

Texas Department of State Health Services March/April 2013

Texas EMS

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Serving Texas Emergency Care Professionals



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departs for TDEM**
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accredited
paramedic
programs in Texas**
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**CE: Patient
restraint**
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Additional EMS Publications

EMS and Trauma Systems Overview

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

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

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

Ready Teddy "I'm an EMS Friend" stickers

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

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

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

No longer available

Ready Teddy Coloring Book.

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

EMS Publications Order Form

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Organization _____

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City/State/Zip _____

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Quantity _____

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_____ **Ready Teddy "I'm an EMS Friend" stickers**

Fax order form to
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Mail order form to
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Coordination, MC 1876
Texas Department of State Health Services
P.O. Box 149347
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FEATURES

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- 12 A **public safety LTE network** is being established nationwide, and Texas DPS has created a Statewide Interoperability Coordinator to lead the development in Texas.
- 14 As of January 1, 2013, **Texas requires that all paramedic education programs be CoAEMSP accredited** to continue offering courses. Currently, 30 programs are accredited and 27 are in progress.

- 19 State EMS Director **Maxie Bishop accepts new position** as EMS coordinator with the Texas Division of Emergency Management.
- 22 Wes Ogilvie presents a **continuing education article** on ways to manage the scene when a patient may require restraint, including patient assessment, techniques for physical restraint and options for chemical restraint.
- 32 What does it mean when a trauma or stroke facility is **designated “with contingencies”**? Simply that the facility has some findings of non-compliance with rule criteria and DSHS has specified a timeline for compliance.

Above, the victim of a shooting incident is transferred from first responders to Houston’s Memorial Hermann Life Flight. *Photograph by Ryche Guerrero.*

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On the cover, Wharton EMS personnel respond to a cardiac arrest patient who had been fishing in a remote location. Medics had to transfer the patient into the bed of his truck, where CPR was performed while the truck was driven to a waiting ambulance. *Photograph by Benjamin Sharp, Wharton Journal-Spectator.*

EMS compliance offices by group

North group

Physical: 300 Victory Drive
 Mailing: PO Box 60968 WTAMU Station
 MC 5750
 Canyon, TX 79016-0968
 (806) 655-7151
 Fax (806) 655-7159

1301 South Bowen Road, Suite 200
 MC 1905
 Arlington, TX 76013
 (817) 264-4720
 Fax (817) 264-4725

Physical: 6515 Kemp Blvd.
 Mailing: PO Box 300 MC 4547
 Wichita Falls, TX 76307-0300
 (904) 689-5930
 Fax (940) 689-5925

4601 South. First St., Suite L MC 5676
 Abilene, TX 79605
 (325) 795-5859
 Fax (325) 795-5853

1517 West Front St. MC 1901
 Tyler, TX 75702-7854
 (903) 595-3585
 Fax (903) 533-5394

South group

5155 Flynn Pkwy., Ste. 100 MC 5695
 Corpus Christi, TX 78411
 (361) 888-7837
 Fax (361) 883-9942

401 E. Franklin, Suite 210 MC 1903
 El Paso, TX 79901-1206
 (915) 834-7709
 Fax (915) 834-7800

601 West Sesame Dr. MC 1907
 Harlingen, TX 78550
 (956) 423-0130
 Fax (956) 421-5506

2301 North Big Spring MC 4534
 Midland, TX 79705
 (432) 683-9492
 Fax (432) 684-3932

7430 Louis Pasteur MC 5716
 San Antonio, TX 78229
 (210) 949-2050
 Fax (210) 949-2056

Central group

Physical: 8407 Wall St., N-410
 Mailing: DSHS-EMS
 P.O. Box 149347 MC 2822
 Austin, TX 78714-9347
 (512) 834-6700
 Fax (512) 834-6713

East group

5425 Polk Ave., Suite J MC 1906
 Houston, TX 77023-1497
 (713) 767-3333
 Fax (713) 767-3330

285 Liberty Street, 14th Floor MC 0281
 Beaumont, TX 77701
 (409) 951-3090
 Fax (409) 951-3029

Contributors:

Maxie Bishop, Tom Dunsworth, Kevin Deramus, John Green,
 Tom Griffith, Indra Hernandez, Dwayne Howerton,
 Anthony Luna, Wes Ogilvie, Linda Reyes, Denise Richter,
 Terri Vernon, Matt Zavadsky

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DAVID LAKEY, MD
 COMMISSIONER OF HEALTH

DIVISION OF REGULATORY SERVICES
 KATHY PERKINS, RN, MBA
 ASSISTANT COMMISSIONER

HEALTH CARE QUALITY SECTION
 RENEE CLACK, DIRECTOR

OFFICE OF EMS AND TRAUMA SYSTEMS COORDINATION
 JANE G. GUERRERO, RN, DIRECTOR

PATIENT QUALITY CARE
 DEREK JAKOVICH, DIRECTOR

REGULATORY LICENSING
 AMY HARPER, DIRECTOR

MAXIE BISHOP, LP, RN, STATE EMS DIRECTOR

GROUP MANAGERS
 KELLY HARRELL FERNANDO POSADA
 BRETT HART EMILY PARSONS
 JAIME VALLEJO MARILYN TALLEY
 ANTHONY LUNA

Texas EMS Magazine

KELLY D. HARRELLEDITOR
 KATHY CLAYTONMANAGING EDITOR
 SUSAN JACKSON.....DESIGNER
 ADRIENNE KITCHENPRODUCTION ASSISTANT/WEB
 NANCY ROSAS EDITORIAL ASSISTANT

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

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Letter to the editor

To Texas EMS Magazine:

It is with deep sadness that I share with you the passing of Kelly Wolfe on January 16, 2013, succumbing to the complications of a traumatic brain injury following a motorcycle crash. Kelly began his career in EMS as a volunteer for the Midlothian Fire Department. After attending paramedic school, he became a full-time firefighter/paramedic for the North Richland Hills Fire Dept. Kelly soon realized that his passion for his EMS work would take him to great heights—the sky! He joined CareFlite as a flight paramedic in 1995 and received the prestigious National Flight Paramedic of the Year Award (Tim Hynes Award) from the NFPA (IAFCCP) in 1997. This award recognizes exemplary abilities in leadership, education and safety within the paramedic profession.

Kelly loved to teach and mentor,

his goal was always about helping students and co-workers be better in their profession and as people. It brought him great joy to see young people entering the field of EMS have those “ah-ha” moments; to see those experienced providers advance themselves in the field of air medical transport. Kelly had a vision. He knew one day he would pass the torch, so he worked to build an education and mentoring process that would be sustainable.

Kelly was also a great friend. Many in the EMS community have been touched by him. His leadership, teaching and mentorship will be greatly missed. For this, I treasured the moments I was able to be taught, mentored and lead, but to a much greater degree it will be his friendship I will miss most.

In death as in life he continues to give and make people better.

In accordance with his wishes, his organs were donated to save the lives of others.

Dwayne Howerton RN, LP, CFRN,
CEN, CCRN
Director, Clinical Quality & Education
CareFlite

TEXAS EMS CERTIFICATIONS AS OF FEBRUARY 8, 2013	
ECA	2,880
EMT	32,427
EMT-I	3,827
EMT-P	16,327
LP	6,267
TOTAL	61,737
BASIC COORDINATOR	114
ADVANCED COORDINATOR	228
INSTRUCTOR	2,255

EMS Obituaries

John Frank Accomando, 42, of League City, died December 23, 2012.

Accomando, a licensed paramedic, began his commitment to public service by joining the League City Volunteer Fire Department at age 16. He worked for a variety of services, including League City, Montgomery County Hospital District, as clinical director of EMS, and Memorial Hermann Life Flight at Houston Medical Center.

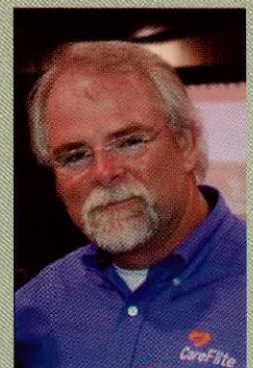
Carmen Lucia Higuera-Jimenez, 64, of San Antonio,

died December 31, 2012, after battling cancer. Jimenez worked in public education and prevention for the South Texas Poison Center at the University of Texas-San Antonio Medical Center.

Michael Nappo, 54, of Georgetown, died December 30, 2012, after suffering an aneurism. Nappo began his EMS career as a volunteer in New York in 1975. He came to Texas in 1997 and had volunteered with the Georgetown Medical Assist Team since then.

Kelly David Wolfe, 52, of Grand Prairie, died January 16, 2013, from injuries sustained in a motorcycle crash. Beginning as a

volunteer for Midlothian Fire Department, Wolfe became a firefighter/paramedic for North Richland Hills Fire Department, and then transitioned to CareFlite, where he was a flight paramedic for 17 years and then Director of Clinical Quality and Education. Wolfe won the National Flight Paramedic of the Year from the NFPA in 1997.



Kelly David Wolfe

TEXAS MEDICAL BOARD AMENDS MEDICAL DIRECTOR RULE

New rules adopted by the Texas Medical Board (Texas Administrative Code, Chapter 197, Emergency Medical Service) may affect EMS providers.

In §197.2, TMB added the definition for Emergency Medical Services provider, to be consistent with rules set by DSHS.

The amendment to §197.3, concerning Off-line Medical Directors, sets out additional requirements for off-line medical directors, including CME; requiring off-line medical directors to register with TMB; requiring off-line medical directors to have written protocols for those that they supervise; directing off-line medical directors to approve care

only for times when employed as an off-line medical director; **and sets limits on number of EMS providers a physician may serve as an off-line medical director.**

The amendment also provides a process for requesting a waiver to the requirements.

The amended rule reads, in part:
(c) A physician may not hold the position of off-line medical director:

- (1) **for more than 20 EMS providers** unless the physician obtains a waiver under subsection (d) of this section; or
- (2) for any EMS provider if the physician has been removed for cause by any governmental agency.

(d) The board may grant a waiver

to allow a physician to serve as an off-line medical director for more than 20 EMS providers, if the physician provides evidence that:

- (1) the Department of State Health Services has reviewed the waiver request and has determined that the waiver is in the best interest of the public;
- (2) the physician is in compliance with this chapter, by submitting documentation of protocols and standing orders upon request; and
- (3) appropriate safeguards exist for patient care and adequate supervision of all EMS personnel under the physician's supervision.

EMS Local Projects Grant applications available soon

Does your EMS organization need financial assistance to purchase equipment, non-expendable supplies or other prehospital health care necessities? Apply for a Local Projects Grant (LPG)! This grant program supports and improves the development of the Texas Emergency Health Care System and increases the availability and quality of emergency prehospital health care. Approximately \$1 million will be available for fiscal year 2014 grants.

DSHS expects the next Local Projects Grant request for proposal (RFP) to be available soon. The RFP posted this spring is the document you will use to request funds available in fiscal year 2014. If your organization is awarded funds, you cannot purchase your items until the start date of your contract with DSHS, which we expect may be in November 2013.

Which organizations are eligible for LPG funds?

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

What types of projects are funded through LPG?

In the past, we have awarded funds for EMS personnel certification training, specialty training related to prehospital health care management, communication equipment, patient care equipment (including ambulances and non-disposable supplies), injury-prevention projects and continuing education programs.



Check our website this spring (possibly in April) for the open RFP announcement: www.dshs.state.tx.us/emtraumasystems. We will announce the open RFP through the email notification system available on the home page of our website. Licensed EMS providers and registered first responder organizations can expect to receive a postcard announcement via USPS. Also see our webpage for more answers to your questions about LPG: www.dshs.state.tx.us/emtraumasystems/LPGfunding.shtm.

NREMT outlines recertification changes

The National Registry of EMTs (NREMT) is planning changes in its recertification processes, including online recertification, new recertification requirements and a reinstatement program for anyone who has been registered at NREMT. All three changes will be in place by 2016 and will apply only to those who choose to recertify with NREMT.

Online NREMT recertification

The NREMT launched online recertification as an option for NREMTs two years ago.

In 2012 more than 56 percent of all NREMTs recertified online. But by 2015 all NREMTs will be *required* to recertify online. Anyone needing assistance with online recertification (or other certification issues) can receive



assistance from NREMT by calling (614) 888-4484 and speaking with the call center staff.

