narcotics 101: Rules, Regs, Reality
Russell Griffin, FP-C, CCEMT-P, NREMT-P, BS

Taking the "Men" out of Mentorship: Female Leadership in EMS
Jan Hiebert, EMT-P, BHSc

End-Tidal CO2: A New Tool in Cardiac Arrest Management
Paul R. Hinchey, MD, MBA

A Right Royal Affair: EMS at the Royal Wedding
Stephen Hines

Dealing with the Death of a Child
Sarah House, MICT

Cars Are Not Playgrounds: Non-Traffic Fatalities Involving Children
Sarah House, MICT

The EMS Quiz Show: Frequently Asked Admin Questions
G. Christopher Kelly, Esq.

Ethics in EMS
Chad S. Kim, NREMT-P, BA

Let's Clear, No Patient Found . . . Oh, Wait!
Chad S. Kim, NREMT-P, BA

Pediatric Pitfalls
Chad S. Kim, NREMT-P, BA

Initial Assessment and Intervention for Children with Cardiac Disease
Jonathan Lewis, MD

Sepsis and EMS . . . What Can We Do?
Steve Maffin

Dying from the Inside Out: Assessing Perfusion Via Blood Lactate
T. Ryan Mayfield, MS, NREMT-P

Identifying Sepsis: The Prehospital Sepsis Alert Program
T. Ryan Mayfield, MS, NREMT-P

The Laws of Physics: Man's Futile Effort to Not Hit Hard Things
T. Ryan Mayfield, MS, NREMT-P

When is Dead Really Dead? Decision Making and Death Pronouncement
Mike McEvoy, PhD, REMT-P, RN, CCRN

It's a Gland Problem: Endocrine Emergencies
Alexandre F. Migala, DO, FAAEM

Airway Management
Alexandre F. Migala, DO, FAAEM

To Tell the Truth: Ethics in Public Safety
Kirk E. Mittelman, M.Ed., NREMT-P
Margaret A. Mittelman, M.Ed., EMT-I

Difficulty Breathing? Why Now?
Kirk E. Mittelman, M.Ed., NREMT-P

***The Little Voice*: Recognizing and Reporting Child Abuse**
Jennifer Evans Morris, JD
Jim McKee, LP

Amiodarone or Lidocaine: The Role of Antiarrhythmics in Cardiac Arrest
Kenneth Navarro

Infection Control for EMS: Drug Resistant Bacteria
Kenneth Navarro

An Eagle, a Legal Beagle and an Aggie Redux: Transport Decisions
Wes Ogilvie, MPA, JD, NREMT-P, LP
S. Marshal Isaacs, MD, FACEP
Dudley Wait, BBA, LP

Wide and Tachy? In Lead II, You Got No Clue!
Bob Page, CCEMT-P, NCEE

How Vital Are Vital Signs?
Bob Page, CCEMT-P, NCEE

The Stroke Game Show: Time Critical Diagnosis
Bob Page, CCEMT-P, NCEE

"There's nothing *Basic* about me."
Tim Perkins, Virginia Office of EMS

Sick or Not Sick? That Is the Question! But Can We Tell?
Warren J. Porter, MS, BA, LP, NREMT-P

No Crybabies Allowed: Management of Neonatal Emergencies
Samuel J. Prater, MD

How to Develop Your Social Media Policy and Plan
Michelle Raczynski, BA

Pelvic Trauma: The Overlooked Killer
Carlton Rojas, RN, MSN, CCRN, CEN, CFRN, NREMT-P

Therapeutic Hypothermia
Gary Saffer, NREMT-P, BA, MPA

Advice for New Paramedics: What They Don't Tell You in Paramedic School
Gary Saffer, NREMT-P, BA, MPA

When the Stork Dials 9-1-1: Emergency Childbirth
Steve Salengo, M.Ed., NREMT-P

Patient Interviewing: Techniques That Work
Steve Salengo, M.Ed., NREMT-P

Welcome To Munchkinland: Pediatric Assessments
Jules Scadden, PS, NREMT-P

Bug Factories: Daycare Diseases
Jules Scadden, PS, NREMT-P

The History of EMS: Linking the Past, Present and Future
Jules Scadden, PS, NREMT-P

Treatment of Medium/High Velocity Penetrating Trauma
Thom Seeber, CCEMT-P

What's New in Neonatal and Pediatric Resuscitation?
Manish I. Shah, MD

The Role of Theraputic Hypothermia in the Treatment of Trauma
Michael D. Smith, AAS, NREMT-P, CCEMT-P, EMSI

EMS and Border Communities
Miguel Agustin Sotomayor-Zepeda, NREMT-P, EMS Instructor

Positional Asphyxia: Don't Let It Happen to Your Patient
Larry Torrey, RN, EMT-P

Blast Injuries: What You Need to Know When the World Is Exploding Around You
Larry Torrey, RN, EMT-P

Pathophysiology for EMS: Why We Do What We Do
Larry Torrey, RN, EMT-P

Patients Are Not Plutonium: Hands-On Patient Assessment
Macara Trusty, CCEMT-P
John Elder, CCEMT-P

Excited Delirium: How EMS Can Save Lives
Roger Turner

Forced Detention of the Psychiatric Patient
Roger Turner

Direct Laryngoscopy: Time to Change the Standard of Care?
Jay Tydlaska, CRNA

Major Bleeding Control Options: Dispelling Some Myths
Chris Weinzapfel, FF, NREMT-P

What Is Chronic Traumatic Encephalopathy, and What Should Health Care Providers Know?
Ernie Whitener, MS, LP

The "D" Word: Confronting Death in EMS
Karen Yates, RN, BS, CEN, LP

Response Time Realities: Does Prehospital EMS Time Really Matter?
Matt Zavadsky, MS-HSA, NREMT

Two-Hour Workshops

Radiological Emergency Preparedness Planning and Response
Chris Amaro

Radiation Detection Instrumentation Workshop
Chris Amaro

Management of Patients Contaminated with Radionuclides
Chris Amaro

Scripting Solutions to Communication Problems
Jeffery D. Anderson, NREMT-P

Airway Interventions and Resources
Scotty Bolleter

Expanded Scope Prehospital Ultrasound
Jason Bowman, BS, CCEMT-P, NREMT-P
Dave Spear, MD, FACEP

Making Change: How to Facilitate Change in the EMS Environment
Jeffrey Brosius

Stay Injury Free and on the Street
Bryan Fass, BA, ATCL, CSCS, EMT-P

Moulage for Small to Large Scale Scenarios: Planning to Field
Kevin S. Gehrig, EMT-I
Laura Gehrig, BA EM, HMS

Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work
Steven "Kelly" Grayson, CCEMT-P
Gary Saffer, EMT-P
Jules Scadden, NREMT-P

Two Rescuers, One Rope, No Problem
John Green, EMT-I

You Want Me To Sit Where? Safe Transport in Ambulances
Sarah House, MICT

Friday Night Lights . . . On-Field Care of the Potential Spine Injured Athlete
Jackie Langford, BFA, FF/LP

When Sugar Ain't Sweet: Diabetes Update
Celia Levesque, MSN, RN, CNS-BC, CDE, BC-Adm
Deborah McCrea, RN, MSN, CNS, CEN, CFRN, EMT-P

"Oh, My Aching Back!" Techniques to Help You Save Your EMS Career
Katie J. Lyman, MS, ATC, LAT, CKTP, NREMT
Joshua A. Stramiello, BS

You Are the EMT: Improving Your Assessment
Kirk E. Mittelman, M.Ed., NREMT-P
Margaret A. Mittelman, M.Ed., EMT-I

Stethoscopy for Dummies Lab Session
Bob Page, CCEMT-P, NCEE

12-Lead EKG Interpretation: KISJ (Keep It Simple Jon)
Jon Puryear, NREMT-P

Anatomical Perspectives of a 12-Lead ECG
Keven Roles, NREMT-P, FP-C

I'm In Here! Can You See Me? EMS Assessment and Communication for Children with Special Needs
Manish Shah, MD
Anthony Gilchrest, MPA, BS, EMT-P

Disaster Moulage: Making it Yours!
Stephanie Thompson, EMT
Kathy Wall, EMT-P

E.S.C.A.P.E. Mini-Seminar
Shawn Tompkins, EMT-P
Bob Poresky

Preconference Classes

November 18, 19 and 20

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

Friday-Saturday-Sunday

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

Saturday-Sunday

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

CoAEMSP/CAAHEP Accreditation Workshop: *$325 (after 10/14 $350); Saturday, 11/19, 8:00 am–5:30 pm; and Sunday, 11/20, 8:00 am–12 pm; Hilton Austin.* ***No CE.*** This class is for paramedic education program directors who are preparing for the CoAEMSP /CAAHEP accreditation process. It will help attendees define accreditation, including programatic and institutional accreditation and their benefits. Requirements for completing a self study for paramedic program CAAHEP accreditation and an outline of the self study process will be discussed, as will preparation for and implementation of an accreditation site visit. For more information on course content, contact Deb Cason at (214) 648-5246 or debra.cason@utsouthwestern.edu.

Geriatric Education for Emergency Medical Services: *$300 (after 10/14 $325); Saturday, 11/19, 8:00 am–5:30 pm; and Sunday, 11/20, 8:00 am–5:30 pm; lunch on own; Austin Convention Center; CE: Preparatory, Airway, Patient assessment, Trauma and Medical.* The geriatric education for emergency medical services (GEMS) program was developed by the American Geriatrics Society and the National Council of State EMS Training Coordinators. GEMS is an exciting curriculum designed specifically to help EMS providers address all of the special needs of the older population. Students will learn to perform a GEMS "diamond" patient assessment and treat patients with multiple medical problems, including dyspnea/respiratory failure, trauma, neurological problems, and pharmacology. Bring required, completed pretest to class; pretest at www.uthscsacommed.org (go to Downloads & Resources). Book not required but suggested and available on Amazon.com (Geriatric Education for EMS, ISBN-10: 0763720860). For more information on course content, contact Micol L. Konvicka, BS, NREMT-P, at (830) 460-1531 or micolkonvicka@hotmail.com.

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

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November 18, 19 and 20

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

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

Saturday

Basic and Clinical Research and Presentation Strategies: *$50 (after 10/14 $55); Saturday, 11/19; 8:30 am–5:30 pm; Hilton Austin; CE: Preparatory, Medical. This class is sponsored in part by the Texas Association of Air Medical Services. Also, the class now includes lunch.* This class will introduce the participant to the fundamentals of performing basic and clinical research as well as literature reviews. We will discuss interesting uses of common tools widely available and how to find and use some of the lesser-known resources. In this course, we will also discuss the regulatory requirements and pitfalls of human-based research. We will provide hands-on experience in developing scientific-focused poster and oral presentations. Participants who attend with specific research ideas will receive individualized project assistance from the faculty. For more information on course content, contact David Wampler, Ph.D., LP, at (210) 567-7598 or wamplerd@uthscsa.edu.

