

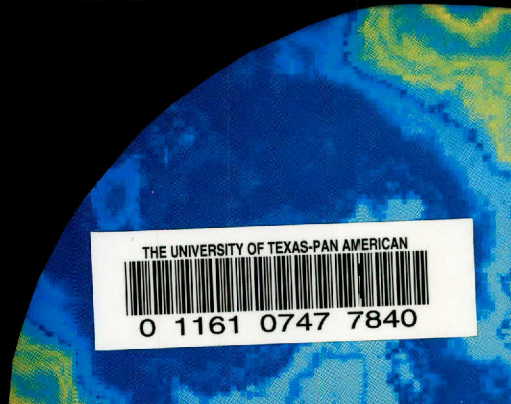
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TCAS LIVE
Serving Texas Emergency Care Professionals

Into the future...

2000

Page 30



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_____ (Updated) "EMS Questions and Answers About Citizen Participation" brochure. Answers questions about how to call, what to do and how the community can help EMS. (EMS-008)

_____ (Updated) "EMS—A System to Save a Life" brochure. A 1970s title with a 1990s text, it has public health region office info and "For more information, call" box. Explains BLS and ALS. (EMS-012)

_____ "Who Who" Coloring Book. Activity book features 12 pages of injury prevention and EMS awareness tips by Who Who the safety clown. (EMS-022)

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Texas EMS

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TEXAS DEPARTMENT OF HEALTH MISSION

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the people of this state.*

BUREAU OF EMERGENCY MANAGEMENT MISSION

*To facilitate statewide, regional, and
community systems that provide emergency
and health care for all individuals.*

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Texas EMS

M a g a z i n e

November/December 1999

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A bimonthly publication of

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See ya down the road

Since 1981, I've had the incredible honor of serving you, first as EMS director and then as bureau chief. Through all I've done, the best part of my job was signing your EMS certifications and provider licenses. From the bottom of my heart, I thank you for allowing me to work for the past 27 years in Texas EMS, an industry I love.

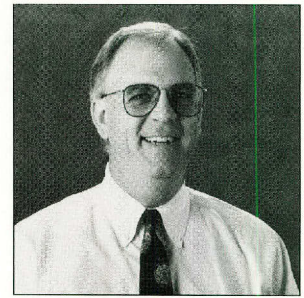
It is time to retire and my wife and I will be moving to be closer to our grandchildren. My immediate plan for retirement is to write a book on the history of Texas EMS. Working for the government over the years, there are so many things I could not say that have to be told to accurately document some of our history. I will also be vice president of project development with Mobile Healthcare LLC, an international health care consulting firm. My new phone number will be (214) 956-0707.

Below is a list of unique opportunities that I have had as a direct result of working in EMS. I hope you enjoy reading some of them as much as I did in getting to do some of these things. During my 27 years in Texas EMS, I have had the opportunity to do the following:

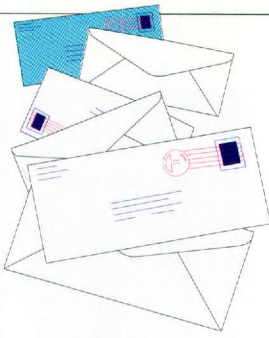
- My first trip to a foreign country was a drive across the Rio Grande with Joe Abb Neeley, a county health official from Sierra Blanca.
- Taught ECA courses all over Texas.
- Tested EMS students for state certification all across Texas.
- Worked in the back of an ambulance as an ECA, EMT and paramedic.
- Worked in the emergency room of a rural hospital as a paramedic.
- Worked for a rural county EMS service.
- Worked in two different public health regions (Dallas and El Paso).
- Wrote the first paramedic examination in Texas.
- Attended the national meeting where the very first paramedic curriculum was introduced (Pittsburgh, PA, 1976).
- Stood on the floor of Mission Control

at NASA in Houston.

- Actually held in my hands the fiddle that was owned and played by Bob Wills.
 - Worked with Dr. Red Duke before he became famous.
 - Taught paramedics in the fourth largest city in the United States.
 - Worked as a director of a volunteer EMS organization.
 - Talked with the last human who walked on the moon, Astronaut Gene Cernan. Actually asked him if he could fly a Cessna 150; he replied: "You know, I don't believe I can."
 - Stood at the podium and moderated the largest EMS conference in the nation. (Texas EMS Conference 1998).
 - Toured enough emergency rooms to last a lifetime.
 - Worked with legislators and lobbyists trying to improve EMS in Texas.
 - Served on the state 9-1-1 Commission.
 - Eaten everything from hobo stew to armadillo in fire departments around the state.
 - Shook the hands of four different governors of Texas, once while dressed as Rainbo the Clown.
 - Served as a consultant to the Texas Medical Association.
 - Wrote an instructor's manual for an EMS textbook.
 - Directed the development of *Texas EMS Magazine* from a four-page newsletter known as the *EMS Messenger* to a 60-page magazine.
 - Saw the Olympic Torch arrive in Texas in 1996 and oversaw statewide emergency medical service for the torch relay through Texas.
 - Been involved in all rule development for EMS and trauma in Texas.
 - Shook hands with Dr. Michael DeBakey and spoke with Dr. Denton Cooley.
- Thank you for all your friendship and support over the last 27 years and most importantly, for the opportunity to have been involved in the development of Texas EMS. As my cowboy friends say: See ya down the road.



GENE WEATHERALL, CHIEF BUREAU OF EMERGENCY MANAGEMENT



Letters



To *Texas EMS Magazine*: I read with great interest John Frey's article entitled *Spaces of Death* and would like to commend you on an excellent article. Over the years these types of incidents have claimed many lives needlessly and your article should help make a difference. I would, however, like to differ with you on your description of methane as a poisoning chemical. Methane in its purest form is non-toxic. Accumulations of methane, like those found in confined space emergencies, displace the available oxygen, creating an oxygen deficiency. It's the lack of oxygen, not the presence of methane, which causes the victim to be incapacitated. The important thing to remember is that instruments capable of determining oxygen concentrations must be available to rescuers contemplating entry into a confined space. I recommend the use of a multi-

functional instrument that monitors oxygen concentration, hydrogen sulfide and flammable ranges.

Thank you for a concise and informative article, and may the tragedies of the past not be repeated in the future.

Bill Crawford

Firefighter/Licensed Paramedic
Bedford

Thanks for the interest in the article. My intent was not to imply that methane was a poison in the classic sense of the word, only that methane is one of many atmospheric contaminants that may pose problems for responders. Methane's principle hazard in a confined space is its wide flammable range (5.3 percent-15 percent). It also may eventually displace the oxygen in a space, but being lighter than air (vapor density of 0.6) it would take longer than other simple asphyxiants that may be present. oJohn Frey

The Bureau of Emergency Management mourns the passing of these EMS friends

Herman H. Novak, 73, of El Campo, passed away September 19, 1999. Novak was inducted into the Texas EMS Hall of Fame during November 1998. He spent more than 30 years in the field of EMS and was instrumental in the development of pre-hospital emergency care from the first days of emergency medical services planning, especially in the greater southeast Texas area.

William M. Bethune, 58, of Texas City, passed away on October 5, 1999, when the fire truck on which he was riding was involved in a collision while responding to a medical emergency. An EMT and a firefighter, Captain Bethune was a 25-year veteran and station commander at the Texas City Fire Department.

Emergency Wonderland

By Claudette Simpson

Sirens blare, are you listening
People stare, they are whispering
The moon's shining bright
We're busy tonight
Working in an emergency
wonderland

Gone away is the bluebird (Life-star)
Bringing criticals is what we've heard
They won't be long
It's the same old song
Working in an emergency
wonderland

In the lobby the triage line is growing
People checking in from all around
Nothing slows us down, we keep going,
Because we're the best ED in the town

Sick or injured we will help you
Your health is the issue
We wish you holiday cheer
From everyone here
Working in the emergency
wonderland.

Paramedic Claudette Simpson works in the emergency department at Northwest Texas Healthcare Systems in Amarillo.

By Gene Gandy, JD, LP

November 1, 2025: A paramedic call in the future

0012 Hours, August 1, 2025. The crew of Trauma Assistance Unit Two (TRAUT) are in their loungers at their Austin, Texas, station.

Roy, the Navigation and Logistics Specialist (NALS), is watching a Star Trek movie on his personal TeleMagna, a device 4 x 5 x 0.5 inches in size which combines television, digital image storage, telephone, computer, camera and two-way radio. It responds to voice commands and broadcasts signals sent by ComStar, the center in Nova Scotia that receives and dispatches all 9-1-1 calls world-wide.

Jonni, the Trauma Patient Advocate (TPA), is playing five-dimensional chess on her TeleMagna unit while monitoring EMS calls from Moscow, where she did her field internship.