Recertification hours reduced for 2016

The hours of continuing education required to recertify at NR will be reduced (in most cases) from the old 72 hours every two years. Each level of EMS provider will have a different number of continuing competency requirements:

- First Responder – 16 hours

every two years: 8 hours are national, 4 are local and 4 are individual

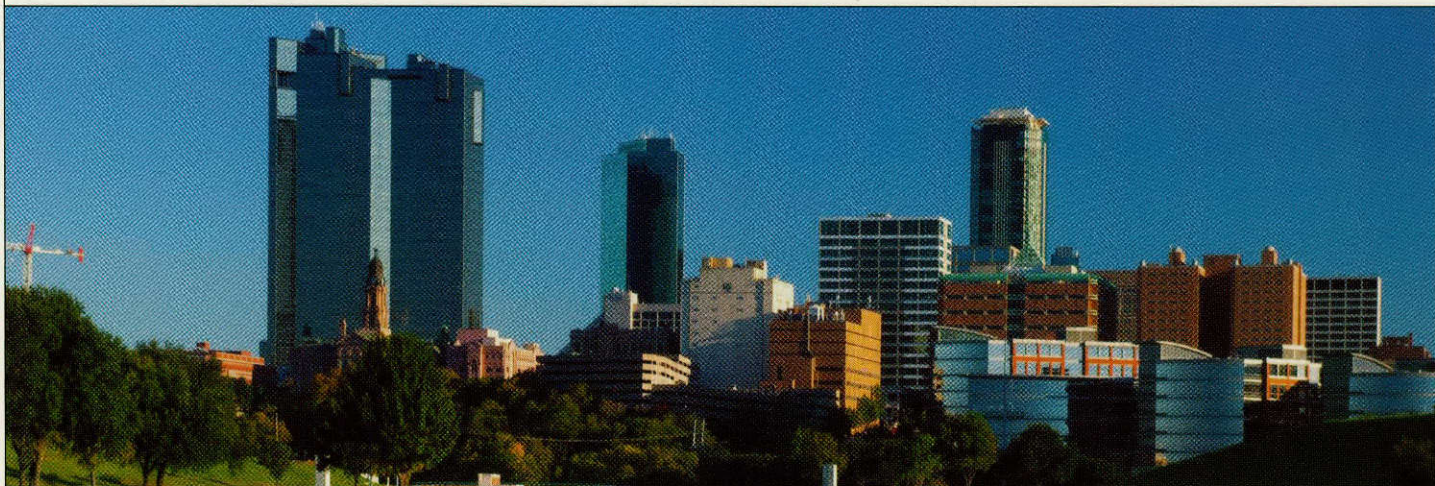
- Emergency Medical Technician – 40 hours every two years: 20 hours are national, 10 are local and 10 are individual
- Advanced Emergency Medical Technician – 50 hours every two years: 25 are national, 12.5 are local and 12.5 are individual
- Paramedic – 60 hours every two years: 30 are national, 15 are local and 15 are individual

Mark King Initiative for recertification

NREMT is rolling out a system that allows EMTs to regain their NR certification without testing if a state meets certain criteria laid out by NREMT. Called the Mark King Initiative, the system is already being tested in Alabama, Vermont and South Carolina.



NOVEMBER 24-27, 2013





Variance requests stay steady for 2013

Chapter 773 of the Health and Safety Code says that a volunteer emergency medical services provider with a specific hardship may apply for a variance from the minimum standards for staffing and equipment for the provision of basic life-support emergency medical services. Variances, which by statute must be reviewed annually, are issued

each January by DSHS. Statute requires DSHS to consider any relevant factors when renewing the variances, including the nearest available service, geography and demography. Yet even if granted an annual variance, providers are encouraged in the statute to upgrade staffing and equipment to meet the minimum standards set by the rules.

DSHS has granted 36 variances in 2013, the same as were granted in 2012. Not surprisingly, most of the variances were granted for West Texas and the Panhandle, where sparse populations and busy work schedules make it tough for providers to find volunteers available to staff an ambulance 24 hours a day.

Variances granted in 2013

Adrian EMS	Hale Center EMS Association	Panhandle EMS
Amherst VFD EMS	Happy VFD	Culberson Hospital EMS
Bovina EMS	Hardin County ESD#5	Sabinal EMS
Claude EMS	Fort Hancock EMS	Sheffield VFD/EMS
Crosbyton Clinic Hospital	Irion County EMS	Sterling County EMS
City-County Ambulance Service	Jeff Davis County Ambulance	Sudan Fire Dept. EMS
City of Balmorhea	King County EMS, Inc.	Sunray Fire and EMS
City of Farwell EMS	Kinney County EMS	Terlingua Fire & EMS, Inc.
Edwards County EMS	LaBelle-Fannett VFD/EMS	Terrell County EMS
EMS of Nueces Canyon, Inc.	Lefors Volunteer Fire & EMS	Texhoma Volunteer Ambulance Service
Frio Canyon EMS, Inc.	McMullen County Emergency Services	Utopia Volunteer EMS
Groom Volunteer Ambulance Service	North Hudspeth County EMS	Wellington EMS, Inc.

Third-party pay now available online

Do you pay for your employees' certifications? Third-party payment is now an option in the DSHS online initial and renewal application system.

What is third-party payment?

The third-party payment option is a simple and efficient way for providers to pay for employee certification or license fees using the DSHS online initial and renewal application system. (DSHS recently launched a new online system and no longer uses Texas Online.)

What are the benefits to providers of using the online third-party payment option?

- 1) It expedites the issuance and renewal of employee certifications and licenses;
- 2) Provides the ability to track whether an employee has completed his or her online application;
- 3) Gives providers the ability to easily pay and monitor an unlimited number of certifications and licenses in one transaction; and
- 4) Eliminates the time and cost of mailing and tracking paper applications and payments.

How do I set up third-party payment for my organization?

Providers that have a current account and wish to become a third-party payer can log-in to the system using the current User ID and Password. Under Main Menu, select "View User Profile." Enable the third-party payment option by clicking on "Turn On" and the Payer ID will be displayed. Providers then share the

Payer ID with employees to use when an employee submits his or her application online.

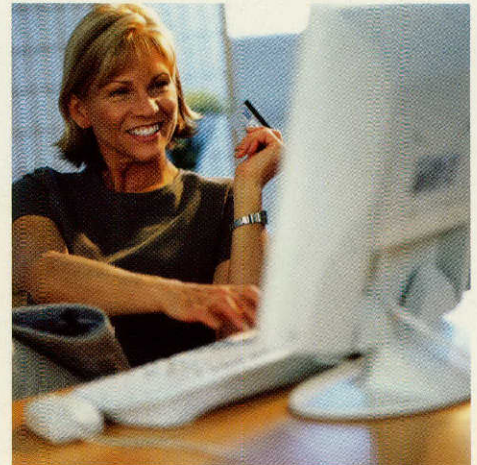
Providers who do not have an account established with DSHS must first register with the system by going to <https://vo.dshs.state.tx.us/datamart/languageChoice.do> and clicking on "Register as a First Time User." Follow the prompts to create an account using the email you would like all request-for-payment notifications to be sent to. The system generates an email to the provider that contains a User ID, temporary password and Payer ID. Providers then share the Payer ID with employees to use when an employee submits his or her application online.

Whenever employees submit initial or renewal applications online, they can select the option of Third-Party Payment and enter the Provider Payer ID. The provider will then immediately receive an email stating that a request to pay for an employee's application fee has been submitted.

The provider will then log-in to the system and use the Main Menu to select "Pay for Online Applications." A list of employees who have completed initial or renewal applications online will appear.

For employees who have completed CEUs as required, click on "pay" and then "continue". Payment can be made using a credit card (Visa, MasterCard, Discover, AmEx) or by ACH electronic check payment. For electronic check payments, a valid bank routing number and checking account number are required.

For employees who have not completed CEUs as required,



providers may choose one of these options:

- 1) Do nothing and use the system to make payment once the employee has completed the CEUs; or
- 2) Click "reject" and the employee will receive an email stating that the request for payment of the application fee was rejected. The employee's name will be removed from the provider's list of employee applications pending payment. To re-appear on the provider list of employee applications pending payment, the employee must log-in to his or her account and select Third-Party Pay once again.

Will I receive confirmation that payment was made for the certifications and licenses my organization has paid for?

Yes. Providers and employees will each immediately receive an email confirmation that payment was either made or rejected. The confirmation of payment made or rejected can be printed or saved electronically.

For more information, call (512) 834-6700.

Legislature meets until May

The Texas Legislature began its biannual session on January 8. The gavel will come down 140 days later on May 27. For everything you ever wanted to know about the legislature, including a list of important deadlines in the session and a look at the bills that have been filed, go to www.capitol.state.tx.us.



Emergency funding available

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



Recently awarded:

- City of Presidio, EMS,** \$116,322 for ambulance replacement
- Dalhart EMS,** \$50,000 for ambulance replacement
- Sweetwater Fire Department,** \$9,537 for ambulance engine replacement
- Pampa EMS,** \$16,711 for ambulance engine replacement

Two ways to honor emergency responders

Besides the awards given at Texas EMS Conference, DSHS honors individuals in EMS in two other ways. For information about either of the following, contact Kelly Harrell at (512) 834-6743 or at kelly.harrell@dshs.state.tx.us.

Texas EMS Hall of Fame

The Texas Department of State Health Services honors individuals who have made significant contributions to emergency medical services in Texas. This honor is intended to remain a permanent part of the EMS history of this state. Nominations are due June 1. For more information on how to nominate someone for Texas EMS Hall of Fame or to see who is in the Hall of Fame, go the website at www.dshs.state.tx.us/emstraumasystems/emsfam.shtm.

Texas EMS Hall of Honor

The Texas EMS Hall of Honor memorial honors emergency medical service personnel who lost their lives in the line of duty. The plaques hang permanently at the Office of EMS/Trauma Systems Coordination in Austin as a tribute to those individuals who made the ultimate sacrifice for public safety. Each plaque holds engraved names along with certifications and licensure, and date of death. The plaques are also displayed each year at Texas EMS Conference. Find the names of those killed in the line of duty at www.dshs.state.tx.us/emstraumasystems/emshon.shtm.



Houston welcomes new EMS specialist



Brittany Seay

Brittany Seay recently joined the DSHS EMS office in Houston. Born in Longview, Seay became a EMT in 2007 and then a paramedic in 2009. She worked as a lead paramedic and field training officer for East Texas Medical Center EMS for almost four years. She has been in the Houston area for about two years.

Call for presentations online for 2013 conference

Want to present an education session at Texas EMS Conference 2013? Conference staff will be accepting submissions now through March 11. The conference takes place November 22–27 in Fort Worth. Preconference classes are November 22–24.



Take note: New for this year, Texas EMS Conference will seek a total of 75 lecture presentations, and lectures should focus on one of several specified areas. These areas of focus will be broad enough to encompass all of the DSHS continuing education categories (listed at www.dshs.state.tx.us/emstraumasystems/ceareas.shtm), but will provide attendees with the opportunity to choose lectures based on an area of interest rather than only CE categories.

We also are seeking a completely new type of education session: hands-on specialty workshops. These workshops will be intense, interactive sessions in the style of a mini-preconference class (they will be held on Monday and Tuesday). Workshops will last from one to three hours, and the maximum number of students will be decided by the instructor. The goal is to offer these workshops at no additional charge to the attendee; however, final costs to the attendee will depend on the total budget for the workshop.

As always, we welcome preconference class submissions for sessions that will be between four and 24 hours in length.

Interested? Complete a Call for Presentations form and submit it **electronically, on the official conference submission forms, by March 11, 2012.** A volunteer committee will choose presentations based on area of focus, CE category and demonstrated appeal to attendees. Because we will choose fewer presentations for 2013, presenters are encouraged to use the Call for Presentations to demonstrate how each lecture or workshop will fit within the new education structure. As part of the new structure, Texas EMS Conference is pleased to offer a significant increase in honoraria for lectures and workshops. See the Call for Presentations instructions for more information.

Presenters whose sessions are accepted will be notified via email of acceptance. Traditionally, notices announcing our selection decisions are sent out by email around mid-June. Individual sessions are typically scheduled in September. Handouts are due electronically by October 14 and will be posted on the conference website several weeks before the conference.