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

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

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

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

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

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

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

Sunday

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

Pit Crew Approach to Cardiac Arrest Management: *$150 (after 10/14 $175); Sunday, 11/20; 8:30 am–5:30 pm; lunch on own; Hilton Austin; CE: Preparatory, Medical.* A highly trained and efficient NASCAR pit crew can refuel a car, change four tires and clean the windshield in about 15 seconds. Perhaps an EMS team displaying the same incredible precision and teamwork coupled with a thorough understanding of the science behind resuscitation could impact survival rates. This course will emphasize the importance of basic life support interventions, the integration of those interventions with advanced care and the importance of effective team interaction and communication during a resuscitation attempt. Although this course will focus on BLS, participants at every level of certification can learn ways to improve the quality of their resuscitation attempts. For more information on course content, contact Kenneth Navarro at (214) 648-6977 or kenneth.navarro@utsouthwestern.edu.

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

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

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

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

Slam Emergency Airway Provider Course: *$410 (after 10/14 $450) (textbook included); Sunday 11/20; 8:00 am–6:00 pm; Austin Convention Center; CE: Airway, Trauma, Special considerations.* This 10-hour course presents key aspects of emergency airway management including assessment of the airway and clinical situation; proper use of rapid sequence induction and intubation; pharmacology of airway management, advance techniques for difficult intubation; rescue ventilation options; cricothyrotomy; confirmation of tracheal intubation and monitoring of lung ventilation; new fiberscopic and video laryngoscopic equipment suitable for use in EMS; management of burn and inhalation injuries; management of the traumatized airway and cervical spine injured patient; management of the airway in the emergency pregnant patient; pediatric airway management; and sedation/analgesia for post-intubation management. The class includes four hours of lecture; one hour for the pig cricothyrotomy workshop; and five hours of hands-on instruction. The course includes all airway management updates and recommendations from Guidelines 2005 for the American Heart Association and the International Liaison Committee on Resuscitation. The course has been completely updated since the publication of the SLAM textbook in August 2007 to include content, equipment and products. There will not be a lunch break, so bring snacks! For more information on course content, contact James Rich at (972) 974-5123 or jrofdallas@gmail.com.

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

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

The EMS Experience

Saluting those with 20 years or more in EMS

Shannon Rucker, EMT-P

Shannon Rucker, EMT-P, is a primary paramedic, driver training officer and field training officer with MedStar in Fort Worth.

What was your first day on the job in EMS?

I stopped by the Uvalde EMS "Shed" in the summer of 1983 and asked what it took to become a volunteer. The answer I got was, "A Red Cross First Aid and CPR card." I told them I had both, and, needless to say, I started "orientation" right then. I really couldn't contain my excitement as I got to go through the ambulance the first time and attend volunteer meetings and such. The people at the EMS Shed were great and fun people to be around. Because I was still in school at the time, and it took some convincing to get my parents to let me use the car to respond to calls, I didn't get to go on my first EMS call until September 9, 1983. The tones went off, and off *I* went, peeling out of the driveway, barely able to contain my excitement yet again. I put my blue "kojak" light on my dashboard, and my leg was shaking as I pushed the accelerator, trying to get to the EMS Shed so I could go on the call. It was a feeling I'll never forget. It was the beginning of that adrenaline rush most of us get when the "good" calls come in. Yes folks, I confess, I was a "Woo-Woo" early on in my career. I can still tell you the name of that patient, the outcome of that call, and that I was wearing two pagers, a scanner and an EMS pouch.

Which services have you worked for over the years?

The bulk of my years in EMS were with Uvalde County EMS/Uvalde EMS. I volunteered there from 1983 until sometime in the mid- to late-1990s, when I moved up to paid part-time as a paramedic. I still ran calls there until 2002 when an EMS friend of mine passed away. I still miss Uvalde EMS. In and among those years, I also worked for a few private companies in San Antonio, doing transfers and some 9-1-1 calls. I had a few really bad calls, and two times I tried to leave EMS, once in 1987 and once in 1998. I tried to leave only to find myself back in the thick of things, picking up where I left off. After the second time, I would still run with Uvalde, only a lot less. I went to work full-time in law enforcement for several years, but all that time, I kept my feet wet in EMS in Uvalde, San Antonio and eventually the Dallas/Fort Worth area. I jumped back into EMS full-time in 2005 with a private service in Dallas, then in 2006 with a high volume 9-1-1 service in Fort Worth, where I currently work as a primary paramedic, driver training officer, field training officer, and I am on our horse-mounted EMS special events team.

Why did you get into EMS?

I can actually remember the day I decided that EMS is what I wanted to do. I was in the fourth grade, and a friend and I were walking around Uvalde. We saw a wreck where a car and a semi collided at an intersection. My friend's dad was with the EMS and responded to that call. We saw the EMS attendants pull the driver out of his car, put him in "c-spine immobilization," then start pumping on his chest. The whole thing was rather exciting to watch, and I kept wanting to get closer to see everything the EMS was doing (I was a really young "looky-loo," if you will), but my friend wouldn't let me because she said her dad told her that she wasn't supposed to get near an accident. Persistence pays off, and eventually curiosity got the best of the both of us—we snuck up and watched anyways. The EMS attendants did not know that driver, yet they were still doing every thing they could to help him.

Not long after that, my mom joined the Uvalde County EMS as a volunteer ECA, and I could also see how much she enjoyed helping people. Sometime after I decided that EMS is what I wanted to do, one of the EMS units overturned on highway 90 while on a routine transfer, and some of the attendants were pretty badly hurt. Even at that age, when I heard about that accident, the challenging reality of EMS hit me, because I knew everyone on that ambulance. I knew the potential risks and still wanted to do it, so I could help people.

How has the field changed since you have been in it?

When I first got into EMS, I had Red Cross cards, the senior people on the trucks were ECAs, an EMT was like a god, and paramedics were almost unheard of in rural EMS. If you had told me way back then that I was going to get my "red patch," I would have laughed! The things we are doing in EMS now, I never would have thought I would be doing.

Almost everything has changed, from CPR to the current technology that is changing almost daily,

and even a lot of the people who decide on EMS as a career are different. Our standard of care back then was very crude compared to the standards I deal with today. We had the soft c-collars and wooden backboards and really big monitors with green screens and a silver case to carry them in. We had actual paddles on the monitors, now we have pads. Demand valves were the standard, as were EGTAs and EOAs; now we have KingLT Airways, CPAP and hypothermia for cardiac arrest patients. Of course, I can't leave out the "Thumper" and MAST trousers. I'm seeing a new version of the Thumper making a comeback.

When I was working down in San Antonio, one of the studies our company participated in had to do with treatment of stroke patients, and after my second hiatus from EMS, I came back into the field to find that some of the results from that study had been implemented into today's stroke protocols. That was really neat to see.

Now I see a lot of patients get treated via machines and technology as opposed to good, hands-on patient care. One of the things I try to teach my trainees is that technology will never replace good, hands-on patient care. I believe that EMS is slowly getting back to the "basics." If you don't do those right, then all the advanced skills we have will not do anyone any good. I try to stress that concept to any new EMT or medic I come into contact with.

Rucker, on the right, preps a KED at the scene of a wreck in Uvalde in August of 1989.

Is there a particular moment or call that stands out?

There are quite a few actually. I would have to say that certain moments stand out just as much as the calls that preceded them. One example is when my crew and I received a call for a drowning in Uvalde. All four of us on the unit, plus the two first responders, worked like we had never worked before to try to save that kid, because we really believed he was viable. He passed away a week later. Once I made sure my crew was OK, I had to take some time for myself. The support I had at home was non-existent, and it fueled my decision to leave EMS. It took me a while to realize that we may not have been able to save him, but we were at least able to buy his family time to say goodbye. Years later, here in Fort Worth, my crew and I received a similar call, and the entire time we were responding, I was thinking about that drowning several years before. Thinking, "Please, let my best be good enough today." I got to tell my crew that our best *was* good enough that day, and I thanked my dispatcher for buying us enough time to help that kid.

We also had a Halloween moment in Uvalde. Every year for Halloween, we held a haunted house to raise money for our organization. One year, right in the middle of the haunted house, the tones went off for a major accident in town. The closest available to respond were the folks working the haunted house. We jumped into the ambulance and off we went. . . . Can you imagine the looks (en route to the scene and once we got there) when two clowns, a witch and Batman jumped out of the unit to provide patient care? I was Batman, of course. The patients and the police didn't know what to think, and I don't have to mention that the ER staff could do nothing but laugh when we brought in two patients from this wreck. I don't know if the patients were in shock because they got taken to the hospital by clowns, a witch and Batman or if they were hurt in the accident.

Other moments that stand out come when I am able to help someone through EMT, paramedic, or even field training with some "old school" advice. Old school advice that I got from some of my paramedic instructors, such as Joan, Bobbi, Nick and Mark. Joan and the patient care she stressed, Bobbi and her "See-Saw" acid-base balance, Nick with his fluid bolus therapy, and Mark with his "take care of the big things first and the small things will fall into place" philosophy. Paying it forward is what I try to do there. I learned from those people, and when I can share some of their advice, and I see the proverbial light bulb go on in a student or trainee, then those moments always stand out.

Rucker is part of MedStar's horse-mounted EMS special events team.

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

There are a lot of "favorite" parts to my career in EMS. There is more to EMS than technology and driving fast. There is patient care. I try to provide my patients with the best care I can, on a daily basis. I also really like educating new EMTs and paramedics and telling them some of the war stories of how we did things back then, how we "did more with less," and how a lot of those things led to the treatments we use today. My other favorite parts have been the friends I've made. Some are still in the business, some are out and some are coming back in. Either way I look at it, those true friends can never be replaced, and they have made it even more worthwhile for me. This career is always changing, and I like that I can see the changes. I guess another way to look at it is that I stay in EMS to see what happens next!

Local & Regional EMS News

by Kathy Clayton

Paramedics from the Richardson Fire Department, the Dallas Fire-Rescue administration staff and others were on hand for breakfast and prizes at the pediatric EMS day hosted by Medical City Children's Hospital during EMS Week in May.

Pediatric EMS day at MCCH

Medical City Children's Hospital (MCCH) celebrated Pediatric EMS, Child Safety and Injury Prevention day during EMS Week by showing appreciation to EMS providing transport of critically ill pediatric patients to MCCH as well as to local EMS providers partnering with them in a new drowning prevention campaign, SMART WATER. This campaign is designed to prevent drowning and also to educate children, often victims as a result of playing in swollen creeks and large bodies of water, on the dangers of swift water.

Pediatric EMS Day was celebrated on Wednesday with breakfast, courtesy of Pediatric Easy IO, and prizes for EMS partners. It was a great way for EMS personnel to take a break and meet with MCCH's pediatric emergency department staff in a less critical atmosphere. Many of the hospital's EMS administration were also able to attend and enjoy the festivities.

