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Texas EMS magazine 2007

Services

November/December 2007

Texas EMS

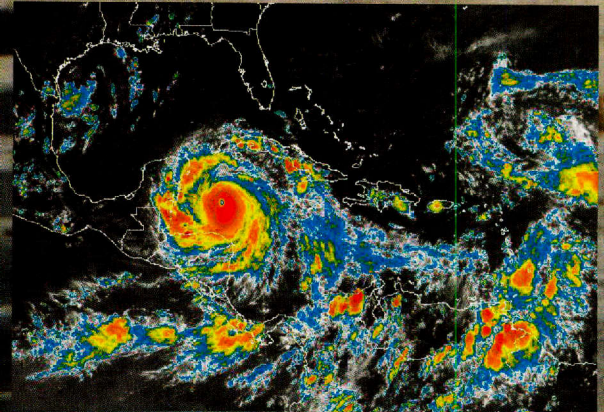
Serving Texas Emergency Care Professionals



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**Hurricane Dean
threatens Texas**
page 30

**CE: Diabetic
Emergencies**
page 34

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FEATURES

TEXAS STATE DOCUMENT
UNIVERSITY OF TEXAS PAN AMERICAN
EDINBURG, TEXAS 78539-2999

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On the cover: Hundreds of ambulances staged in San Antonio ready to deploy to the valley.
Photo by Jason Meredith
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Photo by Jason Meredith

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Office of EMS/Trauma Systems Coordination

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EMS compliance offices by group

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Mailing: EMS Compliance 509
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Central group

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Physical: 8407 Wall St., Suite N-410
Austin, TX 78754
(512) 834-6700

East group

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Contributors: Sarah Beth Abbott, Andy Alegria, Scott Bingaman, Mike Farris, TJ Callis, Traci Forister, Gerardo Garcia, Joseph J. Hamilton, Brett Hart, Jim Higgins, Glen Hogue, Steve Janda, Wendi Kimpton, Watson Kohankie, Anthony Luna, Jason T. Martin, Mattie Mendoza, Jason Meredith, Wren Nealy, Michael Pebworth, Selena D. Schmidt, Charles Smith, Leslie Thorp and Tim Thorp

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Texas EMS

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Editor's office: (512) 834-6700, 1100 W. 49th St., Austin, Texas 78756-3199 or FAX (512) 834-6736.

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Hurricane Dean gave Texas a chance to test readiness

FROM THIS SIDE

For an office that sits in the middle of Texas, we sure spend a lot of time eyeing the weather off the Gulf Coast. Or more specifically, we watch the waters that lie between our shore and Africa, watching for the next tropical wave that could become a hurricane. So far this year, we've been more than a little lucky. Here it is late October and although several storms have had the potential to hit the U.S. coast, none has.

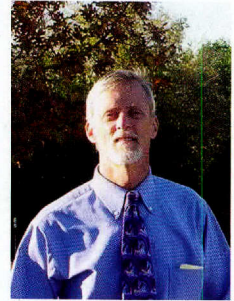
In August, we were given the chance to test our hurricane readiness when Hurricane Dean looked poised to strike somewhere along our shores. This was the first time since Rita and Katrina that we activated the memorandum of agreements (MOAs) with EMS providers. Dean tested us like no drill could have. We are extremely grateful for those EMS providers and personnel who responded to our deployment requests. We have been working diligently to reimburse providers who responded. If you have any questions about that, please e-mail Phil Lockwood at phil.lockwood@dshs.state.tx.us.

Just before we went into hurricane prep mode, OEMS/TS was informed that there was also an MOA for EMS personnel to staff medical buses. We are still working out some details. However, we do know that EMS personnel need to have medical direction in order to work on a medical bus. In other words, a medical director needs to agree to allow the medic to work. We are working with our colleagues in the DSHS Community Preparedness division to revisit the structure of that MOA.

All in all, we were pleased with the way the new system worked. We've had several meetings both internally and with stakeholders to discuss improvements that can be made to the process and we hope to implement those before another hurricane threatens. A 'by the numbers' response for Hurricane Dean is on page 30. For more information on MOAs, go to www.dshs.state.tx.us/emstraumasystems.

Interested in serving on a GETAC committee? You could get your chance soon. The committees will be reshuffling their rosters early next year, as usual. About one-third of the committee slots are up for grabs annually. The process normally begins with an application posted to the GETAC website, and then GETAC Chair Ed Racht, MD, and Vice Chair Pete Wolf get together with the committee chairs to make decisions. Please watch our website for further details.

A big thanks from all of us goes to the Houston Fire Department and the South East Texas Trauma Regional Advisory Council for all their assistance in putting together EMS Conference 2007. We're greatly looking forward to seeing all of ya'll in the Bayou City in a few short weeks...



Steve Janda
Office of EMS/Trauma
Systems Coordination

A handwritten signature in black ink, appearing to read 'Janda'.

The EMS experience

Saluting those with 20 years or more in EMS

This month, we introduce Tim and Leslie Thorp, married 31 years and working in EMS together for more than two decades.

Thomas M. "Tim" Thorp, EMT-P Sutton County EMS

When was your first day on the job?

March 1982

Which services have you worked for?

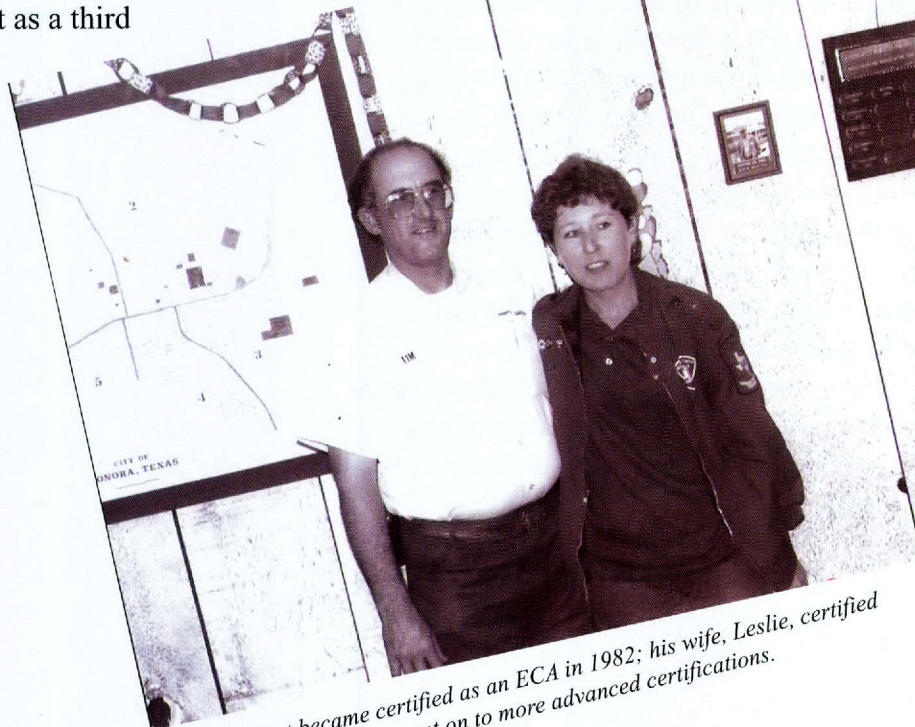
Sonora Volunteer Fire Department, 1972 to 2004; Sutton County EMS, 1982 to present

Why did you get into EMS?

Sutton County EMS was a hospital-based service in 1982 when the county commissioners decided to take over the operation. Some of the Sonora Volunteer Fire Department members were approached about helping out. I rode out as a third



Tim and Leslie Thorp have been running EMS calls in Sutton County since the 1980s. Son T.J., at left, is a paramedic/firefighter in Kerrville.



Tim Thorp first became certified as an ECA in 1982; his wife, Leslie, certified as an ECA in 1984. Both went on to more advanced certifications.

member until 1982 when I received my ECA. In June 1984, I became an EMT. In July of 1997, I became an EMT-Intermediate, and was awarded outstanding student of the class, a real honor. Two years later, I went through paramedic training. My son T.J. and I took our EMT-P training together and were certified July 1999. He is presently working as a firefighter/paramedic at the Kerrville Fire Department.

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

Sutton County EMS has been blessed with great leadership and support over the years. Under the leadership of Dr. Charles Pajestka, Keith Butler, LP, and Patrick Campbell, EMT-P, our service went from basic life support to BLS with ALS capabilities in 1996. Carla Garner, EMT-I and county judge, and the commissioners have met any reasonable need for funding and equipment. Those four people are still my mentors today.

Was there a particular moment or call that stands out?

In July of 1982, on a fire call to an MVA, we came up to four badly burned patients. As a new ECA, I triaged the patients and cared for a young boy the same age as my son at the time until EMS arrived. I've had many calls with joy and many with heartbreak over the years since we know a majority of the people we care for.

What is your favorite part of your career in EMS?

Caring for people in need. I always try to remain upbeat and compassionate on calls. Teaching is also important. You are rewarded

by former and present students confiding in you and asking for help on situations they encounter.

**Leslie Thorp, EMT-I
Sutton County EMS**

When was your first day on the job?

I started as an ECA in 1984, went on to get EMT-B in 1986 and EMT-I in 1996.

Which services have you worked for?

Sutton County EMS

Why did you get into EMS?

My husband made me! We had acquired a ranch 30 miles from town and had no phone service. We had two young children at the time and Tim asked what I would do if something happened to him or our children. I didn't realize I would start volunteering my time to the service and still be here after all these years. It's been 23 years and still going!

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

The training and equipment we have now helps us monitor our patients so much better. When

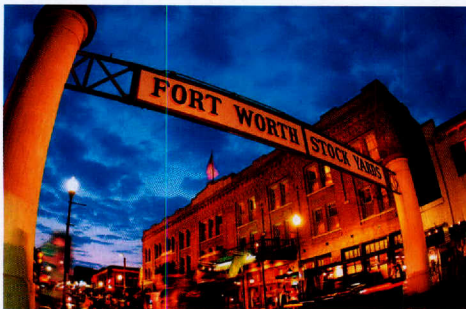
I started running on the ambulance in 1986 we went on a wing and a prayer. Thanks goes to Keith Butler and Pat Campbell for helping us go forward in our training and getting new equipment that helps us take better care of our patients. With training and knowledge we can better care for our patients.

Was there a particular moment or call that stands out?

I had the honor of taking my EMT-I training with my son, T.J. He took it very well that I had to follow him around and do our ER time and ride-outs with the San Angelo Fire Department.

What is your favorite part of your career in EMS?

I work with a great bunch of people. It's like working with family. Of course, working with my husband can sometimes be like butting my head against a wall. But working with family and friends through the years has been a great part of my career in the EMS. I like being able to take care of people and help in any way. Helping with EMT classes by teaching skills and see students go on to further their education and help others. It's all been an honor!



**Texas EMS Conference
2008**

**Fort Worth, Texas
November 23-26**

EMS Obituary

Lieutenant Richard L. Patterson



Jr., 38, of McKinney, passed away on September 30, 2007 after being diagnosed in July with brain cancer. A

licensed paramedic, he was also a 13-year veteran with the Farmers Branch Fire Department.

DSHS needs providers and personnel for hurricane response

Hurricane season may be coming to a close, but we still need to be prepared.

If Texas is hit by a hurricane, we will need ground and air ambulances to respond to state facility evacuations and other state missions. So far, we've got 92 EMS ground providers and two air providers who have committed to both facility evacuations and state missions. Another 103 ground providers and one air provider have committed to state missions only. We need more providers to help.

Signing a Memorandum of Agreement ensures that you will receive payment promptly from DSHS, instead of waiting for the Federal Emergency Management Agency (FEMA) to pay. DSHS will then seek reimbursement from FEMA.

DSHS is also seeking personnel to staff medical buses. We are still working out some details. However, we do know

that EMS personnel need to have medical direction in order to work on a medical bus. In other words, a medical director needs to agree to allow the medic to work. We are working with our colleagues in the DSHS Community Preparedness division to re-visit the structure of that MOA. For MOA information, go to www.dshs.state.tx.us/emstraumasystems.

Governor's EMS and Trauma Advisory Council (GETAC) Hilton Americas—Houston 1600 Lamar Street Houston, Texas

Saturday, November 17, 2007

8:00am-10:00am Stroke Committee
10:00am-12:00pm Pediatric Committee
1:00pm-3:00pm Trauma Systems Committee
3:00pm- 5:00pm Regional Advisory Council (RAC) Chairs

Sunday, November 18, 2007

8:00am-10:00am Injury Prevention Committee
10:00am-12:00pm Medical Directors Committee
1:00pm-3:00pm EMS Committee
3:00pm-5:00pm Air Medical Committee
5:00pm-7:00pm Education Committee

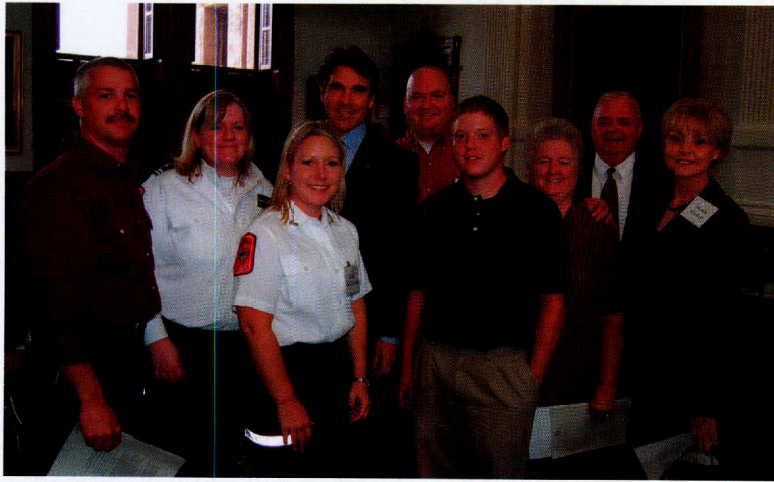
Monday, November 19, 2007

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

Locations for these meetings may be found on the Hilton Americas-Houston's daily schedule Reader Boards.

Agendas and meeting documents available on our website (www.dshs.state.tx.us/emstraumasystems).

EMS responders honored at Star of Texas Awards



MedStar Paramedic Selena Schmidt, third from left, received the Star of Texas Award from Governor Rick Perry on September 11, 2007. Schmidt was severely injured when she was hit by a car while on a call.

On September 11, Governor Rick Perry presented the 2007 Star of Texas Awards at the Capitol, honoring first responders who were killed or seriously injured in the line of duty. The first Star of Texas Awards were presented in 2004 to three Texas first responders, one for each category of first responder: emergency medical, fire and law enforcement. The 79th Texas Legislature passed legislation that amended the Star of Texas Awards statute to require awards for every first responder seriously injured or killed after September 1, 2003.

EMS first responder killed in the line of duty responding to a medical call:

**Paramedic Eric Hanson
Marble Falls EMS**

On March 21, 2006, Paramedic Hanson was killed in a head-on collision while returning his ambulance to service from an EMS run to an Austin hospital. He was killed instantly in the accident.

EMS first responder injured in the line of duty responding to a medical call:

**Paramedic Selena Dell Schmidt
MedStar EMS, Ft. Worth**

On April 10, 2005, Paramedic Schmidt was assisting with extricating a patient from a motor vehicle accident when she was struck by a vehicle traveling at high speeds on a rain-soaked highway. She sustained a broken back, head injury and severe internal injuries.

The following EMS first responder was killed in the line of duty responding to a call other than a medical call:

**Firefighter Philip Wayne
Townsend
Denison Fire Department**

On December 30, 2006, Firefighter/EMT Townsend was killed while participating in defensive fire maneuvers outside of a burning business building when an awning collapsed on top of him.

Legislative update

Two bills passed in the last legislative session that will have significant effect on EMS. The first, SB 10, requires that only licensed EMS providers transport bedridden patients. This means even medical vans that transport by stretcher must be licensed as EMS providers. Second, HB 2827 requires all EMS providers to carry epinephrine pens, or a similar device, on each ambulance and to train personnel in the treatment of anaphylaxis. ECAs also may now administer epi pens with the approval of their medical directors. Because of the short time frame DSHS has in implementing these rules, staff had to write the rules and begin the approval process in October. Even though the rules have gone forward, they will be brought before GETAC in November for discussion. Any comments on the rules can be made during the public comment period when the rules are posted in the Texas Register later this year.

TEXAS EMS CERTIFICATIONS AS OF NOVEMBER 11, 2007	
ECA	3,787
EMT	29,597
EMT-I	3,799
EMT-P	12,411
LP	5,774
Total	55,368
Coordinator	117
Instructor	1,957

Health posters available online



The poster required to be posted in most Texas restaurants is available online from DSHS. Go to www.dshs.state.tx.us/foodestablishments/pubs.shtm for a list of all posters, including hand-washing posters.

Texas leads in drunken driving deaths

Here's a statistic the Lone Star state can't be proud of: we lead the nation in the number of drunken driving deaths. In 2006, Texas had 1,354 drunken driving deaths, up 34 from 2005. Twenty-two states had more drunken driving fatalities last year than the previous year, while



the numbers fell in 28 states, the District of Columbia and Puerto Rico. Nationwide, there were 13,470 deaths involving drivers with blood alcohol levels of .08 or greater.

EMS EXPO top products unveiled at Texas conference

Looking for the best new products? Texas EMS Conference is partnering with EMS EXPO this year to bring you the latest winners of the best EMS products from the trade show, which took place in Orlando in October. Join us on Monday, November 19, at 1 p.m., in the Texas EMS Conference exhibit hall. Scott Cravens, publisher of *EMS Magazine* (not to be confused with *Texas EMS Magazine*), will be on hand to make the announcements. Each year, *EMS Magazine* seeks out the most innovative products from the exhibit hall at EMS EXPO and chooses the top 20 products. Winners announced at Texas EMS Conference 2007 will be featured in the January issue of *EMS Magazine*. EMS EXPO, which took place this year in Orlando, is one of the largest EMS conferences in the nation.

Defibrillators recalled

The Food and Drug Administration (FDA) issued a Class I recall for MRL/Welch Allyn AED 20 Automatic External Defibrillators manufactured between October 2003 and January 2005. The serial numbers are 205787 through 207509. These devices are used to treat adult and pediatric patients. The recalled devices may display a "Defib Comm" error message on the device display during use. This may result in a terminal failure of the device to analyze the patient's ECG and deliver the appropriate therapy. The FDA advises healthcare professionals to stop using the recalled product and contact the manufacturer for a replacement. The complete MedWatch 2007 Safety Summary, including a link to this and other FDA recall notices, can be found at www.fda.gov/medwatch/safety/2007/safety07.htm#mrl.



Funding available for emergencies

EMS/Trauma System Account Extraordinary Emergency Funding (EEF) is available to assist licensed EMS providers, hospitals and registered first responder organizations when unforeseeable events cause degradation of services to the communities they serve. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies.