Their ambulance, a state-of-the-art Chen, manufactured in China, is ready and waiting in the bay. Since U.S. ambulance builders stopped making ambulances in 2012 after the year-long emergency physicians and EMS strike, all ambulances worldwide have been made in China and are owned and leased to providers by the Polish conglomerate, ApparAm.

The Chen ambulance is much smaller, lighter and efficient than those of the early 21st century.

The Chen carries two patients with OmniCots, lightweight, robotic, nitrogen-powered devices which load, unload and change height by voice command. Because of advances in miniaturization, they provide patient immobilization, cardiac function reports, 29-

lead ECG, vitals, blood volume, ABGs, temperature, blood glucose, three-dimensional CT scanner, and an 8 x 10 screen that displays each reading, on voice command, in three dimensional color.

Suddenly, the TeleMagnas broadcast an alert from ComStar.

"Jonni and Roy," says the TeleMagna, "a small pickup has rolled over in Sector 4922. A female patient may have been ejected."

"We're enroute, Com," says Roy. The Chen's AutoNav system is already programed for the response when they tell it to go, so there is no need for them to do anything but sit back and watch for pedestrians. They won't use the Astro-Siren unless they spot one, because all traffic lights change to green for them and all other vehicles are slowed and driven safely to the side of the thoroughfare by their AutoNav systems until the ambulance safely passes. Manual steering is not necessary.

On scene they are met by first responders who have already assessed the unresponsive patient. They report head and chest trauma. Jonni's HelmetCam shows the patient to the trauma surgeon who advises them to begin transport. Since there is no apparent external bleeding, the patient is placed in the Full-Body Immobilizer (FBI), a device that employs heat and pressure sensitive gel to support the patient's body in the position of function and also provides the sensors for monitoring and executing all the functions of the OmniCot. Once applied and connected, the cot transmits its findings to the medics and to the

receiving physician.

On voice command, the OmniCot inserts itself into the Chen and transport begins.

The OmniCot has determined that the patient needs 583 ml of fluid to restore her BP to normal. Jonni plugs a liter of artificial blood into the port of the OmniCot, which has already found the largest antecubital vein and inserted a 7.5 gauge catheter. About this time the CT results show a closed head injury and bleeding into the right thoracic space. However, since pH, oxygen pressure and O₂ saturation are within normal limits, no chest tube is recommended. Jonni breathes a sigh of relief, since it's been a couple of months since she has inserted one. She reminds herself to practice on the Humanoid Manikin tomorrow.

At the hospital a Certified Patient Advocate (CPA) meets them at the ED door and guides the OmniCot to the ICU. Jonni tells one of the waiting replacement Omnis to get into the ambulance. There is no paperwork, since the Omni has recorded and transmitted all data digitally to the permanent database at ComStar, instantly accessible from any place in the world by a recognized voice.

As they settle comfortably in the ambulance Roy says, "How about a pizza?"

"Why not?" replies Jonni. The Chen is already moving. "PizzaParadise or CyberPizza?" it asks.

Gene Gandy, JD, LP, is director of the EMS Professions Program at Tyler Junior College.

On Duty

By Kelly Harrell



Altered DNR forms acceptable

As you might know, the Out-of-Hospital DNR law changed on September 1, 1999, as a result of legislation passed in the last session. However, due to the lengthy rules process, it could take months before revised forms will be available. In the meantime, the existing form will continue to be used. When presented with a DNR order executed after September 1, health care personnel may see some modifications to the form in order to comply with existing law. For example, the physician is no longer required to certify that the patient

has a terminal condition, so that phrase may be lined through and a statement such as "no longer required by Chapter 166, Health and Safety Code" may be written in. The other area where this phrase might be found is section C. The form requires two qualified relatives, but current law requires only one. If you have questions, please call (512) 834-6700 or email amos.hunter@tdh.state.tx.us.

Crash victims remembered in ceremony

The National Highway Safety Transportation Administration (NHTSA) honored those seriously injured or

killed on the nation's roadways at the second annual National Road Victim's Remembrance Day in Washington, D.C. in September. The theme of the day was "Crashes Aren't Accidents." Several thousand roses were placed inside a wreath in memory of individual crash victims. For more information about the event, contact Citizens Against Speeding and Agressive Driving (CASAD) at (202) 244-7377 or go to www.aggressivedriving.org.



New law targets sharps injuries

Buried deep in House Bill (HB) 2085, the TDH Sunset Bill, is a provision dealing with bloodborne pathogen exposure control. By law, this section only applies to governmental entities, but every provider might consider it.

Basic requirements are:

The Board of Health by rule shall recommend that governmental units implement needleless systems and sharps with engineered sharps injury protection for employees. It also requires that information concerning exposure incidents be recorded in a written or electronic sharps injury log to be maintained by a governmental unit. This information must be reported to TDH and must include:

- (1) the date and time of the exposure incident;
- (2) the type and brand of sharp involved in the exposure incident; and
- (3) a description of the exposure incident, including:

- (A) the job classification or title of the exposed employee;
- (B) the department or work area where the exposure incident occurred;
- (C) the procedure that the exposed employee was performing at the time of the incident;
- (D) how the incident occurred;
- (E) the employee's

body part that was involved in the exposure incident; and,

(F) whether the sharp had engineered sharps injury protection and, if so, whether the protective mechanism was activated and whether the injury occurred before, during or after the activation of the protective mechanism.

The rule process is lengthy so rules will probably not be in place until early next year. There is no word yet on which program in TDH will take the reports.



Laidlaw to sell ambulance operations

Laidlaw Inc., parent company of American Medical Response and EmCare, has announced plans to sell its health care operations in order to focus on its bus passenger transportation businesses. According to Laidlaw, American Medical Response is

the largest provider of emergency and non-emergency ambulance services in the U.S. with estimated fiscal 1999 revenue of \$1 billion. EmCare is a provider of physician practice management services in hospital emergency departments.

First aid and emergency injection kits recalled

Get Smart Be Prepared 207-Piece Emergency First Aid Kits, manufactured by Total Resources International Inc., Calif., have been recalled. The kits are routinely carried by people who are prone to acute asthma attacks or are highly allergic to foods or bee stings. The povidone iodine pads in the kits are contaminated with microorganisms such as *Pseudomonas putida*, *Salmonella spp.*, *Poly D* and *Aeromonas sorbia*. The FDA has designated this recall Class I Recall No. Z-954-9. Five thousand kits have been distributed in Arkansas, Louisiana, Maryland, Missouri,

Pennsylvania and Texas. The manufacturer initiated a recall by letter to stores dated April 22, 1999. If you need to take any action concerning these kits, notify patients of the recall and instruct them to discard any povidone iodine pads. For more information, contact Total Resources International at (909) 594-1220.

Also, more than 500,000 emergency injection kits for treating severe allergic reactions and asthma are being recalled in the U.S. and Canada because the epinephrine may not work. This represents approximately 25 percent of the allergic reaction kits on the market. For more information, contact Wyeth-Ayerst Laboratories at (800) 999-9384.

MedStar responds to Fort Worth church shooting

MedStar, the EMS provider for Fort Worth and 12 other cities in Tarrant County, responded to the Wedgewood Baptist Church shooting on September 15. The first ambulance was dispatched at 19:01 and arrived six minutes later. The on-duty supervisor initiated the mass casualty plan, and seven more ambulances responded to the scene. Seven fatalities were found in the church. A total of eight patients were transported, two by CareFlite and six by MedStar. The last patient was enroute at 19:42, 35 minutes after the arrival of the first ambulance.