Medical City Children's Hospital also celebrated EMS Week by officially rolling out a new process. The Pediatric EMS Response Team (PERT) is a specialized pediatric response unit that will be activated based on information received from EMS prior to the arrival of a critical child in the emergency department. Webster's dictionary definition of "pert" includes *quick* and *fast*, which is a critical goal for MCCH: to provide the best response to the most critical pediatric patients as soon as possible.

San Antonio Air Life golf tournament

In April San Antonio Air Life hosted its 20th Golf Classic at the Hyatt Hill Country Resort. More than 160 golfers participated in this annual fundraiser for AirLIFE's education fund. The money raised is used to offer education classes in the region and to send AirLIFE employees to advanced training classes throughout the year.

"This is a great fundraiser for our organization," said AirLIFE President and CEO Shawn Salter. "It is a great opportunity for us to interact with our customer in a more relaxed environment."

The goal of the tournament is to offer AirLIFE hospital, EMS and fire department personnel the opportunity to come out and support AirLIFE's mission and to play a round of golf with their peers at a reasonable price. The money raised is used to enable the education department to host different classes throughout the region, including the Basic and Clinical Research and Presentation Strategies preconference class at the upcoming Texas EMS Conference.

GETAC

August 17-19

Austin

The Grand Prairie Fire Department recently acquired a new fire/rescue boat, which has been named for Dan Ratliff a firefighter/paramedic/diver/educator who lost his life to cancer in 2003.

GPFD launches fire/rescue boat

The Grand Prairie Fire Department recently took possession of a new fire/rescue boat, purchased from Harbor Guard Boats. The boat is a FIREHAWK 2426, with twin jet drive engines and the ability to pump 1500 gallons per minute for fire suppression. It also has fold-down dive doors on each side to better facilitate patient/victim recovery on lake rescues. The boat will be used for rescue, firefighting and dive team operations out of Lake Rescue Station 7, at Joe Pool Lake in Grand Prairie.

The new vessel is named "Big Dan" in honor of firefighter/paramedic/diver Dan Ratliff, who died of cancer in August of 2003. Dan was an EMT instructor for Grand Prairie, and he helped launch the high school EMT program in 1996. The boat, carrying on Ratliff's spirit, will be available to protect and serve the citizens of this community for many years to come.

Arlington 9-1-1 dispatcher honored

An Arlington 9-1-1 dispatcher was presented the National Call-Taker of the Year Award by the E911 Institute and the Congressional Next Generation 9-1-1 Caucus in March for her role in answering a call that saved a grandfather's life.

Angie Phillips had been with the city dispatch service only five months on October 24, when Ryan Reed, 16, of Weatherford called from his cell phone to say that his grandfather, Joe Posavitz, 66, had suffered a heart attack while driving along Interstate 30.

By following instructions, Reed was able to bring the car to a stop along the busy highway and to lead first responders to the scene in time to save his grandfather's life.

"He was gasping for air," Reed said. "This was really scary."

Phillips, joined by Reed and Posavitz, was presented the award in Washington, DC, on March 29 during a gala at the Ronald Reagan Center.

The six-minute call for help from I-30 was tough, said Alisa Simmons with the Tarrant County 9-1-1 District. The teen has Asperger's syndrome, a form of autism.

"Not only did Angie teach the caller how to stop the car, she remained firm and kept him calm," Simmons said in a statement. "She did an outstanding job. The heroic teamwork on that day is very deserving of this honor."

Before joining the city, Phillips worked in the banking industry.

"I applied [for the dispatch job] because I thought it was interesting," she said.

"Never in my wildest dreams would I have imagined my actions could make a huge impact on one family's life. I love my job."

Texas Health and Human Services hosted a graduation ceremony in March for the most recent class of ECAs volunteering with the HHS first responder organization.

HHS first responders class of 2011

Texas Health and Human Services (DSHS' umbrella agency) hosted a graduation ceremony in March for the most recent class of ECAs volunteering for their various agencies. Currently HHS is finalizing a new first responder organization that will serve all of its agencies as one unit.

The 2011 class is in various stages of completion of their training, but four have recently completed ECA training: Stephanie Villarreal, DSHS; Kelli Meyer, DSHS; Patricia Swenson, DFPS; and Kathryn Kasson, DFPS. Also participating are Sandra Tesch, DSHS; Crystal Beard, DSHS; Lawrence Lecompte, DFPS; Laura Barksdale, HHSC; Chris Curphey, DSHS; Fernando Ayala, HHSC; Jonathan Ely, HHSC; and Jaime Landeros, DADS. Randy Crutsinger and Jason Bowman, EMT-P, of EMS Network were the course trainers.

Firefighter/Paramedic Dustin Brewer (right) was recently honored as Flower Mound Fire Department's Paramedic of the Year. Brewer has been with the department since May 2009 and early on demonstrated a strong commitment to serving his patients as well as acted as a role model for new medics. According to FMFD's administration, Brewer exemplifies emergency medical service professionalism at its best. Chief Eric Metzger presented the award.

Bayshore achieves Level III trauma facility designation

Bayshore Medical Center was recently designated as a Level III trauma facility by DSHS. Bayshore Medical Center, which is part of the Gulf Coast Division of HCA (Hospital Corporation of America), operates the only Level III emergency room in Pasadena.

The designation means that Bayshore Medical Center has met stringent criteria for providing comprehensive care for trauma patients from admission to rehabilitation. A Level III trauma center designation indicates that Bayshore Medical Center can offer expertise and wider resources to trauma patients.

To receive this designation, surveyors performed a comprehensive review of the hospital which included an observation of the emergency room, imaging services, catheterization lab and the nursing units, an evaluation of administrative leadership, and a review of inpatient records and policies and procedures. Additionally, the survey team looks for the hospital's commitment to community outreach programs, specifically trauma prevention.

"Becoming a Level III Trauma Center is a serious commitment to the communities we serve," says James Grueskin, MD, medical director of emergency services at Bayshore Medical Center. "Not only are we dedicated to constantly monitoring outcomes to ensure continuous improvement in the level of care our patients receive, but we also teach and promote safe practices to our community members through events like our annual helmet give-away and other injury prevention activities."

Houston Fire Department: 2011 EMSC Crew of the Year

The Texas EMSC State Partnership presented the 2011 EMSC Crew of the Year Award to Houston Fire Department's Xavier Moreno and Jason Sorn on Squad 18-A, Roman Montoya and Daniel Martinez on Ambulance 36-A, Captain Roland Hernandez, Robert Miley, Kevin Camarata, Eleazar Flores, and Marcus Jamison on Engine 23-A, and Captain-EMS Supervisor Jim Tremble on AS 29-B. The nomination was submitted by Dr. Manish Shah, an attending physician at Texas Children's Hospital.

In his nomination letter, Shah acknowledged the Squad 18, Ambulance 36, Engine 23, and Supervisor 29, A-Shift team "for the teamwork and initiative they displayed in taking care of a three-year-old boy who choked on a hot dog. The child's family noted that he was having difficulty breathing while eating a hot dog, and they were unable to relieve his distress with back blows and abdominal thrusts. They called 9-1-1 and on EMS arrival, his level of alertness had declined. The crew acted quickly to successfully remove a hot dog segment from his airway with pediatric Magill forceps. Despite this, the child remained altered with respiratory depression. Recognizing the possibility of ongoing airway obstruction, the crew attempted to intubate the patient to support his breathing. The child's clenched jaw made the intubation difficult, but the crew promptly intervened and successfully provided bag-mask ventilation en route to the hospital.

"The crew communicated effectively when handing off the patient to the emergency department team, and subsequent evaluation in the operating room showed that he had no retained foreign body in his airway. The patient spent the night in the intensive care unit and was breathing comfortably upon discharge the following afternoon."

The crew demonstrated that when empowered with the right equipment, the right training, and the right protocols, pediatric emergency care can be provided with quick and decisive actions that can save the lives of children.

Smoke from the grill swirled as EMS and hospital staff enjoyed burgers in May. Celebrating EMS Week were Stan Lundrigran, Seton Medical Center Williamson, ED manager; Wesley Donovan, EMT-B; and Donna Fagan, EMT-P, both from Acadian EMS in Round Rock.

Seton celebrates *Everyday Heroes*

Austin's Seton Family of Hospitals celebrated EMS Week by extending a thank you to the EMS professionals who dedicate their lives to providing life-saving care and transport throughout the region.

In tribute to EMS, Seton not only celebrated the week with its EMS partners, but also spent time educating its 12,000 associates about EMS. Seton kicked off the week with an EMS-dedicated newsletter and articles to bring awareness to how EMS works.

Over the course of the week, Seton's nine hospitals hosted barbeques, and gourmet cookies were made available to EMS at area hospitals or were hand-delivered to EMS stations. Seton staff distributed supply bags filled with a towel, lip balm, sun screen and odor screen. In addition, ads and articles were placed in EMS publications and several local newspapers.

By celebrating EMS Week, Seton recognized their local EMS agencies and providers as an important part of the patient continuum of care. The Seton Family of hospitals understands the EMS perspective—"they're our patient first"—and recognizes these local medical professional as everyday heroes.

Super Bowl XLV

Recap and lessons learned

By Sarah Henkel, AFD Special Event Emergency Management Planner; David Stapp, AFD Battalion Chief/ Medical Operations; Liz Herring, AFD EMS Administrative Coordinator

Arlington Fire Department took the lead on safety management for Super Bowl XLV last February. The fire department, along with multiple action teams, spent two years planning and drilling for the event, which drew more than 100,000 people and one unexpected guest: A winter storm. Paramedic Tim Fortner, right, and EMT-I Doug Mullins were part of the large staff assigned to the game.

On May 22, 2007, the National Football League announced that North Texas would host the Super Bowl for the first time on Sunday, February 6, 2011. Planning began almost immediately and involved the entire region, with Fire Chief and Director of Emergency Management Don Crowson and the Arlington Fire Department (AFD) taking the lead for consequence management. The Regional Public Safety Planning Committee created action teams shortly thereafter to develop plans for multiple specialties, including urban search and rescue; chemical, biological, radiological, nuclear and explosive (CBRNE) threats; intelligence; aviation; life safety; interoperable communications; and public health. One of these teams was the EMS Action Team, comprised of hospitals, private and municipal EMS companies, air medical companies, the North Central Texas Trauma Regional Advisory Council, the Department of State Health Services and various federal agencies. In addition to making recommendations that would affect game-day and game-week operations, this group was tasked with identifying and addressing potential conflicts in the numerous local mass casualty plans.

As event week drew nearer, the fire department moved from planning mode to operational mode with the construction of the public safety compound. This secure area on stadium property was used as the public safety operations base and supported close to 1,000 public safety professionals on game day. It was comprised mainly of trailers and mobile medical unit inflatable tents from the city of Arlington and Navarro and Collin counties. Funding for the tents was secured through a combination of

Paramedic Kitt Woody from AFD walked the sidelines to make sure the event ran smoothly. Below, right, AFD Paramedic Mike French.

the Homeland Security Grant Program and the Health and Human Services Hospital Preparedness Program. The tents were powered by individual generators and were utilized for personnel support, equipment staging and as mobile command posts. A 24-hour crew responsible for EMS and fire rescue response was stationed at the public safety compound beginning January 26 through Super Bowl Sunday. Additional crews were brought in daily to support the many events held during game week.