The following organizations were awarded Extraordinary Emergency Funding recently:

Big Lake EMS

\$30,000 for an ambulance

Pineland VFD (FRO)

\$35,000 for a first responder vehicle

Pendleton Harbor VFD (FRO)

\$33,494 for a first responder vehicle

Community EMS

\$50,901 for an ambulance and to rebuild an existing ambulance

Tri-City EMS, Inc.

\$22,641 for a cardiac monitor and two AEDs

Los Fresnos Ambulance Service

\$20,500 for a heart monitor/defibrillator

Throckmorton County Memorial Hospital

\$26,920 for a hospital generator

Clear Lake Emergency Medical Corp

\$74,677 for an ambulance remount



Medical board begins FBI checks

On October 1, the Texas Medical Board (TMB) began requiring out-of-state physicians who apply for a Texas license to undergo FBI criminal background checks. For in-state applicants, the Texas Department of Public Safety checks backgrounds. DSHS EMS has been requiring FBI checks for reciprocity applicants since March 2007.



On Duty

Reciprocity requires new FBI process

As of October 1, any reciprocity applicants will be required to undergo an FBI fingerprint criminal history check using L-1 Identity Solutions. The FAST Pass form, attached to the reciprocity application, includes instructions for scheduling an appointment with L-1 Identity Solutions, or you may visit their website at www.L1id.com. Any fees associated with this process will be the applicant's responsibility. If you are unable to go to the L-1 solution site please contact EMS Compliance and Quality Assurance at 512/834-6700, to receive a hard-copy fingerprint card. Please note this will delay the process several weeks and requires a law enforcement agency to manually process your prints.

Help available for brain and spinal cord injuries

The Texas Department of Assistive and Rehabilitative Services (DARS) has a program to help those with traumatic spinal cord injury or traumatic brain injury to re-enter the community and live as independently as possible. Like DSHS, DARS falls under the Texas Health and Human Services umbrella.

The program is paid for by fines collected for misdemeanors and felonies. For information on services provided, eligibility and the waiting list, go to www.dars.state.tx.us/drs/crs.shtml.





Cert query returns!

The certification query that allows you to look up EMS information in real time is back – sort of. The new certification query, which is part of the new database system rolled out earlier this year, will yield most of the info you used to get, and a little more. Now, in addition to querying about individuals, you can also send queries for EMS providers, medical directors, CE programs and education programs. That's the good news. What is no longer available is the application status for individuals. That means that the query will no longer show that an application has been received. We want to make sure that the data we have is correct. Some data may have converted or been entered incorrectly. If you find incorrect information on the site, please click on the e-mail link and let us know. We'll get back in touch with you to get it corrected. You can find the new cert query on the same page: www.dshs.state.tx.us/emstraumasystems/NewCert.shtm. You can also click "Check Certification Status" in the list of links on the left on the main EMS/trauma systems page.

New bill requires infection reports

According to DSHS, about 9,000 Texans will die this year from hospital-acquired infections. A new law passed in May will help consumers compare hospital infection rates online. Senate Bill 288 requires Texas hospitals to submit infection rates to DSHS as early as next summer. Since the Legislature provided no funds to develop the program, DSHS staff had to find resources for the program using the existing budget. The new program will not directly affect funding in EMS/trauma systems.



Medicaid reimbursement rates rise



The last legislative session brought good news for EMS providers. Several stakeholder groups, including Texas Ambulance Association and Texas Association of Air Medical Services, worked at the Capitol to increase reimbursement rates for Medicaid. The rates went into effect on September 1, 2007.

New rates:

- A0425: Ground mileage, per statute mile, \$4.50 per mile
- A0428: BLS, non-emergent transport, \$200 per transport
- A0429: BLS, emergent transport, \$250 per transport
- A0430: Fixed-wing transport: \$2,250 per transport
- A0431: Rotary-wing transport: \$3,000 per transport

Houston website lists attractions, cheap cabs

Looking for things to do after a day of continuing education at Texas EMS Conference? The Houston folks have put together a website just for us listing restaurants, transportation and other attractions. Go to www.texasemsconference.com/HoustonInfo.htm. There's a flat taxi fare of \$6 for all trips in

the downtown area. This \$6 fare will apply anywhere within the Central Business District, bounded by Interstate 45, Interstate 10 and U.S. 59. The fare, in addition to increased downtown taxi stands, provides an easy alternative to activities throughout the downtown area. No surcharges will apply to the fare, which can accommodate multiple riders under the \$6 total rate. For info, go to www.visithoustontexas.com/meetings/Transportation. See you in Houston November 18-21!



Plans to establish EMS monument

A group of EMS professionals is exploring the possibility of building a permanent, outdoor memorial to honor those EMS providers who have lost their lives in the line of duty. EMS personnel killed in the line of duty are now honored during the annual Texas EMS Conference and the names of the fallen are engraved on brass plates and displayed all year at DSHS. The hope is for the new memorial to be a permanent structure easily accessible to visitors. Plans for the memorial will be made with the families in mind. The



committee's goal is to have the project completed in time for the 2010 EMS Week.

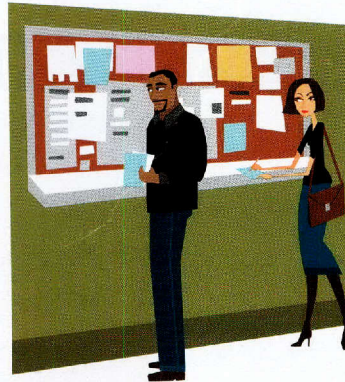
This effort will be conducted in four phases, with the first two phases running concurrently:

1. Identify and acquire a suitable site for the EMS Memorial
2. Design concept solicitation and selection
3. Fund raising
4. Construction

The Texas EMS Memorial Project seeks the assistance of the Texas EMS community in bringing this project to fruition. Committees will be formed to achieve the goals of each of the phases listed above. Anyone interested in serving on one or more of these committees or wishing to submit a location or design concept for consideration should contact the Texas EMS Memorial Project at info@txemsmemorial.org. For more information, visit txemsmemorial.org, or stop by the EMS Honor Guard booth at Texas EMS Conference. – *T.J. Callis*

CCMP rule moving forward

The public comment period for CCMP ended on October 14. DSHS staff had not received the comments as of press time, but assuming there are no major issues that need to be addressed, the rule could go forward to the Health and Human Services Commission and become rule in early 2008. Watch our website for more details.



On Duty

Need ECA training?

Don't forget – DSHS funds ECA training for eligible communities.

Go to www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm for more details or contact Arlen Bolenbacher at arlen.bolenbacher@dshs.state.tx.us.



November 18-21, 2007

Texas EMS Conference – Houston

(Exhibit Hall open November 18-20)

It's the biggest city in Texas and the fourth-biggest in the nation. Yet Houston has never hosted the best EMS conference around – that is, until now!

This year, Texas EMS Conference will set up shop in the spacious and attractive George R. Brown Convention Center, on the southern end of Houston's vibrant downtown. Conference 2007 promises to deliver all the goods you've come to expect – top-notch education, speakers and exhibits that will keep you on the cutting edge of emergency medicine.

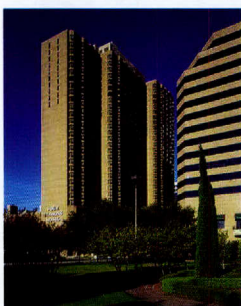
But, as always, we're not content to rest on our laurels. That's why this year we're expanding the selection of two-hour, hands-on classes, which were hugely popular when introduced in 2006. In addition, the exhibit hall will feature a new layout designed to make browsing as easy as possible, and the annual EMS Awards Luncheon will be held in the stunning Lanier Grand Ballroom of Hilton Americas-Houston.

Even with all these perks, we remain committed to giving you the best value for your dollar. Our low conference rate includes access to 15 hours of continuing education, a tote bag, coffee and snack breaks, a buffet lunch, and the Awards Luncheon, which honors the best in Texas EMS and trauma.

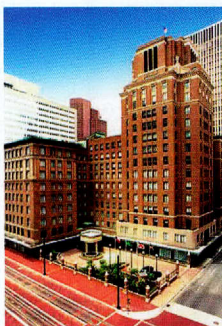
Special room rates for conference attendees and exhibitors are available at six downtown hotels. Hilton Americas-Houston, our host hotel, is connected to the convention center by a skyway, while the four others are just a short walk away. Don't pass up these great deals – make your reservation now before the hotels are booked.

See you in Houston!

HOTELS



Four Seasons Hotel
1300 Lamar St.
Houston, TX 77010-3017
713-650-1300
www.fourseasons.com/houston
\$149/\$169



Courtyard by Marriott
916 Dallas Street
Houston, TX 77002
888-269-2163 Reservation code "EMS"
www.marriott.com/hotels/travel/houdt-courtyard-houston-downtown
\$85/\$105



Doubletree Hotel Houston
Downtown
400 Dallas St.
Houston, TX 77002-4777
713-759-0202
www.doubletree.com
\$85/\$110



Hilton Americas-Houston
1600 Lamar St.
Houston, TX 77010
713-739-8000
www.hilton.com
\$85/\$125
online booking code: ITM

Residence Inn by Marriott
904 Dallas Street
Houston, TX 77002
800-730-3931 Reservation code "EMS"
www.marriott.com/hotels/travel/hourd-residence-inn-houston-downtown/
\$105 includes shuttle Monday-Friday, Managers Reception Monday-Friday, hot breakfast for up to four guests in the room, internet, a kitchen and a pullout couch in each suite.



Holiday Inn Express
1810 Bell Avenue
Houston, TX 77003
(713) 652-9400 Reservation code "EMS"
www.hiexpress.com
\$119 includes a hot buffet breakfast, parking, wireless internet, local calls and business center.

**Conference rates may not still be available at all hotels.
Call hotels for information**

Schedule

Conference At-A-Glance

Sunday, November 18

1:00 pm - 7:00 pm Registration in George R. Brown Exhibit Hall B3
 3:00 pm - 7:00 pm Exhibit Hall opens with Welcome Reception

Monday, November 19

7:00 am - 6:00 pm Registration in George R. Brown Exhibit Hall B3
 8:15 am - 9:30 am Opening Session
 9:45 am - 10:45 am Workshop Breakouts
 10:00 am - 3:00 pm Exhibit Hall open (Exhibit Hall closed 3-5pm)
 5:00 pm - 7:00 pm Exhibit Hall open
 11:00 am - Noon Workshop Breakouts
 12:00 pm - 1:00 pm Lunch in Exhibit Hall
 2:00 pm - 3:00 pm Workshop Breakouts
 3:15 pm - 4:15 pm Workshop Breakouts
 4:30 pm - 5:30 pm Workshop Breakouts

Tuesday, November 20

7:00 am - 3:00 pm Registration in George R. Brown Exhibit Hall B3
 7:30 am - 8:30 am Early Bird Workshop Breakouts
 8:45 am - 9:45 am Workshop Breakouts
 10:00 am - 11:45 am Exhibit Hall open (closed during Awards Luncheon)
 10:00 am - 11:00 am Workshop Breakouts
 11:45 am - 1:30 pm Awards Luncheon-Hilton Americas-Houston, Lanier Grand Ballroom (Exhibit Hall open immediately after Awards Luncheon)
 1:30 pm - 3:00 pm Exhibit Hall open
 2:00 pm - 3:00 pm Workshop Breakouts
 3:00 pm Exhibit Hall closes
 3:15 pm - 4:15 pm Workshop Breakouts
 4:30 pm - 5:30 pm Workshop Breakouts

Wednesday, November 21

8:30 am - 9:30 am Workshop Breakouts
 9:45 am - 10:45 am Workshop Breakouts
 11:00 am - noon Workshop Breakouts
 Conference adjourns

GRAND PRIZE - \$250; FIRST PLACE - \$175; SECOND PLACE - \$100; THIRD PLACE - \$75; HONORABLE MENTION - \$50

2007 Texas EMS Photography Contest entry form

Photographer's Name _____

Employed by _____

Address _____

City _____ State _____ Zip _____

Phone (HM) _____ / _____ - _____ (WK) _____ / _____ - _____

E-mail Address _____

Mail to: Texas Department of State Health Services/EMS
 1100 W. 49th St., Austin, TX 78756-3199.

Deadline for entering: November 12, 2007

Tape this form to the back of the photo.

Brief explanation of scene: _____

Photo Contest Rules

- **Winning categories and prizes:**
 Grand Prize winner (either color or black and white)—\$250 and a plaque.
 First Place—\$175 and a ribbon.
 Second Place—\$100 and a ribbon.
 Third Place—\$75 and a ribbon.
 Honorable Mention—\$50 and a ribbon.
- **Deadline:** Entries must be received no later than **November 12, 2007**. All photos will be displayed at Texas EMS Conference, and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmounted prints, in color or black and white (5 X 7 to 9 X 12 is best). Fill out the entry form, tape it to the back of your photograph and mail your entry to: Texas Department of State Health Services/EMS, 1100 W. 49th St., Austin, TX 78756-3199.
- **For digital photos:** Please print out a copy and mail it with the entry form attached. You also may e-mail the photo in .jpg format, using CMYK colors, to Dawn.Whitfield@dshs.state.tx.us.
- The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- The ownership of the negative will remain with the photographer.

Monday

General Session – 8:15-9:30 – General Assembly Theater - Dr. James “Red” Duke

Room	9:45 am – 10:45 am	11:00 am – Noon	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
George Bush Grand Ballroom A	Grand Mals & Memory Stalls: Altered Mental Status & Seizures Essman <i>Medical</i>	Extreme Makeover: Body Edition (Episode-Cardiothoracic Makeovers) Dunne <i>Trauma</i>	Prehospital Ultrasound Guided Venous Access in Adults and Pediatrics Spear <i>Medical</i>	Sex-Related Differences in Resuscitation Pepe <i>Medical</i>	Motor Vehicle Collisions Bouvier <i>Trauma</i>
George Bush Grand Ballroom B	Child Abuse and Child Homicide: The Role of First Responders Donaruma-Kwoh <i>Spec Cons</i>	Pediatric Cases for EMT Basics Manish Shah <i>Spec Cons</i>	Case Studies in Pediatrics for ALS Sirbaugh <i>Spec Cons</i>	Suffer the Children Bolleter <i>Spec Cons</i>	Traches and Tubes and Shunts, Oh My! : Care For Special Needs Children Ebright <i>Spec Cons</i>
George Bush Grand Ballroom C	Post Intra-Abdominal Trauma Valles <i>Trauma</i>	Heart Alert: From 90 to Nothing Through a Coordinated Response Wait <i>Medical</i>	Mind Over Grey Matter: Preventing Secondary Injury Essman <i>Trauma</i>	Sharpening Your Cardiac Diagnostic Skills Bledsoe <i>Medical</i>	Disaster Response: The Real Story City of Houston Fire Department Panel <i>CRO</i>
310 ABCDEF	A Weightly Issue: Prehospital Care of Bariatric Patients Perkins <i>CRO</i>	Pharming: Grandma's Garden Just Got Wired Turner <i>CRO</i>	Are You An EMS Detective? Perkins <i>CRO</i>	Impedance Threshold Device: Improving Survival from Cardiac Arrest Navarro <i>Medical</i>	Compassion: The Difference Between a Good EMT/Paramedic and a Great One! Wallace <i>Prep</i>
320 ABCDEF	The Rheumatoid Arthritis Patient Seeber <i>Medical</i>	Major Bleeding Control: What Are My Options? Dispelling Some Myths Weinzapfel <i>Trauma</i>	Interesting Airway Cases Gordon <i>Airway</i>	Pediatric Stroke Sheehan <i>Spec Cons</i>	The Top 5 Things That Pucker My Sphincter Wagenhauser <i>Pt. Asmnt</i>
330 AB Nursing	I Can't Drive 55: Mechanism of Injury Yates <i>Trauma</i>		Reinventing the Wheel and Deal: A Collaborative Approach to Community Injury Prevention Windham/Windisch <i>Prep</i>	Toxicology: What Emergency Personnel Should Know Boyett <i>Medical</i>	Is Your ED or EMS Service Prepared to Care for Children? Snow
340 AB Nursing and EMS CD given	Critical Incident Stress Management Ponder <i>Prep</i>	Forensics in the Health Care Setting Barefoot <i>Prep</i>	Traumatic Brain Injury McGee <i>Trauma</i>	Texas ERs Break Traditions for Acute Ischemic Stroke Estes <i>Medical</i>	Reading Between the Lines: Identifying and Using Vascular Catheters Marsolan <i>Medical</i>
351 BE Admin	It will be different when I am in charge!: The Myths versus Realities of EMS Supervision and Management Barishansky <i>Prep</i>	Controlling Controlled Substances Griffin <i>CRO</i>	Creating a Great Culture Johnson <i>CRO</i>	Customer Satisfaction – Adding Value to the Prehospital Experience Mifflin <i>CRO</i>	The Leadership Vision Cebollero <i>Prep</i>
360 ABDE	From Dirty Bombs to A Bombs: Dealing with Explosive Radiation Incidents Pepe <i>CRO</i>	Please Don't Call Me Honey: Understanding Our Geriatric Patients Barishansky <i>Spec Cons</i>	Essentials of Pediatric Resuscitation Sheehan <i>Spec Cons</i>	Dementia: The Epidemic We All Want to Forget Teel <i>Spec Cons</i>	Should I Stay or Should I Go: Watching Someone Die Can Change You Etheridge
361 BE Educator	Making Research Work Persse – Panel <i>Prep</i>	Study Strategies to Help Students Succeed Matthews <i>Prep</i>	Baptism by Fire: An Ongoing Assessment and Adjustment of Best Practices of EMS Education in a Large Urban Community College Setting Houston Community College EMS Faculty – Panel <i>Prep</i>	How Do We Prepare Our Students to Be Caring, Compassionate, Competent and Pass the Test? Creech <i>Prep</i>	Survey Says: Understanding EMS Research Design and Methodology Oglivie/Navarro <i>Prep</i>
370 ABDE	Pediatric Tracheal Intubation: Is It Time For Us to Stop? Navarro <i>Airway</i>	Cutting Edge of Stroke Estes <i>Medical</i>	When Your Patient “Hits the Wall” : Pathophysiology of Shock Ebright <i>Trauma</i>	GHB and Other Improvised Substances of Abuse Turner <i>Prep</i>	Ventilation Through a Coffee Stirrer: Asthma Dunne <i>Airway</i>