Grants available for ECA training



Are you in a rural area that needs more EMS personnel? DSHS has a total of \$50,000 this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and instructors to conduct ECA courses in rural or underserved areas of the state lacking local EMS training resources. Grant funds cover the cost of instruction and textbooks, as well as other expenses such as printing and supplies. OEMS/TS will accept grant applications on a first-come-first-served basis until the funds run out for the fiscal year. Eligibility requirements for ECAT grants: A minimum of three students; students must agree to perform emergency care attendant services for at least one year with a local emergency medical service provider or first responder organization; services must be provided in a designated rural or underserved area of Texas, as determined by zip code or county; and the course coordinator must be affiliated with an educational program. And give yourself plenty of time: It takes about 60 days for an ECAT grant to work its way through the DSHS approval process. For more information, go to www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm or contact Haramain Shaikh at haramain.shaikh@dshs.state.tx.us or call (512) 834-67000, ext. 2377.

Recently awarded:

Angel Care Ambulance
La Vernia Volunteer Fire
Department
North Lake Brownwood VFD
EMS
Trenton Volunteer Fire
Department

On Duty

Public safety network needs your help



A new public safety LTE network will bring many changes to the way that public safety responders across Texas and the U.S. use data communications in their everyday jobs.

In February 2012, Congress passed the “Middle Class Tax Relief and Jobs Creation Act of 2012,” which allocated funding for an interoperable public safety LTE network across the U.S. The Act also created the First Responder Network Authority (FirstNet) as an independent authority. Supported by National Telecommunication and Information Administration (NTIA), FirstNet is charged with establishing a nationwide public safety broadband network based on a single, national network architecture. In Texas, the effort is being coordinated by DPS’s Texas Statewide Interoperability Coordinator (SWIC).

Advantages to the new network

include more speed and a dedicated, private bandwidth that will allow for greater use of real-time video, public safety apps and other capabilities. No area of public safety will be excluded from use of the network.

Texas has been proactive in the development of a public safety network; Harris County now has the only working public safety LTE network in the country operating on FCC-approved licenses. SWIC is hopeful that NTIA and FirstNet will allow Texas/Harris County to continue to operate and expand this network.

To make this new communications network a reality, SWIC is asking for help from emergency responders across Texas. Since public safety LTE is new and will be designed more or less from scratch, SWIC needs input from all areas of the state (rural, urban, tribal), all types of agencies (city, county, state agencies, quasi-agencies), all areas of functional

expertise (law enforcement, fire, emergency management, EMS, transportation, public works) and all areas of operational expertise (technical, political, administrative, etc.).

If you would like to participate in user forums on these key issues – or just want to follow the progress of public safety LTE, SWIC is asking that you sign up to become a part of their distribution list. Starting this year, SWIC will be sending out a Texas Public Safety Broadband Network (PSBN) newsletter and organizing discussion groups on various interoperability topics. SWIC also will be looking for “topic champions” who will take a lead role in starting discussions, gathering ideas and assimilating inputs and concerns.

To sign up to receive information concerning the Texas Public Safety Broadband Network (TxPSBN) go to <http://survey.constantcontact.com/survey/a07e6phk39iha2zmiw8/start>.

For more information about SWIC, contact

Todd Early
Deputy Assistant Director,
Law Enforcement Support
Division &
Statewide Communications
Interoperability Coordinator
(SWIC)
Public Safety Communications
Service
(512) 424-2121
todd.early@dps.texas.gov or
txswic@dps.texas.gov



**Fort Worth
Convention Center
November 24-27**

2013 award nominations due October 4!

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

Each category honors a person or organization that exemplifies the best that EMS/trauma system has to offer. It's quite an honor to be nominated and to win. The categories and the explanations are listed below. Once you've chosen the correct category, the rest is pretty easy.

How can I nominate someone or a

service for an award?

Go to the our website (www.dshs.state.tx.us/emstraumasystems) and click on Texas EMS Conference. We're making the process easier than ever this year – all you have to do is click on the link and it will take you directly to a page where you fill out the nomination form. No need to save and email to us. Once you've finished, a page will come up that allows you to print the nomination for your records. No need to submit after that – once you close the page, it will be routed to us. Best of all, you will get an email letting you know we received it.

When filling out the nomination, please include written explanations of why

this person or organization should win. Please be specific, using examples when possible. Keep in mind that the people who review the nominations most likely won't be as familiar with your nominee as you are. Nominations will be accepted until **October 4, 2013**. These are then given to programs in the Office of EMS and Trauma Systems Coordination and sent to each EMS zone office. Each program and zone ranks the nominations for each category and returns the information to the Office, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference.

Award Categories 2013

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

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

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

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

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

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

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

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

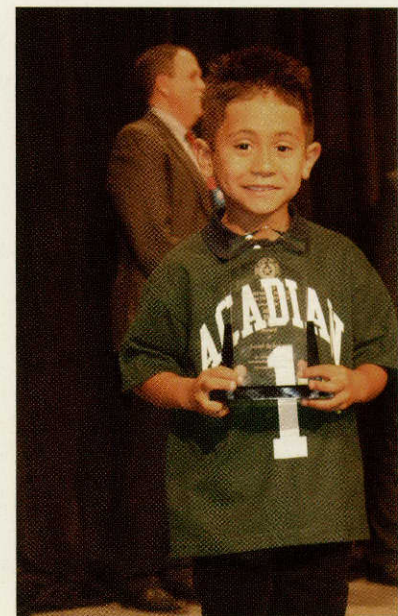
Air Medical Service Award honors a public or private air medical service in Texas that has demonstrated the highest standards in providing patient care, leading the way in innovation and commitment to patient care.

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

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

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

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



2012 EMS Citizen award winner, Jasiah Rubalcava.

Paramedic education programs in Texas as of February 7, 2013

Currently accredited programs

Amarillo College, Amarillo
Austin Community College, Austin
Blinn College, Bryan
Brazosport College, Lake Jackson
Brookhaven College, Farmers Branch
Central Texas College, Killeen
College of the Mainland, Texas City
Collin County Community College, McKinney
Galveston College, Galveston
Grayson County College, Denison
Houston Community College, Houston
Lone Star College-Cy Fair, Cypress
Lone Star College-North Harris, Houston
Methodist Dallas Medical Center, Dallas
North Central Texas College, Corinth
Paris Junior College, Paris
Professional Education and Resources Company, Abilene
San Antonio College, San Antonio
San Jacinto College North-Sanders, Houston
San Jacinto Community College-Central, Pasadena
South Plains College, Lubbock

Tarrant County College, Hurst
Temple College, Temple
Texas State Technical College-West Texas, Sweetwater
Trinity Valley Community College, Palestine
University of Texas Southwestern Medical Center, Dallas
University of Texas at Brownsville, Brownsville
University of Texas Health Science Center, San Antonio
Weatherford College, Weatherford
Wharton County Junior College, Wharton

Programs in receipt of a Letter of Review

Alvin Community College, Alvin
DelMar College, Corpus Christi
East Texas Medical Center, Tyler
El Paso Community College, El Paso
EMTS Academy/St David's Round Rock Medical Center, Round Rock
Hill College, Cleburne
Howard College, Big Spring
Kilgore College, Longview
Lamar Institute of Technology, Beaumont

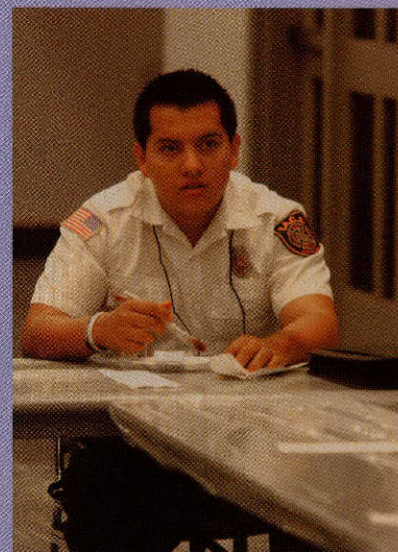
Life Ambulance EMS Academy, El Paso
McLennan Community College, Waco
Midland College, Midland
Navarro College, Waxahachie
Northeast Texas Community College, Mt. Pleasant
Odessa College, Odessa
Panola College, Carthage
San Antonio College-EMS Academy, San Antonio
South Texas College, McAllen
Texas Engineering Extension Service, College Station
Texas State Technical College-Harlingen, Harlingen
Tyler Junior College, Tyler

Programs with a pending Request for Accreditation

Bulverde Spring Branch EMS, Spring Branch
El Paso Community College, El Paso
Laredo Fire Department, Laredo
Laredo Community College, Laredo
Vernon College, Wichita Falls
Victoria College, Victoria

Change in reciprocity requirements for paramedics

Looking for reciprocity in Texas? If you attend an out-of-state paramedic program after January 1, 2013, that program must be CoAEMSP-accredited for you to qualify for reciprocity in Texas. For example, if you start a paramedic course in Michigan on January 2, 2013, it must have been an accredited course for you to gain reciprocity in Texas.



Local & Regional EMS News

by Kathy Clayton

Second annual Battle of the Brazos Valley adventure race



Contestants take off on foot for the start of the second annual Battle of the Brazos Valley, held in Washington County in February. Photograph by Chris Meyer.

The second annual Battle of the Brazos Valley, hosted in Washington County by the Brazos Valley Regional Advisory Council, was held in February. The purpose behind this event, an adventure race similar to a “warrior dash” or “tough mudc@,” is to encourage healthy workforces among public safety departments and health care providers. Though events like the Battle, physically active public health providers can demonstrate the preventive medicine techniques that they want to encourage throughout our communities.

With over six miles of difficult terrain, including trails, hills, and island hopping, the three-person teams were really put to the test. More than 66 competitors participated, and they had plenty of cheering along the route. The race

is funded entirely by vendors and sponsors so that it can be offered free of charge to the participants. This year, the organizers were even able to offer participants microchips that recorded data about their performances.

For the second year in a row, an EMS department took the top prize: the Austin/Travis County EMS Tactical Division had the fastest

overall time through the course (the 2012 winners were Washington County EMS-Special Operations). A large, “bragging rights” traveling trophy will be presented to ATCEMS Tactical at an upcoming city council meeting. The City of Bryan Fire Department took second place, and the third place team, from Navasota, combined several public safety departments.



The three-person teams are really put to the test in the canoe portion of the multi-event race. Photograph by Chris Meyer.

Local & Regional EMS News

MedStar breaks ground on new headquarters



In February MedStar EMS began work on their new headquarters building, which should open in early 2014.

In February, MedStar EMS will begin construction on a new headquarter office building. MedStar recently purchased a former auto dealership in Fort Worth and began renovations to the existing 60,000 square foot, 10-acre facility. MedStar has operated out of its current location, also in Fort Worth, since its inception in April 1986. The new space will offer a lot more room, more than doubling their former operating space.

“The investment in this property

and location is an investment in MedStar’s future,” said MedStar Executive Director Doug Hooten. “This facility will be designed to meet the needs of MedStar—and the community we are honored to serve—for the next 30 years.”

The plans for the new facility include an expanded call center to meet the rising needs for not only 9-1-1 services, but also MedStar’s growing mobile healthcare services, including nurse triage and community health programs.

**National EMS
Week**

**One Mission
One Team**



**The 2013 Planning
Guide will be
available in early
March.**

Visit www.acep.org/emsweek/
for more detail and resources.

Acadian Ambulance Service continues to grow

Acadian Ambulance Service has expanded its North Texas service area with the acquisition of StarPlus EMS in McKinney. The expansion added 50 full-time employees, eight ambulances and three wheelchair vans to Acadian’s Texas operations.

Acadian, which began operating in the state in 2006, now provides emergency and non-emergency

service in 33 Texas counties.

Porter Taylor, vice president of operations, said, “Acadian is committed to the North Texas market, and we are excited about the opportunities the purchase of StarPlus presents. This is a case of two good companies coming together to provide the best possible patient care and customer service in the region.”

Acadian, which also serves the Austin, San Antonio and Houston areas and Louisiana and Mississippi, was established in 1971, and is owned by its 3,800 employees through an employee stock ownership plan. Acadian is one of only 150 ambulance services in the nation and one of six in Texas to have earned national accreditation.