Event week

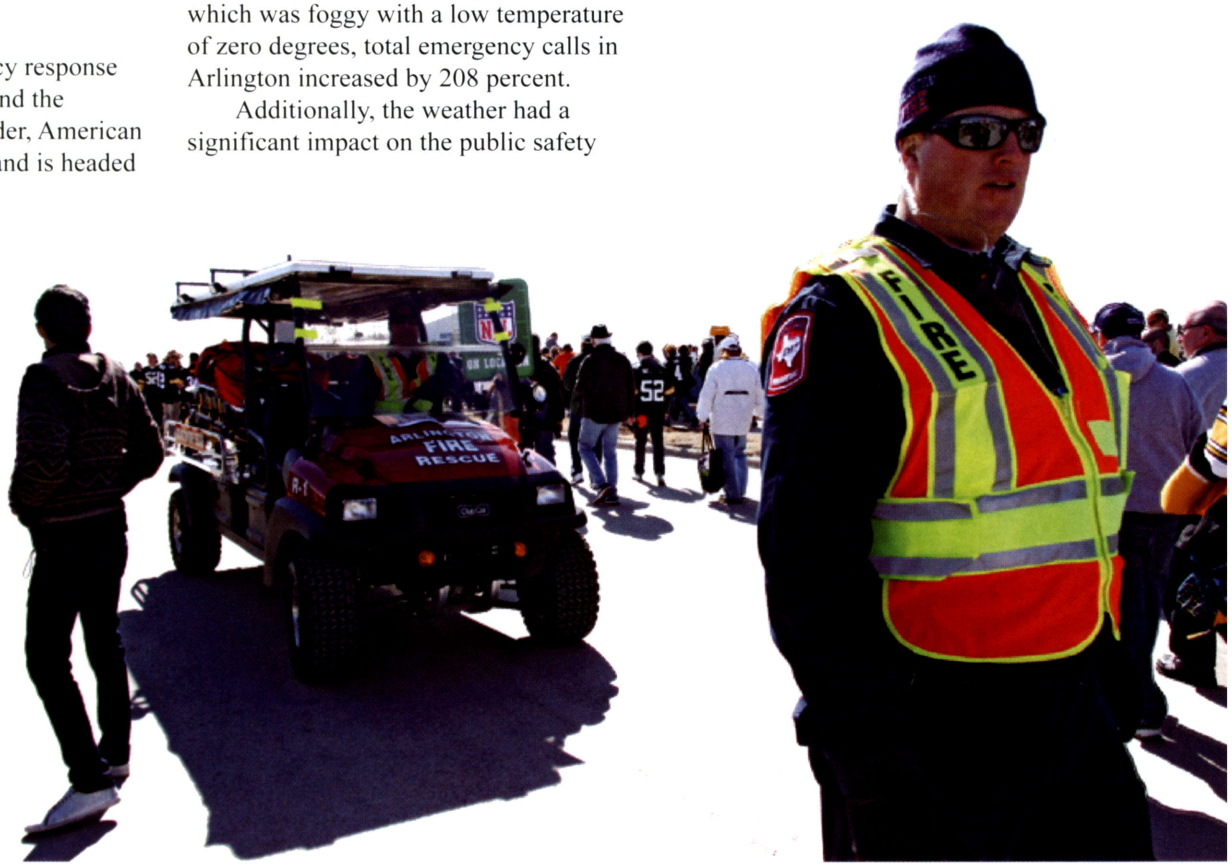
The Arlington emergency response system is made up of AFD and the contracted ambulance provider, American Medical Response (AMR), and is headed by Medical Director Cynthia Simmons. In anticipation of the large crowds that were expected to flock to Arlington during Super Bowl week, the system was up-staffed by about 12 percent. This included additional ambulances, demand engines, dedicated staffing to cover CBRNE responses and additional coverage assigned to the Arlington Municipal Airport. This level of coverage would have been sufficient, had North Texas not entered an extremely dynamic weather week. When the temperature dropped from about 57 degrees on Monday to about 14 degrees on Tuesday, accompanied by six inches of sleet and ice, many unique challenges arose. The Arlington Emergency Operations Center (EOC) was activated during the entire week for event management, but it provided substantial support for ice incident management as well.

Snow and ice

Although the weather was initially an inconvenience, it quickly became a threat. EMS call volume in Arlington increased by 30 percent on average, and at one point the 9-1-1 call center had multiple calls on hold. The extreme cold caused such a demand for electricity that the Electric Reliability Council of Texas ordered rolling brownouts. Although the building in which the Arlington EOC is housed experienced several brownouts, the emergency generator allowed operations to continue. The staff at the EOC went from supporting Super Bowl operations to managing an increased number of motor vehicle accidents and responding to other weather-related issues, including assisting residents with problems caused by power outages. On the worst day, February 4, which was foggy with a low temperature of zero degrees, total emergency calls in Arlington increased by 208 percent.

Additionally, the weather had a significant impact on the public safety compound at the stadium. The tents stayed inflated, but the HVAC systems could not provide enough heat to compensate for the extreme temperatures and 50-mile-per-hour winds. Throughout the week, the HVAC systems continued to fail, at one point forcing those stationed there to move inside the stadium. Manufacturer's representatives from New York and Virginia responded to help keep the tents functional, but even the extra support was not enough and some tents remained without adequate heat.

On Friday, the fire department was faced with another unique challenge. At about 1:15 p.m. ice and snow fell from the domed roof of the stadium—a distance of about 12 stories—onto six workers. They suffered various traumatic injuries, the most severe of which was a head injury. To prevent further injury, a perimeter around the stadium was immediately established. Initially the stadium staff attempted to melt the snow that remained on the roof by increasing the temperature inside the building. They also tried to use vibration from the sound system to shake the snow loose. These efforts were moderately successful at removing snow from the dome, but they did not affect the snow and ice on flat areas near the roof edge. To remove this, employees of the

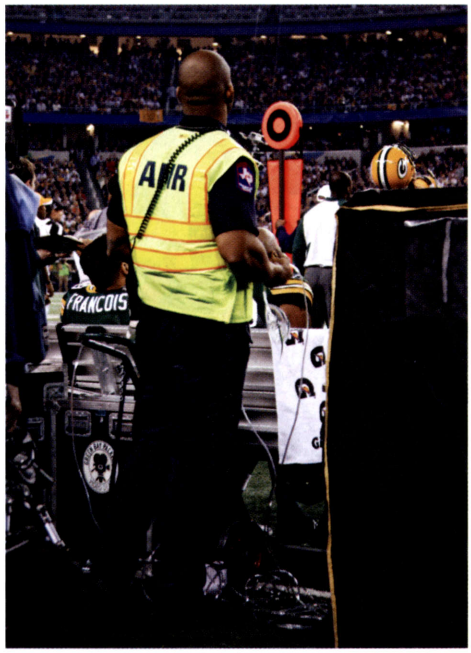


stadium roofing contractor accessed the roof and attempted to remove the ice with hand tools. This method proved too labor intensive and did not make a measurable difference.

That evening, the fire department technical rescue team used hose lines to try to melt the snow and ice. When that attempt also failed, the team began using shovels, which continued until 8:00 p.m. on Saturday. Despite these efforts, there was simply too much snow to remove it all and render the building safe. Instead, the event commander determined that the ongoing threat of falling snow and ice would pose a danger to Super Bowl patrons. Multiple entrances below where ice was most likely to fall were closed on game day and monitored by fire department personnel to ensure guest safety.

Halftime show

Yet another challenge unique to Super Bowl week was the halftime-show rehearsals. The NFL medical contractor had advised that several injuries have occurred during rehearsals for previous Super Bowl halftimes, some of which were so severe they required aeromedical evacuation. This particular halftime show involved two elements that caused concern during the planning phase. First, the show talent was planning to descend from the scoreboard, which is approximately 95 feet above the field. Although a special effects team would be positioned in the scoreboard throughout the show, fire department personnel were concerned about contingency planning for major failures. The special effects team demonstrated their plans and capabilities during several meetings before the fire department was comfortable with their safety systems. To ensure the performers' safety, fire department personnel were on standby during the live show.



American Medical Response paramedic Tristan Brogdon stands by, ready to go with oxygen during the game. American Medical Response was one of the many organizations who made sure fans and players stayed safe.

The other major area of concern was the load in/load out process of the show itself. More than 25 interconnecting stage pieces weighing hundreds of pounds each were staged on the ramp that accessed the field. As soon as the football teams cleared the field at halftime, hundreds of volunteers were charged with moving these heavy pieces into place in less than six minutes. There were several full scale rehearsals in the sub-freezing temperatures to practice these movements. During these rehearsals, fire department special events staff analyzed the activities, determined the locations in which injuries were most likely to occur and used this information to determine where to post medical response teams. Perhaps due to this extensive planning, and a little luck, there were no injuries during any of the rehearsals, and the live halftime show went smoothly.

Game day operations

Several factors relating to game day operations affected the EMS staffing and deployment plan:

- The attendance prediction was about 20 percent higher than a normal season sellout game because approximately 12,000 temporary seats were installed.
- The stadium had a barricade system comprised of concrete and fencing that extended hundreds of feet from the building and into the streets surrounding it. Entering the secure perimeter in a vehicle required a sweep by Joint Hazard Assessment Teams. This raised concerns about maintaining adequate response times.
- Due to the high cost of tickets, patrons would not want to leave the game for minor medical concerns.
- Any incident on the field would be televised (and scrutinized) worldwide, particularly if it caused a delay of the game.

To prepare for these issues, the fire department made several changes to staffing and deployment compared to a typical football game. Overall medical staffing was increased by 100 percent to ensure that an adequate number of medical personnel were present to accommodate the larger crowd and mitigate the potential for response delays caused by the barricaded perimeter. To accommodate fans with medical issues who wanted to remain at the game, additional first aid stations were added and all interior stations were staffed with a physician. At typical events, only one first aid station is staffed at the physician level. At the Super Bowl, physicians in each of the seven first aid stations were able to suture, write prescriptions and utilize a wide range of ALS medications. Whenever possible, guests with minor ailments were treated swiftly and returned to their seats. Arlington EMS system protocols and transport policies were in effect and were followed by all EMS providers in all emergency situations. Finally, a fire department supervisor was added to the field. His only role was to manage the two medical teams and the physician assigned to the field to ensure that a field response was handled smoothly and quickly.

During the Super Bowl, there were 43 percent more medical calls and 111 percent more first aid contacts than at an average NFL game held at the stadium. Ambulance transports from the stadium were slightly less than average, which was in accordance with the higher level of care available in this instance. Although it was busy, the call volume was managed entirely by the resources on site. The average EMS response time was just less than five minutes, which directly correlates with the fire department's goal for Arlington: BLS care should arrive within five minutes and ALS care within eight.