Tuesday

Room	7:30 am – 8:30 am	8:45 am – 9:45 am	10:00 am – 11:00 am	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
George Bush Grand Ballroom A	Understanding ST Elevation MI's (STEMI) in the Prehospital Setting Mabbitt <i>Medical</i>	Anaphylaxis 2007: The New Epi Requirement Racht <i>Medical</i>	Novel Pain Management Techniques McManus <i>Medical</i>	STEMI in the Streets: Managing Acute Coronary Syndromes 2007 Racht <i>Medical</i>	What to do When Your Patient Forgot His Veins Haas <i>Medical</i>	The How Impacts the What: Maximizing the Science by Focusing on the Art Racht <i>Prep</i>
George Bush Grand Ballroom B	Welcome to Munchkinland: They're Not Just Little Adults Scadden <i>Spec Cons</i>	The Down and Dirty of Neonatal Resuscitation Gilmore <i>Spec Cons</i>	Don't Be Scared: Practical Tips for Assessing Children Gilmore <i>Spec Cons</i>	Obstetrical Emergencies Bledsoe <i>Spec Cons</i>	Fighting Fire with EMS - The Great Divide Griffin <i>Prep</i>	Emotionally Disturbed Patients: Crisis or Mental Illness Rickey <i>Spec Cons</i>
George Bush Grand Ballroom C	Hemorrhage Control in the Tactical Prehospital Setting Mabry <i>Trauma</i>	Non-Invasive Respiratory Gas Monitoring Bledsoe <i>Airway</i>	Whole Lotta Shaking Going On: Understanding Seizures Page <i>Medical</i>	In Search of the Hunter Caregiver Bolleter <i>CRO</i>	Gut Check: Medical Causes of Abdominal Issues Bonewald <i>Medical</i>	Two Jews and a Redneck: The EMS Comedy Tour Grayson/Saffer/ Hatfield <i>Prep</i>
310 ABCDEF	Teeth to Tattoos Hatfield <i>Prep</i>	How Vital Are Vital Signs? Page <i>Pt. Asmnt</i>	Baby Not Breathing: If This is Your Daily Routine, Get Out of EMS – Common Medical Emergencies Waddell <i>Medical</i>	Pediatric Respiratory Emergencies White <i>Airway</i>	Physics of Shock Beeson <i>Trauma</i>	The Myth of the Paramedic Professional in Texas Ericson <i>Prep</i>
320 ABCDEF	Home Sweet Home: How Safe Are Our Kids Baker/Hellsten <i>Spec Cons</i>	Everything I Ever Needed to Know I Learned in EMT School: Patient Assessment Basics and Advanced Technology Pitfalls Ericson <i>Pt. Asmnt</i>	From Dream House to Nightmare: A Case Study in Carbon Monoxide Poisoning Dees/Crawford <i>Medical</i>	Real Life Smurfs: The Blue Baby Syndromes Scadden <i>Spec Cons</i>	Pediatric Emergencies: Best EMS Communications and Transport to a Level I Trauma Facilities St. Claire <i>Spec Cons</i>	Pandemic Planning for Fire and EMS Dept Sikes <i>CRO</i>
330 AB Nursing	Texas EMS/Trauma Registry: Old Dog, New Tricks Alegria <u>EMS CE ONLY</u> <i>Prep</i>	Shake, Rattle and Bicycle Kick: Neonatal Seizures Jenkins <i>Spec Cons</i>	STEMI Protocol: A Collaborative Effort Between EMS and ED Johnson/ Wolf <i>Medical</i>	Emergency Preparedness: Medical Operations Centers Havron/Upton <i>CRO</i>	ABC's of Forensics in the Emergency Department Dillahunty <i>Medical</i>	
340 AB Nursing and EMS CE given	TBA Frost	ATV Injuries Maxson <i>Trauma</i>	Forensic Pathology S. Kornman <i>Medical</i>	ABC's of Blood M. Kornman <i>Medical</i>	Pelvic Trauma Dissanaikie <i>Trauma</i>	
351 BE Admin	From Bake Sales to ESD Schriber/Trouten <i>CRO</i>	Managing Conflict in Emergency Medicine Breaux <i>CRO</i>	After the Vote-Now What? Schriber/Trouten <i>CRO</i>	Workplace Laws: An Intro for New Leaders and Those Who Want to Be Wait <i>Prep</i>	Injury prevention for EMS- it just makes cents Porter <i>Prep</i>	Ambulance Accidents: The Hidden Epidemic Wait <i>Prep</i>
360 ABDE	Documenting Patient Refusals Gandy <i>Pt. Asmnt</i>	The "Twelve H's" of AMS Rickey <i>Pt. Asmnt</i>	Velma and Louisa "Do" EMS Scadden/Rickey <i>Prep</i>	Evidence Based Medicine in EMS Harbert <i>CRO</i>	Bites and Stings of Summer Yudizky <i>Medical</i>	Am I Making a Difference Campa <i>CRO</i>

more Tuesday classes next page

Tuesday cont.

Room	7:30 am – 8:30 am	8:45 am – 9:45 am	10:00 am – 11:00 am	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
361 BE Educator	E-learning for the EMS Educator Hernandez <i>Prep</i>	The Field Training Officer Experience: How Do You Prepare Our Future? Street <i>Prep</i>	How Do We Help Them Know What to Say? Jeffery <i>Prep</i>	National Registry Testing: Facts, Fiction, and the Hard Cold Realities Ericson <i>Prep</i>	EMS: The Evolution of Education Dush <i>Prep</i>	EMS Education: Teaching a Dynamic Field Within a Static Environment Gwynn <i>Prep</i>
370 ABDE	Women and AML: Would You Treat Your Mother Like That? Porter <i>Medical</i>	EMS Myth busters: Discarding the Dogma Grayson/Saffer <i>CRO</i>	Small Town EMS, the Good and the Bad of Treating Our Friends and Family Jones <i>CRO</i>	Thinking at Light Speed: Developing Good Instincts in Your Students Grayson <i>Prep</i>	Family Centered Care: EMS From the Heart Waddell <i>Prep</i>	Circle of Protection: Think Child/Senior Safety Petrilla <i>Spec Cons</i>

Wednesday

Room	8:30 am – 9:30 am	9:45 am – 10:45 am	11:00 am – Noon
George Bush Grand Ballroom A	Life, Death, and Everything In Between Grayson <i>Prep</i>	Learning from Wild-land Firefighters Molino <i>CRO</i>	Closing General Session George Bush Grand Ballroom A The Amazing Grace of Emergency Medicine Fowler <i>CRO</i>
George Bush Grand Ballroom B	The Miracle of Life... Almost: OB/Delivery Complications Ebright <i>Spec Cons</i>	EMS For The Mind, Body and Soul Dush <i>Prep</i>	
George Bush Grand Ballroom C	Anaphylactic Reactions: Beating Life and Death Molino <i>Medical</i>	Signs of Abuse Brock-Queen <i>Spec Cons</i>	
310 ABCDEF	The Top Ten Issues Facing EMS Professionals 2007 Fowler <i>Prep</i>	Minimizing personal family stress of the EMS provider Campa <i>Prep</i>	

Other meetings happening during the conference:

Saturday, November 17

Texas EMS Trauma and Acute Care Foundation, 5pm – 8pm, Hilton Americas - Houston

Sunday, November 18

Texas Trauma Coordinators Forum, 8am – 12pm, Hilton Americas - Houston
EMS Association of Texas, 7pm – 9pm, Hilton Americas - Houston
Valsalva Bowl (preliminaries), 7pm – 10pm, Hilton Americas - Houston

Monday, November 19

Texas Ambulance Association Board Meeting, 12pm – 4pm, Hilton Americas - Houston
Valsalva Bowl (finals), 12:15pm – 1pm, George R. Brown Convention Center, Exhibit Hall
EMS Expo Top Products, 1pm, George R. Brown Convention Center, Exhibit Hall

Tuesday, November 20

Texas Ambulance Association Billing Seminar, 8am – 4pm, Hilton Americas - Houston
EMSEAT, 6pm – 7 pm, Hilton Americas - Houston

Texas EMS Awards Luncheon
Tuesday November, 20
Hilton Americas-Houston
Lanier Ballroom, Fourth Level

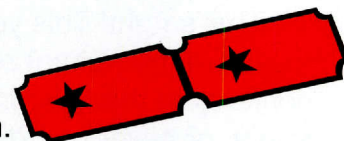
Monday

Room	9:45 am – 11:45 am	1:00 pm – 3:00 pm	3:30 pm – 5:30 pm
332 AD	Patient Handling Preventing Provider Injury and Patient Drops Bradley <i>CRO</i>	Patient Handling Preventing Provider Injury and Patient Drops Bradley <i>CRO</i>	Patient Handling Preventing Provider Injury and Patient Drops Bradley <i>CRO</i>
332 CF	Stethoscopy for Dummies Page <i>Prep</i>	Stethoscopy for Dummies Page <i>Prep</i>	Stethoscopy for Dummies Page <i>Prep</i>
342 AD	Alternative Medicine and the EMS Intersection Rickey <i>Spec Cons</i>	Alternative Medicine and the EMS Intersection Rickey <i>Spec Cons</i>	Alternative Medicine and the EMS Intersection Rickey <i>Spec Cons</i>
342 CF	Pediatric ALS Workshop: All the Procedures You're Scared Of, Plus the Ones That Actually Work Grayson/Scadden <i>Spec Cons</i>	Pediatric ALS Workshop: All the Procedures You're Scared Of, Plus the Ones That Actually Work Grayson/Scadden <i>Spec Cons</i>	Pediatric ALS Workshop: All the Procedures You're Scared Of, Plus the Ones That Actually Work Grayson/Scadden <i>Spec Cons</i>
350 AD	Spanish For EMS Providers Dees <i>Prep</i>	Spanish For EMS Providers Dees <i>Prep</i>	Spanish For EMS Providers Dees <i>Prep</i>
350 EF	Neonatal and Pediatric Emergencies: A discussion and skills presentation Gilmore <i>Spec Cons</i>	Neonatal and Pediatric Emergencies: A discussion and skills presentation Gilmore <i>Spec Cons</i>	Neonatal and Pediatric Emergencies: A discussion and skills presentation Gilmore <i>Spec Cons</i>
351 AD	Challenging Cases from the Field: How would you manage them? Krauss/Racht <i>Pt. Asment</i> <i>*One Time Only*</i>	Capnography in EMS: An Emerging Standard of Care Krauss <i>Airway</i> <i>*One Time Only*</i>	"I Want A New Drug": Street and Club Drugs Yates/Biddle <i>CRO</i> <i>Lecture only-no ticket needed</i>
351 CF	Pig Trachea Lab Gandy <i>Airway</i>	Pig Trachea Lab Gandy <i>Airway</i>	Pig Trachea Lab Gandy <i>Airway</i>
361 AD	Basic Chemical Research for EMS Responders Haas <i>CRO</i>	Basic Chemical Research for EMS Responders Haas <i>CRO</i>	Basic Chemical Research for EMS Responders Haas <i>CRO</i>
361 CF	Advanced Agents and Devices for Prehospital External Hemorrhage Control McManus <i>Trauma</i>	Advanced Agents and Devices for Prehospital External Hemorrhage Control McManus <i>Trauma</i>	Advanced Agents and Devices for Prehospital External Hemorrhage Control McManus <i>Trauma</i>

And now, back by popular demand ...

Last year's two-hour classes were a great success! This year, in addition to the one-hour lecture classes at the Texas EMS Conference, we'll offer two-hour classes that will emphasize intense, hands-on experiences in a small classroom.

Here's the important part: Because these classes are limited in attendance, you **MUST** sign up for the class in advance and get a ticket to be admitted to class. Once the tickets for that class are gone, there will be no more issued. Sign-up for the classes at the conference registration desk beginning at 1 p.m. on Sunday, November 18.



Tuesday

Room	7:30 am – 9:30 am	9:45 am – 11:45 am	2:00 pm – 4:00 pm
332 AD	Advanced Airway Management and the Utilization of Capnography in the Field Weinzapfel <i>Airway</i>	Advanced Airway Management and the Utilization of Capnography in the Field Weinzapfel <i>Airway</i>	Advanced Airway Management and the Utilization of Capnography in the Field Weinzapfel <i>Airway</i>
332 CF	Wilderness Rescue Green <i>CRO</i>	Wilderness Rescue Green <i>CRO</i>	Wilderness Rescue Green <i>CRO</i>
342 AD	When Sugar is Not Always so Sweet McCrea/Levesque <i>Medical</i>	When Sugar is Not Always so Sweet McCrea/Levesque <i>Medical</i>	When Sugar is Not Always so Sweet McCrea/Levesque <i>Medical</i>
342 CF	TASER: Hands on Exposure and Treatment Turner <i>Prep</i>	TASER: Hands on Exposure and Treatment Turner <i>Prep</i>	TASER: Hands on Exposure and Treatment Turner <i>Prep</i>
350 AD	Review of Basic and Advanced Pediatric Airway Management Gilchrest/ Mona Shah <i>Airway</i>	Review of Basic and Advanced Pediatric Airway Management Gilchrest/ Mona Shah <i>Airway</i>	Review of Basic and Advanced Pediatric Airway Management Gilchrest/ Mona Shah <i>Airway</i>
350 EF	Fine Tuning Your Patient Assessment Shiplet/Langford <i>Pt. Asment</i>	Fine Tuning Your Patient Assessment Shiplet/Langford <i>Pt. Asment</i>	Fine Tuning Your Patient Assessment Shiplet/Langford <i>Pt. Asment</i>
351 AD	Moulage Kit on a Budget Stafford <i>Prep</i>	Moulage Kit on a Budget Stafford <i>Prep</i>	Moulage Kit on a Budget Stafford <i>Prep</i>
351 CF	Guts and Gore: Lung Lab Clancy/Kern <i>Airway</i>	Guts and Gore: Lung Lab Clancy/Kern <i>Airway</i>	Guts and Gore: Lung Lab Clancy/Kern <i>Airway</i>
361 AD	Can You Hear Me Now? Stewart <i>Spec Cons</i>	Can You Hear Me Now? Stewart <i>Spec Cons</i>	Can You Hear Me Now? Stewart <i>Spec Cons</i>
361 CF	Resuscitation Science '07: Making sense of it all Etheridge/Skinner <i>Medical</i>	Resuscitation Science '07: Making sense of it all Etheridge/Skinner <i>Medical</i>	Resuscitation Science '07: Making sense of it all Etheridge/Skinner <i>Medical</i>

Return of the Valsalva Bowl at Texas EMS 2007!



That's right! This year, the Valsalva Bowl makes in triumphant return to the Texas EMS conference this year in Houston! In case you forgot, or never heard of it, the Valsalva Bowl, is a fast-paced quiz show featuring teams of three competing against each other in a contest of speed, luck and oh yes, medical knowledge. The winners receiving Texas-sized trophies and of

course bragging rights as the Champions of Texas!

Sponsored by the EMS Educators Association of Texas, the competition preliminaries will take place on Sunday night, November 18th at the Hilton at 7:00 p.m. The finals will be at 12:15 p.m. on Monday, November 19, in the exhibit hall.

continued on page 43

Downtown Houston



New activities this year at Texas EMS Conference

Texas EMS Conference is teaming up with Southeast Texas Trauma RAC (SETTRAC) to bring you some EMS and trauma experiences you won't want to miss! Join your friends for tours of trauma centers and communications centers, or ride out with one of the many EMS providers around Houston.

All tour and ride-out information is at www.texasemsconference.com. Advance registration is required for both tours and the ride-outs.

Trauma Center Tour

Saturday, 11/17

9 a.m. – 1 p.m. (longer if necessary)

Reservations required

Ben Taub General Hospital

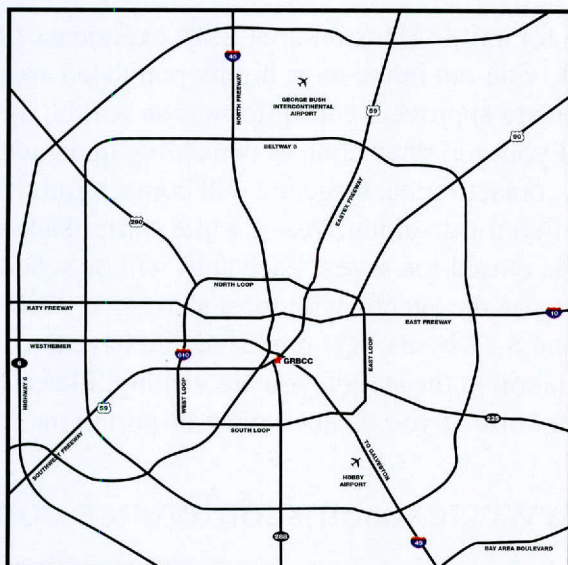
Memorial Hermann Hospital

Children's Memorial Hermann Hospital

Memorial Hermann LifeFlight

Meet at the Hilton at 8:30 a.m. on Saturday to load the tour bus. The first stop is Ben Taub, a Level I trauma center averaging 94,000 visits a year. Next on the tour will be Memorial Hermann Hospital Emergency Center's adult medical/trauma and the pediatric trauma center where more than 18,000 children are seen each year. The tour will conclude with a brief visit to the first air medical service, LifeFlight. Please wear comfortable business attire, and comfortable walking shoes. If you want to spend more time, no problem. Participants will be directed to the train stop just outside Hermann for the quick trip back to downtown.

Houston



continued on page 22

Exhibit Hall and all workshops are on level 3 of the George R Brown Convention Center

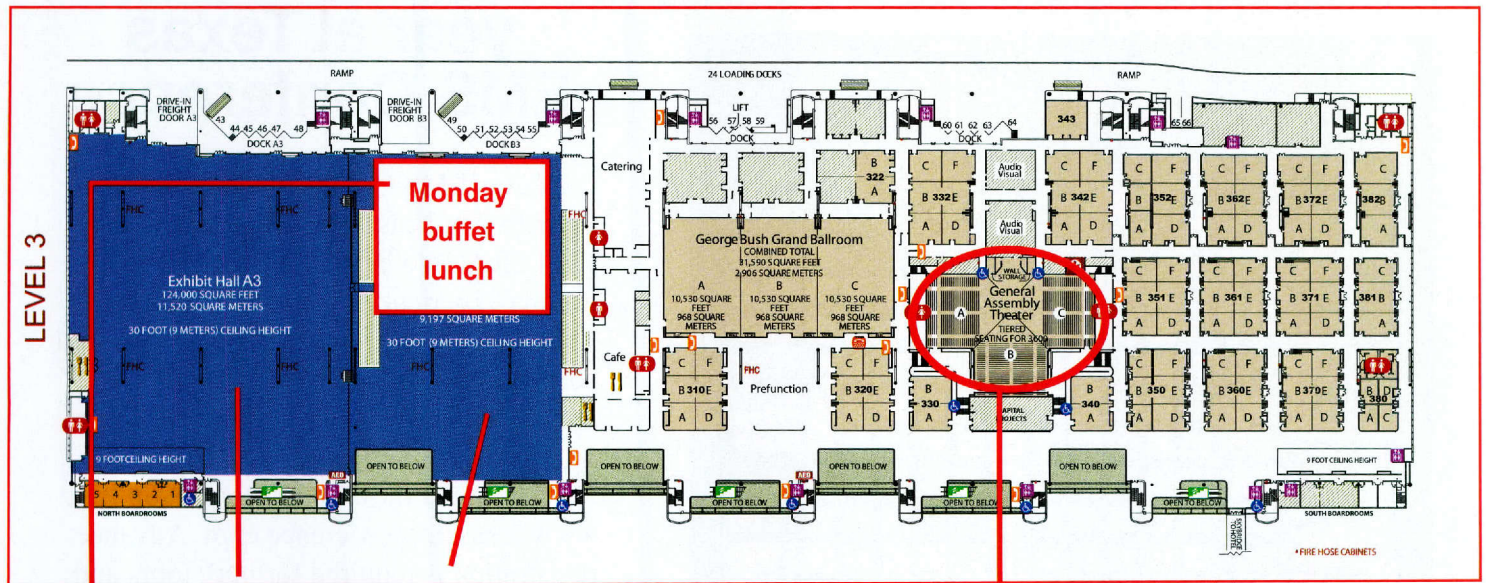


Exhibit Hall

General Assembly Theater - General Session

Monday buffet lunch enters here

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Communications Center Tour

Sunday, 11/18

Approximately 9 a.m. – 3 p.m.