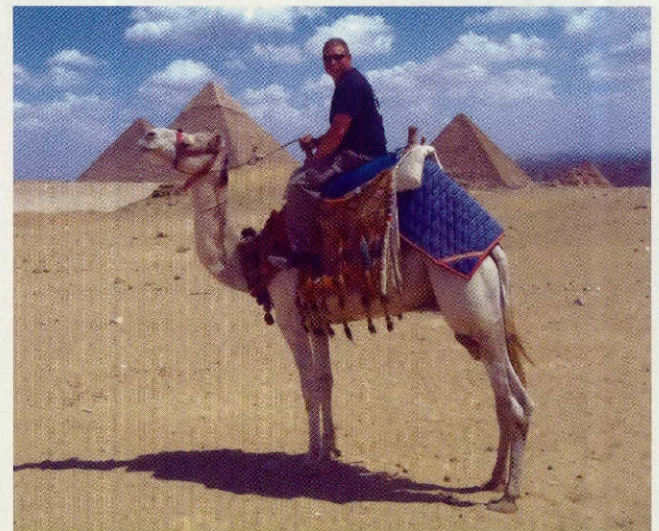
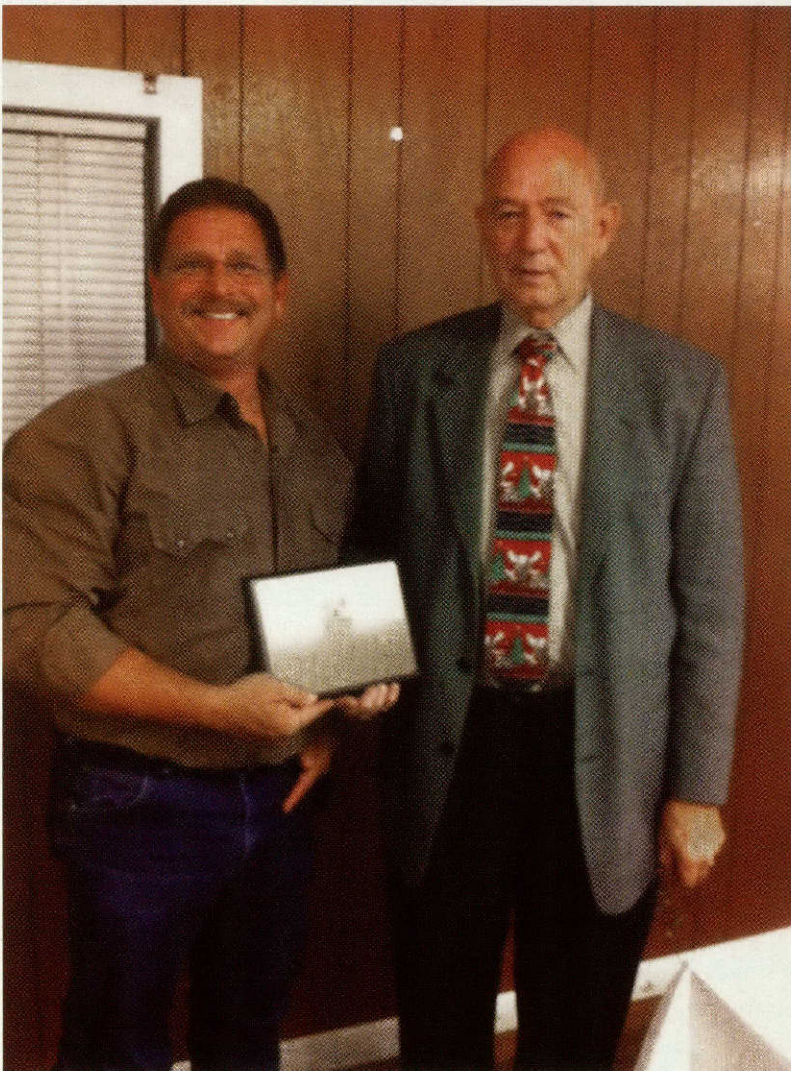
Local & Regional EMS News

Paramedic honored as public servant

John Green, EMT-P, is a busy man who works in a city fire department, volunteers as a paramedic and a firefighter, runs his own business, and travels internationally teaching EMS rescue techniques, but his heart belongs to a small town in south-central Texas. Nordheim is a community of about 300 people in DeWitt County, and Green is one of its most active citizens.

Recognized as the Public Servant of the Year for his work with Yorktown EMS (which covers the western half of DeWitt county, including Yorktown and Nordheim), Green's influence spreads out from his home and family there. Up the road a ways, Green is a lieutenant with the Austin Fire Department, where he is an instructor with the special operations team and cadet

academy. Green shares his knowledge with the rest of the state as a regular instructor at the Texas EMS Conference, and then he takes things a whole lot further afield. Through his company, Texas Rope Rescue, Green has led industrial rescue courses across Texas and across the globe, including two trips to Egypt. Green recently returned to school on his own time and upgraded from EMT-I to paramedic.



John Green during a trip to Egypt.

G Meeting dates for 2013

May 15-17

August 21-23

November 23-25

Visit

www.dshs.state.tx.us/emstraumasystems/governor.shtm for meeting notifications and documents.

John Green, EMT-P, accepts the award for Public Servant of the Year from the Yorktown VFW Post.



BISHOP accepts new position with TDEM

State EMS Director Maxie Bishop Jr. is leaving DSHS in March to take the position of EMS Coordinator with the Texas Division of Emergency Management. Bishop has been state EMS director since August of 2006. In his new position, he'll be in charge of developing an EMS training program for DPS offices.

"This is a completely new position, so I am excited for the opportunity to create a program that's never been done," Bishop said.

Bishop came to DSHS from Dallas Fire-Rescue, where he was hired in 1986. He jumped at the chance to train as an EMT, then continued his training to certify

as a paramedic in 1989. He spent eight years on the ambulance before taking a position as training coordinator for Dallas Fire-Rescue, a position he held until he came to work for DSHS. He also served on GETAC from 2000 to 2006. That diverse background helped him weather the myriad challenges of the state director's job.

And the challenges came fast from the beginning. Hurricanes Katrina and Rita had barreled through the state nearly a year before Bishop began, but dozens of EMS providers had not been paid by FEMA. Bishop's first act was to work with FEMA to get those providers paid. That led the way for the development of memorandums of agreement with EMS providers so disaster payments could be streamlined in future deployments. And there were other deployments soon to come: Hurricane Dean, the raid on Zion in West Texas and Hurricane Ike.

There were also plenty of other events to manage during the past six years: the computerized testing roll-out; the flooded DSHS main office building that left staff without a work space or computer network for three weeks; the sudden deaths of an EMS state director and a beloved staff person; town hall meetings; accreditation for paramedic programs; and legislation analyses for four sessions of the Texas Legislature.

Bishop also left his mark at the national level by representing Texas on boards and committees, and serving on the selection committee for the new National Registry Director.

"I hope I was able to make a difference in the continued development of Texas EMS, represent this position as well as my predecessors, and enhance our EMS system to better serve the citizens of our great state."

Local and Regional News

WHAT'S HAPPENING WHERE

YOU HANG YOUR HAT?

Send your news to

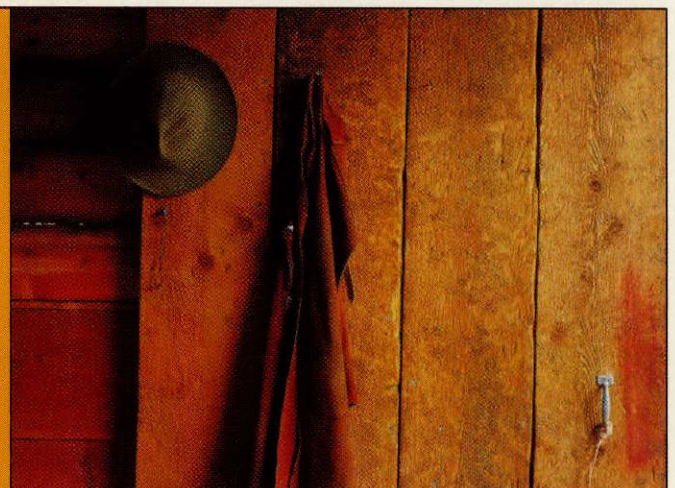
Texas EMS Magazine

Kelly Harrell, Editor MC 1876

PO Box 149347 Austin, TX 78714-9347

Kelly.harrell@dshs.state.tx.us

Phone: (512) 834-6743 Fax: (512) 834-6736



The EMS Experience

Saluting those with 20 years or more in EMS

Tommy Ray Dunsworth, EMT-P



Doak Bechthold, EMT-P, training with Tom Dunsworth.

What was your first day on the job in EMS?

After serving in Vietnam, I returned to my hometown, Perryton, Texas, where I went to work as a city police officer in 1972. At that time, the City of Perryton had one paid firefighter who was trained in first aid and CPR. I responded to all calls within the city and often drove the ambulance in an emergency. After three years as a peace officer, I went to work for the fire department, where we ran medical calls in a 1972 Ford station wagon.

After a few days on the job, we responded to a motorcycle wreck near the local hospital. I was busy packaging the patient, who had an obvious fractured femur, when a bystander stepped forward and asked

if he could help. I quickly told him that we had the situation under control. After a couple of minutes, the man again stepped forward, asking if I was sure he couldn't help. I reassured the bystander that we had the situation under control and to please step back. As we wheeled the patient into the ER, I looked up and saw that same bystander who said, "Now may I see my patient?" That bystander was the new doctor for Ochiltree General Hospital, Dr. Rick Siewert. With a grin of embarrassment, I said "You sure can, Doc."

Which services have you worked for over the years?

Beginning with certificates in first aid and CPR, and progressing to EMT, then EMT with special skills,

and paramedic, I worked for Perryton Fire and EMS from March 1976 to October 1998. During all those years with Perryton Fire Department, I served under Chief C. B. Luther. As a basic coordinator, I conducted classes in-house and for area students. After my retirement I volunteered with Perryton Fire Department and provided paramedic coverage for Hansford County EMS. Currently, I am a paramedic with Booker EMS.

Why did you get into EMS?

I served with the First Infantry out of Fort Riley, Kansas, as a combat photographer in Vietnam. While I was not a medic, my experience in Vietnam prepared me well for a career in EMS. Before serving in the military, I was quiet and introverted, but I was a different person after my return from the war. Since I was running most of the emergency calls as a police officer in Perryton, Texas, I realized that I would be more welcome on the scene in the uniform of a medical attendant than in the uniform of a police officer. It all comes down to "helping people." I felt that I could do more good as an EMT.

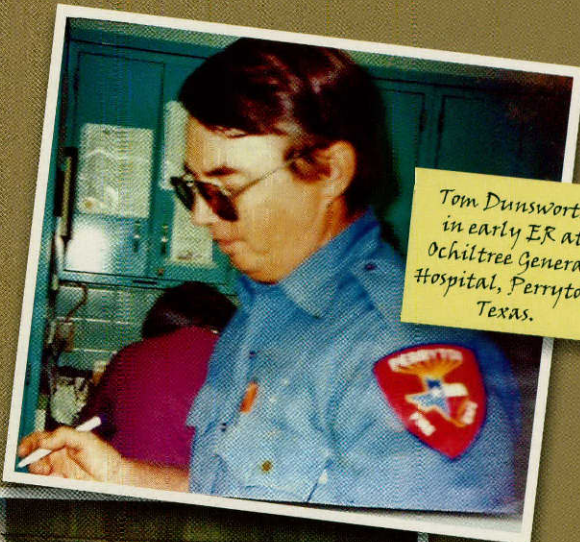
How has the field changed since you've been in it?

When I started in EMS, we ran a one-man unit in a station wagon with a shoebox of equipment. In those days, it was scoop and run, and speed was important. Often we ran a transfer the one hundred thirty miles to the closest definitive care with only one person in the unit—the driver. We drove fast and occasionally stopped to check the patient. If the patient was especially severe, we might have an RN from the hospital accompany the patient.

Tom Dunsworth exiting ambulance with Lipscomb County Chief Deputy Sona Alexander at rollover.



Tommy Ray Dunsworth, circa 1972.



Tom Dunsworth in early ER at Ochiltree General Hospital, Perryton, Texas.



Tom Dunsworth, kneeling at right, Lipscomb County Health Fair, October, 2002.

We blew an engine every few months. Today we have a staff of EMTs in the ambulance and fully equipped MICU boxes with more equipment on one shelf than we had in the whole ambulance in the early days. Today the driver's only job is to drive!

Is there a particular moment or call that stands out?

There are many great days in EMS as well as many tragic ones. Being there for the delivery of six babies was a great part of the job, and delivering my daughter, Lisa, was a highlight.