Photo by Al Briseno

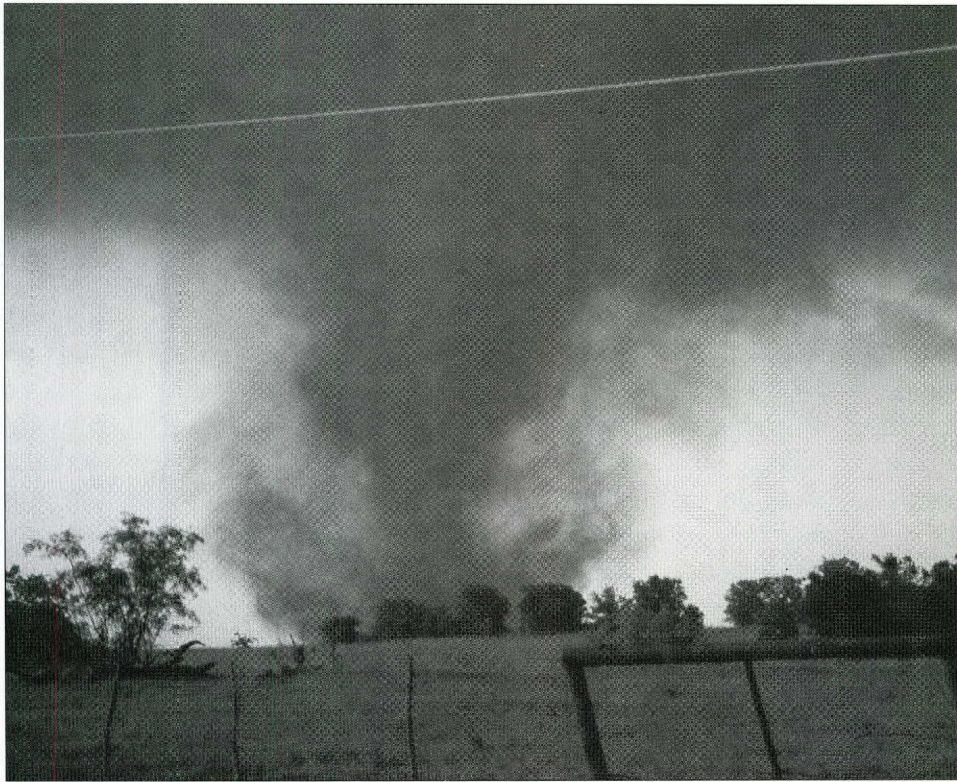


Photo by Scott Beckwith

Longview police delivered pre-recorded telephone warnings for tornadoes that hit Longview last May. This tornado hit Jarrell in 1997.

Longview launches reverse 9-1-1

The Longview Police Department is using a new tool to keep its residents safer: reverse 9-1-1. During a particularly large tornadic system last May, the police department used a new concept to warn 32 locations that tornadoes had been sighted closeby. Within ten minutes, the police department had delivered a prerecorded message to 32 locations, including shopping malls and hospitals. The reverse 9-1-1 system will soon be used in Orlando, Fla., to check on elderly residents. The prerecorded message will ask seniors to key in a code to let the communications center know they're okay. If the senior's code is not punched in the phone, the automated system will alert the communications center.

Local Projects funding gets approval

The bureau has been given approval to award Local Projects grants. The grant program must be refunded by the legislature each session. In this fiscal

year, which ends August 31, 2000, TDH awarded 219 grants for about \$1.9 million.

Grantees were notified the first week of October. Next year's deadline is April 10, 2000.

For more information, call Ed Loomis at (512) 834-6700, ext. 2376, or

email him at ed.loomis@tdh.state.tx.us.

New law helps identify victims

After three days of waiting, Rebecca Hall found out the worst: her daughter had been killed in a car crash.

Although the daughter lived in Houston with her mother, she carried a California driver's license and had a different last name. Authorities were unable to locate next of kin. Since her daughter's death, Hall has advocated having driver's



Donald J. Gordon, MD, PhD, received the Outstanding Stroke Volunteer of the Year Award at AHA's annual meeting in July.

San Antonio physician honored by heart association

The American Heart Association, Texas Affiliate, awarded Donald J. Gordon, MD, PhD, of San Antonio, the Outstanding Stroke Volunteer of the Year Award at its annual meeting in July. Dr. Gordon is chair of the Emergency Medical Technology department at the University of Texas Health Science Center San Antonio, and EMS medical director for San Antonio, Leon Valley, City of Devine, and the Bexar County First Responder Network. This year is the first time this award has been presented. Gordon has volunteered with the heart association since 1996 and co-chaired a pilot stroke task force that will now serve as a national model.

licenses carry emergency information. Lawmakers listened last session, and now Texas has become one of the first states in the nation to offer emergency information on licenses. As of September 1, newly-issued licenses and renewals feature a

strip on the back where motorists can write a contact phone number.

Rules available on web site

The EMS and trauma rules, scheduled to go to the Board of Health in October, are now avail-

able on the TDH web site at: <http://www.tdh.state.tx.us/hcqs/ems/Ruldraft.htm>. Look under EMS Rules and Trauma Rules. After the rules are officially proposed by the Board of Health, there will be a 90-day public comment period.



Web sites

Wondering if state agencies are Y2K compliant? The Readiness 2000 web site is at <http://readiness2000.state.tx.us>.

The Shaken Baby Alliance is a database of support groups for families who are living with children injured in a shaking episode: www.shakenbaby.com.

Parents of a college student who died of alcohol poisoning created a website dedicated to bringing attention to this problem. Go to www.brad21.org.

Wondering how many sex offenders live in your neighborhood? DPS has this information available at www.txdps.state.tx.us.

Have an opinion?

Do you have an opinion about EMS? If so, share it with more than 800 of your EMS colleagues on the Bureau's listserver, an electronic bulletin board. Topics range from salaries around the state to EMS unions—anything that touches the EMS profession. In the last 13 months, the listserver has posted 6600 messages. To subscribe, go to <http://www.tdh.state.tx.us/hcqs/ems/Listserv.htm> and type in your email address.



Texas EMS Conference '99

November 21-24, 1999
Austin Convention Center
Austin, Texas

See you there!

- Choose from more than 100 excellent continuing education workshops over three days taught by the leaders in EMS in Texas. You'll learn the latest advances in prehospital care, as well as having the opportunity to brush up on the basics.
- Your chance to network with 2,500 of your EMS friends!
- Learn about the latest in EMS technology in the 80,000 square feet of exhibit space filled with state-of-the-art information and products.
- If you have questions, please call us at (512) 834-6700 or visit our web site at <http://www.tdh.state.tx.us/hcqs/ems/99conf.htm>

Agenda

Sunday, November 21, 1999

- 1:00 pm - 7:00 pm - Registration in Convention Center Inside Exhibit Hall
- 3:00 pm - 7:00 pm - Exhibit Hall Opens with Welcome Reception

Monday, November 22, 1999

- 7:00 am - 6:00 pm - Registration in the Convention Center Inside Exhibit Hall
- 8:15 am - 9:30 am - Opening Session, Dr. James 'Red' Duke, Ballroom A-C
- 9:45 am - 10:45 am - Workshop Breakouts, Ballroom A, Rooms 4 - 10 (Third floor)
- 10:00 am - 6:00 pm - Exhibit Hall Open
- 11:00 am - 12 noon - Workshop Breakouts, Ballroom A-C, Rooms 4 - 10 (Third floor)
- 12 noon - 1:00 pm - Lunch on Exhibit Hall
- 2:00 pm - 3:00 pm - Workshop Breakouts, Ballroom A-C, Rooms 4 - 10 (Third floor)
- 3:15 pm - 4:15 pm - Workshop Breakouts, Ballroom A-C, Rooms 4 - 10 (Third floor)
- 4:30 pm - 5:30 pm - Workshop Breakouts, Ballroom A-C, Rooms 4 - 10 (Third floor)

Tuesday, November 23, 1999

- 7:00 am - 3:00 pm - Registration in the Convention Center, Inside Exhibit Hall
- 7:30 am - 8:30 am - Early Bird Workshop Breakouts, Ballroom A-B, Rooms 4 - 10 (Third floor)
- 8:45 am - 9:45 am - Workshop Breakouts, Ballroom A-B, Rooms 4 - 10 (Third floor)
- 9:00 am - 11:45 am - Exhibit Hall Open, (closed during Awards Luncheon)
- 10:00 am - 11:00 am - Workshop Breakouts, Ballroom A-B, Rooms 4 - 10 (Third floor)
- 11:45 am - 1:15 pm - Awards Luncheon, Exhibit Hall (Exhibit Hall open immediately after Awards Luncheon)
- 1:15 pm - 3:00 pm - Exhibit Hall Open
- 2:00 pm - 3:00 pm - Workshop Breakouts, Ballroom A-B, Rooms 4 - 10 (Third floor)
- 3:00 pm - Exhibit Hall Closes
- 3:15 pm - 4:15 pm - Workshop Breakouts, Ballroom A-C, Rooms 4 - 10 (Third floor)
- 4:30 pm - 5:30 pm - Workshop Breakouts, Ballroom A-C, Rooms 4 - 10 (Third floor)

Wednesday, November 24, 1999

- 8:30 am - 9:30 am - Workshop Breakouts, Ballroom A-C, Rooms 6
- 9:45 am - 10:45 am - Workshop Breakouts, Ballroom A-C, Rooms 6
- 11:00 am - 12 noon - Workshop Breakouts, Ballroom A-C, Rooms 6

Conference Adjourns

Hotels

Hyatt (Host Hotel)	\$70/\$95
(512) 477-1234	
Radisson	\$70/\$80
(512) 478-9611	
Four Seasons	\$110/\$150
(512) 478-4500	
Omni Hotel	\$70/\$110
(512) 476-3700	
Sheraton	\$70/\$90
(512) 480-8181	
Embassy Suites	\$112/\$119
(512) 469-9000	
Marriott Capitol	\$70/\$85
(512) 404-6946	

Rates listed are single/double. Based on availability.