Reservations required

Montgomery County Emergency

Communication District

Houston Emergency Center (HEC) and

Emergency Operations Center

Meet at the Hilton at 8:30 a.m. to load the tour bus. This tour begins with Montgomery County Emergency Communications District, which services a population of 360,000 and covers 1100 square miles. Then lunch will be provided before a bus ride to tour the state-of-the art Houston Emergency Center (HEC) where approximately 10,000 emergency calls per day are processed, and HEC's Emergency Operations Center, utilized during times of incident activation. Please wear comfortable business attire, and comfortable walking shoes.

EMS Ride-Alongs

Saturday, 11/17 – Tuesday, 11/20

Based on availability

Reservations required

Cypress Creek EMS

Fort Bend County EMS

Harris County ESD-1

Houston Fire Department/EMS

League City Volunteer EMS

North Channel EMS

Looking for a little Houston-area EMS experience? See what it's like to ride-out in the most highly populated area of Texas. Once you are approved, your information will be forwarded to one of your top three choices depending upon availability. The key contact for each agency will contact you with the details of your ride-along. Wear a white shirt, black pants and black, closed-toe shoes. Each shift will be scheduled depending on the agency with most starting at 0700 or 0800 and lasting 8-12 hours. It is preferred you have a method of transportation to the station you are visiting. Please let the scheduler know if you do not have transportation.

Information on tours and ride-alongs at www.texasemsconference.com

Profile: EMS Compliance – Central Group

EMS Compliance

Central Group is responsible for 23 counties in the Central Texas area, including Travis County. Eight staff housed at the DSHS Exchange Building provide technical guidance and regulatory services to three RACs, 50 licensed EMS providers and countless certificants and licensees.

If you want to get licensed as an EMS provider, your journey begins with paperwork filed with this staff before field inspection. After the inspection is completed, the application comes back to Austin for final processing. The Central Group also registers all first responder organizations.

The Central Group serves as the statewide intake for complaints and facilitates the statewide enforcement review committee, which reviews applicants with criminal histories. Staff also perform criminal history background checks on all EMS applicants.

Staff actively participate in the regional advisory councils (RACs), and provide regional and local public health information and services. EMS Compliance is part of the Patient Quality Care Unit in the Health Care Quality Section. The Section is in the Division of Regulatory services. Kathy Perkins is assistant commissioner for the



Central Group staff headquarters in Austin, from left Michelle Hinex, Chris Gideon, Assistant Commissioner Kathy Perkins, Chris Meyers, State EMS Director Maxie Bishop, Commissioner David Lakey, Kenneth Himes, Brett Hart, Heather Godinez, and Beth Holimon. Not pictured: June McGuire.

Division; Renee Clack is director of the Section; and Derek Jakovich is director of the Unit.

Brett Hart – Manager, Central EMS Compliance Group

Past/current EMS certifications:

EMT-Paramedic, Council on Licensure Enforcement - National Certified Investigator

How long in EMS? EMT 1985; EMTP since 1987; private EMS nine years as field paramedic and manager

How long with the state? 12 years

Phone number/e-mail address:

512/834-6731

brett.hart@dshs.state.tx.us

Kenneth Himes

Past/current EMS certifications:

Council on Licensure Enforcement - National Certified Investigator

How long in EMS? 3 years; 8 years in United States Air Force security police/law enforcement

How long with the state? 3 years

Area of responsibility:

First responder organization registration and criminal background investigations

Phone number/e-mail address:

512/834-6700 ext 2313

kenneth.himes@dshs.state.tx

state.tx

Chris Meyer

Past/current EMS

certifications: EMT-B

since 2002, volunteer firefighter since 2001

How long in EMS?

6 years

How long with the state? 1 year

Area of responsibility: EMS

provider licensing

Phone number/e-mail address:

512/834-6700 ext. 2317

chris.meyer@dshs.state.tx.us

Chris Gideon

Past/current EMS certifications:

NREMT, EMT-B

How long in EMS? 3 years

How long with the state?

10 months

Area of responsibility: EMS

provider licensing

Phone number/e-mail address:

512/834-6700 ext 2612

chris.gideon@dshs.state.tx.us

June McGuire

Past/current EMS certifications:

Council on Licensure Enforcement

- National Certified Investigator

How long in EMS? 2 ½ years

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by Dean Lofton

Cypress Creek EMS Bike Medic Response Team attends international conference

Cypress Creek EMS (CCEMS) sent three people from its Bike Medic Response Team (BMRT) to the 17th annual International Police Mountain Bike Conference Association (IPMBA) last spring hosted by the East Baton Rouge EMS in Louisiana. Wren Nealy, a paramedic and director of special operations at CCEMS and a police officer with Hempstead Police Department, is a certified IPMBA instructor in both police and EMS biking. Nealy attended to gain insight into the IPMBA conference, which CCEMS hopes to host in the future. Jeff Taylor, paramedic supervisor at CCEMS attended the Maintenance Officers Course to learn skills to help reduce labor costs and keep the CCEMS fleet of 25 bicycles in top condition. Brian Gillman, LP, attended the EMS Cyclist Instructor course. Nealy described the conference as not the standard seminar/lecture format, since the majority of the conference is spent “on bike.”

The use of mountain bikes in EMS is relatively new and modeled after the successful use of bikes in law enforcement. The bicycle allows EMS to deliver service to areas conventional response vehicles have difficulty reaching. Bicycles can reduce costs and resources through better use of equipment and manpower. Some areas in the



Riders from Cypress Creek EMS get in a little cycling while they attend the the International Police Mountain Bike Conference in East Baton Rouge, Louisiana. CCEMS has 25 bicycles in its EMS bike fleet.

U.S. use EMS bicycles in a regular patrol function, in effect, like having another ambulance on the streets. Patrol teams work well in high tourism areas and other areas that are highly congested – like downtown locations and events drawing large crowds.

The BMRT at CCEMS functions as a special operations unit that does not operate on a regular basis, but has begun to target areas with high pedestrian traffic during the holiday season. The BMRT also serves at special events such as races, parades, festival and other events with large crowds. The benefits of using the bike in these situations include good visibility and public relations, quicker response times in large crowds, and advanced EMS capabilities in remote locations.

Bicycles also are useful in disaster response, search and rescue, and tactical units. In the event of a natural disaster, where road access may be blocked, a bicycle

unit can deploy and provide first-line treatment. An EMS bike unit can also be deployed with other agencies in a search-and-rescue operation in remote areas. Officials used bikes in this capacity during Hurricane Katrina rescue and relief efforts.

“I encourage EMS agencies to consider training medics to the IPMBA standard and using them as an effective tool to decrease response times and increase public relations.” Nealy said.

Group teaches importance of AEDs and CPR

Medical Matters, a health care education and EMS billing consulting firm in Humble, recently spoke to the local Kiwanis group about the importance of AEDs and CPR training in local businesses. The Health and Wellness committee of the Humble Chamber of Commerce and Medical Matters are developing a community education program to provide CPR and AED instruction for the general public. Medical Matters is owned and operated by Denise Williams, LP, NREMT-P, MED, and Keri Scrivener, LP. The company offers advanced card courses, continuing education seminars, and clinical and billing consulting services.

Local & Regional EMS News

9-1-1 call-taker honored

At the September 11th annual awards ceremony for the Capital Area Council of Governments, Eric Whiteman of Austin-Travis County EMS received the Dedicated Service Award. Whiteman won the award for his superior performance and dedication in the field of 9-1-1 call-taking and emergency communications. Before joining Austin-Travis County EMS in August of 2006, Whiteman worked in the San Antonio area. He was the first communications medic accepted into the EMS Honor Guard Program. The awards ceremony was held at the State Capitol.

Hospice raises funds for Devine EMS

When folks at the Devine Area Hospice found out that Devine EMS was operating with two units with more than 250,000 miles on each, they got busy. With volunteer workers and the support of the citizens of Southern Medina County they raised over \$290,000. The funds provided Medina County ESD #4 with two new Wheel Coach Type 3 ambulances, as well as two 12-lead cardiac monitors and all new jump bags.

Childress EMS practices for disaster

Childress Regional Medical Center (CRMC) EMS participated in a citywide disaster drill in August. The scenario: an F4 Tornado moving through the town causing a rail car to spill Treflan, exposing several people. Four patients were triaged and decontaminated by Childress Fire Department and Decontamination Unit, then transported by EMS to CRMC ED for treatment. The disaster drill was coordinated by Allison Hightower, CRMC's trauma coordinator. The medical center implemented its disaster plan during this drill, and a tabletop discussion was held after the drill.



Childress Regional Medical Center EMS participated in a citywide disaster drill in August. EMS personnel had to triage and decontaminate four mock patients. Photo courtesy of Rick Briscoe, The Childress Index.

Memorial Hermann and HFD EMS team up

Memorial Hermann Healthcare System of Houston and the Houston Fire Department EMS are working together to reduce unnecessary endotracheal intubation in patients with CHF in a first responder setting. To provide an option other than intubation for fluid buildup, Memorial Hermann supplied HFD EMS with 51 continuous positive airway pressure (CPAP) 51 and 900 circuits, as well as training for paramedics and EMTs in the use of CPAP. To keep treatment consistent, all nine Memorial Hermann emergency centers will use identical equipment. Memorial Hermann also has partnered with Humble Fire and EMS and Atascocita Fire and EMS.

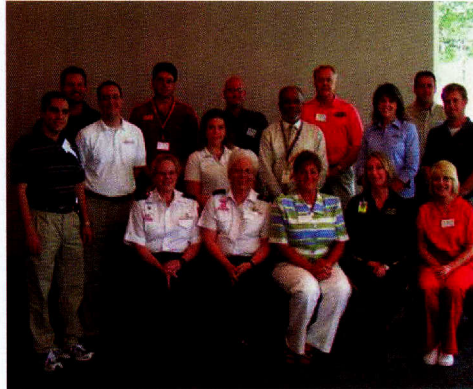


Devine Area Hospice presented a check for over \$290,000 to Devine EMS for two new ambulances. The organization raised the money when it found out Devine EMS was operating two units with high mileage.

SETTRAC hosts annual emergency and trauma care conference

In August, the South East Texas Regional Advisory Council (SETTRAC) hosted its annual Emergency and Trauma Care Conference at the Humble Civic Center. Over 250 trauma and clinical nurses, physicians, emergency medical professionals, students and educators attended the two-day conference. Over 25 vendors presented exhibits. The keynote speaker was Special Agent Jose Gonzalez from the Drug Enforcement Administration (DEA) who discussed in detail the "Drugs in our Society."

The planning committee for this conference consists of members of the Public Information and Education committee of SETTRAC, chaired by Sarah Beth Abbott of Pearland EMS. Committee



SETTRAC's annual trauma conference brought 250 people to the Humble Civic Center in August. Some of the exhibitors from the 4th Annual SETTRAC Emergency & Trauma Care Conference took a quick break. Top Row (L to R) Don Hollowell, PHI Air Medical; Craig Gray, Bound Tree Medical; William "Bo" Starnes, Professional Ambulance Sales & Services; Reid Riggins, ERS-Texas; and Brett Snyder, Zoll Data Systems. Middle Row (L to R) Vendor Chair Eric Stricklin, Christopher Turner-Emergicon, Keir Scrivener, Medical Matters; Ivy Vincent, LifeGift; Linda Walsh, Taylor Health Care Products; and Jason Sharp, Whelen Engineering. Bottom Row (L to R) Georgie Brown, LifeFlight; Judi Meyn, LifeFlight; Peggy Leighton, PerSys Medical; Vickie Stinson, PHI Air Medical; Tammie Harrington, CMR.

members include: Eric Stricklin of Texas Medical Transport; Denise Williams of Medical Matters; Hallie Booth of Manvel EMS; Robin Garza of Ben Taub General Hospital; Judy Franco and Mary Chacko of Harris County Hospital District-LBJ; Cheryl Dykes of Memorial Hermann-The Woodlands; Bernie Belvin of Memorial Hermann-Southwest; Madelyn Jurek of Memorial Hermann; Robin Sheldon of Memorial Hermann-Southeast; Scott Reichel of Emergency Consultants; and David Rives of SETTRAC.

Next year, the conference, will be held on August 7 and 8, 2008. To suggest topics, speakers or vendors, or for more information contact emsandtraumacare@yahoo.com.

S.I.R.E.N. Conference provides hands-on training for area first responders

PHI Air Medical and PHI STAT Air held their first annual Supporting Independent Rescuers Educational Needs (S.I.R.E.N.) Conference at the Fort Worth Police and Fire Training Academy in May. The two-day conference offered up to 16 hours of continuing education credits to first responders, including firefighters, police officers and EMS personnel. The conference's goal was to provide low-cost, hands-on training to first responders on subjects

ranging from airway management to hybrid car extrication. All lecturers donated their time and paid their own travel expenses to help with the conference.

"During the resuscitation of medical or trauma patients, the first responder has the greatest impact on overall outcome, in the greatest number of patients. With education, we can make a distinct and positive difference. This is our objective," says Dr. Roy Yamada, associate medical director for PHI

Air Medical North Texas.

The next S.I.R.E.N. conference is scheduled for February 9 and 10, 2008, at Blinn College in Bryan, Texas. For more information, see www.phistatair.com

"By holding the conference in different locations, we hope to be able to bring the content to volunteers who might not otherwise be able to attend," said Chuck Skinner, PHI Air Medical's Texas clinical education coordinator.

Houston EMS council announces awards



Edward Racht, M.D., of Austin-Travis County EMS, was awarded the Thelma Lemley Lifetime Achievement Award at the May meeting of GETAC. Racht was unable to attend the Greater Houston EMS Council Awards, which took place in May, so Lemley brought the award to him.

In May, the Greater Houston Area EMS Council held its annual awards ceremony. American Medical Response of Houston was named Private Provider of the Year; and North Channel EMS won Public Provider of the Year. Kristine Kern of Friendswood Volunteer Fire Department-EMS and EMS College of the Mainland was named Educator of the Year. Hallie Booth of Manvel EMS was awarded EMT of the Year. Jay Barkdull of the Houston Fire Department won Paramedic of the Year. Additional awards included: Esparanza Fernandez, M.D., Jacinto City Fire Department EMS, EMS Medical Director of the Year; Enrique Guerra, Houston Fire Department, Dispatcher of the Year; Lisa Camp, Friendswood Volunteer Fire Department-EMS, EMS Administrator of the Year; Judy Franco, R.N., Lyndon B. Johnson Hospital, Emergency Nurse of the Year; Terrence Wadley, M.D., East Houston Medical Center, Emergency Physician of the Year; Lon Squyres, Jacinto City Fire Department EMS and Galena Park Fire Department EMS, Chairman's Award. The

Public Information Award went to Friendswood Volunteer Fire Department – EMS. Edward Racht, M.D., of Austin-Travis County EMS and GETAC was awarded the Thelma Lemley Lifetime Achievement Award.

Texas team joins EMS memorial ride

For the first time a Texas team participated in the National EMS Memorial Bike ride held each May during EMS week. Organized to honor EMTs and paramedics who died in the line of duty, the ride began May 20th in New York City and concluded six days and 600 miles later in Roanoke, Virginia.

The five-member team from Austin-Travis County EMS was composed of paramedics Aaron Langford, Tree Marsoobian, Cheryl Bakhtiari, Mark Hawkins and District Commander Susan Erwin. The team chronicled their journey in the form of a blog located at www.austinparamediccycleteam.blogspot.com.

The Austin-Travis County EMS cycling team rode in honor of central Texas Paramedic Eric Hanson.

Paramedic David Fernandez from Marble Falls Area EMS and Eric's parents, Rita and Harlin Hanson, joined the ATCEMS cycling team and the other 50 participating cyclists at the historical Hotel Roanoke for the celebration finish. The National EMS Memorial Service was held the next day in Roanoke. Eric Hanson's name, along with

15 others, was added to the National EMS Memorial.

During the Memorial Service a family member or agency representative was presented with a United States flag flown over the U.S. Capitol denoting the honoree's service to their country, a white rose representing their undying love, and a medallion signifying their eternal memory. Each honoree's name is etched on a bronze oak leaf and placed on the National EMS Memorial "Tree of Life." The oak leaf on the "Tree of Life" is a symbol of strength, valor and solid character.

The ATCEMS cycling team sold EMS memorial bike ride pins and held bake sales to raise over \$1,000 for the national memorial. Currently, there is no permanent home for the memorial. The names of the fallen EMS personnel that are etched on the bronze oak leaves are mounted on a portable board and are held in storage until the next year's memorial service. To learn more about the National EMS Memorial or to make a financial contribution toward a permanent home for the memorial, go to www.nemsms.org.



Austin-Travis County EMS paramedic riders in the National EMS Memorial Bike Ride. The ride paid tribute to those in EMS who died in the line of duty, including Eric Hanson, a medic from Marble Falls EMS.

Crash course

A horrific wreck happens on a rural road with no help nearby. Can a first responder and bystanders save this patient?

By Kelly Harrell

A curving road on a bright August afternoon. An EMT, just off shift at the fire station, happens upon a major collision moments after impact. After his brain processes the scene, something kicks in: instinct. Under all that metal, there might be patients. Check airway. Bleeding. Circulation.

Texas 80 slices through the rolling farmland as it leaves I-10, a blacktop ribbon taking drivers past miles of fencing punctuated occasionally by a small town. Every few days, Austin firefighter John Green makes the two-hour commute

from his station in Austin down this road, through Gonzales and Karnes counties, to his house in Nordheim. August 20th was a routine kind of day. Green got off work at noon and spent couple of hours in Austin buying tires for his truck before heading south.

In Luling, he noticed a large 18-wheeler in front of him and wondered if he'd be stuck behind that truck until he turned off. But the truck made a traffic light that held John back, so he enjoyed a clear stretch of road. As Green rounded a curve and came over a hill, he saw the truck again,

but something wasn't right. It was off the road to the left, sitting nearly jackknifed along a wire fence.

"I thought, 'What is that truck doing there? Did he hit a dog or something?'" Green says. "(Then) cars started coming into my lane and I knew it was a collision."

He saw what he thought was the driver of the truck crossing the highway. His eyes scanned a line from the rear of the trailer to the cab. It sat on top of a small car.