Is this Texas? Top left, soon after the tents that made up the public safety compound were set up, Dallas-Fort Worth got a winter storm – one that blanketed the tents with six inches of sleet and ice. Although they stayed inflated, it was almost impossible to keep them at a comfortable temperature as the temperature outside dropped well below freezing.

Left, Battalion Chief David Carroll gives the crew a briefing before the fun begins. The game marked two years of planning and the efforts of nearly 5,000 employees, from medics to souvenir vendors.

Lessons learned

1. Accurate mapping is critical. Dozens of temporary locations constructed for the Super Bowl were not in the dispatching system. Additionally, many places that were in the system were temporarily given new names to maintain the Super Bowl theme. Arlington communications personnel had gridded the entire stadium in the city's computer-aided dispatch system as though the stadium were its own city prior to the first event. During Super Bowl preparations, they updated these grids with as many of the new names as possible, which was very time intensive. It was also complicated by the fact that new locations were being constructed up until game day. However, these efforts meant that medical response teams could be given color-coded maps containing both the new place names and any previously used names of all areas of the property being used for Super Bowl activities. Despite some minor problems with responders finding the locations to which they were dispatched, there was no major confusion or delay.

2. Train early and often. Training began more than two years before game day. Several different types of training were conducted, including classroom, hands-on and table-top exercises. Although command-level staff were well-prepared early, educating the line employees on their roles and responsibilities came down to the wire. Additionally, line employees were often overwhelmed with information due to the complexity of the plans and operations. Early, job-focused training for line employees is recommended.

3. Communication is key. Creating a communication plan for this event was a daunting task. Redundant systems were implemented. Hundreds of responders reprogrammed their radios to include the Arlington special event channels. With so many people on the radio system, there were concerns that too much radio traffic would prevent effective communication. At a typical game, approximately 40 busy signals occur. This happens when too many people are utilizing the radio channels at the same time, preventing someone from keying his or her radio. In contrast, Super Bowl game day had 181 busy signals. This limited communication slightly, but it did not have a significant overall impact on operations. People were able to communicate effectively, and the back-up communication systems were not needed. The Arlington special event channels were utilized by multiple outside agencies, so the reprogramming was worth the effort.

4. Mobile Medical Units. Sustaining these units, particularly their HVAC systems, was a full-time endeavor. While they ultimately served the needed purpose, weather extremes should be considered when utilizing tent systems, and appropriate options identified when necessary.

Conclusion

Providing medical and other emergency services during the Super Bowl proved to be a difficult task, especially with the challenging weather environment during the week. However, comprehensive planning and strong partnerships prevailed over the adversity, providing a safe, secure game-day experience for more than 103,000 fans and 5,000 employees.

Continuing Education

Heatstroke: A serious summer risk in Texas

By Sarah Henkel, LP, NREMT-P, MS, and Rich Henkel, LP, NREMT-P, BBA

Illustration photo from iStock.

Objectives

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

1. Understand the pathophysiology of heatstroke.
2. Differentiate heatstroke from other less serious types of heat illness.
3. Identify groups at highest risk for heatstroke.
4. Quickly provide appropriate treatment for a patient who is experiencing heatstroke.

Case study

Your ALS ambulance is dispatched to a local sports venue in response to a person "passed out" in a vehicle. On arrival, you find a male in his mid-twenties in a locked car that is not running. The outside temperature is 85°F and the car is parked in the sun. In an attempt to rouse the patient, you rock the car, knock on the window and shout. Getting no response, you break the window and unlock and open the door, feeling a rush of hot air. Your initial assessment of the patient reveals that he responds only to pain, has hot, red, dry skin, has a respiratory rate of 50 and a pulse rate of 150. You quickly move the patient to your ambulance to continue your assessment and begin treatment.

Introduction

According to the Centers for Disease Control, from 1979 to 2003, excessive heat exposure caused 8,015 deaths in the United States. During this period more people died from extreme heat than from hurricanes, lightning, tornadoes, floods and earthquakes combined. Additionally, hundreds are treated in emergency departments each year for lesser forms of heat illness, including heat exhaustion and heat cramps. These numbers may not seem excessively high, but they can rise rapidly during a heat wave in areas where people are not accustomed to high temperatures. For example, more than 40,000 Europeans died as a result of the heat wave in the summer of 2003 that primarily affected France, Portugal, the Netherlands, Spain, Italy, Germany, Switzerland and the United Kingdom.

Weather in Texas includes a variety of extremes, but generally speaking, the southern half of the state is extremely hot. Houston, for example, has a climate that is usually considered subtropical, much like that of the Philippines and Central America. Houston averages 99 days per year on which the temperature reaches 90°F, and the average daily high peaks at 94°F by the end of July. The Heat Index, which is a combination of temperature and humidity and is an indicator

of "how hot it feels" is frequently above 110°F. Heat illnesses, including heatstroke, are a significant concern in such an environment, which makes recognizing true heat emergencies and initiating rapid, appropriate treatment crucial as the hot summer months approach.

Risk factors for heatstroke

Generally speaking, heatstroke strikes all races and genders equally; however, notable differences related to social demographics can be seen. For example, more men in the United States participate in labor intensive jobs, leading to men having a higher incidence of heatstroke than women. Additionally, socioeconomic factors contribute to a death rate from heat related illnesses that is three times higher in blacks than in whites. Infants, children and the elderly have a higher incidence of heatstroke than young, healthy adults. Infants and children are at risk due to inefficient sweating and a higher metabolic rate, while the elderly are at risk due to limited cardiovascular reserves, pre-existing illness and the use of medications that may decrease the ability to sweat (*see table*). Heatstroke most commonly occurs in areas where heat waves are infrequent, such as the northern United States, northern Europe and Japan, but it is less common in subtropical climates.

Pathophysiology

Even when subjected to wide variations in ambient temperatures, healthy people typically maintain a constant body temperature by balancing heat gain with heat loss. This is known as *thermoregulation*. Homeostasis occurs when supply and demand for heat are balanced. This homeostasis is driven by the hypothalamus, which functions as the primary thermostat, guiding the body through heat production or heat dissipation, thereby maintaining the body temperature at a constant 98.6°F (37°C) in most individuals. The core temperature does not fluctuate much from this under normal conditions; however, temperature at the skin varies greatly, making it an integral part of thermoregulation.

Thermoregulation is controlled primarily by the hypothalamus with assistance from both the sympathetic and parasympathetic nervous systems. Thermosensors located in the skin, muscles and spinal cord send information regarding the core body temperature to the anterior hypothalamus, where the information is processed and appropriate physiologic responses are generated. These responses may include an increase in the blood flow to the skin, dilatation of the peripheral venous system or stimulation of the sweat glands to produce more sweat.

Generally speaking, heatstroke strikes all races and genders equally.

At rest the body produces heat mainly through the metabolism of nutrients, referred to as the basic metabolic rate. Heat in excess of the basic metabolic rate may be acquired from internal and external mechanisms. Strenuous physical activity is an example of an internal mechanism. If the heat-dissipating mechanisms are not working properly, strenuous activity can increase heat production more than

Drugs that may increase risk factors for heatstroke

Alcohol, cocaine, heroin, LSD, PCP
Alpha agonists
Amphetamines
Anticholinergic medications (such as atropine sulfate, scopolamine, belladonna)
Antihistamines
Antiparkinsonian agents
Antipsychotics (such as haloperidol)
Beta blockers and calcium channel blockers
Diuretics (such as furosemide)
Laxatives
Lithium
Monoamine oxidase inhibitors (MAOIs)
Phenothiazines (such as promethazine)
Sympathomimetic medicines (such as epinephrine, ephedrine)
Thyroid agonists (such as levothyroxin)
Tricyclic antidepressants (such as amitriptyline)

Table adapted from Emergency Care in the Streets *by Nancy Caroline.*

10 times the basic metabolic rate. Fever, shivering, tremors, convulsions and many other internal conditions can increase heat production, thereby increasing body temperature. The body can also acquire heat from the environment through conduction, convection and radiation.

Several factors can interfere with heat dissipation including inadequate intravascular volume, high ambient temperatures, high ambient humidity, hypothalamic dysfunction and many medications. When heat gain overwhelms the body's mechanisms of heat loss for whatever reason, the body temperature rises, leading to heat illness. Excessive heat will eventually destroy cells, leading to cardiovascular collapse, multiorgan failure and, ultimately, to death. The exact temperature at which cardiovascular collapse occurs varies among individuals because chronic illness, medications and other factors may contribute to organ dysfunction. Core body temperatures exceeding 106°F (41.1°C) are generally considered life threatening and require immediate aggressive treatment.

Classic, also known as passive heatstroke, primarily affects young children, the elderly and those taking certain medications.

Clinical presentation of heatstroke

There are two types of heatstroke syndromes: classic and exertional. Classic, also known as passive heatstroke, primarily affects young children, the elderly and those taking the medications indicated in the table on page 31. Patients with chronic illnesses such as diabetes and heart disease are particularly susceptible as well. Classic heatstroke is typically driven by excessive environmental temperatures and develops over a few days. It usually begins as heat exhaustion, which can easily be mistaken for a cold, the flu or sepsis. If left untreated, the heat exhaustion will progress to heatstroke. A common example of this type of heatstroke might occur in an elderly shut-in without air conditioning during a heat wave.

Exertional heatstroke typically occurs in young or elite athletes exercising in hot, humid conditions and generally develops over a few hours. When the ambient temperature approaches body temperature, radiation and convection are no longer effective means of dissipating excess heat. If relative humidity rises above 75 percent, evaporative cooling becomes ineffective as well. An athlete who continues to exercise in these conditions will continue to generate heat with no means of excreting that heat. Exertional heatstroke is the second most common cause of death among high school athletes, surpassed only by spinal cord injury.

Both classic and exertional heatstroke will present with similar signs and symptoms that may or may not appear to be related to heat exposure.

Exertional heatstroke typically occurs in young or elite athletes.

Central nervous system

It is unlikely that patients will be able to give a coherent history because they will be confused, delirious or comatose. Symptoms of central nervous system dysfunction are present universally in persons with heatstroke and may include convulsions, hallucinations, ataxia (wobbliness, incoordination or unsteadiness), tremors, dysarthria (a motor speech disorder characterized by poor articulation), decerebrate or decorticate posturing, or they may be limp. Examination of the eyes may reveal nystagmus, a condition in which the eyes make repetitive, involuntary movements from side to side, up and down, or in a circular pattern. The pupils may be fixed, dilated, constricted or normal, though constricted is most common.

Vital signs

Temperature: Typically, the patient's temperature exceeds 104°F (40°C), but body temperatures lower than this are possible. Often, higher core temperature readings are

seen with exertional heatstroke than with classic. Additionally, elite athletes may become acclimated to a significantly elevated core temperature and may exhibit no signs or symptoms of heat-related illness despite having an elevated core temperature. Ensure that you are obtaining an accurate measure of temperature. Although oral temperatures are often used in the field, they may be difficult to obtain during a heatstroke emergency if the patient is unable to hold a thermometer in his mouth. In addition, oral temperatures may be inaccurate if the patient has been breathing through his mouth or drinking hot or cold liquids. If heatstroke is suspected, core temperature should be measured rectally if possible. Otherwise, the temperature can be obtained from the tympanic membrane of the ear if your service carries a tympanic thermometer.