Other groups' preconference activities:

- EMS Educators Association of Texas, (Hyatt) Call Jeff Jarvis at (254) 298-8563.
- Texas Ambulance Association, (Hyatt) Call Ron Beaupre at (972) 417-2878.
- EMS Association of Texas, (Hyatt) Call Ron Haussecker at (409) 277-6267.
- BTLS Board Meeting, (Hyatt) Call Nancy Davis, TCEP, at (512) 478-4091.
- Injury Scaling, (Omni) Call Ram Perez, TTCF at (915) 387-2620.
- Texas Assoc. of Air Medical Services, (Hyatt) Call Tom Flanagan at (713) 704-3502.

Activities at no charge:

Ride out with Austin EMS

Want a chance to ride out with an urban service that responds to about 60,000 calls per year? Austin EMS is offering ride-outs at no charge during the conference. Different times are available. Sign up at the Austin EMS booth beginning Sunday on a first-come, first-served basis. Bring dark pants and shoes and a white, collared shirt. Call Warren Hassinger at (512) 469-2060.

Tour Brackenridge's Level II Trauma Facility and see what a Level II Trauma Facility has to offer. Different times available; no charge for the tour. Sign up at the conference registration booth beginning Sunday on a first-come, first-served basis. Call Mike Berg at (512) 473-9591 or email him at michael.berg@co.travis.tx.us

Texas EMS Conference '99

Registration Form

\$110 after November 1

Note: Make a copy of this form for each additional registration—only one registration per form. Fill in the name exactly like you want your nametag to be printed.

First Name _____ Last Name _____
(Please type or print)

Address _____ City _____

State ____ Zip _____ Phone _____

Level of Certification ECA EMT EMT-I EMT-P Other/Title _____

Do you make purchasing decisions for your firm? ___yes ___no

Do you subscribe to *Texas EMS Magazine*? ___yes ___no

For information on registration call (512) 458-2700
 If paying by credit card fax to (512) 467-1709
 For general information call (512) 834-6700
<http://www.tdh.state.tx.us/hcqs/ems/99conf.htm>

No refund after 11/1/99

No mailed or faxed registrations will be accepted after 11/1/99

<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmExprss Credit Card No. _____
Card Holder _____ Card Exp. ____ ____
Signature of Card Holder _____

Conference Registration Fee	Amount \$110
Total Amount enclosed	\$

\$110 registration at the door

Sunday, November 21, 1999

1:00 pm - 7:00 pm Registration-Convention Center
 3:00 pm - 7:00 pm Exhibit Hall Opens-Welcome Reception

Monday, November 22, 1999

7:00 am - 6:00 pm Registration-Convention Center

Tuesday, November 23, 1999

7:00 am - 3:00 pm Registration-Convention Center

Official Use Only	Date Rec'd.	Check No.	Method of Pmt.	Amt. Rec'd.

Bring registration to conference; do not mail after 11/1/99.

M O N D A Y

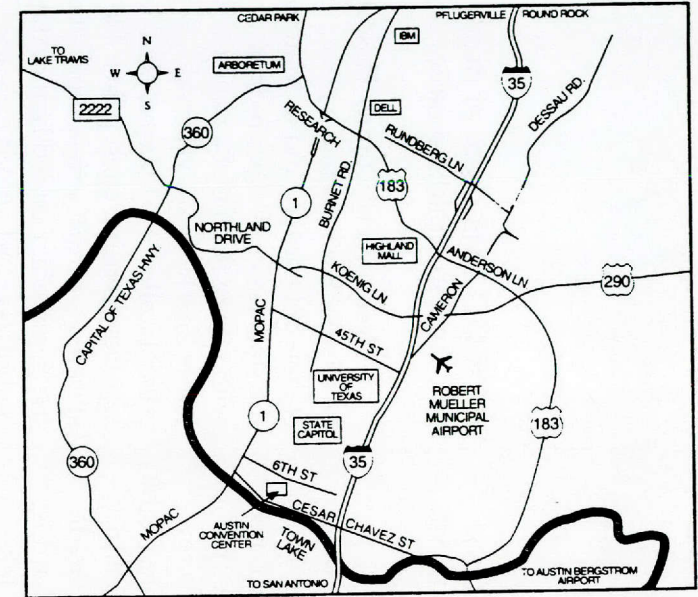
Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)
8:15 am - 9:30 am James "Red" Duke, MD TEXAS TRAUMA SYSTEMS (Trauma) BALLROOMS A—C										
9:45 a.m. - 10:45 a.m.	Racht, MD All Arrests are not Created Equal			<i>Educator Track</i> Cason EMS Education Agenda for the Future	Poulter The Hearing Impaired Patient	K. Rubin Coping with Children Calmly	Elbert Emergency Breech Birth	Charpentier & Nelson Open Records and EMS Run Sheets	Mitchell Developing Effective Prevention Programs	Yates Truly Unknown Medical Emergencies
11:00 a.m. - 12:00 a.m.	P. Anderson Diabetic Emergencies: DKA vs. Hypoglyce- mic Shock	Lawrence Contagious Disease Challenges (Biological Weapons)	Genzel, MD Pre-Arrest Cardiac Critical Care	Panel What EMS Providers Expect of New EMT-P Graduates	Stadthagen 12 Lead EKG Introduction	Waites The Thrill of Victory: The Agony of Sports Illness/Injury	Athey Where Have All the Med- ics Gone: A Research Study	Hinson Rapid Sequence Intubation (RSI)	Lanier Where EMS Fits into the Incident Command System	Bolleter Another Chance: Organ Donation
2 p.m. - 3 p.m.	Shook, MD Common Pediatric Illnesses	White Recognition & Treatment of Respiratory Problems	Genzel, MD Post-Arrest Cardiac Critical Care	Phillips Field Training & Evaluation in EMS	Stadthagen 12 Lead EKG Interpretation & Diagnostics	P. Anderson Successful Mgmt of the Agressive Pt	Charpentier BTLS 2000	Long PreHospital Care of the Sexually Assaulted Pt	Kovach Managing the Post Polio Syndrome Pt	Bolleter A Paralyzing Thought
3:15 p.m. - 4:15 p.m.	DeLorenzo, MD Biological Warfare Agents	Simonson, DO Views In Toxicology	Coll Hepatitis C: The Latest Threat	Rodriguez Distance Education: Nuts & Bolts	R. Dean Medical Considerations for Dive Teams	Eaddy Brave & Crazy: Street Psychiatry for EMS	Benson How to Build a DWI Awareness Program	Harbert Violence Against the Elderly	Clinchy, PhD Denial Might Kill You . . . It Almost Killed Me	Neff Case Studies in Advanced Burn Care
4:30 p.m. - 5:30 p.m.	Helberg Airbags Injury & Treatment	Wright Trauma Designation: A Team Concept	Turner You Have the Right to Remain Silent	A. Dean & Baker PowerPoint Basics	Beeson To Bag or Not to Bag	Etheridge Tissue Hypo- perfusion: Shock	Hinson Combative Pts: Paralyze or Tranquilize?	Curry The Risks of EMS	Taylor Good Medicine in Bad Places	McCurdy Responding to Aircraft Related Medical Emergencies