Department of Public Safety investigators say moments before,



John Green

Karnes County Volunteer Fire Department personnel work extrication on a major collision on Hwy. 80. The crash killed the driver and one passenger. Off-duty firefighter John Green and nurse Linda Haden extricated and began care on a 3-year-old in the back seat, who did survive.

a 27-year-old man driving a Honda Civic east on Texas 80 drifted into the westbound lane. The westbound 18-wheeler tried to move out of the way, but the Honda driver overcorrected and they collided. The impact sent both vehicles sliding sideways across the road and into the grass. The truck's cab came to rest on the hood of the car's hood.

Green, a veteran firefighter and EMT for more than 20 years, immediately used his radio to report the collision and pulled up even with the car. Green checked the truck driver, who was shaken up, but okay. The bystander, Linda Haden, introduced herself as a dialysis clinic nurse and asked what she could do to help.

"Good, you've seen blood," Green told her. A few more bystanders stood ready to help.

The group headed back across the highway to the Civic. The impact had partially peeled back the roof of the car and pushed the dashboard into the front passenger seat. The driver was dead, probably on impact. In the passenger seat, a taut seatbelt disappeared beneath the dashboard. He reached in as far as he could but couldn't find a pulse on the passenger. In the back seat, Green noticed a small child in a booster seat slumped forward, arms hanging straight down, her head pinned between the front driver's seat and post. Unable to get a carotid pulse, he searched for a brachial. He found one. Circulation. She moved involuntarily. He worked his hand under her chin and tilted her head up.

"When I did that she took a pretty good breath," Green says. "I was thinking, what's going to kill her now? We've got an airway, what's the next thing? Check for major bleeding. It's just algorithms."

Green did a sweep of the girl's

face. She was bleeding heavily from a scalp laceration, with a smaller laceration on her wrist. They needed to get her out, but the front seat and roof were in the way. Green saw it was going to be a complicated extrication. Everyone needed to understand what needed to happen, and how.

"Before we did anything, I briefed all the parties on what their positions were and duties. No one had to read my mind and guess what my next move was," Green says. Because only he and Haden had medical training, he made sure he avoided any terminology that might not be understood by the untrained bystanders.

"I tried to keep all the communications in the simplest terms," Green says.

While Haden held the girl's head, Green used it to push apart the roof and the seat with the Hi-Lift jack bystanders had fetched from Green's pickup. Green and Haden unwedged the girl. When they sat her up in the booster seat, they saw she had bilateral femur fractures.

"We knew her femurs were gone so we tried to immobilize her hips and lower extremities as much as possible," Green says.

Even after using the jack, Green realized the crumpled roof would prevent extrication through the side door. The only option was the back window, which had shattered on impact. While Haden held the girl in upright position, Green climbed over the trunk and cut through the seatbelt on the booster seat. The trick now was to get her out without any more damage.

"I put her hands above her head and held down her sides for c-spine (stabilization). Her femurs were already damaged, so the biggest concern was her pelvis. I

got in position behind her then had (bystanders) pull me straight out by my legs," Green says.

Holding the girl steady, they brought her over to the tarp the bystanders had laid out beside Green's truck. He continued to monitor her pulses while they put her on a BVM. Karnes County VFD arrived, popped open the passenger door and found a child in the passenger seat of the Honda. Green checked him. He had extensive facial and chest trauma, and it appeared that he had died on impact, crushed by the dashboard.

Green had gone back to work on the girl when Karnes County EMS arrived. They used a pedi board from EMS and got her packaged before San Antonio AirLife landed. The sound of the chopper blades was welcome.

"(Airlife was) fantastic. They showed up and said 'What do you have and what do you need?' They became part of the rescue," Green says.

On the way home, his pants solidly red from the cut he had gotten on his elbow, Green went over the events in his mind. Could anything else have been done?

The trauma system had been activated. Bystanders were there to help, one with medical training. And he had told bystanders about their roles and the sequence of events, so they knew what to do. First responders arrived with needed equipment. A chopper with advanced life support came in a fraction of time it would have taken an ALS ambulance to find the rural location. And he, a veteran first responder, had arrived on the scene just moments after the crash. Many things *did* go right.

Airway. Bleeding. Circulation. A little girl lives.

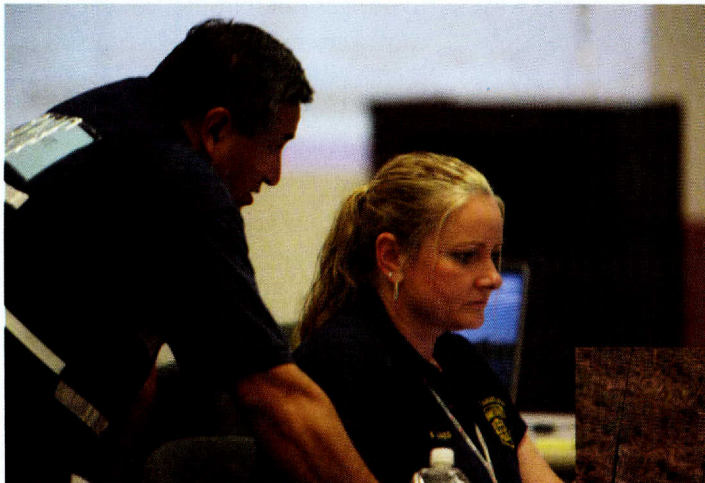
Ready for action

Hurricane Dean's threat fizzled, but practice improved process

It seems like a long time ago now that we were worried about Hurricane Dean slamming into the Texas coast. But on Wednesday, August 15, at 4:43 p.m., DSHS folks received an e-mail from the Governor's Division of Emergency Management: the Category 4 storm was set to take aim at Texas in just 10 days. As it turned out, the storm stayed on a westward course, hitting Mexico. What had been the threat of a large hurricane for Texas turned into a large disaster drill. That was good; we could not have simulated anything that would have tested our system so thoroughly. All in all, the system worked fairly well. There are a few processes that need work, a few lines of command that need clarifying. DSHS is still seeking EMS providers and personnel to sign the response MOAs (www.dshs.state.tx.us/emstraumasystems or write Phil Lockwood at phil.lockwood@dshs.state.tx.us). We will continue to work with organizations across the state to make sure the next time a hurricane threatens our shores we'll be ready.

Here's the response, by the numbers:

DSHS/MOA ground ambulances sent deployment letters: 56
DSHS/MOA ground ambulances sent deployment letters that responded/checked-in: San Antonio ARCC-RMOC: 28
DSHS/MOA rotor wing ambulances sent deployment letters: None
FEMA/AMR ground ambulances



Willie Mendez and Stephanie Alonzo keep an eye on the hurricane as they staff the Alamo Regional Command Center (ARCC). ARCC and Southwest Texas Regional Advisory Council (STRAC) helped manage the state and federal EMS assets staged in San Antonio. ARCC and STRAC were instrumental in organizing and setting up the check-in location and providing logistical support.

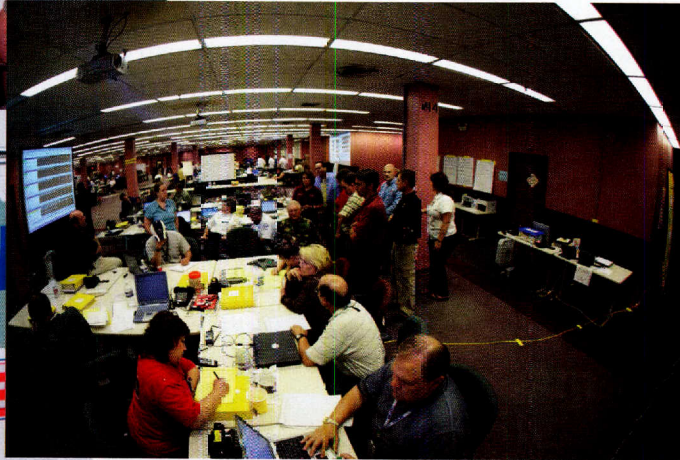
that responded/checked-in to San Antonio ARCC-RMOC: 277
FEMA/AMR rotor wing ambulances that responded/checked-in to San Antonio ARCC-RMOC: 12
FEMA/AMR fixed wing ambulances that responded/checked-in to San Antonio ARCC-RMOC: 13



DSHS worked with the Alamo Regional Command Center (ARCC) and Southwest Texas Regional Advisory County (STRAC) to manage the state and federal EMS assets staged in San Antonio. ARCC and STRAC were instrumental in organizing and setting up the check-in location and providing logistical support.



DSHS EMS/trauma systems staff went on a 24/7 schedule to deploy and track any DSHS MOA ambulances; to deploy, track and demobilize any strike team leaders; and to coordinate EMS assets. Brett Hart, pictured in the baseball hat, was incident commander for the day shift while Maxie Bishop headed the operation at night. EMS Exchange staff worked closely with Multi-Agency Coordination Center (MACC), an interagency EOC established by DSHS. The staff at the MACC coordinate health and medical response, including the coordination of communications with impacted Health and Human Services Commission and DSHS regional offices.



The Alamo Regional Command Center (ARCC) had about 135 people from federal, state and local governments and private agencies, working together to marshal resources. ARCC worked closely with the Governor's Division of Emergency Management (GDEM), the state agency within the Governor's Office responsible for emergency planning, training, public education and information, hazard mitigation, response and disaster recovery. GDEM runs the State Operations Center (SOC).

San Antonio was chosen as a staging area for EMS resources because of its reasonably central location well away from possible hurricane landfall. Ambulances, both off the federal FEMA contract and the DSHS MOA, arrived by the dozens at Kelly Air Force Base. There, staff from DSHS and other agencies, including the Southwest Texas Regional Advisory Council (STRAC) helped manage the state and federal assets and coordinate.

DSHS EMS resources

Total number of DSHS/MOA ground ambulances: 192
 Total number of DSHS/MOA rotor wing ambulances: 6
 Total number of DSHS/MOA fixed wing ambulances: None

DSHS/MOA State Missions only ground ambulances: 91
 BLS: 29
 ALS: 14
 MICU: 48
 DSHS/MOA State Missions only rotor wing ambulances: 3

DSHS/MOA State Facility

Evacuation only ground ambulances: 1
 BLS:
 ALS: 1
 MICU:

DSHS/MOA combined

State Missions/Facility Evacuation ground ambulances: 101
 BLS: 35
 ALS: 16
 MICU: 50
 DSHS/MOA combined State Missions/Facility Evacuation rotor wing ambulances: 3

FAQ Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

Q: Is there a new way to get my FBI background check?

A: Yes, it's called the FBI Fast Pass System. The new fingerprint process is electronic and much easier and faster than the previous one. You can contact any L1 Identity Solutions (www.iisfingerprint.com), the fingerprint contractor, either by phone or online, and pay the fee up front with a credit card or an electronic check. You then go to the closest L1 Identity Solutions site to have your (inkless) fingerprints taken electronically. The federal background check results are sent electronically directly to our EMS office in one to two weeks. (This is much quicker than the 16-18 weeks the FBI's website now lists as the processing time for the paper fingerprint card process.) This process will initially be used for all out-of-state reciprocity applications, but will eventually be available for initial applicants as well. More information to come on this new process as it's available.

Q: Once I have my National Registry card, am I automatically state-certified as well?

A: No, the National Registry and the State of Texas EMS certification are two separate entities. You are only legal to work in Texas if you have attained Texas certification, which means you must submit an application, pay the appropriate fee and meet all other initial certification

requirements, including taking the National Registry exam. You can find all of the requirements for initial Texas certification on the website at www.dshs.state.tx.us/emstraumasystems/CertInfo.shtm. The National Registry has its own application process. The National Registry does **not** submit your state certification application for you. For information about National Registry, or to schedule your exam, please contact the National Registry, or view their website at www.nremt.org/.

Q: What is the difference between EMT-P and licensed paramedic (LP)? And can I apply for LP?

A: Basically the difference between the two is a college degree. You may apply for licensed paramedic if you currently hold Texas certification at the EMT-P level. According to Texas Administrative Code (TAC) §157.40(1), a currently certified EMT-P may apply for a paramedic license if the candidate has at least one of the following degrees from an institution of post-secondary education which has been accredited by an agency recognized by the U.S. Department of Education as an approved accrediting authority:

- (A) an associate degree in emergency medical services (EMS);
- (B) a baccalaureate degree; or
- (C) a postgraduate degree.

You can find all of the

requirements for EMT-P and licensed paramedic certification on our website at: www.dshs.state.tx.us/emstraumasystems. Or, feel free to contact our office at: 512/834-6700.

Q: What is that number I am given at the end of the electronic application process and do I need to keep it?

A: It is commonly referred to as the trace number, and **you need to keep it**. It is your proof that you submitted your application and paid the application fee. You will only receive a trace number if you complete the electronic application process. The trace number (it begins with the numbers 537) is the only way for EMS certification staff to retrieve your electronic application if there is a problem. Electronic application submission is preferable for many reasons: it reduces mail time so it reaches the EMS office faster; you can pay with either an electronic check or credit card; it is safe and secure; and is available to you 24 hours a day. But, if you do not save or write down your trace number, you have no proof that you ever submitted an electronic application or paid the fee.

Q: I passed my National Registry test and have received my paperwork. Do I have to wait for my state certification before I start riding out on the ambulance?

A: Yes, current state certification

FAQ

Frequently Asked Questions

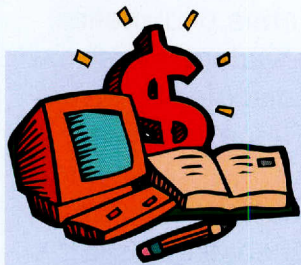
must be confirmed before staffing an ambulance in Texas. Health & Safety Code, §773.064 reads as follows: "A person commits an offense if the person knowingly practices as, attempts to practice as, or represents himself to be an emergency medical technician-paramedic, emergency medical technician-intermediate, emergency medical technician, emergency care

attendant, or licensed paramedic, and the person does not hold an appropriate certificate issued by the department under this chapter. An offense under this subsection is a Class A misdemeanor."

Q: I understand that the state went to private computerized testing for all levels except for the instructor exam, which you still

administer. But, the automated exam scheduler system isn't on your webpage any more. How do I arrange for an instructor exam?

A: Call the EMS field office in the area where you want to test. For field office contact information, see www.dshs.state.tx.us/emstraumasystems/regions.shtm.



Are you eligible?

If you want to be eligible for grants from DSHS, check online to make sure your service is listed.

The Office of EMS/Trauma Systems Coordination (OEMS/TS) is updating the list of potentially eligible 9-1-1 providers for the FY08 EMS Allotments. The list of EMS 9-1-1 providers we will use to determine eligibility for FY08 funding is available on our website. Please review the list carefully for two things:

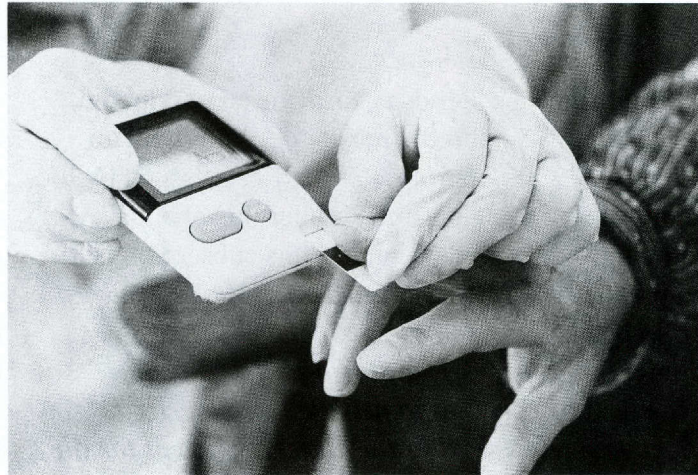
- 1) Is your EMS service listed as a 9-1-1 provider in the counties where you operate?
 - If your EMS service is not listed in a county in which you operate, please contact our office immediately (see contact info below).
- 2) Does our office have a contract on file for those counties, outside your county of licensure, where you provide service?
 - If you are a provider operating in a county other than your county of licensure*, our office must have a copy of the contract or letter of confirmation from that county. The contracts we have on file are indicated in the "contract if needed" column in the attached spreadsheet on our website. If you only operate in your county of licensure, we do not need this information.
 - *Please note: Rule 157.130 and 157.131 define county of licensure as the county which lies within the location of the mailing address of a licensed ambulance provider, as indicated by the provider on the application for licensure that it filed with DSHS.

The list of potentially eligible 911-providers is located at: www.dshs.state.tx.us/emstraumasystems/SB102Elig.shtm. Click on the TSA links located on the lower part of the page.

To update your EMS provider or contract information on the list, contact us by email at: linda.reyes@dshs.state.tx.us or phone at: 512/834-6684.

Diabetes and Acute Metabolic Emergencies

by Michael B. Pebworth, BA, LP



Objectives

1. A review of the anatomy of the pancreas and its role in stabilizing blood glucose levels.
2. A review of the different classifications of Diabetes Mellitus and the pathophysiology behind each one.
3. To be able to recognize the main three life-threatening metabolic emergencies medics will encounter in the prehospital field, and the signs and symptoms behind each one.
4. Discuss the treatment plan and any complications that may arise during treatment and transport of the diabetic patient.

Introduction

Diabetes mellitus (DM) is a metabolic disorder in which there is insufficient insulin production, or the body is unable to utilize the insulin which is being produced. In the United States there are 20.8 million children and adults with diabetes mellitus, another 54 million people suffer from a condition known as pre-diabetes, and 135,000 pregnant women every year develop gestational diabetes.^{1,2} The “diabetic emergency” call is already commonplace within the EMS system, and prehospital personnel diagnose and treat diabetic emergencies on a regular basis. With 650,000 new cases of diabetes being diagnosed in the U.S. each year, the potential patient pool is constantly on the rise.³

History

The term “diabetes” was first coined by the Greeks when Arateus described it as “the melting down of flesh and limbs into urine”.^{4,5} It was depicted as weight loss which occurred in young, lean people and was accompanied by an increase in thirst, hunger and urination (polydipsia, polyphagia, and polyuria respectively).⁵ The term “mellitus” is a Latin word for honey and

stems from the abnormal amounts of glucose found in the urine of diabetics. It was added later by “water tasters” who would diagnose diabetes by drinking the patient’s urine searching for a sweet-taste.⁴

In 1979 the National Diabetes Data Group (NDDP) published diagnostic criteria and classifications for diabetes mellitus which included the terms juvenile and adult onset. In 1997 the American Diabetes Association recommended revising and simplifying these classifications resulting in the terminology (Type 1 and Type 2) commonly used today.^{5,6}

Anatomy and physiology

The pancreas is an elongated, retroperitoneal organ which lies horizontally along the posterior abdominal wall between the duodenum and the spleen. The head of the pancreas is located in the right upper abdominal quadrant attached to the duodenum by two ducts, and the other end (the tail) lies on the left side. This gland possesses both endocrine and exocrine properties; the exocrine portion secretes digestive enzymes into the small intestine via the ducts. The endocrine portion consists of many

small groups of cells called the islets of Langerhans, or pancreatic islets, and each group of islets contain alpha, beta and delta cells.