But, by far the best moment happened on September 22, 2011. That day started like any other. I spent the morning with Fire Chief Scott Miller, who teaches Ag science at Booker High School. He, my co-workers Efran

Hermosillo and Jason Garcia, and I were preparing for a homecoming pep rally. We broke for lunch and I met my wife and friends at a local restaurant. Sitting next to her in the booth, I suddenly slumped over in V-fib arrest. Fortunately for me, my wife is an EMT. Also eating in the restaurant that day were Charlene Duke, who was director for Darrouzett EMS, and Lisa Yauck, principal of Booker High School. All trained regularly in CPR. CPR was started immediately, and Booker EMS responded with a defibrillator. One bi-phasic shock was administered by Jonathan Sell, director of Booker EMS. The best sight was to open my eyes and see my wife and familiar EMS personnel around me. I knew they would take care of me. As a paramedic, I know the odds of

survival and feel fortunate. As you can imagine, I was not the easiest patient on the ambulance or later in the coronary intensive care unit. I had two stents placed and am part of a national study of a new type of implantable cardioverter-defibrillator, the Fortify. My diet and lifestyle have changed, and I lost one hundred pounds. The doc said "lose it," so I lost it. I feel like a walking miracle.

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

Responding to all types of calls and making a difference in people's lives has made it all worthwhile. Being able to teach classes through the years and never charging anyone for a class has been important to me and to my students.

Patient restraint: With safety for all

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



Illustration photo from iStockphoto.

Objectives

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

1. Consider and identify potential medical causes of combative behavior.
2. Describe safe practices for physical restraint of a combative patient.
3. Discuss various drugs available for chemical restraint.

Introduction

Prehospital emergency medicine often consists of the art of applying clinical medicine to non-clinical settings. Due to the limited interventions and limited number of providers on a given location, EMS providers are sometimes challenged with determining an appropriate means to restrain a patient, either for the patient's safety or for the EMS providers' safety. The decision to restrain a patient, whether by physical devices or pharmacological means, is challenging for any patient advocate, balancing the decision to remove a patient's autonomy versus the need to protect the patient, the EMS providers, and/or the public at large. The decision to restrain a patient, whether physically or chemically, is a decision made in the "heat of the moment" and may often

involve law enforcement, potentially even involving the use of deadly force by law enforcement. These are the times when an EMS response can become deadly and may literally become front page news.¹ Please note that nothing in this article is intended to overrule local protocols, medical direction or legal counsel.

Underlying medical causes and assessment

Before making the decision to restrain a patient, you may need to conduct enough of an assessment to identify and possibly "fix" any underlying causes of threatening behavior from the patient. However, it is important to note that not every patient presenting with altered mental status is combative and vice versa. Since some of these patients' medical

conditions, especially seizures and diabetic complications, can be medically managed, it is important to attempt to identify an underlying cause as quickly as possible. Rapid medical intervention can sometimes lessen or even eliminate the need to restrain a patient against his or her will.

The mnemonic AEIOU TIPS (at right) is a common guide to identifying causes of altered mental status, particularly decreased mental status.² In short, the mnemonic serves as a quick reminder of underlying medical causes of altered mental status that, while potentially a cause of combative behavior, may be identified with a patient assessment and remedied through medical treatment.

Certain patients may indicate a propensity for violence that may require restraint. These patients can be evaluated based on past history, posture, vocal activity and physical activity. Patients with a past history of hostile, aggressive or violent behavior are known to have an increased propensity to be violent. Posture may also be an indicator of potentially violent patients, especially if they are tense or rigid. Loud, obscene and/or erratic speech is a high indicator of emotional distress. A patient who is pacing, otherwise agitated or appears to be staking out physical boundaries is also indicative of a potentially violent patient.³

Prior to restraint

Prior to restraining a patient, verbal de-escalation techniques are recommended. The EMS provider should use a calm, friendly voice when trying to verbally de-escalate a combative patient. EMS providers should also avoid direct eye contact and avoid intruding into the patient's "personal space."⁴ While attempting to calm a patient who continues to respond violently, the medic should

A	Alcohol, Anaphylaxis, Acute myocardial infarction (AMI)
E	Epilepsy, Endocrine abnormality, Electrolyte imbalance
I	Insulin (<i>i.e.</i> , diabetes)
O	Opiates
U	Uremia
T	Trauma
I	Intracranial (tumor, hemorrhage or hypertension) or Infection
P	Poisoning
S	Seizures

offer the patient a final opportunity to comply with EMS providers prior to initiating restraint. Depending on local policies and the situation at hand, you may wish to obtain additional assistance from a second crew, field supervisors, first response agencies or law enforcement before initiating restraint. During the de-escalation process, EMS providers should also be aware of open escape routes both for themselves and the patient.

Physical restraint

Physical restraint is probably the most commonly used form of restraint in the EMS setting although most EMT and paramedic programs devote very little classroom time, whether lecture or practical application, to its practice. In the ideal situation, there should be five EMS providers to physically restrain a patient—one EMS provider to maintain control of each limb and one to hold the patient's head. Physical restraint of a patient requires both a plan for restraint as well as a team leader to direct the restraint process. The current preference is to apply a four-point restraint device, which immobilizes each limb. Medics may also consider restraining a patient's hips, thighs and chest if necessary. Tethering a patient's



thighs is often more effective to prevent kicking than is tethering the ankles.⁵

A variety of restraint devices are available to EMS providers. Most common to EMS systems are soft restraints, such as the commercially available Posey restraints. Soft restraints may also be fashioned out of roller gauze, triangular bandages/cravats or sheets. Hard restraints include plastic ties sometimes used by law enforcement, handcuffs and leather restraints. Regardless of the type of physical restraints applied, EMS providers should always check the patient's pulse, motor function and sensation after the application of physical restraints to ensure that circulation is maintained to the distal extremities. If the patient is handcuffed, he or she should not be handcuffed to the stretcher to avoid injury if there is a collision involving the ambulance. Depending on local policies, law enforcement may be required to accompany the patient in the ambulance. If a peace officer is not riding in the ambulance, EMS providers should have the means to remove the handcuffs from the patient.⁶

Restrained patients should not be transported in a prone position due to the possibility of airway compromise. Similarly, patients should not be hobbled or hog-tied with their arms and legs tied behind their backs. Patients should not be placed between backboards, scoop stretchers or mattresses. Nothing should be placed over the patient's face, head or neck. To prevent the patient from spitting at responders, EMS providers may place a surgical mask, non-rebreather mask (with oxygen flowing) or a commercially made "spit hood" on the patient. A cervical collar may also be considered, which would limit the patient's ability to move his or her neck in an attempt to bite responders.⁷

Chemical restraint

In the event that a patient may no longer be safely restrained by physical means or as dictated by local protocol, advanced-level EMS providers may be authorized to utilize chemical restraints (*i.e.*, medications) to further subdue the patient. These medications are usually a benzodiazepine or an antipsychotic. It should also be noted that rapid sequence intubation and/or the use of paralytics is neither a substitute nor an alternative for proper chemical restraint. The decision to sedate or chemically restrain a violent patient or to manage the airway with a paralytic are two completely separate decisions.

Benzodiazepines

Benzodiazepines are a class of sedatives used to treat anxiety, calm agitation and promote sleep. These medications bind to gamma-aminolytic acid (GABA) Type A receptors in the brain. By potentiating GABA levels within the brain, benzodiazepines promote sedation. The most common benzodiazepines in the EMS setting include diazepam (Valium), midazolam (Versed), and lorazepam (Ativan).⁸

Diazepam (Valium) is a commonly used benzodiazepine in the EMS setting. It has a short effect and has the potential to precipitate if mixed with other medications. Side effects include drowsiness and hypotension. For sedation purposes, the common dose varies from two to five milligrams, administered either intramuscularly or intravenously, although this may vary with local protocols. Intravenous onset typically occurs within one to five minutes, with intramuscular administration taking fifteen to thirty minutes to become effective. Intravenous peak effects typically occur

within ten minutes, while intramuscular administration requires thirty to forty-five minutes for peak effectiveness. Diazepam's duration typically lasts fifteen to sixty minutes.⁹

Midazolam (Versed) is also a common benzodiazepine in the EMS setting. It should be noted that it is contraindicated for patients with a history of hypersensitivity to the medication as well as those patients who are hypotensive or have narrow-angle glaucoma. Midazolam can also produce side effects such as respiratory depression and hypotension. It may be administered intravenously, intramuscularly or intranasally, usually at a dosage range from one to five milligrams, depending on local protocols. Intravenously administered, midazolam's onset occurs within three to five minutes; intramuscularly administered, onset occurs within fifteen minutes. The peak effects occur within twenty to sixty minutes. Intravenous midazolam typically lasts less than two hours, while intramuscularly administered midazolam can remain effective from one to six hours.¹⁰

Lorazepam (Ativan) is another benzodiazepine found in EMS settings. It too is associated with hypotension and respiratory depression. It is typically administered intravenously or intramuscularly at one half to two milligrams, with intravenous dosages increasing up to four milligrams, depending on local protocols. Intravenously administered lorazepam has an onset of one to five minutes, while intramuscularly administered lorazepam typically has an onset of fifteen to thirty minutes. Peak effect ranges from fifteen to twenty minutes for intravenous administration to two hours for intramuscular administration. The duration of lorazepam typically ranges from six to

eight hours, regardless of administration route.¹¹

Antipsychotics

Some EMS systems have additional chemical restraint options, usually in the form of antipsychotic medications, either administered in lieu of a benzodiazepine or in addition to the benzodiazepine.

Haloperidol (Haldol) is probably the most common antipsychotic in the EMS arena. It is a butyrophenone-class tranquilizer that appears to block the brain's dopamine receptors, associated with mood and behavior. Haloperidol should be administered with caution in patients on anticoagulant therapy. In some cases, instances of orthostatic hypotension have been noted. Typical dosage is two to five milligrams administered intramuscularly. Although there is no official "black box" warning, in some cases, involving higher doses than seen in prehospital care, haloperidol has been associated with episodes of prolonged QT/QTc segments and/or torsade de points. As such, cardiac monitoring is recommended with administration of haloperidol. Haloperidol is also associated with extrapyramidal symptoms, also known as dystonia, which typically manifest as atypical muscle movements or contractions influencing gait, movement and posture. These symptoms, when detected early, can easily be reversed with diphenhydramine (Benadryl). Haloperidol's typical onset is within ten to twenty minutes although the peak effects may take from thirty to sixty minutes. The duration of haloperidol's effects may vary.¹²

Droperidol (Inapsine) is also a butyrophenone-class medication, similar to haloperidol. In addition to its use as a chemical restraint, it is also used to manage nausea and/or vomiting in patients who are



not responding to first-line antiemetics. Its usual dosing ranges from two and a half to ten milligrams, either intravenously or intramuscularly. Droperidol is associated with a “black box” warning for reported adverse cardiac effects, notably prolonged QT/QTc intervals and torsade de pointes. Typically, droperidol has an onset of three to ten minutes, with peak effects occurring in thirty minutes. It has a duration of two to four hours.¹³

Ziprasidone (Geodon) is an antipsychotic unrelated to either of the common antipsychotic drug classifications—the butyrophenones or the phenothiazines. It has an unknown mechanism of action, but probably inhibits synaptic uptake of serotonin and norepinephrine. It is normally administered either every two hours at ten milligrams or every four hours at twenty milligrams. Intramuscularly, it has an onset of fifteen to thirty minutes, with peak effects at sixty minutes. Ziprasidone has a duration from between four and eight hours.¹⁴

Other medications

Ketamine (Ketalar) is rapidly becoming more accepted for sedation in the prehospital setting, in large part due to the shortage of etomidate as an induction agent for rapid sequence intubation. However, ketamine is also gaining popularity among EMS medical directors for chemical restraint. Ketamine is contraindicated in patients with significant hypertension. Ketamine sedates a patient by causing a dissociation between the cortical and limbic systems. Ketamine has the potential for side effects that include hallucinations, increased skeletal muscle tone, nausea, vomiting and increased bronchial secretions. Recovery time from ketamine may be increased if the patient has also received narcotics and/or barbiturates. The intravenous

dosage typically ranges from one half to one milligram per kilogram while the intramuscular dosage typically varies from two to four milligrams per kilogram. Onset ranges from less than a minute for intravenous administration to less than five minutes for intramuscular administration. The peak effects vary. The duration of ketamine’s effects range from ten to fifteen minutes for intravenous administration to twenty to thirty minutes for intramuscular administration. An additional risk associated with ketamine administration is the possibility of *emergence hallucinations*: hallucinations following waking post-ketamine sedation. The possibility of emergence hallucinations can be lessened by keeping the environment quiet when the patient emerges from sedation.¹⁵