T U E S D A Y

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)
7:30 a.m. - 8:30 a.m.	Mitchell By-Pass and Diversion	Salter Assessment & Mgmt of Shock in the Pedi Pt	Frey Uncommon Causes of Anaphylaxis	Costello Conflict Resolution	Harbert Sexual Harassment in EMS	Evans The ABCs of Hepatitis	Monahan & Gray CPAP	Johnson Establishing a Productive Organizational Culture	Curry So Many Products, So Little Money	Puryear ID/Treating Chem/Bio Terrorist Agents
8:45 a.m. - 9:45 a.m.	Bolleter Just Before the Dawn	Mailman, MD Dive Injury Case Studies		Educator Track McGowan/ Richardson Intro to AMLS	Villers 12-Lead Case Studies	Atwell Elderly Trauma Patients	Lawrence Drug Resist- ant Organisms?	Phillips Documentation & Pt Charting in EMS	Waites Response to Industrial Incidents	Stout, MD CHF
10 a.m. - 11 a.m.	Salter Thoracic Trauma: Assessment & Mgmt for the EMT-B	Racht, MD Clinical Changes to Expect in EMS		A. Dean & Baker Advanced PowerPoint	Stumph Enhancing Service Quality through Accreditation	Sirbaugh, MD Kids are just Little Adults, Right?	Riley & Hendricks That Don't Impress Me Much	P. Anderson Easy Interpretation of ABGs	Tapia The Adrenalin Rush: Do you Live; Do you Die?	Genzel, MD EMS at Mass Gatherings
2:00 p.m. - 3:00 p.m.	Phillips Obstructive Airway Disease	Genzel, MD Advanced Concepts & Pearls		Atwell Ethics Climate in EMS: A Research Study	Beeson Hemo- dynamic Monitoring : No Fear	J. Rubin Jump START: Rapid Triage for Pedi Pts	Morris MCIs: How do you Prepare?	Sharp Youth Tobacco and EMS	Bybee Sexual Assault: Crime but a Pt First	Villers Pearls & Pitfalls of Cardiac Arrest Mgmt
3:15 p.m. - 4:15 p. m	Stevenson Brain Attack: Acute Strokes	Dodson Circle of Protection	Phillips Handling Consent & Refusal Issues	Glenn CISM for Ground & Air Medical Disasters	DeLorenzo, MD Tactical EMS	Helberg Detecting Child Abuse	Haschke, Beeson & Salter The Difficult Airway (2 hours)	Stout, MD Understanding Acid Base: A Practical Approach	Lowry Use of Elec- tronic Media in Ed., Training & Marketing	Gonzalez Diabetic Emergen- cies
4:30 p.m. - 5:30 p.m.	Neff Clinical Shock Syndrome	Burns What if your Patient has Four Legs?	Hilliard Septic Shock: Silent & Deadly	Klaus Effectively Communicat- ing with Your Caller	Frey Drug Calculations for the Mathematical- ly Challenged	Dutton, Kennedy & Shelton Operation Prom Night	(Cont. from above)	Elbert Wide Complex Tachycardias	Glover The Universal Pt Simulator in EMS Education	Medley Self Injury

WEDNESDAY

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 6 (322)
8:30 a.m. - 9:30 a.m.	Bolleter Innocent Blood	Eddy & Etheridge Getting Medics Comfortable with Research	Turner "I'm Not Going!" What do you do with the Mentally Ill Pt?	Cooper & Weeks Terrorism: Surviving the Secondary Device
9:45 a.m. - 10:45 a.m.	Warren Are you OK with Y2K?	Mohler Crime Victims Compensation & EMS	Mercier PreHospital Rapid Sequence Intubation (RSI)	Filipp When Shock Doesn't Look Like Shock
11:00 a.m. - 12:00 p.m.	Medley & Cloud Space: A New Prehospital Medicine Frontier	Gates	Spranger The Physiology Behind Major Signs & Symptoms	S. Anderson Child Passen-ger Safety Seats Inspec- tions (CPS)



Direction to the Austin Convention Center

Coming from north on I-35

Exit on 8th Street, turn right on 1st Street (East Cesar Chavez Street); the convention center will be on the right. Enter the Texas EMS Conference registration area at the convention center entrance at 1st Street (East Cesar Chavez Street) and Trinity.

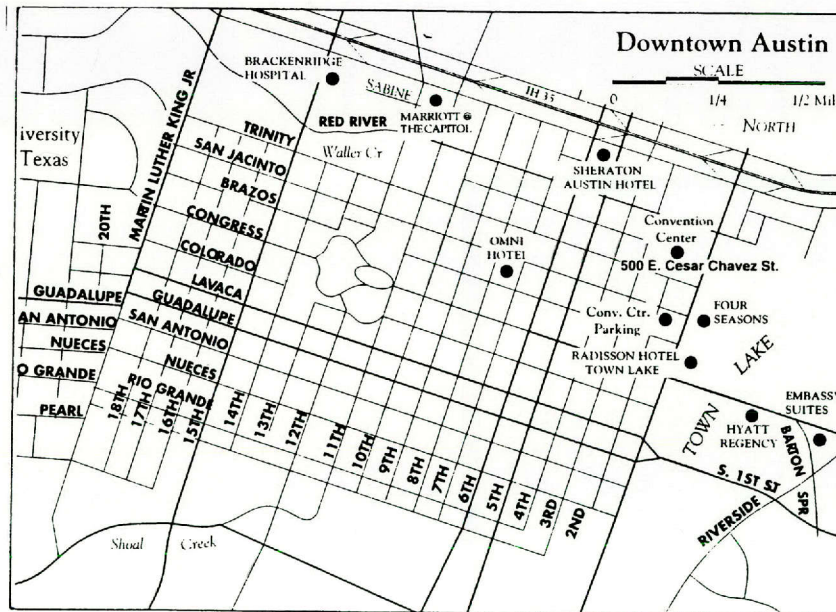
The Austin Convention Center parking garage is at 1st Street (East Cesar Chavez Street) and Brazos Street; the entrance is on Brazos Street.

Coming from south on I-35

Exit on 1st Street and go left under I-35; the convention center will be on the right.

Enter the Texas EMS Conference registration area at the convention center entrance at 1st Street (East Cesar Chavez Street) and Trinity.

The Austin Convention Center parking garage is at 1st Street (East Cesar Chavez Street) and Brazos Street; the entrance is on Brazos Street.



Attendees: Want to know if we received your registration? Visit the Texas EMS Conference website at <http://www.tdhs.state.tx.us/hcqs/ems/emshome.htm>.

Is your EMS service mentioned in Local and Regional EMS News?

It needs to be! Are you planning a fundraiser? A training class? A public education program? Do you have new people on board? Have you elected new officers?

Send your news to:
Texas EMS Magazine
Kelly Harrell, Editor
Bureau of Emergency Management
1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6700
Fax (512) 834-6736

We welcome letters to the editor on EMS issues, magazine articles or other topics of interest. We print letters to the editor as we have space.

Northwest EMS Honor Guard honors fallen EMS comrades

Northwest EMS Honor Guard, part of Northwest EMS in Tomball, recently performed as the honor guard at the memorial services for the three crew members of Hermann Life Flight 1 at Rice Stadium in Houston. Established in 1993 as a parade unit, NWEMS Honor Guard is called upon to march in local parades, to present the colors at local football games and to serve as honor guard for fallen EMS personnel across the Houston area. The unit currently consists of four women and two men.

Crane VFD takes delivery of new ambulance

Crane VFD recently took delivery of a new 1999 Frazer ambulance. CVFD received a \$35,000 Local Projects grant, matched by funds from ambulance fees, to assist in purchasing the new vehicle.



Crane VFD took delivery of a new 1999 Frazer ambulance in June.

MCHD EMS crew at new station makes a save

Montgomery County Hospital District EMS opened a new station in February and in March the station's crew was credited with saving the life of a patient. James Smith, the 71-year-old patient, called 9-1-1 because he was experiencing chest pains. He suffered a cardiac arrest soon after the paramedics loaded him in the ambulance. Advanced life support measures performed by the crew brought back his pulse. He was treated and released from the hospital. After a few months of recovery, Smith was reunited the paramedics who saved his life. Smith thanked them for helping him and thanked MCHD for recognizing the need for more emergency coverage in his area.

Rural/Metro Arlington holds EMS Week poster contest

Rural/Metro Arlington invited area children in grades 4 through 6 to participate in a poster contest during Texas EMS Week. The contest theme was "EMS in Action" and children were asked to draw what they saw paramedics and firefighters doing in emergency situations. The three winners of the contest were announced at a Child Safety Fair, held in a local mall in conjunction with Texas EMS Week. Two students (twin sisters) tied for first place and both received a new bicycle, a helmet and protective gear. The second place win-

ner received new roller blades, a helmet and protective gear.

ACEMS participates in Operation Smart Drive

Austin County EMS, in Bellville, in cooperation with the Austin County Peace Officers Association and the Austin County Firefighters Association, conducted Operation Smart Drive throughout the Memorial Day weekend. The operation included placing road signs along major highways, including a stretch of I-10, reminding drivers to slow down, buckle up and to not drive after drinking alcohol. The program was so successful during the Memorial Day weekend that the three groups also put out these signs during the July 4th weekend.

Roberson EMS helps Alice hospital open new building

When Alice Regional Hospital opened its new facility in July, Roberson EMS assisted in the move by transporting every patient to the new facility. Hospital administrators said that Roberson EMS greatly assisted in smoothing the transition between the two buildings.

Blackwell VFD takes helicopter training

Members of Blackwell Volunteer Fire Department recently received some refresher training on landing zone set-up for air

Paramedics Coley Jaskowiak, left, and Blaine Pyles, right, are reunited with Mr. and Mrs. James Smith. Pyles and Jaskowiak responded when Mr. Smith suffered a cardiac arrest earlier this year.