Glucose is the major source of energy for the body, and it wants to constantly maintain a blood glucose level (BGL) ranging from 70 to 110 mg/dl.⁷ When BGL falls, the alpha cells secrete the hormone glucagon which stimulates the liver to convert its stored glycogen into glucose, a process known as glycogenolysis. Glucagon also promotes the release of glucose from other storage sites.

Insulin is an antagonist to glucagon. During hyperglycemic states, for example after eating a meal, the pancreatic beta cells release the hormone insulin that stimulates the storage of glucose and its conversion to glycogen in the liver. Insulin also binds to its cellular receptor sites, acting as the key that allows glucose to enter the cell and be used for energy. The brain is the only organ which doesn't require insulin to utilize glucose.

The role of delta cells is to produce somatostatin, which contributes to regulating the production of glucagon and insulin.

Diabetes mellitus

After a meal, insulin transports glucose into cells for energy and promotes the storage of any remaining glucose as glycogen for future use. During times of fasting, glucagon stimulates glycogen to return to its glucose form providing a source of energy. This constant cycle of replenishing glucose stores, then drawing from them between meals, works to keep BGL within the normal range. Diabetes mellitus is a condition where the pancreatic beta cells aren't producing insulin, or the insulin that is being produced is defective. Glucose is

still needed for energy, but cannot enter the cells, and because the cells remain starved for glucose, the alpha cells continue to secrete glucagon. Without the support of insulin, the glucose can't be stored either, so it remains in the blood system, causing a hyperglycemic state. Chronic hyperglycemia can lead to complications such as extremity amputation, blindness, chronic renal failure, heart disease, stroke, hypertension, nervous system disease, and premature death. This article will focus on the classifications of diabetes and three common diabetic emergencies: hypoglycemia, diabetic ketoacidosis and hyperosmolar hyperglycemic nonketotic state.

Type 1 diabetes

Type 1 diabetes was formerly referred to as juvenile-onset or insulin-dependant diabetes mellitus. Although it is most commonly diagnosed in children older than nine months and peaking at twelve years old, type 1 diabetes can occur at any age. It is found in 10 percent of the population.^{5,8,9} It is an autoimmune deficiency disease where the body attacks its own beta cells and destroys them. The cause of this is unknown. At first the body can produce a sufficient amount of insulin to keep up with demand, but eventually mass destruction of the beta cells results in patients needing constant insulin injections to maintain an appropriate BGL.

Historically, it was thought Type 1 diabetes had an abrupt onset, but new studies dispute this claim.^{5,8} Islet cell auto-antibodies can appear in the system years before any symptoms first appear, and the older a person is, the longer this preclinical period can last.^{5,8} This can result in patients being misdiagnosed.⁵

While the etiology behind the

development of Type 1 diabetes is unclear, there appears to be a genetic link. Studies show a person is two to three times more likely to develop Type 1 diabetes if their father has it than if their mother does.^{10,11,12}

Additional risk factors appear to include the absence of breast-feeding, diet, viral infection and socioeconomic status. There also appears to be a seasonal link, as it is diagnosed more often in the winter months than in the summer.⁵

Polydipsia, polyuria, and polyphagia (also called the three poly's) are classic symptoms typically associated with Type 1 diabetes, others include unexplained weight loss, irritability, poor wound healing, dizziness and blurred vision. As the glucose levels in the blood increase, water is drawn out of the cells through osmosis. This increase in volume subsequently raises glomerular filtration rate (GFR) in the kidneys leading to increased urination with glucose appearing in the urine. This fluid shift causes a decrease in extravascular water, leaving the patient with a "thirsty" feeling. Fatty acids are metabolized for energy because the body can't use the circulating glucose, this leads to the weight loss and feeling of hunger.

Type 2 diabetes

Type 2 diabetes was formerly referred to as adult onset or non-insulin-dependent diabetes mellitus. This is the most common form of diabetes. It is diagnosed most often in adults over 40 years old, but can occur at any age.^{6,9} Its main characteristic is a cellular insulin resistance. This causes the beta cells to secrete increased amounts of insulin in an effort to keep up with the demand. The pancreas begins to secrete less insulin, the timing of insulin release becomes abnormal, and the body can no longer

keep up with demand.¹² These patients will still be able to secrete some insulin, but may not be able to provide an adequate amount, meaning a number of Type 2 patients may need to take insulin.

The development of Type 2 diabetes is directly linked to obesity because metabolic control in these individuals requires a larger amount of insulin, explaining the increase in diagnosis in younger adults and children.^{9,13} Other risk factors for developing Type 2 diabetes include a history of gestational diabetes; inactivity; a diet high in fat; hypertension; polycystic ovary disease; increased alcohol intake; and a family history of Type 2 diabetes.^{5,12,13}

While some patients may show the classic signs and symptoms associated with Type 1, usually they are vague and nonspecific and include pruritis (severe itching), fatigue, visual changes, recurrent infections and paresthesias (weakness/numbness). For this reason many people have no idea they are affected by diabetes. The American Diabetes Association estimates that 6.2 million Americans are unaware they have the disease.¹ Type 2 diabetes is easier to control than Type 1 and can usually be controlled with a proper diet combined with exercise, and oral medications that can work to increase both insulin secretion and cellular sensitivity to it. However, as previously mentioned, some patients require daily insulin injections.

Two other classifications

While Type 1 and Type 2 diabetes are the most common forms, two other classifications exist: secondary diabetes and gestational diabetes.

Gestational diabetes is present only during pregnancy, but can predispose women to the development of Type 2 diabetes, it affects about 4 percent of pregnancies.^{1,12} It usually appears

in the mother late in pregnancy.¹⁴ Women suffering from gestational diabetes are at an increased risk for other pregnancy-related complications including preeclampsia, in utero fetal death, spontaneous abortion and macrosomia (“fat” baby). Macrosomia occurs because the fetus gets more glucose from the mother than it needs so it is stored as fat. These newborns are at an increased risk for hypoglycemia and breathing difficulties. The cause of gestational diabetes is unknown and it usually disappears after the woman gives birth.

Secondary diabetes only makes up about one percent of all diabetic cases.¹² It is usually precipitated by factors such as pancreatitis, other pancreatic diseases, hormonal disease, malnutrition and chemical agents.

Diabetic ketoacidosis (DKA)

DKA occurs predominantly in patients with Type 1 diabetes, but has been known to rarely occur in those with Type 2, typically in the presence of a coexisting acute illness.^{12,15} It is an acute, life-threatening emergency associated with very high serum glucose levels and no insulin. Due to the lack of insulin the body’s cells begin to starve, and after two or three days the body starts breaking down adipose tissue and proteins in an attempt to produce a usable energy source. This process is known as glyconeogenesis. The by-product of this process is an acid referred to as ketoacids. The increase in circulating acids causes blood pH to fall leading to metabolic acidosis.

The leading cause of DKA in diabetics is infection; it can also be a result of other illnesses, trauma, and stress. During these times, the body’s sympathetic nervous system kicks in attempting to protect itself.

The “fight or flight” response raises blood pressure, increases heart rate, and increases cardiac output. All this activity increases energy demand, and epinephrine promotes the conversion of stored glycogen to glucose to satisfy this energy supply. Diabetics taking daily insulin injections are on a controlled dose so this increase in blood sugar levels could be enough to cause hyperglycemia. Compounding this problem, many patients may not take their insulin when they are sick, under the erroneous rationale that they haven’t been eating anything so they shouldn’t need it. DKA will also occur in otherwise healthy diabetics if they stop taking their regular doses of insulin or have an increased dietary intake.

Initial symptoms of hyperglycemia include the three poly’s, weight loss and fatigue – the same symptoms seen in untreated, undiagnosed Type 1 diabetics. Hyperglycemia progresses to DKA with the production of ketoacids. As they accumulate, the patient’s respirations change in an attempt to reduce acidosis by blowing off carbon dioxide. Kussmaul respirations are quick and deep, similar in presentation to hyperventilation, and will have a fruity odor due to acetone.

Acidosis causes intracellular potassium to shift outside the cells, and the increasing diuresis results in the body losing large amounts of potassium and sodium. These electrolyte imbalances leave DKA patients prone to cardiac arrhythmias, muscle weakness and seizures. The increased urination, combined with patient nausea and vomiting, leads to dehydration, hypovolemia and shock. This results in tachycardia, and a weak thready pulse. However their extremities will often be warm and dry. The glyconeogenesis also produces two different types of prostaglandins as by-products and these cause

paradoxical vasodilation. Other signs and symptoms include generalized abdominal pain, poor skin turgor, dry mucous membranes, an altered level of consciousness and weight loss.

Prehospital treatment for DKA is focused on stabilizing the patient, fluid resuscitation and correcting the acid/base imbalances. If the patient is alert enough to maintain their own airway, high concentration oxygen is administered via a nonrebreather. A detailed history is obtained including insulin administrations or other medications, food intake, onset of symptoms, recent illnesses, and any alcohol or drug use. A full set of vital signs is taken, including BGL and an electrocardiogram to check for cardiac disturbances.

To correct hypovolemia a saline bolus of one liter normal saline can be administered through at least one large bore IV, more than one liter may be required if the hypovolemia is severe enough. Place the adult patient in Trendelenburg if they are displaying symptoms of shock.

The main cause of death in pediatric patients with DKA is cerebral edema, and this serious complication is believed to be linked to overly aggressive fluid resuscitation.¹⁶ To protect against this, the recommended initial bolus for pediatric patients is 10 ml/kg/hr given in the first two hours, with a maximum of 50ml/kg given during the first four hours.^{16,17}

As with all fluid resuscitation, the patient will need to be monitored for pulmonary edema development. Unconscious patients or patients unable to protect their own airway will require intubation. Re-check blood pressure often to monitor the patient's response to fluid replacement, and be ready to treat for seizures. It is rare that a DKA patient will be completely unresponsive, so remember to assess

for other causes if the patient presents in that state.

All these patients will need to be transported to the emergency room regardless of the level of consciousness. Definitive treatment for DKA includes insulin and potassium chloride administration in hospital, some patients may also receive parenteral magnesium sulfate and sodium bicarbonate. However, magnesium sulfate is rarely required and the role sodium bicarbonate plays in reversing metabolic acidosis in these patients is under debate.¹²

Hyperosmolar hyperglycemic nonketotic state (HHNK)

HHNK is very similar to DKA in that it is a life-threatening emergency caused by severe hyperglycemia. It is clinically different from DKA in that ketoacids are not formed and acidosis is usually minimal. This is likely due to the patient producing enough insulin to adequately prevent glyconeogenesis.

The typical HHNK patient is elderly with poorly controlled or undiagnosed Type 2 diabetes. They often present with many symptoms which mimic those of DKA, including polydipsia, polyuria, weakness, weight loss, tachypnea (not Kussmaul respirations) and tachycardia. Volume loss is significant in these patients due to increased urination and electrolyte imbalances, so look for signs of hypovolemia and dehydration including dry mucous membranes, orthostatic hypotension and sunken eyes. Patients may be able to keep up with volume losses if they have significant access to drinking water. If extreme hyperglycemia is present, the patient can also present with central nervous system complications including generalized seizures and coma.

HHNK is most likely to affect patients who take diuretic medication,

have a recent history of infections like pneumonia or urinary tract infections, and often don't have easy access to water. They may be bedridden and have difficulties communicating. HHNK has a higher rate of mortality than DKA, most likely due to the patient populations in which it is often seen.¹²

Prehospital treatment for HHNK focuses on stabilizing the patient and correcting any existing fluid loss. Make sure the patient is well oxygenated and establish at least one large-bore IV to administer at least a one liter normal saline bolus. Follow the same treatment guidelines as those for DKA.

Hypoglycemia

Hypoglycemia is defined as a BGL of less than 80 mg/dl with symptoms consistent with a diagnosis of hypoglycemia which resolve after glucose administration. However symptoms usually don't appear until BGL are less than 60 mg/dl.^{9,12}

The body's central nervous system (CNS) requires a constant supply of glucose to function properly and has a reservoir which will only provide enough energy for a few minutes of normal brain function. In diabetic patients hypoglycemia is usually caused by taking too much insulin (accidentally or intentionally), decreasing dietary intake, and an increase in vigorous physical activity. It is also tied to liver disease, sepsis, chronic alcohol intake and certain antibiotics.

The patient often presents with the CNS complications you would expect when the brain is glucose deprived, including nervousness, irritability, seizures and altered levels of consciousness ranging from confused or combative to lethargic and unresponsive. Other symptoms include weakness and lack of coordination, combined with an aggressive and

belligerent behavior. These patients may appear to be intoxicated, causing a delayed or completely missed diagnosis. Everyone presenting with an altered mental status needs to have their BGL checked. Even non-diabetic patients can experience a hypoglycemic episode. The causes for this are outside the scope of this article.

Treatment consists of glucose administration to correct the hypoglycemia. If the patient is alert and oriented enough to maintain their airway they can be given oral glucose 15g or an alternative such as a drink with sugar added. If the patient is unable to obtain their own airway 1mg of glucagon can be given intramuscularly or subcutaneously, or establish an IV and administer 1g/kg of a 50 percent dextrose in water solution (D50). Due to the drug's ability to cause thrombophlebitis, the dose for pediatric patients is 1cc/kg of a 25 percent solution, and a 10 percent solution is used in neonates.¹⁸ Of course, all doses are dependent on the paramedic's local protocols.

When administering D50, the paramedic should consider administering thiamine as well, if it's in their protocols. Any patient with a history of alcohol intoxication or suspected malnourishment could be thiamine deficient. Studies have shown that administering a D50 bolus in these circumstances can precipitate Wernicke's encephalopathy (an inflammatory disease affecting the brain). However, never withhold glucose because you don't administer thiamine.¹² The normal dose of thiamine is 100 mg given intravenously over two minutes.

Many patients treated for hypoglycemia are well aware of their condition and will refuse transport, and others will want to go for physician evaluation. The paramedic should

follow local protocol on patient refusals. If no transport is required, it is important that the patient eats a meal containing complex carbohydrates, as glucose is a simple sugar which is utilized quickly.

Conclusion

Diabetes mellitus affects over 20 million people in the U.S., and with this number on the rise medics are likely to encounter diabetic patients with these acute life-threatening metabolic disturbances. It is important for emergency medical providers to review and familiarize themselves with the symptoms and treatments for these conditions.

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Diabetes and Acute Metabolic Emergencies CE Quiz

1. The cells in the pancreas which secrete insulin are called

- a. alpha cells.
- b. delta cells.
- c. T cells.
- d. beta cells.

2. The diagnostic difference between Type 1 and Type 2 diabetes is

- a. the age of the patient when onset occurs (juvenile vs. adult).
- b. whether the patient is dependant on insulin or not (IDDM vs. NIDDM).
- c. the pathophysiology behind the patient becoming insulin deficient or resistant.
- d. whether the pancreatic alpha cells secrete glucagon or insulin.

3. Hypoglycemia is a serious emergency which can only occur in patients taking insulin.

- a. True
- b. False

4. All of the following are thought to be risk factors for developing Type 1 diabetes except

- a. a history of congenital rubella or an enterovirus infection.
- b. obesity
- c. having a mother diagnosed with type 1 diabetes.
- d. not being breast-fed as an infant.

5. Which of the following is true about the pancreas?

a. Its alpha cells are located in the islets of Langerhans and secrete insulin.

b. It is a retroperitoneal organ located behind the liver.

c. It functions in both the endocrine and exocrine systems.

d. It attaches to the large intestine via two ducts.

6. Kussmaul respirations are

a. respirations with an irregular depth and rate with periods of apnea.

b. abnormally deep and very rapid pattern.

c. a regular crescendo-decrescendo pattern with periods of apnea.

d. normal breathing in diabetic patients.

7. You are called for a 56-year-old male who is acting abnormally. When you arrive on scene the patient is actively seizing, and his wife tells you he is a diabetic who takes daily insulin injections. He was acting abnormally aggressive and confused just before he started seizing. Initial treatment for this patient is

- a. holding the patient down so they don't injure themselves.
- b. applying 100% oxygen via a nonrebreather.
- c. to put a belt in the patient's mouth so they don't bite their tongue.
- d. applying oxygen via a nasal cannula.

8. For the patient in the above question additional treatment includes

- a. administering 1g of glucagon subcutaneously or IM.
- b. starting an IV to give 1g/kg of D50.
- c. giving the patient 5mg of diazepam to stop the seizure.
- d. preparing to intubate the patient immediately to maintain his airway.

9. Pregnancy-related complications which can stem from gestational diabetes are all of the following except:

- a. Spontaneous abortion
- b. Macrosomia
- c. Placenta previa
- d. Preeclampsia

10. Complications that can result from the treatment of a pediatric with DKA are

- a. seizures.

- b. cerebral edema.
- c. atrial fibrillation.

11. The difference between DKA and HHNK is

- a. the patient's BGL.
- b. metabolic acidosis due to the accumulation of ketoacids.
- c. the patient's level of consciousness.
- d. the extent of the patient's hypotension.

12. By-products of glyconeogenesis include:

- a. Glucose and angiotensin
- b. Ketoacids and insulin
- c. Prostaglandins and acids
- d. Prostaglandins and insulin

13. HHNK is most likely to be seen in all of the following patients except:

- a. Bedridden elderly male
- b. Not yet diagnosed Type 2 diabetic
- c. Child with a viral infection
- d. Senior female with cognitive impairment

14. The regular 50 percent dextrose/water solution is diluted when given to pediatric patients because of its propensity to cause cerebral edema in this patient population.

- a. True
- b. False

15. DKA has a higher rate of mortality than HHNK.

- a. True
- b. False

16. The "three poly's" typically seen in hyperglycemic patients are

- a. polyuria, polycythemia, and polydipsia.

- b. polydipsia, polyphagia, and polyuria.
- c. polyphagia, polyuria, and polyneuritis.

17. The only organ which doesn't need insulin to utilize glucose is the

- a. liver.
- b. brain.
- c. pancreas.
- d. spleen.

18. Recommended fluid replacement for a hypovolemic pediatric patient with suspected DKA is

- a. 10 ml/kg bolus given rapidly.
- b. 20 cc/kg bolus, followed by a second if required.
- c. 10 cc/kg/hr given in the first 2 hours.
- d. 20 cc/kg/hr given during the first 4 hours.

GETAC

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November 17-18

See our web site for more
details [www.dshs.state.tx.us/
emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems)

This answer sheet must be postmarked by December 20, 2007

**CE Answer Sheet Texas EMS Magazine/Medical CE
Diabetes and Acute Metabolic Emergencies**

Name _____ SSN _____

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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
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The University of Texas
Southwestern Medical Center
5323 Harry Hines Blvd.
Dallas, Texas 75390-9134

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

Answer Form

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

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| 1. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 11. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 2. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 12. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 3. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | | | 13. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 4. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 14. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | | |
| 5. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 15. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | | |
| 6. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 16. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | |
| 7. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 17. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 8. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 18. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 9. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | | | | | |
| 10. | A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | | | | | | |

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

Continued from page 23

How long with the state?