Respiration: Patients with heatstroke commonly exhibit tachypnea and hyperventilation caused by central nervous system stimulation, acidosis or hypoxia. Breathing may be described as panting as the patient tries to blow off excess heat.

Pulse: Heat stress places a tremendous burden on the heart. Patients with pre-existing myocardial dysfunction do not tolerate heat stress for prolonged periods. Tachycardia exceeding 130 beats per minute is common.

Blood pressure: Patients are often normotensive; however, hypotension is also common. Hypotension can be caused by vasodilation, pooling of the blood in the venous system or dehydration. Hypotension may also be due to myocardial damage and may signal impending cardiovascular collapse, but this process may be slowed or corrected as the body is cooled.

Other systems

- Gastrointestinal hemorrhage is possible.
- Hepatic injury is common and is evidenced by jaundice.
- Rhabdomyolysis, the breakdown of muscle fibers resulting in the release of muscle fiber contents into the bloodstream, is a common complication of exertional heatstroke.
- Acute renal failure is a common complication of heatstroke. Patients may exhibit oliguria (low urine output) and/or change in the color of urine in the hospital setting where urine output is monitored.

Heatstroke, heat cramps or heat exhaustion?

Variable	Heatstroke	Heat cramps	Heat exhaustion
Pathophysiology	Failure of heat regulating mechanisms	Sodium and water loss	Sodium and water loss, hypovolemia
Mental status	Altered, delirium, seizures	Normal	Normal or mild confusion
Temperature	> 104°F (40°C)	May be mildly elevated	Usually mildly elevated
Skin	Dry, hot but sweating may persist, especially with exertional heatstroke	Cool, moist	Pale, cool, moist
Muscle cramping	Absent	Severe	May or may not be present

Table adapted from Emergency Care in the Streets *by Nancy Caroline.*

What's not *heatstroke*

There are less serious forms of heat illness, including heat cramps and heat exhaustion, but these are rarely life threatening. The table on page 33 compares the presentation of heatstroke to that of heat cramps and heat exhaustion.

The most rapid whole-body cooling rates have been obtained with cold water and ice water immersion therapy.

Treatment

Morbidity and mortality from heatstroke are related to the duration of the temperature elevation. When therapy is delayed, the mortality rate may be as high as 80 percent; however, it can be reduced to 10 percent with effective cooling early on. Treatment for heatstroke begins with supporting the ABCs, removing the patient from the hot environment and initiating the cooling process as quickly as possible. Correcting the temperature problem will begin to correct any problem you may find with the breathing or circulation. Evaluate the ABCs, administer supplemental oxygen, assist ventilations if needed and be prepared to intubate or administer another type of airway adjunct per your local protocol. Then change your focus to cooling.

The most rapid whole-body cooling rates have been obtained with cold water and ice water immersion therapy, and both seem to have the lowest morbidity and mortality rates of all the cooling methods; however, immersion is impractical in an ambulance. Further, conscious patients do not tolerate immersion very well and the core body temperature must be constantly monitored to avoid shivering and hypothermia. A more practical approach in the prehospital setting is an aggressive combination of rapidly rotating ice water-soaked towels to the head, trunk and extremities and ice packs to the neck, axillae and groin while fanning. Refer to local protocols for what method of cooling is preferred in your system, but all provider levels can typically administer this treatment. Continue cooling efforts until the rectal temperature has fallen below 102°F (39°C) but use caution and monitor for shivering. If the patient begins shivering, cooling efforts are counterproductive and the shivering must be stopped with muscle relaxants, anti-convulsants or sedatives before the cooling process can continue.

If your crew has advanced life support capabilities, monitor cardiac rhythm. Start an IV line, give normal saline and check the blood glucose level. Use caution when administering fluids—pulmonary edema is a known complication of heatstroke, and many of those affected by classic heatstroke have underlying cardiac problems (as discussed previously). Be prepared to treat seizures per your local protocol.

Additionally, there is controversy regarding the treatment of endurance athletes. Use caution in administering a large quantity of IV or oral fluids. In addition to a heat emergency, these patients may be hyponatremic, a body condition where there is not enough salt in the fluid outside the cells. If that is the case, aggressive IV therapy or a large amount of oral fluid could dilute the patient's blood even further, increasing the level of hyponatremia, which can lead to an irritable heart and dysrhythmias.

Some treatments of heatstroke should be completely avoided. Covering the patient in water soaked blankets may impede heat loss by evaporation. Massaging muscles to combat vasoconstriction from cooling is not beneficial. Additionally, antipyretics such as acetaminophen and aspirin should not be used for treating heatstroke because they are designed to work on a hypothalamus that is battling an infection, not a healthy hypothalamus that has been overloaded. Because antipyretics may aggravate bleeding, they may be harmful in patients who develop hepatic, hematologic and renal complications.

Education and prevention

If heat illness is caught early, it is rarely life threatening and unlikely to progress to heatstroke. Many things can be done to protect you, your crew and the community you serve from heat-related illnesses.

- Wear appropriate clothing. Clothing should be light-weight, light-colored and loose-fitting when possible.
- Wear sunscreen. Sunburn decreases the body's ability to cool itself.
- Increase fluid intake. During heavy exercise or in a hot environment, drink 16 to 32 ounces of cool fluid every hour. Avoid sugary, caffeinated or alcoholic drinks.
- Install or carry a portable fan in the ambulance to improve convection and supplement air conditioning. The fan can be used when treating patients with heat illnesses as well.
- Carry a portable cooler. Stock it with ice and sports drinks or other salt containing beverages for patients and the ambulance crew.
- Educate high-risk populations about the dangers of and how to prevent heat illness.
- Be alert for early symptoms of heat illness such as headache, nausea, cramps and dizziness. If you experience any of these symptoms, get out of the hot environment immediately and inform your supervisor.
- Educate athletes about the importance of slowly building endurance and acclimatization. Non-acclimated individuals can only produce about one liter of sweat per hour, whereas acclimated individuals can produce two to three liters of sweat per hour. Acclimatization to hot environments usually occurs over seven to 10 days and enables individuals to begin sweating sooner, increase sweat production and increase the capacity of the sweat glands to reabsorb sweat sodium, thereby increasing the efficiency of heat dissipation. Given this, the most dangerous times for athletes are the first few days of intensive practice before they are fully acclimatized.

Case study

Now that we can recognize heatstroke, can differentiate it from other, less-serious illnesses and have reviewed the appropriate treatments, let's finish the case study from the beginning of the article.

Your partner begins bagging the patient with oxygen attached at a rate of 15 liters per minute while you attempt to obtain a core temperature. A passerby who says he knows the patient tells you that the patient had been drinking beer all day long and was "passing out," so his friends left him in the car to sleep it off while they attended the sporting event. The passerby stated the friends left the patient in the vehicle approximately three hours ago with the air conditioning running. Some time during that period, the vehicle stopped running.

You obtain a core temperature of 106.0°F. You partner intubates the patient while you undress him, cover him with icy towels from a cooler in your ambulance, apply ice packs to his groin, axillae and neck and turn on a portable fan. You attach the cardiac monitor and determine that the rhythm is sinus tachycardia, then you start a large bore IV. You draw up diazepam in anticipation of possible seizures and initiate transport. During transport you monitor the airway and every five minutes reassess vitals, including core temperature. You also rotate the towels from the patient back to the cooler to ensure they stay very cold and continue the cooling process. Upon arrival at the hospital, the core temperature is 103.4°F, pulse rate is 134 and the patient is becoming agitated.

Conclusion

Heatstroke is the most serious form of heat illness and is a true life-threatening emergency. The diagnosis of heatstroke can be easy to miss, especially since the ambient temperature does not need to be extremely hot to affect at-risk populations. It may develop rapidly in a patient whose heat exhaustion was mistaken for another illness

such as a cold or the flu or it may present as a coma of unknown origin. Unless you keep the possibility of heatstroke constantly in mind during the hot months of the year, it could be easily overlooked and could cost the patient precious time before treatment. Routinely taking temperature as part of patient vital signs can prevent less severe heat illnesses from escalating into this deadly syndrome and aid in the early diagnosis of heatstroke.

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About the authors

Sarah Henkel holds a master's degree in safety and emergency management and is a Texas-licensed and nationally registered paramedic. She has been working in the field of EMS for nine years. Sarah currently works for the Arlington Fire Department in the role of special event emergency planner. Rich Henkel holds a bachelor of business administration and is a Texas-licensed and nationally registered paramedic. He has been working in the field of prehospital care for more than 10 years. He is a former director of EMS education in the Dallas–Fort Worth area and is presently an area manager for several urgent care clinics.

Heatstroke Quiz

1. Which of the following people is at the highest risk for heatstroke in the United States?
   A. 22-year-old white female
   B. 68-year-old black male
   C. 14-year-old white male
   D. 35-year-old black female

2. Which of the following drug classifications are *not* typically associated with a higher incidence of heatstroke:
   A. Amphetamines
   B. NSAIDs
   C. MAOIs
   D. Antihistamines

3. You respond to a high school track where an athlete has passed out. On your arrival, the patient is alert and oriented with cool, moist skin and stable vital signs. She is most likely suffering from:
   A. Classic heatstroke
   B. Exertional heatstroke
   C. A non-lethal heat illness, such as heat exhaustion or heat syncope

4. Which of the following describes an effective way to cool a victim of heatstroke?
   A. Remove the patient from the hot environment.

B. Apply ice packs to the groin, neck and axillae.
C. Submerge the patient in a tub of ice.
D. All of the above
E. None of the above

5. All of the following are signs or symptoms of heatstroke except:
A. Hallucinations, delusions or incoordination
B. Elevated blood pressure
C. Tachycardia and tachypnea
D. Hot, dry, red skin

6. Which is the *best* method of obtaining core temperature for a heatstroke patient?
A. Rectal
B. Tympanic
C. Oral
D. Axillary

7. Which of the following is *not* an appropriate treatment for a patient suffering from heatstroke?
A. Administer antipyretic such as acetaminophen
B. Administer high flow O2 via non-rebreather or BVM
C. Remove the patient from the hot environment as quickly as possible.
D. Initiate rapid, aggressive cooling procedures.