Twin sisters Kimberly and Jamie Varnnum, fourth graders at Crow Elementary School in Arlington, show off their new bicycles and protective gear. The girls tied for first place in Rural/Metro Arlington's "EMS in Action" poster contest, part of the service's Texas EMS Week celebrations.

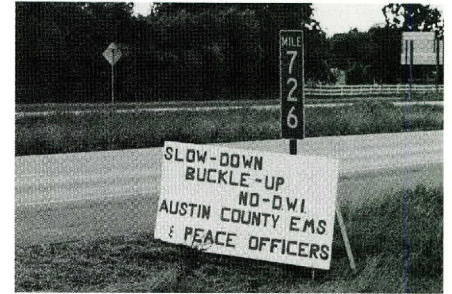
Nandi Smith, a fourth grader at Crow Elementary in Arlington, poses with Red E. Fox, the 9-1-1 mascot, and her new roller blades and protective gear at the Child Safety Fair in Arlington. Her poster won second place in Rural/Metro Arlington's "EMS in Action" poster contest.



LOCAL AND REGIONAL EMS NEWS



From left, RAC representatives Jim Lyons, Martha Holt and Marjorie Mellot attended the first annual Texas RAC Development Symposium.



Austin County EMS placed signs along the major highways in the county during the Memorial Day weekend reminding drivers to slow down, buckle up and drive sober. No serious traffic-related injuries or fatalities were reported in Austin County that weekend.

medical support from San Angelo's Shannon Memorial Hospital AIRMED 1 crew. They also reviewed patient loading procedures for medical helicopters.

First Texas RAC symposium held in Austin

The first annual Texas RAC Development Symposium was held in Austin in June. Twenty of the 22 Texas RACs participated in the event, which included workshops on RAC development, quality improvement, needs assessments, injury prevention, grant writing, RAC financial issues and legislative updates. The Heart of Texas RAC presented an award to Representative Pete Gallego for his support of trauma system funding legislation during the 76th legislative session. The award was accepted by Arturo Lopez, his legislative aide.

CBRAC participates in SAFE KIDS day

The Coastal Bend RAC, including the Corpus Christi area, and a local TV station recently sponsored a SAFE KIDS/Project KidCare day at the Texas

State Aquarium. Volunteers from Christus Spohn Memorial Hospital, Beeville EMS, Bluntzer EMS and TDH helped educate more than 200 children about staying safe. Volunteers also took 187 picture IDs of the children.

Members of Blackwell VFD pose between their refurbished unit and Shannon Memorial Hospital AIRMED 1. AIRMED 1 came out to Blackwell to give a refresher course on landing zone preparation and patient loading.



LOCAL AND REGIONAL EMS NEWS



Elgin elementary school children learn about EMS

Rural/Metro Ambulance in Elgin, along with several other businesses, participated in a career fair at Elgin Primary School, located east of Austin. During the fair, students learned about the skills and training involved in EMS. They also toured the Rural/Metro ambulance.

Fifth grade students at Elgin elementary school take time for a picture outside of Rural/Metro's ambulance during the career fair. Pictured with the students are paramedic Bill Gates, back row, inside ambulance, and paramedic Donna Winn, in front of ambulance door.



Volunteers and their families donated their time to SAFE KIDS/Project KidCare day in July. Sponsored by the Coastal Bend RAC and a Corpus Christi TV station, the injury prevention project reached more than 200 children.

Steve Roberson, EMT-I, left, and Wendy Garner, LP, move a patient into the new Alice Regional Hospital facility as hospital transition team members check in the patient. Roberson EMS assisted in moving patients to a new hospital facility.

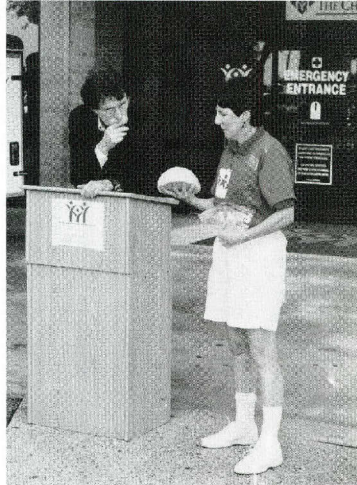


CE ANSWERS FOR SEPTEMBER/OCTOBER '99

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

Dr. James "Red" Duke tours Texas to promote injury prevention and wellness

Dr. James "Red" Duke, a trauma surgeon at Hermann Hospital in Houston, along with TDH officials, toured several Texas cities for two days in September to promote trauma awareness, injury prevention, emergency medical services and trauma systems. Amarillo staged a mock pedestrian-motor vehicle collision and then held a press conference during which Dr. Duke emphasized the need for injury prevention education. In Lubbock, Dr. Duke spoke with students about learning how to stay safe at home and in the car, and to teach their parents about staying safe. He also toured Safety City, a child-sized city that tests children's abilities to maneuver street crossings and teaches the basics of understanding street signs. In San Angelo, Dr. Duke spoke about the importance of trauma systems at a press conference and toured the emergency departments of the two hospitals. Dr. Duke spoke with the general public and United Regional Health Care employees in Wichita Falls, emphasizing the need for a regional trauma system and for injury prevention programs. In Temple, Dr. Duke spoke to the public and Scott & White Hospital employees about the importance of a trauma system and EMS response in the community. In all of the cities, Dr. Duke emphasized the importance of timely, proper EMS response and fully integrated trauma systems within Texas.



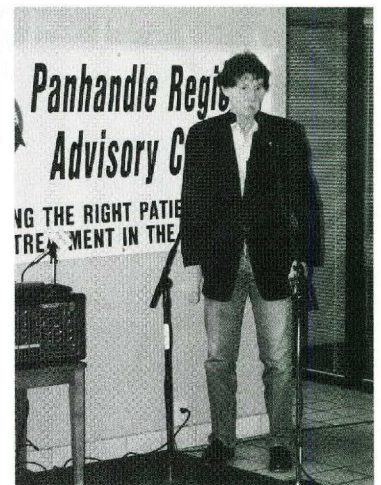
Dr. Duke watches as Dr. Margaret Rider presents an injury demonstration with a brain made of jello. San Angelo's Safe Kids Coalition uses the bicycle helmet/brain injury demonstrations to teach area children about what can happen if they don't wear a helmet.

Dr. Duke poses with Trauma Roo and a young friend in Temple. Trauma Roo is used to educate children about injury prevention and safety.



Dr. Duke speaks with the media during a press conference in Amarillo. Throughout his visits, Dr. Duke emphasized the importance of timely EMS response to injury and illness and the effectiveness of a regional trauma system.

Dr. Duke speaks with children at Lubbock's Safety City. Safety City teaches children the basics of street signs and traffic laws.



LOCAL AND REGIONAL EMS NEWS

Texas Department of Health EMS Offices

**Bureau of
Emergency Management**
<http://www.tdh.state.tx.us/hcqs/ems/regions.htm>
 1100 West 49th Street
 Austin, Texas 78756-3199
 (512) 834-6700

Public Health Region 1
<http://www.r01.tdh.state.tx.us/ems/emshome.htm>

Terry Bavousett
 P.O. Box 60968, WTAMU Station
 Canyon, Texas 79016
 (806) 655-7151

Denny Martin
 1109 Kemper
 Lubbock, Texas 79403
 (806) 744-3577

Public Health Regions 2 & 3
<http://www.tdh.state.tx.us/hcqs/ems/r2&3home.htm>

Jimmy Dunn
 1351 East Bardin Road
 P. O. Box 181869
 Arlington, Texas 76096-1869
 (817) 264-4404

Jerry Bradshaw
 4309 Jacksboro Hwy, Suite 101
 Wichita Falls, Texas 76302
 (940) 767-8593

Andrew Cargile
 1290 S. Willis, Suite 100
 Abilene, Texas 79605
 (915) 690-4410

Public Health Regions 4 & 5
<http://www.tdh.state.tx.us/hcqs/ems/r4&5home.htm>

Brett Hart
 1517 W. Front Street
 Tyler, Texas 75702-7854
 (903) 533-5370

Public Health Region 6
<http://www.r06.tdh.state.tx.us/ems/r6home.htm>

C. Wayne Morris
 5425 Polk Street, Suite J
 Houston, Texas 77023
 (713) 767-3333

Public Health Region 7
<http://www.r07.tdh.state.tx.us/ems/ems.htm>

Rod Dennison
 2408 S. 37th St.
 Temple, Texas 76504-7168
 (254) 778-6744

Public Health Region 8
<http://www.tdh.state.tx.us/hcqs/ems/r8home.htm>

Lee Sweeten
 1021 Garner Field Road
 Uvalde, Texas 78801
 (830) 278-7173

Steve Hanneman
 Fernando Posada
 7430 Louis Pasteur
 San Antonio, Texas 78229
 (210) 949-2050