Excited delirium

A factor in some instances of patient restraint will require a secondary medical response. Excited delirium, as defined by the University of Miami, is a sudden occurrence of bizarre and/or aggressive behavior, shouting, paranoia, panic, violence directed at others, unexpected physical strength and hyperthermia. Hyperthermia is often the ultimate cause of death in excited delirium patients. During the course of being restrained by law enforcement, the typical victim of excited delirium struggles with the peace officers. Within minutes of finally being subdued, the patient loses all vital signs and goes into cardiac arrest. Death typically results from any of the following factors: hyperthermia, rhabdomyolysis or renal failure. Excited delirium is often, but not always, associated with drug usage, particularly cocaine, PCP, methamphetamines or amphetamines. The use of these drugs

is believed to block the transmission of dopamine in the brain, leading to increased levels of dopamine. Increased dopamine levels in the synaptic membranes in the brain can lead to the paranoia, delusions and psychosis that underlie the excited delirium event. The University of Miami's recommendations for treatment of excited delirium include sedation with benzodiazepines, external cooling, fluid administration, cardiac and respiratory monitoring and, ultimately, treatment in the emergency department for rhabdomyolysis and hyperkalemia.¹⁶

Legal concerns

In general, Texas' broadly written "Good Samaritan" statute provides protection from legal liability for EMS providers for providing emergency care, except if the act was willful or wantonly negligent.¹⁷ However, in the case of restraining patients, these protections may be less applicable. Common law claims in civil court based on assault, battery and/or false imprisonment are all considered to be "intentional torts" and could likely be considered outside of the protection of the Good Samaritan statutes. Further, Federal civil rights law, in particular Title 42, United States Code, Section 1983, provides for civil liability for government employees who, in the course of their employment, deprive someone of their civil rights. This statute is commonly used as a basis for lawsuits in Federal court against public safety personnel for complaints of unlawful or excessive force, primarily in the law enforcement setting, but claims have been filed against EMS providers as well.

Conclusion

In conclusion, the decision to restrain a patient, whether by physical or pharmacological means is one of the

more challenging decisions that an EMS provider may face. It requires a thorough and complete understanding of patient assessment, medical emergencies, pharmacology, and ethical and legal understanding. Ultimately, the decision to restrain requires the ability to be a true patient advocate, which is the highest calling that we have as ethical, professional providers of prehospital emergency medicine.

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

References

- ¹Fraser, J. (2012, December 30). Deputies fatally shoot man in west Harris County. *Houston Chronicle*. Retrieved from <http://www.chron.com/news/houston-texas/houston/article/Deputies-fatally-shoot-man-in-west-Harris-County-4155750.php>.
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- ³Sanders, M., McKenna, K., Lewis, L., & Quick, G. (2011). *Mosby's Paramedic Textbook*. (4th ed., p. 1045). Elsevier - Health Sciences Division.
- ⁴Bledsoe, B., Porter, R., & Cherry, R. (2013). *Paramedic Care: Principles and Practice*. (4th ed., Vol. 4, pp 420–421). Boston: Pearson.
- ⁵Id.
- ⁶Id.
- ⁷Id.
- ⁸Bledsoe, B. E. (2012). *Prehospital emergency pharmacology*. (7 ed., pp 384–385). Upper Saddle River, New Jersey: Pearson Education.
- ⁹Id.
- ¹⁰Id.
- ¹¹Id.
- ¹²Id.
- ¹³Id.
- ¹⁴Id.
- ¹⁵Id.
- ¹⁶University of Miami Brain Program. (2008). *Excited delirium education, research and information*. Retrieved from <http://www.exciteddelirium.org/indexwhatisED2.html>.
- ¹⁷Texas Civil Practices and Remedies Code §§74.151-152.

Patient Restraint Quiz

- The decision to restrain a patient is solely a decision for law enforcement.
 - True
 - False
- Which of the following would not be considered a form of proper patient restraint?
 - Applying soft restraints
 - Applying leather restraints
 - Placing the patient in between a backboard and a scoop stretcher
 - Securing the patient, supine, to a long spine board and using the straps to secure the patient
- Which of the following medical emergencies could most likely make a patient combative or violent?
 - Hypoglycemia
 - Epileptic seizure
 - Prior history of depression
 - Both A and B
- Verbal de-escalation tactics include which of the following:
 - Making direct eye contact
 - Promising the patient will not be arrested
 - Avoiding direct eye contact
 - Forcefully announcing your authority as an emergency medical technician to restrain the patient
- Which of the following is considered a hard restraint?
 - Leather restraints
 - Backboard
 - Kendrick Extrication Device
 - Philadelphia Cervical Collar
- Why would a cervical collar be placed on a combative patient?
 - As a form of punishment for resisting
 - To help maintain the rigidity of the airway structures
 - To limit neck motion to prevent the patient from biting
 - To guard against any neck injuries that occurred during restraint
- Acceptable ways to prevent spitting do *not* include:
 - Application of a commercial "spit hood"
 - Placing the patient on a non-rebreather mask
 - Placing a surgical mask on the patient
 - Covering the mouth with a loose fitting gauze bandage
- Which drug(s) are not typically associated with excited delirium?
 - PCP
 - Rock or "crack" cocaine
 - Powder cocaine
 - Heroin
- Excited delirium patients often die from
 - Airway compromise
 - Hyperthermia
 - Unsustainable tachycardia
 - Toxic levels of ammonia secondary to cocaine ingestion
- What might be a reason why the Texas Good Samaritan Act would not apply to a lawsuit related to patient restraint?
 - The claim was verified by a sworn statement.
 - The Texas Good Samaritan Act only applies to medical interventions.
 - The lawsuit was filed in Federal court, based on a Federal civil rights claim.
 - The plaintiff received a waiver of the Texas Good Samaritan Act from a district judge.
- Rapid sequence intubation is interchangeable with the concept of chemical restraint. (ALS QUESTION)
 - True
 - False
- Valium often requires a separate IV line because: (ALS QUESTION)
 - It is a corrosive drug.
 - It is an oil-based drug.
 - The antidote for Valium needs to be in a separate IV line.
 - Valium has the potential to precipitate with other drugs.
- Butyrophenone antipsychotics are associated with which cardiac side effect: (ALS QUESTION)
 - Sick sinus syndrome
 - Prolonged QT/QTc
 - Ventricular standstill
 - Supraventricular tachycardia
- Extrapyramidal symptoms can be alleviated by: (ALS QUESTION)
 - Cutting the dose of haloperidol in half for at-risk patients.
 - Administering a benzodiazepine simultaneously with haloperidol.
 - Administering diphenhydramine.
 - Diluting haloperidol in a 100 cc bag of normal saline.
- Ketamine sedates a patient by: (ALS QUESTION)
 - Promoting a dissociative state between the sympathetic and parasympathetic nervous system.
 - Promoting a dissociative state between the alpha and beta receptors.
 - Stimulating dopamine receptors.
 - Promoting a dissociative state between the cortical and limbic systems.

This answer sheet must be postmarked by April 20, 2013

CE Answer Sheet Texas EMS Magazine
Patient restraint: With safety for all
CE: CRO

Name _____ EMS ID _____

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 CRO CE in about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

Answer Form

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

- 1. A. B.
- 2. A. B. C. D.
- 3. A. B. C. D.
- 4. A. B. C. D.
- 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.

- 11. A. B.
- 12. A. B. C. D.
- 13. A. B. C. D.
- 14. A. B. C. D.
- 15. A. B. C. D.

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



Did you read?

Drug-resistant bacteria, such as *Staphylococcus* and *Clostridium difficile*, are a problem at hospitals across the country because the bacteria are difficult to prevent and impossible to treat. At Johns Hopkins, **doctors have turned to a new technology to prevent the so-called superbugs: robots.** The machines spray toxic doses of hydrogen peroxide into sealed hospital rooms, killing any bacteria.

Before the robots can be switched on, the rooms are made ready by a technician, who will close air vents and open drawers to get the hydrogen peroxide on all the surfaces. The last step in the process is to tape the door to the room shut to keep the toxic hydrogen peroxide mist from getting out. For 30 minutes, the robots spray a colorless, odorless vapor. If a person walked in, he wouldn't be able to breathe or open his eyes.

When the robots are done disinfecting, the room looks the same, but is clean and safe for patients. Since Johns Hopkins started using the machines, it has seen the number of untreatable infections fall significantly.

From NPR.com, *Got A Superbug? Bring In The Robots*, February 03, 2013.

Salmonella is one of the most common illnesses people get from food, undercooked ground beef and eggs come to mind quickly as culprits. **The Centers for Disease Control and Prevention now warn that pet hedgehogs can transmit salmonella, too.**

Since January 2012, there have been 20 reports of infections with a "historically rare" strain of salmonella that appears linked to hedgehogs, according to an account in a recent *Morbidity and Mortality Weekly Report*. Four people were hospitalized. A Washington man in his 90s died. Almost half the people who got sick were kids 10 or younger.

Public health officials advise that hedgehog owners wash their hands well after handling hedgehogs or anything the animals

may have touched. Adults should make sure all children do too.

Hedgehogs carrying salmonella don't necessarily look or act sick. The bacteria are transmitted in hedgehog feces. For that reason hedgehogs should be kept away from the kitchen or anywhere else where food is prepared or eaten, including bathing hedgehogs in the kitchen sink. Potentially the most difficult CDC advice to follow: "Do not snuggle or kiss hedgehogs."

From NPR.com, *Salmonella Undermines Hedgehogs' Cuteness Overload*, by Scott Hensley, January 31, 2013.

Should emergency rooms track the number of people who get hurt or sick after drinking coffee? That's what the maker of Monster Energy drinks suggests in response to a recent report that emergency room visits involving caffeine-laced energy drinks doubled from 2007 to 2011. According to a statement from Monster, the report did not examine ER visits associated with coffee consumption and that there was no evidence in the federal government's survey that energy drinks caused the patients' health problems.

But public health officials and lawmakers say energy drinks pose unique hazards because they're often sold in large sizes that deliver a potent dose of caffeine. They're flavored and colored to look like soft drinks, making them more appealing to children and teenagers than a cup of coffee. The packaging can give the impression that there's no downside to drinking a lot, even though consuming large amounts of caffeine can cause problems like rapid heartbeat, muscle tremors and seizures.

Last fall, the Food and Drug Administration confirmed that it has received five reports of people dying after drinking caffeinated energy drinks, including a 14-year-old Maryland girl. The agency says there's no proof that the drinks

caused the deaths, but it's now investigating energy drink safety.

The new numbers on emergency department visits come from the Substance Abuse and Mental Health Services Administration, which tracks drug-related ER visits. **They found that energy drink-related visits rose from 10,068 in 2007 to 20,783 in 2011.** That's out of more than 1 million drug-related ER visits, the agency says. About 60 percent of the patients were seeking help with adverse reactions to the energy drink alone, while 27 percent had also taken prescription drugs. About 13 percent of patients had downed energy drinks and alcohol, and 10 percent had combined energy drinks and illegal drugs. 9 percent of the unfortunates had combined energy drinks with prescription stimulants like Ritalin, giving them a double dose of chemical buzz. Teenagers and young adults were most likely to end up in the ER.

From NPR.com, *Energy Drinks Blamed For Boost In Emergency Room Visits*, by Nancy Shute, January 22, 2013.

While the number of health apps and digital devices available is mind-boggling, the most heart-helpful gadgets stick to the basics—calories in and calories out—to change, motivate and monitor behavior. **Used wisely, digital tools can keep you heart-smart and give your doctor a more accurate medical picture to bridge the information gap between office visits.**

Susan Rodder, registered dietitian in the Preventive Cardiology Program at UT Southwestern Medical Center, often counsels patients about the benefits of tracking eating and exercise habits through mobile calorie counting and food journal apps. If they want to know more, Rodder whips out her smartphone and demonstrates how to compare foods and track sodium levels and daily calorie intake. This visual lesson can reveal the role that weight,

activity, medication, alcohol consumption, smoking and other risk factors play on our health.