2 ½ years

Area of responsibility: Criminal background investigations and first responder organization registration

Phone number/email address:

512/834-6700 ext 2329

june.mcguire@dshs.state.tx.us

Heather Godinez

Past/current EMS certifications:

Council on Licensure Enforcement - National Certified Investigator

How long in EMS? 14 years

How long with the state? 14 years

Area of responsibility: Criminal

background investigations

Phone number/email address:

512/834-6746

heather.godinez@dshs.state.tx.us

Michelle Hinex

Past/current EMS certifications:

Certified Emergency Medical Dispatcher

How long in EMS? 1 year;

previously a police and fire department dispatcher for two years

How long with the state? 1 year

Area of responsibility:

Administrative assistant

Phone number/email address:

512/834/6700 ext 2358

michelle.hinex@dshs.state.tx.us

Beth Holimon

Past/current EMS certifications:

EMT-Basic

How long in EMS? 4 years in Illinois; 1 in Texas

How long with the state? 1 year

Area of responsibility: EMS education programs and investigations

Phone number/email address:

512/834-6700 ext 2323

beth.holimon@dshs.state.tx.us

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We will take the first 16 teams of three to sign up. Even if you don't get in, come to the event as some teams may lose their nerve. If that is the case others will be pulled in! Teams are HIGHLY encouraged to wear matching uniforms, shirts or whatever to show your team spirit!

The game is a fast paced question and answer session where teams of three (ECA, EMT-B, EMT-I, EMT-P or LP, RN, MD, DO, whatever) compete against each other, and the clock to answer correctly questions from EMS practice. The questions difficulty is about 60 percent basic, 30 percent ALS, and 10 percent trivia! Each team member will have a buzzer to chime in with if you know the answer, but be fast, the other team may beat you to the buzzer and answer

first. There is a large scoreboard with countdown timer and the questions and answers are up on the screen for everyone to see! Even the audience can play (but don't yell out the answers!)

The MC and game show host is Bob Page, native Texan and past winner of the Valsalva Bowl in 1992. Bob has carried the same philosophy of the Valsalva bowl with him and since 1993 has been doing the "Stars of Life Championship" around the country. In fact there are 8 other states that have champions. Bob dreams of having a "National Stars of Life Championship" where the state champs come together for an all-out competition. With Texas in the mix, it may just happen!

Don't delay! Send your team information today to Kelly Weller, EMSEAT, at Kelly.E.Weller@nhmccd.edu.

GETAC

November 17-19

Hilton

Americas-Houston

**Six in the City
\$6 Anywhere Downtown
Houston**

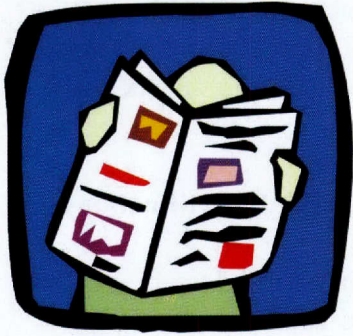
**Introducing \$6 cab rides
anywhere downtown!**

Door-to-door service

Friendly service

**One fare applies to multiple
riders**

**\$6 fare applies to all downtown
trips even if the meter reflects a
different amount**



Removing a child's tonsils has been shown to improve, and sometimes completely eliminate, symptoms of hyperactivity associated with a diagnosis of attention deficit hyperactivity disorder (ADHD). With ADHD impacting more than 2 million U.S. children, there's great interest in treatment other than psychoactive drugs

Removing a child's tonsils has been shown to improve, and sometimes completely remove, symptoms of hyperactivity.

that are usually prescribed for lifetime use. There seems to be a connection between disturbed sleep and hyperactivity. Infected tonsils often cause snoring, restlessness, apnea and gasping for breath during the night. The University of Michigan recently did a study of 22 children with ADHD and sleep-disordered breathing. The children all had their tonsils removed, and after a year only 11 children still had ADHD.

From *The Dallas Morning News*, "Tonsil removal may cure ADHD behavior in kids," August 11, 2007.

People who've had the chicken pox still carry the virus in their bodies, leaving them susceptible to shingles, or herpes zoster. If reactivated, the virus causes extreme pain, irritation, numbness, itching or tingling. These symptoms are followed by several days of a painful, blistering rash on one side of the face, head or body. Without treatment the rash lasts two to four weeks. The risk of shingles and post-herpetic neuralgia (PHN) increases with age, stress and other diseases.

Merck began producing a shingles vaccine, Zostavax, in May 2006, after showing it prevented about half of cases of shingles in a study of more than 38,500 men and women

60 and older. The vaccine also reduced the risk of PHN – a debilitating pain which often won't respond to treatment and can be so severe it impacts daily life for

Approximately one million cases of shingles occur each year in the U.S.

months or even years. Approximately one million cases of shingles occur each year in the U.S. The vaccine is most effective in people ages 60 – 69, and is approved for use in people 60 and older who have had chickenpox. The cost can vary from \$165 - \$300 and insurance coverage varies greatly. Medicare Part D covers the vaccine only if it is in the formulary of the patient's plan. Additional studies will determine the length of time the vaccine remains effective and if a booster shot may be necessary.

From *The New York Times*, "A vaccine as an option to keep shingles at bay," October 2, 2007.

Google and Microsoft want to shift the power to consumers in health care, just like the Internet has accomplished in other industries. Both companies are developing plans to increase the public's access to health information and personal health records. In July, a Harris poll showed an increased number of adults using the Web for health information, up from 29 percent in 2001 to 52 percent in 2007. The survey also showed 58 percent of patients who found health information online talked about the information with their doctors last year.

The companies face many challenges in their new initiative. There are concerns about privacy and protecting information. Access to one's own information can be difficult since only about 20 percent of U.S. patients' medical records are computerized, and these records are usually

Did you read?

controlled by doctors. Neither company will reveal the details of their plans, but

58 percent of patients who found health information online talked about the information with their doctors last year.

they acknowledge that these concerns, as well as government regulations and competition, may extend development time.

From *The New York Times*, "Google and Microsoft look to change health care," August 15, 2007.

In August, government regulators provided new "truth in labeling" rules for sunscreen, requiring manufacturers to test for protection against two types of ultraviolet rays, instead of just one. Currently, a sunscreen's sun protection factor (SPF) rating only measures UVB, which causes sunburn. Scientists originally believed only UVB rays caused skin damage and skin cancer. They now know that the higher-

Since the SPF factor does not include UVA protection information, consumers could be misled into thinking they were getting good protection.

wavelength UVA light, which tans the skin, penetrates deeper into the skin, and can also cause damage and cancer. Since the SPF factor does not include UVA protection information, consumers could be misled into thinking they were getting good protection. The new

rating system will use one to four stars, signifying low to very high protection. A new warning label will also be required to let consumers know that sunscreen alone does not guarantee protection from the sun's rays, recommend consumers avoid midday sun, and wear hats and long-sleeved shirts.

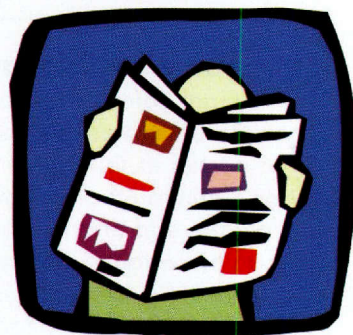
From the *Los Angeles Times/Houston Chronicle*, "Congress pushes FDA to shed more light on sunscreen labels," August 24, 2007.

Parkland Memorial Hospital in Dallas now has three self-service computer kiosks in their emergency room for do-it-yourself check-in, much like those at airports and hotels. High-priority emergency cases, like gunshot wounds, are still hurried in for treatment. Administrators report patients are spared long check-in lines and spend about eight minutes at the kiosks. Patients have more privacy at the kiosks than with a traditional nurse check-in, and information is immediately

Patients have more privacy at the kiosks than with a traditional nurse check-in, and information is immediately accessible to nurses to identify the most urgent cases.

accessible to nurses to identify the most urgent cases. The kiosks use touch screens for data entry and offer a list of ailments for the patient to choose from to describe their symptoms. While the kiosks help with reducing check-in time, administrators acknowledge that only addresses part of the problem of the overall wait time in the emergency room. Many other hospital ERs in the U.S. are also using check-in kiosks.

From *USA Today/Associated Press*, "ER patients check in at computer kiosks," September 14, 2007.



Did you read?

For your information:

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.

Acosta, Oscar, El Paso, TX. April 26, 2007, Reprimand, for violating EMS Rule 157.36.

Advicare Ambulance Service, Houston, TX, July 27, 2007, Surrender of Provider License while disciplinary action was pending.

Anson General Hospital, Anson, TX. July 18, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 157.11.

Arguello, Luis, San Juan, TX. December 22, 2005 through December 22, 2007, 24 month probated suspension, for violating the EMS Rules 157.37 and Texas Occupation Code Chapter 53 and the Texas Health and Safety Code § 773.061.

Baker, Timothy A., Houston, TX. July 16, 2007, Reprimand, for violating EMS Rule § 157.36.

Baileys, Anson, Arlington, TX. Forty-

eight (48) month probated suspension of EMS certification through July 21, 2008, for one (1) misdemeanor conviction, and two (2) felony convictions. EMS Rules 157.37 and 157.36(b) and (c).

Basra, Gurjeet K., Webster, TX. December 11, 2006, Reprimand, for violating the EMS Rules 157.36.

Bayou City EMS Group, INC., Houston, TX. April 17, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 157.11..

Belton Fire Department, Belton, TX. July 16, 2007, Reprimand, for violating EMS Rules 157.11.

Bernal, Luis, Houston, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.

Bishop, Chance C., Lockhart, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.

Bishop, James T., Stephenville, TX. November 20, 2006, Reprimand, for violating the EMS Rules 157.36.

Blancas, Christina A., El Paso, TX. May 31, 2007, Reprimand, for violating EMS Rule 157.36.

Boldra, Michael, San Antonio, TX. 1 month suspension, followed by 48-month probated suspension through February 2008 of the EMT certification. EMS Rules 157.36(b)(1), (2), (17) and (28).

Bonilla, David, Mission, TX. Thirty-six (36) month probated suspension of EMS certification through November 4, 2007, for one (1) felony deferred adjudication, and one (1) misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).

Britton, Chad A., Vernon, TX. May 28, 2007, Reprimand, for violating EMS Rule § 157.36.

Brown, Nicholas G., Portland, TX. March 22, 2007, Reprimand, for violating the EMS Rules 157.36.

Caregiver EMS, Inc., Houston, TX. May 10, 2007, assessed an administrative penalty of \$250.00, for violating EMS Rules 157.11.

Carmona, Jose E., Rio Grande City, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

Clarke, Russell G., Midland, TX. June 5, 2006, 19 month 26 day suspension, for violating the EMS Rules 157.36.

Classen, Trent M., Round Rock, TX. February 22, 2007, Reprimand, for

violating the EMS Rules 157.36.

Coastal Transportation Services, Inc., Victoria, TX. April 26, 2007, Reprimand, for violating EMS Rules 157.11.

Cobb, James E., Dallas, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

Coleman County Medical Center, Coleman, TX. April 17, 2007, Reprimand, for violating EMS Rule §§ 157.11.

Coleman, Rick E., West, TX. May 31, 2007, 24 month probated suspension, pursuant to the EMS Rules § 157.36.

Collier, Nita F., Clifton, TX. November 20, 2006, 1 year suspension through November 19, 2007, for violating the EMS Rules 157.36.

Crain, Chad E., Abilene, TX. February 24, 2007, Reprimand, for violating the EMS Rules 157.36.

Cruz, Juan J., Aransas Pass, TX. May 21, 2007, 1 year probation, pursuant to EMS Rule 157.36(f).

Cunningham, Jeffrey D., Jacksonville, TX. May 28, 2007, Reprimand, for violating EMS Rule § 157.36.

D & L EMS, Porter, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.11.

David, Jessie J., San Antonio, TX. April 17, 2007, 6 month suspension followed by a 42 month probated suspension, for violating the EMS Rules 157.36.

Davies, Roger, Anna, TX. February 22, 2007, EMT certification revoked, for violating the EMS Rules 157.36.

Davis, Bradley, Eagle Pass, TX. May 10, 2007, Surrender of EMT certification in lieu of Enforcement action, for violating EMS Rule 157.36.

Depau, James A., LaPorte, TX. February 21, 2006, 24 months suspension with 18 months probated, for violating the EMS Rules 157.36.

Davis, Jessie J., San Antonio, TX. April 17, 2007, 6 month suspension followed by a 42 month probated suspension through April 16, 2011, for violating the EMS Rules 157.36.

Denton Fire Department, Denton, TX. July 16, 2007, assessed an administrative penalty of \$3,000.00, for violating EMS Rules § 157.11.

Desopo, James A., Waco, TX, August 29, 2007, 6 month suspension, for violating the EMS Rules § 157.36.

Duke, Brian R., Houston, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

Dupree, Gregory W., Powderly, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

East Texas Medical Center EMS, Tyler, TX. December 11, 2006, assessed an administrative penalty of \$37,300.00; however \$35,300.00 of the administrative penalty is probated for 12 months through December 10, 2007, for violating EMS Rules 157.11 and 157.16.

Echols, Kelly, San Antonio, TX. May 28, 2007, Reprimand, for violating EMS Rule 157.36.

Eppinette, Rose M., New Caney, TX. May 10, 2007, Reprimand, for violating EMS Rule 157.36.

Experts EMS, Houston, TX. April 23, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rule 157.11.

Feemster, Bobby, Stephenville, TX. October 18, 2006, 24 months suspension with 18 months probated suspension after serving an actual six-month suspension through October 18, 2008, for violating the EMS Rules 157.36.

Fenner, Lisa L., Pasadena, TX. September 30, 2006, 24 months probated suspension, for violating the EMS Rules 157.36 and 157.37.

Firmin, Susan, Longview, TX. March 16, 2007, 3 month suspension followed by a 9 month probated suspension, for violating the EMS Rules 157.36.

Fritch EMS, Fritch, TX. May 31, 2007, Reprimand, for violating EMS Rules 157.11 and § 157.16.

Garcia, Albert S., Kingsville, TX. February 27, 2007, ECA certification revoked and application for ECA renewal denied, for violating the EMS Rules 157.36.

Garcia, Steven, El Paso, TX. August 29, 2007, 6 month probated suspension, for violating the EMS Rules § 157.36.

Gemni Ambulance, San Antonio, TX. April 26, 2007, assessed an administrative penalty of \$1,500.00, for violating EMS Rules 157.11.

Giannotti, Koy R., Sugar Land, TX. February 15, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.

Giannotti, Koy R., Sugarland, TX. June 7, 2007, Revocation of EMT-Basic certification, for violating the EMS Rules 157.36.

Gonzales, Mark A., San Antonio, TX. April 17, 2007, 6 month suspension followed by a 42 month probated suspension, for violating the EMS Rules 157.36.

Gonzalez, Fernando, Zapata, TX. December 22, 2005, 48 months suspension with 45 months probated suspension, for violating the EMS Rules 157.36.

Grabs, Teresa, Valley Mills, TX. 108 months probated suspension of LP through September 26, 2010. EMS Rules 157.37(c)(2)(3)(G).

Graham, Kevin W., Nemo, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.36.

Gray, Javiya, Houston, TX. 60 month probated suspension of EMT certification through December 17, 2007, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).

Griggs, Clayton, Bagwell, TX. Forty-eight (48) month probated suspension of EMS certification through November 1, 2008, for three (3) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

Grube, David A., Montgomery, TX. June 7, 2007, Revocation of EMT-Basic certification, for violating the EMS Rules 157.36.

Guthrie, Tammy L., Kempner, TX. August 14, 2006, 24 months suspension with 23 months probated suspension after serving an actual one-month suspension, for violating the EMS Rules § 157.36.

Hall, Lee, Victoria, TX. Forty-eight (48) month probated suspension of EMS certification through June 29, 2008, for six (6) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

Hernandez, Rogerio, Brownsville, TX. Thirty-six (36) month probated suspension of EMS certification through November 1, 2007, for one (1) felony deferred adjudication probation. EMS Rules 157.37 and 157.36(b) and (c).

Herrera, Jorge, El Paso, TX. June 5, 2006, 24 month 5 day suspension, for violating the EMS Rules 157.36.

Highland Village Fire Department, Highland Village, TX. April 26, 2007,

Reprimand, for violating EMS Rules 157.11.

Hollon, James D., Odessa, TX. August 29, 2007, Surrender of EMT-Intermediate certification while disciplinary action was pending.

Johnson, Doyle D., New Caney, TX. February 22, 2007, Revocation of EMT-Basic certification, for violating the EMS Rules 157.36.

Kent County EMS, Jayton, TX. May 31, 2007, Reprimand, for violating EMS Rules 157.11.

Kinney County EMS, Brackettville, TX. February 22, 2007, Reprimand, for violating EMS Rules 157.11 and 157.16.

Kline, Kyle, San Leon, TX. Forty-Eight (48) month probated suspension of EMS certification through June 29, 2008, for three (3) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

Knox County EMS, Knox City, TX. March 22, 2007, Reprimand, for violating EMS Rules 157.11.

Krodel, James R., Royse City, TX. December 2, 2005 through December 2, 2007, 24 month probated suspension, for violating the EMS Rules 157.36.

Lifetime Ambulance Service, Inc., Houston, TX. May 17, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 157.11.

Little Elm Fire Department, Little Elm, TX. August 29, 2007, assessed an administrative penalty of \$700.00, for violating EMS Rules § 157.11, HSC § 773.041(b) and HSC § 773.050(a).

Lopez, Frank X., Houston, TX. April 17, 2007, Reprimand, for violating the EMS Rules 157.36.

Lugo, Karim, Houston, TX. February 27, 2007, Reprimand, for violating the EMS Rules 157.36.

Lutz, Scott J., Stephenville, TX. May 17, 2007, Reprimand, for violating EMS Rule 157.36.

Martello, Joseph, Cooper, TX. December 22, 2005, 36 month probated suspension, for violating the EMS Rules 157.37.

Martinez, Joshua J., Odessa, TX. May 28, 2007, Reprimand, for violating EMS Rule 157.36.

Mata, Daniel, McAllen, TX. December 11, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.