Public Health Regions 9 & 10
<http://www.tdh.state.tx.us/hcqs/ems/r910home.htm>

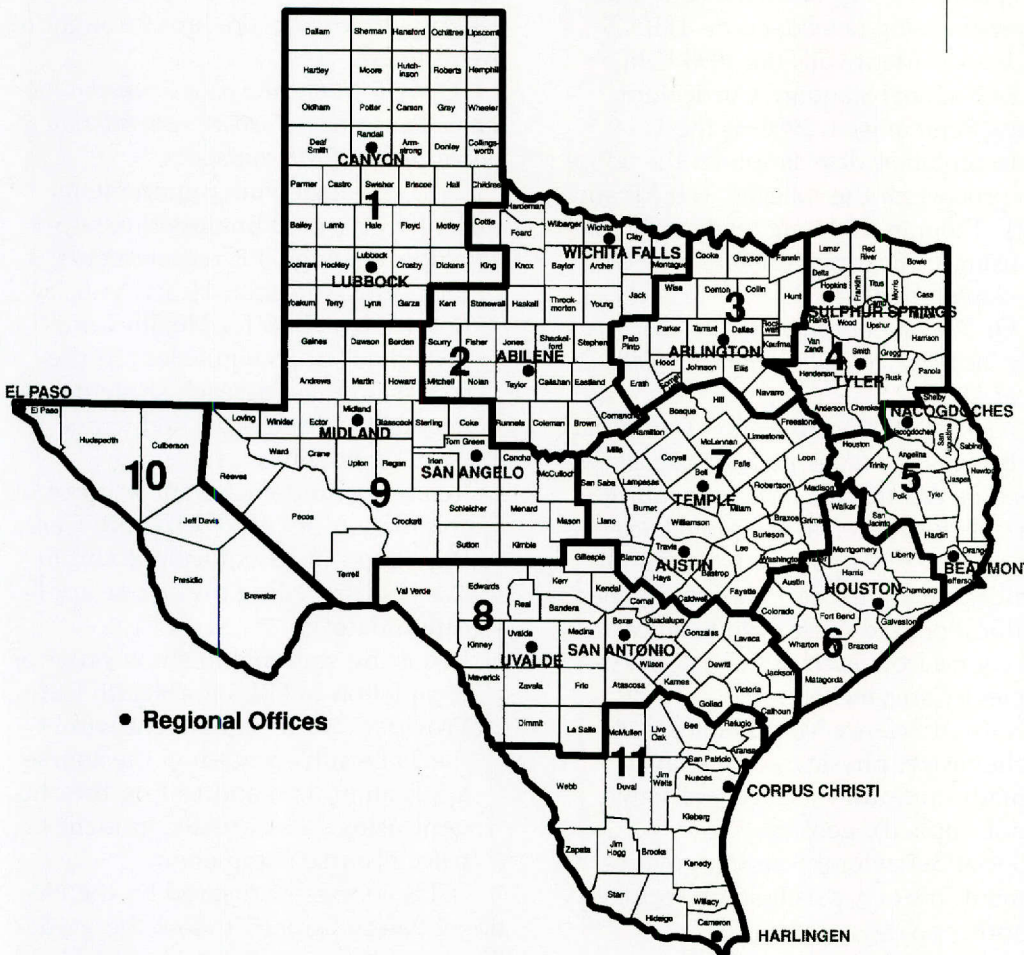
Tom Cantwell
 6070 Gateway East, Suite 401
 El Paso, Texas 79905
 (915) 774-6200

Leland Hart
 2301 N. Big Spring, Ste. 300
 Midland, Texas 79705
 (915) 683-9492

Public Health Region 11
<http://www.tdh.state.tx.us/hcqs/ems/r11home.htm>

Noemi Sanchez
 601 W. Sesame Dr.
 Harlingen, Texas 78550
 (956) 423-0130

Rothy Moseley
 1233 Agnes
 Corpus Christi, Texas 78401
 (512) 888-7762



• Regional Offices

Frequently asked questions about EMS Education

Mike Nunnelee is the new state EMS training coordinator. Call him at (806) 743-3218 or email him at emsmwn@ttuhsc.edu

Q: *Why was September 2000 selected as the implementation date for the new paramedic curriculum?*

A: The Higher Education Coordinating Board (THECB) currently is working on a project to standardize the names and descriptions used by Texas colleges for workforce education courses. Colleges will be required to begin using these uniform course names and descriptions in September 2000. Since the course descriptions being developed by THECB will be consistent with the 1998 Paramedic National Standard Curriculum, setting September 1, 2000, as the Texas implementation date simplifies the adoption process for the colleges, THECB and TDH. Programs that are ready may begin using 1998 curriculum any time before September 1, 2000.

Q: *The rule for paramedic licensure refers to the "academic core curriculum." What does this include?*

A: The Higher Education Coordinating Board's *Guidelines for Instructional Programs in Workforce Education* require curricula for Associate of Applied Science or Associate of Applied Arts degrees to include a minimum of 15 hours of general education and must include at least one course from each of these areas. Examples by area include:

- Natural Science/Math: biology, chemistry, physics, college-level math, computer science (academic, not applied), geology.
- Social/Behavioral Science: government, history, psychology, sociology, anthropology, economics.
- Humanities/Fine Arts: English composition, American literature, speech, journalism, foreign language, philosophy, drama, art, music.


The core curriculum's purpose is to ensure development of general academic skills. One of the benefits of higher education is acquisition of abilities in critical thinking, problem solving, decision making, evaluation of research information and communications. Since the technical content in most health care education programs rapidly becomes obsolete, general academic skills such as these are necessary for practitioners to continue to learn and adapt throughout their careers.

Q: *Will National Safety Council CPR satisfy the cardiopulmonary resuscitation requirements for EMS courses?*

A: Yes. Curriculum requirements currently give coordinators three options for meeting CPR requirements:

1. Including American Heart Association (AHA) "BLS for Health Care Providers" or its equivalent in the course and testing each student using AHA or American Red Cross (ARC) guidelines; or
2. Requiring students to show proof of completion of "BLS for Health Care Providers" or its equivalent within the year preceding the course application date; or
3. Requiring students to show proof of completion of "BLS for Health Care Providers" or its equivalent within the 24 months preceding the course application date and testing the student using AHA or ARC guidelines before course completion.

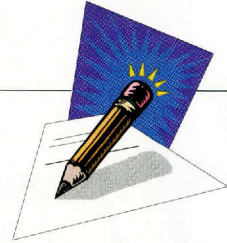
CPR courses sponsored by the National Safety Council follow the guidelines developed by the American Heart Association. Therefore, they are an acceptable equivalent for satisfying CPR requirements for EMS courses.

 **EMS Facts:**
More people were killed on U.S. roadways in the last ten minutes than were killed by sharks in all of last year. —*The Discovery Channel*



By
Linda Reyes

Frequently asked questions about EMS Standards



November/December 2001
CE Summary Report Due

*If your certification expires
in November and December of
2001, your CE summary
report is due now.*

Q: A friend told me we no longer get a 90-day continuance (past expiration date) on our EMS certification. Is this true?

A: No, but this will change some time next year. House Bill 2085, Section 19.05 amends Section 773.059, Health and Safety Code. Section (a) reads "A person who is otherwise eligible to renew a certificate may renew an unexpired certificate by paying the required renewal fee to the department before the expiration date of the certificate. **A person whose certificate has expired may not engage in activities that require certification until the certificate has been renewed.**" This means once you go beyond the expiration date on your certificate, you can no longer perform in any capacity regulated under the Health and Safety Code until your certificate has been renewed.

Section 19.05 also changes the late fees charged to EMS personnel. The fee for renewing late (90 days or less) will be one and one-half times the normal renewal fee. These changes and others will go into effect some time next year when the revised EMS rules have been approved by the Board of Health. House Bill 2085 is a legislative mandate and not open for debate. Rules must reflect mandates of House Bill 2085.

You can read the complete House Bill 2085 on the Texas Legislature On-Line site at: <http://www.capitol.state.tx.us/capitol.htm>. Information regarding revised EMS rules, including rule drafts and opportunities for input, are available on the bureau's web site at: <http://www.tdh.state.tx.us/hcqs/ems/emshome.htm>.

Q: If I apply for paramedic licensure and find out I do not qualify for licensure, will you let me use the \$100 fee payment towards paramedic certification?

A: No. The application fee is not refundable or transferable. The application fee is considered a processing fee, not an exam fee. If we determine you are not eligible for paramedic licensure, we have evaluated your application and documentation, essentially processing your licensure application even though we did not issue your license. To be considered for paramedic certification you will have to submit a completed EMS Personnel Certification application with the \$75 fee (unless you are exempt from the fee). If you have questions about the college-hour requirements for paramedic licensure, contact your local public health region or the central office.