8. A person suffering from which of the following illnesses may be at increased risk for heatstroke?
A. Diabetes
B. Congestive heart failure
C. Parkinson's Disease
D. All of the above

9. You respond to a two-year-old female who has been left in a car for approximately 20 minutes with the windows closed. The exterior temperature is 92°F. Which of the following signs/symptoms is unlikely for the patient to exhibit?
A. Respiratory rate of 52
B. Pulse rate of 80
C. Core temperature of 106°F
D. Blood Pressure of 102/60

10. On a warm summer day, you respond to an apartment building that does not appear to have air conditioning for a 52-year-old female complaining of "feeling sick." Her vital signs are respirations 40, pulse 160, blood pressure 132/88 and core temperature 106°F, skin hot and dry. What mental status would you expect for this patient?
A. Awake, alert and oriented
B. Upset and inconsolable
C. Confused, agitated or unconscious
D. None of the above
E. All of the above

ALS Questions

11. You are dispatched to an amusement park for a heat emergency. On arrival you find a six-year-old female who is groggy and confused. She has a respiratory rate of 34, pulse rate of 166 and blood pressure of 108/68. Her skin is hot and wet and core temperature is 105.2°F. According to her mother, she has been acting strangely for about 30 minutes and has a history of insulin-dependent diabetes. Which of the following is the best course of treatment for this patient?
A. Apply a bag valve mask and begin bagging the patient at a rate of 20 breaths per minute. Attach the cardiac monitor and treat the presenting rhythm as appropriate. Start a large bore IV and administer normal saline. Check blood sugar and administer Dextrose if appropriate (per protocol). Move to your ambulance and begin transport. Begin cooling the patient.
B. Apply a non-rebreather mask attached to high flow O2. Move her to a cool location and begin rapid, aggressive cooling. Start a large bore IV. Administer normal saline. Attach a cardiac monitor. Monitor the patient, do not allow shivering and be prepared to treat for seizures.
C. Apply a non-rebreather mask attached to high flow O2. Move her to a cool location and begin rapid, aggressive cooling. Start a large bore IV while checking blood glucose level. Administer normal saline and Dextrose if appropriate (per protocol). Attach a cardiac monitor. Monitor the patient, do not allow shivering and be prepared to treat for seizures.
D. Apply a non-rebreather mask attached to high flow O2. Move her to a cool location and begin rapid, aggressive cooling. Administer acetaminophen rectally to help escalate the cooling process. Start a large bore IV while checking blood glucose level. Administer normal saline and Dextrose if appropriate (per protocol). Attach a cardiac monitor. Monitor the patient, do not allow shivering and be prepared to treat for seizures.

12. The patient in the above scenario begins to have a seizure. What should the *next* course of action be?
A. Administer acetaminophen rectally
B. Recheck the blood glucose and administer Dextrose if appropriate
C. Turn patient to left side until the seizure stops
D. Administer an anti-convulsant such as lorazepam or midazolam

This answer sheet must be postmarked by August 20, 2011
CE Answer Sheet Texas EMS Magazine
Heatstroke: A serious summer risk in Texas
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.☐	C.☐	D.☐	
2.	A.☐	B.☐	C.☐	D.☐	
3.	A.☐	B.☐	C.☐		
4.	A.☐	B.☐	C.☐	D.☐	E.☐
5.	A.☐	B.☐	C.☐	D.☐	
6.	A.☐	B.☐	C.☐	D.☐	
7.	A.☐	B.☐	C.☐	D.☐	
8.	A.☐	B.☐	C.☐	D.☐	
9.	A.☐	B.☐	C.☐	D.☐	
10.	A.☐	B.☐	C.☐	D.☐	E.☐
11.	A.☐	B.☐	C.☐	D.☐	
12.	A.☐	B.☐	C.☐	D.☐	

Did you enclose your $5 check or money order?

Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

Q I received a deficiency notice that stated that I need to submit additional documentation in order to complete my EMT application. I faxed the required documentation to DSHS a week ago. How long will it take to update, and how can I speed up the process in the future?

DSHS: In order to shorten the deficiency response time, please include a copy of your deficiency letter when you submit additional documentation. This will help in two ways. It notifies EMS Certification personnel that the documentation is in response to a deficiency letter rather than a new application, and it ensures that your new document/information is correctly matched up with your original application. You can fax additional/corrected information to 512-834-6714. If your application is deficient because you owe additional fees, you must mail the fee with a copy of your deficiency letter to the address listed on the deficiency letter. For more information about deficiencies contact the EMS Certification office at 512-834-6734.

Q I attended a class to renew my CPR for Healthcare Professionals card twice during my last EMS certification period. Can I use the hours from both times I took that class as continuing education hours?

DSHS: Yes. According to the Texas Administrative Code §157.38 (f) Activities Unacceptable as Continuing Education, the following activities are *not* acceptable toward re-certification or re-licensure: "(8) Any identical CE repeated more than once during the accrual period."

You may repeat the required card courses, such as CPR for Healthcare Professionals, once during your four year certification period and count the CE hours both times you attended the course. If you take a course more than twice during your four-year CE certification, you may count the CE hours only twice. You will find more information on approved continuing education hours on the EMS Certification website at www.dshs.state.tx.us/emstraumasystems/continuinged.shtm. If you have additional questions, contact the EMS Certification office at 512-834-6734.

Q My legal name is Timothy James Jones, but I go by T.J. Jones. Is it okay if I put T.J. on my EMT application and subsequently on my DSHS EMS Certification card?

DSHS: Yes and no. Your DSHS EMS Certification card is a legal, identifying document. You want the name on your DSHS certification card to be consistent with other legal identifying documents, such as your drivers license. Also, once you are employed by an EMS provider, the EMS provider will add your name to its roster of employees and submit that list to DSHS. If there is a discrepancy between the roster and the name DSHS has for you in the database, it can create problems for the EMS provider and you. The bottom line is that your EMS Certification card is your card, and it's your responsibility to use that card to identify yourself as a State of Texas Certified EMS professional. You can put whatever name you choose on the card, but if it creates confusion as to who you are, the certification card is not doing its job. Contact the EMS Certification office directly at 512-834-6734 if you have additional questions.

Q How do I find out the dates for EMS week in future years? I need to know for planning purposes.

DSHS: Go to the American College of Emergency Physicians (ACEP) website at www.acep.org/emsweek or just calculate it to be the third *full* week of May each year.

Q What are the requirements, laws or rules that address EMS patches, decals, and so on? I'm in the process of writing a procedure manual for my EMS service.

DSHS: Specifically, there are no Texas EMS requirements, laws or administrative code rules that address patch protocol. The specifications of Texas EMS patches are posted at www.dshs.state.tx.us/emstraumasystems/formsresources.shtm (scroll down to EMS Patch Information), along with information to patch vendors and a list of vendors (may not be comprehensive and posted at the request of the vendors). The only relevant regulation is that an individual must not misrepresent his or her level of certification or licensure or they risk violation of the Texas Administrative Code rules, specifically 25 TAC, §157.16(b)(13).

Q Is there a federal agency over EMS?

DSHS: The National Highway Traffic Safety Administration (NHTSA) effectively serves as the "parent" agency for EMS. To continue that analogy, think of NHTSA as the parent of "adult" state EMS agencies. NHTSA influences and supports EMS, but its direct authority over state EMS is limited. It does not directly govern state EMS. It began in 1966 (then known as the National Highway Safety Bureau) in an effort to reduce the number of injuries and deaths on America's highways (hence its foundation in the transportation agency instead of in a health care agency). Information and grant funding were its major products back in those days. Nowadays, NHTSA serves as an informational clearinghouse for the many federal agencies that significantly affect and influence EMS, including the Department of Homeland Security, Federal Communications Commission (communications), General Services Administration (federal vehicle standards), Heath Resources and Services Administration (HRSA—includes EMS for Children and the Office of Rural Health Policy), and so on.

Q Does the Governor's EMS & Trauma Advisory Council (GETAC) mandate state EMS standards?

DSHS: GETAC's role is directed more toward reviewing and recommending rather than toward developing or mandating standards. The enabling statute for GETAC, Health and Safety Code (HSC), §773.012, prescribes the composition of GETAC and directs the council to meet at least quarterly (in Austin). §773.012 specifically lists its responsibilities, which are: 1) to review rules relating to HSC Chapter 773 and recommend changes, 2) to assess the need for rural EMS, and 3) to develop a strategic plan for EMS education/certification and the development of EMS and trauma systems.

Did you read?

Cases of measles are increasing across the country, in the largest outbreak in 15 years, spread largely by unvaccinated travelers.

Doctors have reported 118 measles cases in the United States since January—nearly twice as many as the total for all of last year, according to a report released in May by the Centers for Disease Control and Prevention. About 90 percent of this year's patients were unvaccinated and 40 percent had to be hospitalized for complications.

Most of the patients brought the disease with them from Europe, which is experiencing a major epidemic, with more than 10,000 cases and six deaths in France and thousands of additional measles cases have been reported across Europe, affecting 38 countries, the World Health Organization says.

Doctors have reported 118 measles cases in the United States since January.

Babies too young to be vaccinated are particularly vulnerable, says Gregory Wallace, a measles expert at the CDC. About 15 percent of the patients diagnosed with measles this year were under one year old, the CDC says. More than half of the children under age five with measles have been hospitalized.

Although babies typically don't get their first measles shot until they're one year old, the CDC now says that babies who will be traveling abroad can be vaccinated as early as six months. Babies who are one year or older should get two doses of the measles vaccine, four weeks apart, the CDC says. Vaccinated adults, or those born before 1957 when measles was common, don't need additional shots, Wallace says.

But travelers aren't the only ones at risk. Anyone who comes into contact with an infected person is at risk, according to infectious disease experts.

Many doctors today can no longer recognize measles, the CDC says. One measles patient this year was seen three times before being correctly diagnosed.

From USA TODAY.com, CDC: Measles epidemic poses travel risks, by Liz Szabo, May 26, 2011.

Physical symptoms of stress can manifest themselves in unexpected ways when the affairs of life get too overwhelming. And sometimes, you may not even realize that stress is the cause.

Vomiting Dry-heaving (or retching, in medical terminology) is one way that stress and anxiety can manifest, including "cyclic vomiting syndrome," a condition in which people experience nausea and vomiting over an extended period of time. Managing anxiety-induced dry heaves or vomiting starts with getting plenty of rest and drinking water, and then finding ways to calm down or eliminate the source of stress.

Hair loss Among the conditions associated with stress-induced hair loss is alopecia areata, an autoimmune disorder in which white blood cells attack hair follicles. Another condition triggered by stress is telogen effluvium, which is characterized by a sudden loss (up to 70 percent) of hair. This condition can be difficult to link to stress because the hair loss can occur months after a stressful event. However, the hair loss usually corrects itself once the stressful event is over.

Nosebleeds There is some debate as to whether nosebleeds are triggered by stress, but studies have shown that, in some cases, patients who experience nosebleeds get them following stressful situations. A 2001 article in the British Medical Journal suggests that this could be linked to spikes in blood pressure that are common in stressful situations. Blood pressure can often be reduced by simple techniques, such as drinking tea.

Symptoms of stress can manifest in unexpected ways.

Memory loss Short-term memory loss could be an effect of your shrunken hippocampus, says Jeffrey Rossman, PhD, psychologist and director of life management at Canyon Ranch in Lenox, Massachusetts, and Rodale.com advisor. Chronic stress can expose the hippocampus to excessive levels of the stress hormone cortisol. And that can inhibit your brain's ability to remember things. Dealing with the root cause of stress is the best way to get memory to rebound.