Here's a sampling of heart-healthy apps recommended by doctors and other experts.

Framingham Heart Age (iPhone) and Heart Disease Risk Calculate (Android) use data from the Boston University Framingham Heart Study to estimate your odds of having a heart attack, stroke or heart failure within the next 10 years (Free).

Lose It! and My Fitness Pal (multiple platforms) can motivate you to set goals, count calories, compare foods, track sodium intake and share your weight loss success with your Facebook friends (Free). The free app Fooducate (iPhone and Android) sports a bar-coding scanning tool to grade foods by nutrition for a healthier trip to the grocery store, and Figwee Portion Explorer (iPhone) cuts down on portion distortion to ward off weight gain (\$1.99).

HeartWise Blood Pressure Tracker (iPhone) calculates and logs trends in your blood pressure and heart health (99 cents). The electronic diary and reminder system GluCoMo (iPhone) tracks blood sugar levels and insulin intake (99 cents). Stress Check (iPhone and Android) measures heart rate variability in real time to help spot stress (Free).

Instant Heart Rate (iPhone, Android) determines heart rate when you place a fingertip over your phone's camera lens (Free). Snap a photo of yourself and the touchless app Cardiio (iPhone) reads how hard your heart is working by picking up slight changes in the color of your face (\$2.99).

The American Heart Association's Pocket First Aid & CPR app (iPhone and Android) offers concise and clear first aid and lifesaving CPR and emergency cardiovascular care instructions (\$1.99).

From *The Dallas Morning News*, *Apps for heart health: What doctors love*, by Helen Bond, February 4, 2013.



Did you read?

Facilities designated “with contingencies”

Have you wondered what it means for a trauma facility to be designated with contingencies? The Office of EMS/Trauma Systems reviews the survey reports for trauma and stroke designations based on its compliance with Rule 157.125 Requirements for Trauma Facility Designation. OEMS/TS

looks for overall compliance with the rule and standard of care provided to ensure quality care is available for trauma patients in its area. A facility with significant deficiencies (findings of non-compliance with rule criteria) may still receive a designation, but it is contingent upon meeting

required reporting or having a focus survey. In this case, the facility will receive a letter from DSHS that delineates the areas to be addressed and the specific timelines by which to comply. These facilities are posted on the website and listed in the magazine as designated “with contingencies.”

The following facilities are listed as designated “with contingencies” as of February 15, 2013.

Level III Advanced Trauma Facilities

Brazosport Memorial Hospital
Lake Jackson, 77566 (TSA-R)
Expires 1/1/2016

Hunt Regional Medical Center
Greenville, 75403 (TSA-E)
Expires 12/1/2014

Knapp Medical Center
Weslaco, 78568 (TSA-V)
Expires 8/1/2013

Laredo Medical Center
Laredo, 78044 (TSA-T)
Expires 3/1/2014

Shannon Medical Center
San Angelo, 76903 (TSA-K)
Expires 10/1/2015

Level IV (Basic) Trauma Facilities

Baptist Hospitals of Southeast Texas
Beaumont, 77701 (TSA-R)
Expires 4/1/2015

Central Texas Hospital
Cameron, 76556 (TSA-L)
Expires 3/1/2014

Childress Regional Medical Center
Childress, 79201 (TSA-A)
Expires 3/1/2013

Chillicothe Hospital
Chillicothe, 79225 (TSA C)
Expires: 4/1/2015

CHRISTUS Hospital St. Mary
Port Arthur, 77642 (TSA-R)
Expires 3/1/2015

Cleveland Regional Medical Center
Cleveland, 77327 (TSA-R)
Expires 9/1/2013

Cogdell Memorial Hospital
Snyder, 79549 (TSA-B)
Expires 10/1/2015

Concho County Hospital
Eden, 76837 (TSA-K)
Expires 11/1/2013

Cypress Fairbanks Medical Center
Houston, 77065 (TSA-Q)
Expires 10/1/2015

East Texas Medical Center - Crockett
Crockett, 75835 (TSA-G)
Expires 11/1/2015

Edinburg Regional Medical Center
Edinburg, 78540 (TSA-V)
Expires 8/1/2014

Hopkins County Memorial Hospital
Sulphur Springs, 75483 (TSA-F)
Expires 10/1/2015

Medical Arts Hospital
Lamesa, 79331 (TSA-B)
Expires 1/1/2016

Metropolitan Methodist Hospital
San Antonio, 78212 (TSA-P)
Expires 12/1/2014

Muenster Memorial Hospital
Muenster, 76252 (TSA-E)
Expires 9/1/2015

Northeast Methodist Hospital
San Antonio, 78233 (TSA-P)
Expires 12/1/2014

Odessa Regional Medical Center
Odessa, 79760 (TSA-J)
Expires 1/1/2015

Parkview Regional Hospital
Mexia, 76667 (TSA-M)
Expires 10/1/2014

Rice Medical Center
Eagle Lake, 77434 (TSA-Q)
Expires 1/1/2016

Riverside General Hospital
Houston, 77004 (TSA-Q)
Expires 5/1/2014

Southwest General Hospital
San Antonio, 78224 (TSA-P)
Expires 9/1/2014

Ward Memorial Hospital
Monahans, 79756 (TSA-J)
Expires 5/1/2014

Wise Regional Health System
Decatur, 76234 (TSA-E)
Expires 4/1/2012

Yoakum County Hospital
Denver City 79323 (TSA-B)
Expires 7/1/2015



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.

Alexander, Randall, Arlington, TX. December 3, 2012, reprimand for violating EMS Rules 25 TAC §§157.36(b)(7), and 157.36(b)(28) related to failing to follow medical director's protocols and failing to ensure that a proper assessment was performed on patient.

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

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

Ambu-Care EMS, LLC, dba Ambu-Care EMS, Richmond, TX. May 28, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all

solutions and pharmaceuticals in accordance with FDA recommendations, failing to assure critical patient care equipment has spare batteries or an alternative power source and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Ambulance Transportation Services, LLC, McAllen, TX. December 30, 2011, reprimanded for violating EMS Rules §157.11(i)(2), 157.11(j)(1), 157.11(m)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have crew members properly identified by name, certification level and /or provider name.

Anders, Scott W., Eules, TX. September 26, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(24) and 157.36(b)(28) related to receiving deferred adjudication for misdemeanor false report to police officer/law enforcement employee and failure to respond to the Department's request for information.

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

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

Archuleta, Tim S., San Antonio, TX. January 19, 2013, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(28) and 157.36(b)(30) related to causing, or by-omission causing, bodily injury and serious mental impairment or injury to children, and failing to report such to legal authorities in a timely manner.

Arnold, Jeffrey W., San Antonio, TX. December 17, 2012, reprimand for violating EMS Rules 25 TAC §§157.36(b)(2), 157.36(b)(21), 157.36(b)(24), 157.36(b)(28), and 157.36(b)(29) related to receiving deferred adjudication for the state jail felony offense of theft-welfare fraud, failure to disclose criminal history on a renewal application and failure to respond to the Department's request for information.

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

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

Barr, Robert P., Forney, TX. November 16, 2012, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to failing to follow medical director's protocols.

Barron, Rudolfo, Forney, TX. January 18, 2013, reprimanded for violating EMS Rules §157.36(b)(7)

and 157.36(b)(28) related to failing to follow medical director's protocols by transporting a patient without a second attendant to provide care in the ambulance.

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

Bell, Lisa R., Friendswood, TX. September 26, 2012, revocation for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(15), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(27), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to receiving deferred adjudication for misdemeanor interference with public duties, failure to notify the Department within 10 days and failure to disclose criminal history on a renewal application; two arrests for misdemeanor driving while intoxicated and failure to notify the Department within 10 days; one arrest for failure to stop/give information and possession of dangerous drug, failure to notify the Department within 10 days and failure to respond to the Department's request for information.

Boleyn, John C., Port Arthur, TX. November 5, 2012, reprimanded for violating EMS Rules §157.36(b)(3) and 157.36(b)(4) related to falsifying and/or failing to accurately and/or completely note on the patient care report patient's treatment.

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

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

Bryan, Larry P., Little Rock, AR. September 26, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24) and 157.36(b)(28) related to misdemeanor conviction of shoplifting, misdemeanor conviction of theft of property, failure to notify the Department about change in criminal history and failure to respond to the Department's request for information.

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

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

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

Causby, Ronald L., Tulsa, OK. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2),

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157.36(b)(14), 157.36(b)(19), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to misappropriating and/or adulterating while on duty several vials of Ativan (Lorazepam), Fentanyl, Zofran and Benadryl, and injecting into his body Ativan (Lorazepam) without authorization from a physician or his employer's medical director.

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

CJB Enterprises, LLC, dba Life Med, Mansfield, TX. September 25, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; and failing to assure critical patient care equipment has spare batteries or an alternative power source.

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

Colorado County EMS, Columbus, TX. May 4, 2012, assessed a \$2,200.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate.

Coppell Fire Department, Coppell, TX. May 4, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(d)(1), and 157.11(j)(3) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Cox, James M., North Richland Hills, TX. December 21, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

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

Craft USA EMS Inc., Houston, TX. December 14, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(c)(2)(D), 157.11(d)(1), 157.11(i)(2), 157.11(i)(3), and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to display vehicle authorization in patient compartment, failing to assure critical patient care equipment has spare batteries or an alternative power source, and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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

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

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

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

Divine Anchor EMS, Inc., Houston, TX. January 11, 2013, revocation for violating EMS Rule §157.16(d)(12) by failing to respond to a department request for information.

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

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

Ed-Star Ambulance Service, Inc., dba Ed-Star EMS, Houston, TX. October 23, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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

Espinoza, Paul Jr., San Antonio, TX. July 17, 2012, reprimanded for violating EMS Rules §157.36(b)(30) and HSC §773.041(b) related to staffing an EMS

ambulance vehicle with an expired DSHS-issued license and/or certificate.

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

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

Forbes, Lindell R., Lubbock, TX. October 20, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(3), 157.36(b)(7), 157.36(b)(28) and 157.36(b)(30) related to failing to follow medical director's protocols and failing to accurately and/or completely note on the patient care report patient's condition.

Foster, Jeffery D., Fruitvale, TX. October 15, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to falsifying preceptor evaluation forms and patient care records regarding clinical rotations for students.

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

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

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

Global Rehab Healthcare Systems Inc. dba Global Ambulance Services, Houston, TX. November 26, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to assure critical patient care equipment has spare batteries or an alternative power source and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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

Grider, Hans, Humble, TX. October 20, 2012, reprimanded for violating EMS Rules §157.36(b)(28) and 157.36(b)(30) related to administering tuberculosis test without proper training or supervision and jeopardizing the health and safety of a student when injecting a student with a previously used syringe.

Guerra, Marte A., Rio Grande City, TX. December 17, 2012, twelve (12) month probated suspension for

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violating EMS Rules 25 TAC §§157.36(b)(2), 157.36(b)(19), 157.36(b)(22), 157.36(b)(23), 157.36(b)(25), and 157.36(b)(28) related to conviction of felony offense of possession of cocaine, and failing to notify the Department of arrest and conviction.

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

Hartley VFD, Inc., dba Hartley Volunteer EMS, Hartley, TX. May 4, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

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

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

Henson, Jon M., San Antonio, TX. January 19, 2013, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(18), 157.36(b)(21), 157.36(b)(24) and 157.36(b)(28) related to receiving deferred adjudication for the misdemeanor offense of false identification as a peace officer and misrepresentation of property, failing to disclose judgment on renewal application and failing to respond fully to a department request for information.

Hillsboro Fire Rescue, Hillsboro, TX. July 26, 2012, assessed a \$5,900.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that did not hold a DSHS-issued license and/or certificate.

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

Hinze, Marilyn S., Weimar, TX. September 14, 2012, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Irving Fire Department, Irving, TX. September 24, 2012, assessed a \$250.00 administrative penalty for

violating EMS Rules §157.11(d)(1) and 157.11(j)(3) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

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

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

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

La Marque Fire/Rescue, La Marque, TX. June 21, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Lake Tanglewood EMS, Amarillo, TX. November 16, 2012, assessed a \$900.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and 773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

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

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

Lanning, Jimmy D., Stratford, TX. December 14, 2012, reprimand for violating EMS Rules 25 TAC §§157.44(e)(2), 157.44(e)(10), 157.44(e)(30), and 157.44(i)(2)(Q) related to failing to properly maintain the effectiveness of an EMT-Paramedic course by allowing students to obtain skill hours at sites without clinical site agreements, failing to maintain integrity of skill hours obtained by students, failure to maintain education course records and provide records to the Department upon request.