Matagorda County EMS I, LLP d/b/a

DISCIPLINARY ACTIONS

- Americare EMS**, Bay City, TX. April 26, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 157.11.
- McGarity, Todd A.**, Fort Worth, TX. May 31, 2007, 6 month probated suspension, for violating the EMS Rules 157.36.
- Med-Alert EMS**, McAllen, TX. May 21, 2007, assessed an administrative penalty of \$7,500.00, for violating EMS Rules 157.11.
- Medpro Emergency Medical Services**, Tyler, TX. May 31, 2007, assessed an administrative penalty of \$3,750.00, for violating EMS Rules 157.11.
- Mid-Valley EMS**, McAllen, TX. April 23, 2007, assessed an administrative penalty of \$5,800.00, for violating EMS Rules 157.11 and 157.16.
- Mitlacher, Carol L.**, Leander, TX. June 7, 2006, 18 month 23 day suspension, for violating the EMS Rules 157.36.
- Mize, Thomas W.**, Gun Barrel City, TX. July 18, 2007, Reprimanded, for violating the EMS Rules 157.36.
- Naccarato, Cameron J.**, Abilene, TX. February 8, 2007, EMT certification revoked, for violating EMS Rule 157.36.
- Needham, Christopher**, Troup, TX. Twelve (12) month suspension followed by a thirty-six (36) month probated suspension of EMS certification through November 4, 2008, for EMS rule violations. EMS Rules 157.37 and 157.36(b) (1), (2), (26), (27), (28), and/or (29).
- Nichols, James J.**, Lavon, TX. April 19, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.
- Nix, Jaime L.**, Cleburne, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.
- North East Texas EMS**, Center, TX. July 18, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules § 157.11.
- Page, Samantha L.**, New Caney, TX. May 17, 2007, EMT-I certification revoked and re-certification application for EMT-I is denied, for violating the EMS Rules 157.36.
- Pirkle, Lisa L.**, Cleburne, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.
- Pitts, Edward D.**, Teague, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.36.
- Pointer, Lonnie W.**, Whitewright, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.36.
- Pompa, Veronica**, Corpus Christi, TX. December 2, 2005, 36 month probated suspension, for violating the EMS Rules 157.37.
- Possum Kingdom Lake Volunteer EMS**, Graford, TX. February 22, 2007, Reprimand, for violating EMS Rule 157.11.
- Powers, Matthew**, Arlington, TX. August 29, 2007, Surrender of EMT-Intermediate certification while disciplinary action was pending.
- Preferred Ambulance**, Mission, TX. July 18, 2007, assessed an administrative penalty of \$10,90.00, for violating EMS Rules 157.11.
- Quality Ambulance Service**, Pleasanton, TX. May 10, 2007, assessed an administrative penalty of \$3,750.00, for violating EMS Rules 157.11.
- Quality Elite EMS LLC, Inc.**, Richmond, TX. July 18, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 157.11.
- Ramsey, David W.**, Mabank, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.
- Regional Ambulance**, Victoria, TX. July 18, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 157.11.
- Rio Grande Ambulance Service**, El Paso, TX. January 25, 2007, assessed an administrative penalty of \$1,000.00, for violating HSC 773, EMS Rules 157.11 and 157.16.
- Rivera, Adrian G.**, Houston, TX. November 20, 2006, Reprimand, for violating the EMS Rules 157.36.
- Rones, Robert S.**, McKinney, TX. April 26, 2007, Reprimand, for violating EMS Rule 157.36.
- Saenz, Hector**, Edinburg, TX. May 21, 2007, 1 year probation, pursuant to EMS Rule 157.36(f).
- Satellite EMS**, Houston, TX. August 27, 2007, assessed an administrative penalty of \$12,500.00, for violating EMS Rules § 157.11.
- Scarborough, Samuel L.**, Stephenville, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.
- Schertz EMS**, Schertz, TX. February 27, 2007, assessed an administrative penalty of \$1,220.00, for violating HSC § 773, EMS Rules 157.11 and 157.16, these violations were self-reported to the Department.
- Secure Ambulance**, Farmers Branch, TX. August 29, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules § 157.11, HSC §773.041(b) and HSC § 773.050(a).
- Sherman Fire Department**, Sherman, TX. December 23, 2007, assessed an administrative penalty of \$1,260.00, for violating EMS Rule 157.11.
- Silvas, Lisa**, Cedar Hills, TX. October 20, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.
- Skiles, Billy**, Dallas, TX. a one (1) month suspension followed by a forty-seven (47) month probated suspension through March 28, 2009, for violating EMS Rules § 157.36, and/or § 157.37. (March 28, 2005)
- Smith, L.J.**, Austin, TX. July 16, 2007, Revocation of ECA certification, for violating the EMS Rules 157.36.
- Smith, Ronald G.**, Abilene, TX. July 18, 2007, revocation of Paramedic License and Course Coordinator certification, for violating EMS Rule 157.36 and 157.43.
- Snowden, Casey L.**, League City, TX. March 1, 2006 through March 1, 2008, 24 months probated suspension, for violating the EMS Rules 157.36.
- Snyder EMS, Inc.**, Snyder, TX. February 22, 2007, Reprimand, for violating EMS Rule 157.11.
- St. Anthony's Ambulance Service, Inc.**, Houston, TX. August 29, 2007, 18 month probated suspension and assessed an administrative penalty of \$10,000.00, for violating EMS Rules 157.11 and 157.16.
- St. Emmanuel EMS**, Houston, TX. February 22, 2007, Reprimand, for violating EMS Rule 157.11.
- St. Mary's Ambulance Service, Inc.**, Westlaco, TX. February 27, 2007, Reprimand, for violating HSC § 773.061 and EMS Rules 157.11 and 157.16.
- Stat Services Of Jefferson County, LLP d/b/a Stat Care EMS**, Beaumont, TX. April 17, 2007, Reprimand, for violating EMS Rules 157.11 and 157.16.
- Stonewall County Ambulance Service**, Aspermont, TX. February 22, 2007, Reprimand, for violating EMS Rule

DISCIPLINARY ACTIONS

157.11.

Thompson, Syler R., San Antonio, TX. February 27, 2007, EMT certification revoked, for violating the EMS Rules 157.36.

Timpson Volunteer Ambulance Service, Timpson, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.11.

Trans-Care Medical Transport, Kennedale, TX, July 18, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 157.11 and 157.16.

Tucker, Chad, Allen, TX. December 7, 2005, 24 month suspension with 21 month probated suspension, for violating the EMS Rules 157.36.

Valley Emergency Medical Services, Edinburg, TX. May 31, 2007, Reprimand, for violating EMS Rules 157.11.

Victorino, Victor J., Austin, TX, July 27, 2007, Reprimand, for violating EMS Rule 157.36.

Villa, Baldemar, Edinburg, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

Vols, Allen L., Pottsboro, TX. February 22, 2007, ECA certification revoked and application for ECA renewal denied, for violating the EMS Rules 157.36.

Wade, Matthew A., San Antonio, TX. March 27, 2006, 36 month probated suspension, for violating the EMS Rules 157.37.

Walker, Mark, Seabrook, TX. July 16, 2007, 2 month suspension of EMT-Basic certification, for violating EMS Rule 157.36.

Wike, David W., San Angelo, TX. March 22, 2007, Reprimand, for violating the EMS Rules 157.36.

Willhite, III, John H., Alvin, TX. March 16, 2006, 48 month probated suspension, for violating the EMS Rules 157.36.

Williams, Stanley J., Port Neches, TX. March 22, 2007, EMT certification revoked and re-certification application for EMT is denied, for violating the EMS Rules 157.36.

Willis, Reginald E., Burselson, TX. May 28, 2007, Reprimand, for violating EMS Rule 157.36.

Wilson, Alvin, Palestine, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

Wilson, David R., Houston, TX, August 29, 2007, Reprimand, for violating EMS

Rule 157.36.

Wolf, Darrell G., Red Oak, TX. May 17, 2007, Reprimand, for violating EMS Rule 157.36.

Woolly, Lane A., Royse City, TX. November 9, 2006, Reprimand, for violating the EMS Rules 157.36.

X-Tra Mile Ambulance Service, Pharr, TX. July 18, 2007, assessed an administrative penalty of \$750.00, for violating EMS Rules 157.11.

Questions about certification?

Call EMS

Certification at
(512) 834-6700 or
email emsinfo@dshs.state.tx.us

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).

What's up?

Let us know if you have news for Local & Regional! Send to kelly.harrell@dshs.state.tx.us.

For the First Time...

... EMS Expo's Top 20 Picks will be presented live at Texas EMS!

Each year, EMS Magazine editorial advisory board member Mike Smith makes his way around the EMS EXPO exhibit hall, seeking out the most innovative products launched or redeveloped this year. This time you will be the first to see his picks live as the winners are presented in the exhibit hall Monday Nov. 19th at 1:00 pm.



Come join us for a buffet lunch and stay for the awards!

Meetings & Notices

Calendar

November 1-December 13, 2007. **EMT Basic Refresher/Recertification Course.** San Jacinto College, Houston, Texas. Theory and skills necessary to meet national and state requirements for certification. Tuesday and Thursday evenings. Call 281/476-1838 to register.

November 20, 2007. **Texas Ambulance Association Billing/Compliance Seminar,** Hilton Americas-Houston, 1600 Lamar, Houston, Texas, \$99.00 pre-registration, \$125 on-site. For more information call 972/417-2878.

February 2008. Central Texas College, Killeen Texas, offering **EMS Instructor Course.** For more information contact Tammy Samarra at 254/526-1479.

February 9-10, 2008. **Supporting Independent Rescuers Educational Needs (S.I.R.E.N.) Conference** at Blinn College in Bryan, Texas, sponsored by PHI Air Medical and PHI STAT Air. For more information go to www.phistatair.com.

February 22-23, 2008. **Eagles Conference,** Dallas Marriot Las Colinas, 223 West Las Colinas Blvd., Irving, Texas. CME credit will be offered. For more information

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, 1100 W. 49th St., Austin, TX 78756-3199. Call 512/834-6700 if you have a question about the meetings and notices section.

contact eagles@utsouthwestern.edu or call 800/688-8678, 214/648-3138 or online at www.gatheringofeagles.us/2008information.htm.

August 7-8, 2008. **The South East Texas Regional Advisory Council (SETTRAC) annual Emergency and Trauma Care Conference.** To suggest topics, speakers, and vendors, or for more information email emsandtraumacare@yahoo.com.

Jobs

EMT/EMT-I: Terlingua Fire and EMS, Inc. is seeking a full-time EMT/EMT-I. Must have current Texas certification, as well as CPR at the Healthcare Provider level. Terlingua Fire and EMS, Inc. located in Study Butte, TX, is a low volume 911 provider that has a service area of approximately 3000 square miles. Candidates must be in good physical condition, enjoy working and living in a remote environment and possess excellent critical thinking skills due to long transport times. Salary and benefits based on experience and level of training. For more information or to apply contact Greg Henington, EMS Chief, at 432/371-2633 or email at greg@ffoc.net. +

Executive Director: The North Central Texas Trauma Regional Advisory Council (NCTTRAC) is seeking a highly motivated, qualified individual to lead the organization in the newly created position of executive director. Headquartered in the Dallas/Ft. Worth metroplex area. Salary negotiable depending on qualifications and experience. For more information or if interested send a letter of interest and CV to Leigh Bedrich at leigh.bedrich@flower-mound.com. +

Education Coordinator: Harris County Emergency Services District 1 is accepting applications for an Education Coordinator to develop CE and coordinate internal training. For complete responsibilities, criteria, salary, and to apply visit www.hcesd-1.org. +

Paramedics: Texas City EMS Department is accepting applications for paramedics to fill full and part-time openings. Competitive salary and benefits. 24 hour shifts with progressive protocols and new equipment. Email resume to tkrenek@texas-city-tx.org or call 419/643-5705. +

Paramedics: A*Med Ambulance Service, Inc. is accepting applications for paramedics

to fill full and part-time openings. A*Med is a new critical care transport agency providing service to the Galveston, Fort Bend, Harris, and surrounding counties. Competitive salary and benefit packages. Multiple shifts available, progressive protocols and new equipment. Email resume to tsimmons@amedhomehealth.com or call 832/771-4783. +

Volunteer, Training, Employment: F.O.R.C.E.S. Medical Reserve Corps is accepting applications/training slots for EMS and Allied Health Care personnel in the South Texas area. Supervisor EMS positions, NIMS training, Medic Ryders® Equestrian Unit, tactical EMS support, or disaster response teams. If interested contact our Medical Team at 866/MT-FORCE (683-6723) or visit www.forces.cc or www.medicalreservecorps.gov or email info@forces.cc. +

Paramedic: Offshore vessel paramedics, Gulf of Mexico. Also responsible for the on-site Health, Safety and Environmental functions. Excellent pay and benefits. 28 days on/off. Apply by email to employment@deepmarinetech.com or fax 713/996-2852. For more information visit www.deepmarinetech.com/employment. *
EMT: HEB warehouse medic, EMT with minimum 1 year experience working in a warehouse or distribution center required. Will attend to injured employees, maintain an onsite medic station, monitor work injury activities to ensure compliance with physical restrictions/limitations imposed by treating physician, communicate with medical providers within assigned locations and conduct safety and health related training. Must live in San Antonio or surrounding area or be willing to relocate at own expense. For more information see posting on Monster.com. Submit your resume and expected hourly rate to uhrar@heb.com. *

EMS Instructors: Austin Community College District has an immediate opening for multiple part-time adjunct EMS professions instructors. Instructors for classroom, laboratory and clinical settings. EMS adjunct instructor job #AD0628, EMS skills lab adjunct instructor job #AD0642, apply online at www.austincc.edu/hr/apply or contact Rachel Jenkyn at 512/223-7538 or rjenkyn@austincc.edu. *

EMT/EMT-I/EMT-P: Priority One EMS, serving the SETX region is seeking DSHS certified personnel for all shifts, to include

Meetings & Notices

10/12/24 hour shifts. Service responds to urban and rural areas, both 911 and non-emergency. Benefits package and sign-on bonus available. Contact Jennifer Cooper at 409/832-0121 or jcooper@priorityoneems.com. *

Paramedic: Williamson County Emergency Medical Services is a county-based third service, north of Austin, Travis County. We are a dual paramedic, ALS 911 system, under excellent medical direction, progressive management, quality equipment, paid in-house education, competitive benefits package, paid sick, vacation, and holiday time. For more information visit <http://wcportals.wilco.org/ems/Employment/index.html> or call Jeff Hayes or John Sneed at 512/943-1264. *

EMT: Master Train, Inc. in San Antonio, Texas has an opening for an EMT with an interest in teaching. Email resumes to pcash@mastertrain.net or fax to Paul Cash 210/832-0421. *

Paramedic: competitive salary and benefits, 3-5 years experience preferred but will consider all. Position will be at Martin County Hospital District in Stanton, Texas. Accepted candidates must relocate to Stanton, Texas. Opportunity exists for advancement to EMS director for the right candidate. Contact Paul McKinney, Administrator, 432-756-3345 ext. 225 or mail resume to P.O. Box 640, Stanton, Texas 79782. *

For Sale

For sale: FERNO ambulance stretchers. Two model 96SE Squadmate 500 pound rated with nice mattresses, \$650 each or \$1100.00 for both. Two model 29M stretchers with nice mattresses, \$450.00 each. Shipping extra or pickup in the Metro Houston area. Call Louis Bernhardt 281/595-2002 for more information. +

For sale: two 2005 Type III E-450 ambulances, Ferno 93 stretchers, loaded. For information, contact Bobby at 903-572-0689 or email B5X5@swbell.net. *

Miscellaneous

Advanced Card Courses: ACLS, PALS, ITLS, GEMS, PEPP classes monthly in the Houston area. PHTLS

and AMLS available for groups with 45 days notice. CPR, AED, and First Aid training held weekly. Moulage services, CE seminars, Clinical and Billing consulting available. Flexible scheduling for individuals and small groups. Preregistration is required. We will travel. Contact Medical Matters at 281/825-8145 or online at www.medicalmatterstx.com. +

Paramedic, Intermediate-85, and EMT-B Courses: Houston Community College EMS Department is currently accepting applications for All Levels of EMS coursed to meet your educational requirements. Academy style (full-time) and traditional semester course format are designed to meet your schedule. For more information call 713/718-7694 or visit www.hccs.edu for details on upcoming courses. +

Texas EMS Consulting Service: Our goal is to provide assistance for Texas EMS agencies. Operations result from over 30 years of EMS and fire service experience. Resume available upon request. Services provided include but not limited to: evaluation of EMS; referrals for education programs; grant preparation. This service is in no way connected to DSHS. For more information contact Max Smith, LP, at 254/445-4759 or email texasems@hotmail.com. +

Health Claims Plus: EMS and Fire Department billing. Excellent rates and services. Electronic billing, weekly and

monthly reports and educational workshops. Contact 888/483-9893 or visit www.healthclaimsplus.com. +

Online Bachelor's degree: St. Edward's University, Austin, Texas, now has an online option for its BA degree in public safety management. The program is accelerated taking one-half the time of a traditional program. There is also an optional BAAS degree for those with an associate's degree. For more information visit www.stedwards.edu/newc/pacepsm.htm or call 877/738-4723 or 512/428-1050. +

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. +

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

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

+ This listing is new to the issue.

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

Placing an ad? Renewing your subscription?

Placing an ad? To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: Texas EMS Magazine, 512/834-6736 or send to Texas EMS Magazine, 1100 W. 49th St., Austin, TX 78756-3199. Ads will run in two issues and then be removed. Texas EMS Magazine reserves the right to refuse any ad.

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

Renewing your subscription? Use the subscription form in this magazine to renew your subscription and mark the renewal box.

EMS Profile: Odessa Fire Department



The Odessa Fire Department responded to 10,437 calls in 2006

Number of personnel: The Odessa Fire Department is a paid fire and MICU service with a staff of 167 professionals including 23 ECAs, 31 EMTs, 67 paramedics and 36 licensed paramedics. All newly hired personnel are required to become Texas DSHS paramedics and TCFP certified structural firefighters. OFD personnel work a 24/48 schedule. Chief Rick Dietz is OFD chief and there are three assistant fire chiefs: Roger Boyd, suppression; John Alvarez, administration; and Dale Childers, EMS. Three battalion chiefs lead the three shifts: Stan Tinney, Kavin Tinney and David Parker. The training division is comprised of Training Chief Glen Hogue and three senior

captains: Darrel Johnston, Kevin Jackson and Kevin Doan. The training division provides monthly fire and EMS continuing education for 167 paid personnel, as well as additional outside training opportunities for specific needs within the department.

Years of service, number of units and number of calls: The Odessa Fire Department has been the EMS provider for the City of Odessa and Ector County since 1973. We currently operate seven MICU ambulances and eight ALS fire engines. Our coverage area is approximately 904 square miles; we serve a population of 124,000. The Odessa Fire Department responded to 10,437 EMS calls in 2006.

In 1970, the City of Odessa was the first city in the state to provide the 9-1-1 emergency dialing system. In 1972, the City of Odessa was first in the state to utilize the Jaws of Life.

Current activities: Under the leadership of Medical Director Dave Spear, MD, the Odessa Fire Department is also utilizing portable ultrasound monitors on ambulances. The monitors provide valuable pre-hospital assessment information to the paramedics and emergency room staff. The Odessa Fire Department was recognized at the First World Congress on Ultrasound held in Milan, Italy, in 2005, for having the first paramedic ultrasound program in the world. The department is currently participating in a national study on ultrasound use in the pre-hospital setting.

In February 2007, the Odessa Fire Department started a weekly pediatric visitation program in which firefighters visit sick children at the Medical Center Hospital. The firefighters spend a few minutes with each child and give them gifts of pencils, colors, coloring books and stuffed animals. The children are invited to visit local fire stations and spend some time with the firefighters once they are discharged from the hospital.



Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199

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At Austin, Texas