Weakened immunity Perhaps the most noticeable effect that stress has on your body is a weakened immune system. Stress triggers the release of catecholemines, hormones that help regulate your immune system; prolonged release of these hormones can interfere with their ability to do that. Stress also shrinks your thymus gland, the gland that produces your infection-fighting white blood cells, and it damages telomeres, which are genes that help those immune cells reproduce. A good way to deal with stress and boost the immune system is to exercise.

Did you read?

Excessive sweating Although most people sweat more when stressed, some people suffer from hyperhidrosis, excessive sweating, particularly of the palms and feet. Yoga and meditation can help reduce stress-related sweating, and if you think you might be suffering from hyperhidrosis, find a physician who specializes in the disorder.

From MSNBC.com, Six weird signs you're way too stressed out, by Emily Main, May 30, 2011.

People admitted to the hospital on the weekend are 10 percent more likely to die than those who checked in during the week, according to a recent analysis of nearly 30 million people.

Even if 10 percent doesn't sound like much of a difference, when applied to the entire U.S. population it equals an additional tens of thousands of people each year, study author Dr. Rocco Ricciardi of Tufts University Medical School told Reuters Health.

People admitted to the hospital on the weekend are 10 percent more likely to die than those who checked in during the week.

This is not the first study to uncover a "weekend effect." Previous research has shown a weekend effect for patients admitted to the hospital for heart attack, a blood clot in a lung, a ruptured abdominal artery and strokes of all kinds. Still, the data are not always consistent: Earlier this year, a survey of Pennsylvania hospitals found that people with injuries fare slightly better on weekends.

The current study is based on an analysis of a national sample of close to 30 million people who were admitted to hospitals in 35 states over a five-year period. All were admitted for "non-elective" reasons.

The study, published in the Archives of Surgery, found that 2.7 percent of the people admitted during the weekend died while in the hospital, which happened to only 2.3 percent of those admitted on a weekday.

It's not entirely clear why people might fare worse when they come in during the weekend, Ricciardi said. Looking specifically at traumas, he and his colleagues found no differences in death rates between weekend and weekday arrivals, which helps eliminate the possibility that people experience more life-threatening accidents on weekends.

But it's possible that care is different on weekends, he said—perhaps there is less nursing, fewer well-trained doctors, or less access to imaging and other necessary tools.

Ricciardi and his team also looked at death rates by admission day for different diagnoses, and saw that not all fared worse on the weekends. This is likely because some categories—such as trauma—have specific steps that are followed each time, said Ricciardi. "Thus services are the same whether it is nighttime, daytime, or weekend or weekday."

The categories that fared worst on weekends included problems with pregnancy and the female reproductive system, blood cell and bone marrow disorders, and circulatory and nervous system problems.

From MSNBC.com, Hospital patients more likely to die on weekends, May 20, 2011.

Health professionals and others who frequently use hand sanitizer should be aware that it can cause false positives on some alcohol screening tests. Ethyl alcohol, found in alcoholic drinks, is also an ingredient in many hand sanitizers.

For a study that appeared in the *Journal of Analytical Toxicology*, researchers at the University of Florida tested the urine of 11 people with no history of alcohol use to see how regular use of hand sanitizer affected levels of ethyl sulfate and ethyl glucuronide.

Subjects used hand sanitizer every five minutes for 10 hours three days running, which is similar to what on-duty nurses use.

Hand sanitizer can cause false positives on some alcohol screening tests.

Almost all of the participants produced alcohol metabolites consistent with drinking alcohol. The level of ethyl sulfate was much lower in people who used hand sanitizer than in those who drank alcohol, leading researchers to recommend that labs use that as a more accurate measure of alcohol use.

People required to forgo drinking alcohol were cautioned that it is also present in mouthwashes, hairsprays, cosmetics and other products.

From *Dallas Morning News*, Hand sanitizer can be mistaken for drinking, compiled by Laura Schwed, June 08, 2011.

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.

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

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

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

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

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

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.

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

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.

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.

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

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

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.

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

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

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

Cantu, Lydia, dba Mid Valley EMS, McAllen, TX. March 19, 2011, assessed an administrative penalty of $500.00 for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(j)(1) and 157.11(m)(1) related to failing to display vehicle authorization in the patient compartment and failing to have EMS ambulance vehicle(s) adequately equipped and/or supplied at all times.

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

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

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

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 posses 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.

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

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

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.

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

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

Miller, Mark L., Baytown, TX. August 25, 2009, 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)(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 §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

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

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

Nichols, James J., Lavon, TX. November 2, 2010, eight-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.

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

Oscar De Los Santos dba Express Care Ambulance Service, San Antonio, TX. July 17, 2010, assessed a $6,100.00 administrative penalty for violating EMS Rules §157.16(d)(14), 157.11(d)(1), 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) 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.

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

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

Patriot Express LLC, San Antonio, TX. September, 21, 2010, assessed a $1,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(5)(A), 157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

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

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

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

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

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

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

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

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.

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

Scar De Los Santos 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.

Solis, Arnold, Big Spring, TX. April 8, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(25), 157.36(b)(28) and 157.36(b)(29) related to receiving a deferred adjudication for possession of a controlled substance and failing to notify the department within 10 days of arrest.

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

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.

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

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.

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

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

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

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

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

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

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

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

Wunstel, Craig M., Pearland, TX. August 31, 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 conduct.

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.

Continued from page 11

so they can only be changed by the Legislature, which does not meet again in regular session until 2013. We don't know what the Legislature will do.

What happens if I do nothing?

You'll still be certified in Texas at your level and, assuming you fulfill all the requirements to recertify in Texas, you will continue to be certified in Texas at that level. Requirements include using one of the four methods to recertify (continuing ed, NR assessment exam, being nationally registered with NREMT or a formal recertification course) and sending in a timely recertification application and the correct fees.

How do I recertify in Texas?

Texas medics can continue to recertify using one of four methods: CE, an NR assessment exam (to recertify), current national registration or formal recertification course. However, those who choose to take an NR assessment exam to recertify in Texas may need to familiarize themselves with the new content areas.

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).**

Will initial candidates be tested on the new levels at NR?

NR will continue to offer current tests for for some time (see box on page 11). Initial applicants will eventually be taught using new curriculum and therefore will be qualified to take the NR exams for those levels.

So, for instance, if someone starts an EMT-I class or is already in an EMT-I class, will they be able to test at that level?

Students will still be able to test at EMT-I/85 through March 31, 2013. Testing for EMT-I/99 continues through December 31, 2013 (see box on page 11).

Take home message:

- This only affects those who wish to keep national registry certification
- If you are Texas-certified now and do not plan on becoming nationally registered or recertifying with NREMT, you can continue to recertify in Texas using continuing education or a formal recertification course.

Meetings & Notices

Calendar

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

Jobs

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

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

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

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

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

Job opportunities with Galveston County Health District: Positions include: quality assurance coordinator, licensed and certified paramedics, EMT-I, and EMT. Hourly wages are based on the type of certification/license held by the applicant. Benefits for full-time employees include medical, dental, paid time off, prescription card, continuing education, fitness club membership and an annuity plan. For more information please contact Kathrine Hall, human resource director, at 409-938-2230 or by email at khall@gchd.org or visit www.gchd.org/hr/job.htm. *

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.

Miscellaneous

48 hour National Registry refresher: Live and at your own pace. Our program is nationally accredited by CE/CBEMS and National Registry and also accepted by the state of Texas as a live course. Recertification and remediation courses are available. Visit www.distanceCME.com. +

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

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

Medic-CE.com: High-quality online EMS CE courses that are CECBEMS/DSHS accredited. Affordable individual and discounted group rates are available. The site also features free electronic training

Meetings & Notices

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. Excellent rates, unmatched service and training to enhance revenue and build sound business practices. ePCR and manual PCR accepted. Contact Rodney Reed at (888) 483-9893 ext 234 or Rodney@healthclaimsplus.com. Visit our website at www.HealthClaimsPlus.com. *

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

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

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

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

+ This listing is new to the issue.
* Last issue to run (If you want your ad to run again please call 512/834-6748).

Do you take EMS photos?

WIN MONEY!

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

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 Greg P. Henington, LP, Chief

EMS Profile:
Terlingua Fire & EMS

TEXAS Department of State Health Services
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About us: Terlingua Fire & EMS (TFEMS) is a frontier emergency services provider offering both fire and medical services to a 3000-square-mile area located in and around Big Bend National Park. Two separate entities—Terlingua Medics (formed in 1987) and the Terlingua Area Volunteer Fire Department (formed in 1990)—were merged in 2004 as part of a consolidation effort to raise additional funding for the area's emergency services. Although the permanent resident population is about 2000 people, Terlingua and the surrounding area receive approximately 350,000 visitors a year. We average about 200 calls per year and have access to a Level III care facility located 1.5 hours away in Alpine, and more advanced definitive care 3.5 hours away in the Midland-Odessa area.

Personnel and equipment: TFEMS has 20 active members on the roster, including two licensed paramedics, three EMT-Intermediates, three EMT-Basics, four ECAs and four Wilderness Advanced First Aid providers. On the fire side of the organization, we have three Firefighter 3s, two Firefighter 2s and one Firefighter 1. Each summer, TFEMS receives funding from the Texas Forest Service to send volunteer firefighters to Texas A&M's Municipal Fire School.

Our response fleet includes one Frazier ambulance, two back country rescue vehicles, one brush truck, one tender, one engine and a command vehicle. Our ambulance is certified as BLS with MICU capabilities. We use a Zoll Series M twelve lead/vital signs monitor along with a new wave-form capnography device.

We work closely with Big Bend National Park (under a MOU) to provide continuous 9-1-1 coverage to the area. For example, when the BBNP park ambulance is in route to Alpine, TFEMS provides advanced level coverage to the national park. We also coordinate together in wildland and structural fire scenarios.

Terlingua Fire & EMS is a frontier emergency services provider offering both fire and medical services to a 3000-square-mile area located in and around Big Bend National Park.

Current activities: Because of our low call volume, continuing education is critically important to the success of TFEMS. For that reason, we conduct two trainings per month (2nd and 4th Mondays) as well as two EMT refresher courses (Intermediate and Basic) annually.

TFEMS recently moved into a new state-of-the-art facility, courtesy of Brewster County, which provides a six-bay apparatus garage, training room, crew kitchen, EMS/fire office, chief's office, bunkrooms and locker/shower facilities. The building also has an upgraded communication system as well as a new SCBA filling compressor.

Community service projects include fire safety awareness at the elementary school and monthly, free CPR training for all residents of south Brewster County. Medical control allows EMS providers to offer basic wound care as well as blood pressure checks for local citizens.

The first weekend of every November brings the annual "Super Bowl" of chili cook-offs to Terlingua, where 10,000 people gather to cook chili and socialize. Fire and EMS personnel work round the clock for about a week providing emergency services to this crazy, fun-loving bunch of folks!