Lone Star Ambulance, Inc., Richardson, TX. May 22, 2012, assessed a \$300.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations, failing to

assure critical patient care equipment has spare batteries or an alternative power source and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Longview Fire Department, Longview, TX. November 12, 2012, assessed a \$2,500.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

Marak, Brenda L., Hungerford, TX. April 1, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(15), 157.36(b)(18), 157.36(b)(21), 157.36(b)(24) and 157.36(b)(28) related to receiving a state jail felony deferred adjudication for theft and failing to disclose said criminal history on a renewal application; and failing to give the department true and complete information when requested.

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

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

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

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

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

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

Murray, Justin W., Lufkin, TX. August 2, 2012, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

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

Nichols, James J., Lavon, TX. November 2, 2010, eight (8) month suspension followed by a forty (40) month probated suspension for violating EMS Rules

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§157.36(b)(2), 157.36(b)(19), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(29) related to utilizing fraudulent prescriptions for controlled substances while on duty and pleading guilty to a felony deferred adjudication for fraudulent possession of a controlled substance/prescription.

Noletubby, Rusty, Colorado City, TX. June 14, 2011, three (3) month suspension followed by twenty-one (21) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for alcohol while on duty.

Nuoci, Patrick A., Argyle, TX. November 12, 2012, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(7) and 157.36(b)(28) related to failing to follow medical director's protocols and failing to accurately and/or completely note on the patient care report the patient's condition.

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

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

Pena, Jason, dba South Point EMS, Elsa, TX. May 9, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(j)(1) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Perez, Judith A., San Antonio, TX. October 15, 2012, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Portillo, Jaime H., Donna, TX. June 24, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for conspiracy to possess, with intent to distribute, 161.98 kilograms of marijuana and 26.94 kilograms of cocaine.

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

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

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

Pro Med EMS, LLC, dba Pro Medic EMS, San Juan, TX. January 19, 2013, assessed a \$14,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(j)(1), 157.11(j)(1)(B), 157.11(j)(1)(D), 157.11(j)(4), 157.11(j)(5), 157.11(j)(7)(A), 157.11(j)(7)(I) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing

to display vehicle authorization in patient compartment; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failure to assure current protocols, equipment, supply and medication lists are maintained on each vehicle.

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

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

Ramos, Rodney, Weslaco, TX. October 6, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(4), 157.36(b)(18), 157.36(b)(26) and 157.36(b)(28) related to a conviction of conspiracy to commit health care fraud, falsifying patient care reports and falsifying Medicare/Medicaid reimbursement claims.

Ready EMS, Inc., Houston, TX. December 14, 2012, assessed a \$2,500.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(d)(1), 157.11(j)(1), 157.11(m)(5), and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to have EMS crew properly identified by last name, certification or license level and provider name, and failure to assure current protocols, equipment, supply and medication lists are maintained on each vehicle.

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

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

Royalty Ambulance Service Inc., Pharr, TX. November 5, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(4) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

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

Saldana, David, McAllen, TX. November 20, 2011, eighteen (18) month probated suspension for violating

EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for cocaine and marijuana after causing a motor vehicle accident while driving an ambulance.

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

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

Schriber, Shirley, Floresville, TX. November 5, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.43(h)(2), 157.43(h)(9), 157.43(h)(12) and 157.43(h)(15) related to failing to perform course coordinator responsibilities by failing to properly maintain oversight over students, using non-approved internship facilities, failing to properly maintain course records, failing to maintain integrity of the course and falsifying student course completions.

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

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

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

ShurMedic Training Institute, LLC, San Antonio, TX. November 12, 2012, six (6) month probated suspension of EMS education program and course approval for violating EMS Rules §157.32(o)(1), (2), (11), (14), (17) and (18); 157.32(o)(20)(E); and 157.32(t)(2)(E), (I), (S), and (U) related to failing to maintain EMS education program by failing to properly maintain oversight over students, using non-approved internship facilities, failing to properly maintain course records, failing to maintain integrity of the course and falsifying student course completions.

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

DISCIPLINARY ACTIONS

Simmons, Rhoda D., Valley Mills, TX. November 19, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(3), 157.36(b)(4), 157.36(b)(7), 157.36(b)(9) and 157.36(b)(28) related to failing to follow medical director's protocols, failing to accurately and/or completely note on the patient care report patient's condition, falsifying an EMS record, and delegating and/or allowing EMT-Basic to perform advanced-level care.

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

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

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

Spooner, Tracey V., Watauga, TX. November 26, 2012, reprimand for violating EMS Rules 25 TAC §157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Star Med EMS, Inc., Houston, TX. May 29, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have EMS crew properly identified by, last name, certification or license level and provider name.

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

St. Joseph's Ambulance Service, Inc., Houston, TX. August 22, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; and failing to have EMS crew properly identified by, last name, certification or license level and provider name.

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

Sundown EMS, Sundown, TX. September 19, 2012,

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

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

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

Thunderbolts EMS Inc., Houston, TX. December 3, 2012, assessed a \$7,500.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(c)(2)(D), 157.11(d)(1), 157.11(d)(4), 157.11(d)(7), and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to display vehicle authorization in patient compartment, failing to have environmental system capable of cooling the patient compartment, and failing to display Department issued EMS provider license number on both sides of the ambulance.

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

Tiger EMS, Longview, TX. August 2, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have EMS crew properly identified by last name, certification or license level and provider name.

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

Tri-Care EMS, Inc., Houston, TX. January 29, 2013, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to display vehicle authorization in patient compartment; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

Turkey EMS, Turkey, TX. May 4, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(4) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Union EMS, LLC, dba All Life EMS, Houston, TX. July 17, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance

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).

vehicle(s) adequately equipped and supplied at all times; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

Uvalde EMS, Inc., Uvalde, TX. September 10, 2012, assessed a \$2,650.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Valiz, Juan G., Mission, TX. March 13, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(25), 157.36(b)(28) and 157.36(b)(30) related to using an ambulance to illegally possess and/or transport approximately 237 pounds of marijuana.

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

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

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

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

Wilson, Danielle, Houston, TX. October 15, 2012, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(7) and 157.36(b)(28) related to failing to properly assess a patient, failing to document patient care on a patient care report and failing to obtain a signed patient refusal for non-transport.

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

Meetings & Notices

Calendar

Austin Trauma and Critical Care Conference: May 30–31, 2013.

Basic and cutting edge guidelines and technologies for evaluation and diagnosis management of trauma patients. Visit seton.net/traumaconf for more details. +

Sign up today: The CCEMTPSM Conference in Houston, Texas, May 10–24. Opportunity for paramedics, RNs, RTs and MDs to expand their knowledge and prepare for critical care inter-facility transfers, all taught by qualified specialists. Ride-along and observational opportunities are available in a variety of settings. To register and learn more about this exciting opportunity, please go to <http://go.uth.edu/cct>. Registration ends April 3, 2013. +

SAVE THE DATE! San Antonio

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.

AirLIFE's 2013 Emergency Care Conference in San Antonio, May 24–25, 2013. Please go to txairlife.com for more info. +

Jobs

NREMT-P AND EMT-P: ETMC EMS is seeking DSHS-certified medics with the following certifications: ACLS, PEPP or PALS, ITLS or PHTLS. We provide 9-1-1 services to 17 counties in east Texas with over 35 stations in Tyler, Waco, Pasadena and in between. Sign-on bonuses available. To apply go to www.etmc.jobs. +

Faculty Instructor: The Division of Emergency Medicine Education at UT Southwestern Medical Center at Dallas has a full-time instructor position available for initial paramedic, EMT and CE classes. RN or paramedic with associate or bachelor degree in nursing or EMS-related field, minimum two years' experience with one year emergency experience. Email resume to debra.cason@utsouthwestern.edu or fax to (214) 648-5245. For more information call (214) 648-5246. EOE.*

Allegiance Ambulance: is seeking qualified EMT and paramedic applicants for both full- and part-time positions. We provide emergency (9-1-1) and non-emergency services in Dallas, Texoma, Bryan/College Station, San Jacinto County and Leon county. Learn more about us and download an application at www.allegiance-ambulance.com. +

Blanco EMS is in need of volunteers. Here is your

opportunity to gain rural 9-1-1 EMS experience. We are also seeking administrative and operation support volunteers as well. For more information contact Mike West at 830-833-5239 or 830-554-0800. +

Miscellaneous

EMERG EMT Program: Now enrolling for the March 14 class in the DFW area. Financing and incentives are available, with an easy registration process. CPR, ACLS and CEs also available. Visit www.emergnow.com for information or to enroll. +

24-Hour EMT refresher: Bell County EMS Training in Killeen will host NREMT recertification courses January 11–13, February 4–6 or March 8–10. Cost is \$300, books included. For more information, email bcmstraining@yahoo.com or call (254) 368-9199 or (254) 702-9919. Visit our website at www.BellCountyEMSTraining.com.*

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

Formal refresher/recertification courses: EMR (ECA) and EMT-B National Registry and Texas DSHS courses available. LifeStart Training & Consulting, LLC,

Meetings & Notices

offers DSHS-approved formal recertification courses twice a month in our school in Austin, Texas. In just a few days of class you can meet all the requirements for either Texas or National Registry recertification. Classes include lecture, skills, scenarios and discussion. Sample the Austin night-life while meeting your certification requirements. Visit www.lifestart.us for more details or call (512) 614-7556. *

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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 +

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Call Lisa at (210) 990-3744. +

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

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

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

+ This listing is new to the issue.

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

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EMS Profile: Pantego Fire-Rescue

About us: Pantego Fire-Rescue is a fully professional fire-rescue department within the City of Pantego, located in Tarrant County, Texas, and found within the greater City of Arlington. The department was first organized in 1949 and has maintained ambulance transport capability since 1973. Currently the department operates two MICU-capable ambulances and two ALS-capable fire apparatus. Patient care is advanced and proactive under the medical direction of Roy Yamada, MD. Field treatment capabilities include rapid sequence intubation, which has been utilized to save numerous lives.

Number of personnel: The department is led by Chief of Public Safety Thomas Griffith and Assistant Fire Chief Robert Coker. The department endeavors to maintain a high level of EMS certification among its 11 certified firefighters; paramedic staffing is presently at 80 percent. Additional personnel include two EMS instructors, EMS equipment and medication manager, and an EMS coordinator/training officer. The department maintains ALS service at all times through a traditional 24/48 fire service shift. Although Pantego is small in area, its medical influence reaches far through its automatic aid with the City of Arlington Fire Department and the contracted EMS provider for the City of Arlington, which includes a potential 100-square-mile response area. Pantego also has mutual aid agreements with the cities of Mansfield, Kennedale and Forest Hill, and is a signatory of the Tarrant County Fire and EMS Mutual Aid agreement.

Number of units: The department operates out of one station. The Town of Pantego has a resident population of 2700 within a one-square-mile area, but it has a daily motoring population in excess of 100,000, making it one of



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the busiest communities for its size in Texas. Pantego is considered an urban community due to its population density and its proximity to heavily populated areas. Pantego's EMS system is a licensed transport service operating with two MICU-capable ambulances.

Number of calls: Because of the high volume of daily traffic, Pantego's personnel receive experience with a wide range of medical issues. State Highway 303 transects a portion of Pantego from east to west, and a major north-south route runs from Interstate-20 on the south side through Pantego to the north of Arlington. Total EMS responses for 2012 were 612 including calls within Pantego and Arlington. Response times for Pantego proper are an average of three minutes.

Current activities: Educational offerings for Pantego Fire-Rescue

personnel include onsite EMS instruction from Tarrant County College EMS instructors. Our medical director, Dr. Roy Yamada, is constantly evaluating our protocols for currency and evaluating our performance through an extensive quality assurance program. Pantego had the honor of the first life saved using the Vidacare EZ-IO. The department was also recently successful in obtaining more than \$100,000 from the Assistance to Firefighters Grant Program for the purchase of Lifepak-15 monitors. Last spring the department demonstrated its dedication to the community's youth by organizing a Broken Promises program. The Broken Promises program simulated a fatality DWI accident for local private high school students and included the involvement of PHI Air Medical.