Q: Are there copyright restrictions on TDH-developed forms or documents, such as skills forms and 2-Year CE Summary Report forms?

A: Most of the forms we produce are not copyrighted. We encourage anyone to copy our forms as we want the correct forms being used by all EMS personnel. Of course, we do not want you to make changes to our forms. Forms are available from the bureau web site at: <http://www.tdh.state.tx.us/hcqs/ems/emshome.htm>. Click on the File Library. Forms are also available from your regional EMS offices.


EMS Standards
Internet certification
verification now on our
web site: <http://www.tdh.state.tx.us/hcqs/ems/certqry.htm>

Certification verification
phone line: (512) 834-
6769; Fax number:
(512) 834-6736

Web home page
address: <http://www.tdh.state.tx.us/hcqs/ems/stndhome.htm>

Policies may be
viewed on the Internet
at: www.tdh.state.tx.us/hcqs/ems/policies.htm

Email:
emscert@tdh.state.tx.us

 **EMS Facts:** On average, one child is hospitalized every three days for a bicycle-related head injury in Texas. —TDH Bureau of Epidemiology

By Kelly Harrell

HITTING THE TRAIL

*Gene Weatherall to retire
after 14 years as EMS bureau chief*

In the language of cowboys, Gene Weatherall is hanging up his spurs. Hitting the trail. Riding off into the sunset.

What he's really doing is retiring after 14 years as state EMS leader and nearly 27 years in other EMS positions inside and outside state government. But Gene didn't start out with an EMS career in mind. The road from rural Arkansas to bureau chief of one of the largest state EMS organizations took a few non-EMS

turns before he discovered the career of a lifetime.

When Gene graduated from Arkansas Tech University with a business degree, he was recruited for management by J.C. Penney's. They sent him straight to Wichita Falls.

"I was 21 years old from the Ozark Mountains. I thought the world was like Arkansas until we had the first dust storm," Gene says. "The only reason I stayed in Texas is that I had spent all my money

getting there."

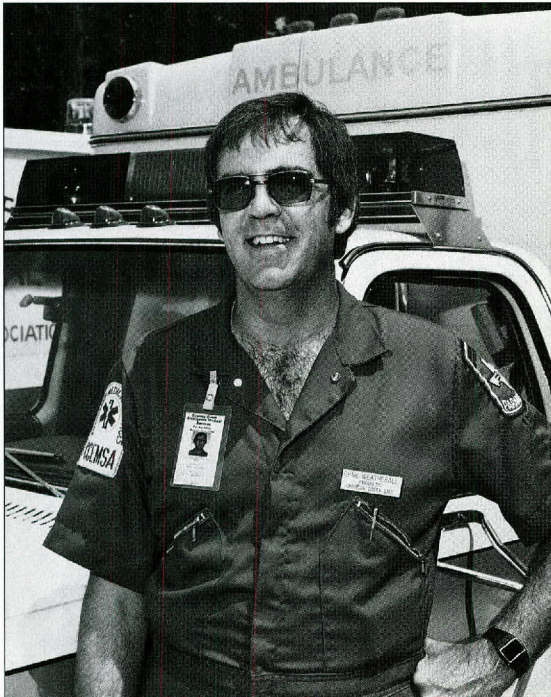
But Gene did stay with Penney's, eventually getting transferred to Austin to open a new store at Highland Mall. But he soon tired of retail. When he began looking for another job, he heard about a new program at the Texas Department of Health. In early 1972, Gene went to work doing first aid training around the state for TDH at \$675 a month. He took a cut in pay to do it.

"My job was to go around the state and coordinate with local medical societies to do EMT courses, because all the courses were taught by doctors," Gene says. "At that time, the EMT course was 81 hours. So we were trying to convince people to do an 81-hour course when all that state law required was an 8-hour course.

"I can't count the number of towns we got thrown out of."

Gene and his colleagues, which included Harold Broadbent, Jimmy Dunn and Bob Koonce, weren't making much progress. They decided that the best way to solve the problem was to break off a 24-hour segment of EMT course, and the ECA course was born. Gene himself took the training, first registering as an ECA and then as an EMT. He went on to graduate from the fourth paramedic class taught at the

Gene Weatherall was an ECA and EMT before he became a paramedic. In 1977, he took over the reins as executive director at Cypress Creek EMS.



University of Texas Health Science Center in Dallas in 1974.

"Paramedics were so new that we were taught using draft curriculum," Gene says. "We had no textbook so we used sections of a nursing textbook."

Gene headed back to Central Texas after graduation to become the first paramedic in the newly-created EMS system in Williamson County. Stationed in the ER at Georgetown Hospital, Gene and a nurse jumped in the ambulance when a call came in. After a few months in the field, he heard about an opening with TDH in the Dallas regional office. From Dallas, he was transferred with TDH to El Paso, and then back to Austin in 1977. His job in Austin? To write the state's first paramedic exam.

Gene was soon lured away, however, to become executive director of Cypress Creek EMS, where his job was to establish the service with its own personnel, equipment and ambulance. His success brought him to the attention of the University of Texas Health Science Center in Houston, which recruited him to establish a paramedic training program at the school.

"Dr. Red Duke was our medical director, before he was famous." Gene says. The program flourished, but Gene saw the end coming to the federally-funded program and decided to look for a job after three and a half years.

"I came back to TDH in 1981 in the newly-created position of director of programs," Gene says. "At that point, most of the funeral homes had gotten out of the emergency medical business and there was a call to upgrade and move to more professionalism. It was a really exciting time."

In 1983, the EMS Act passed the Texas Legislature, the first EMS update since 1943. Gene helped develop the rules based on that law that EMS still lives by today. Two years after the EMS

Act passed, Gene became bureau chief.

When Gene started his career in EMS, funeral homes ran most of the ambulance services and attendants had eight hours of first aid training. He retires with nearly 43,000 certified medics and another 1700 licensed paramedics practicing in Texas. He lived through many boards of health and several EMS advisory committees. He oversaw the development of a trauma system when the legislature gave TDH no money to fund it. He's seen fights about ECAs using defibrillators, fire extinguishers on ambulances and carbon monoxide monitoring on ambulances. He had the idea to start a Texas EMS magazine and a Texas EMS conference and fought for excellence all the way. He oversaw the creation of an EMS monuement, the EMS Hall of Fame and the EMS Hall of Honor. He's been praised and vilified from every corner of the state. He jokes that he's made a career out of three or four issues: EMS training, continuing education, recertification and ambulance requirements.

But mainly, Gene has seen his job as keeping the EMS profession moving upward, improving patient care by improving EMS. "I've always felt it was my job to make sure the train got where it was going on time," Gene says. "I just let someone else load the train."

Gene relinquishes his role as state EMS leader this fall. His last day on the job is, not coincidentally, the last day of Texas EMS Conference '99. In December, Gene and his wife, Mary, will pack up their house and horses and head to his small-town roots in Arkansas to be closer to their grandchildren.

But for the man who grew up alongside the EMS profession, Texas EMS will never be far from his mind.

"Even though I'm going to retire in Arkansas, I'll always be a Texan," Gene says.

"I was 21 years old from the Ozark Mountains. I thought the world was like Arkansas until we had the first dust storm," Gene says. "The only reason I stayed in Texas is that I had spent all my money getting there."

When Gene started his career in EMS, funeral homes ran most of the ambulance services and attendants had eight hours of first aid training.

Researchers in California have developed a vaccine that recognizes the tiny cocaine molecule as a foreign body and binds to it before the drug gets to the brain, thus inhibiting the "high" associated with the drug.

Scientists are recruiting a new element to the drug war—the human immune system. Researchers in California have developed a vaccine that recognizes the tiny cocaine molecule as a foreign body and binds to it before the drug gets to the brain, thus inhibiting the "high" associated with the drug. They are hopeful that this vaccine can be used to help cocaine addicts break the cycle of abuse and could be used to bind with cocaine in the bloodstream of overdose victims. Researchers in Arkansas have also found antibodies in animals that prevent or slow the entry of PCP, or angel dust, into the brain. PCP can induce violent, psychotic behavior in humans. Both treatments have been found to be effective in animals and the researchers are looking to begin human trials. From *San Antonio Express-News*, "Immune system being drafted in drug war," by Anita Manning, August 24, 1999.

Doctors are using a distant relative of Krazy Glue to nonsurgically repair the fractured spines of osteoporosis patients.

Doctors are using a distant relative of Krazy Glue to nonsurgically repair the fractured spines of osteoporosis patients. The procedure, called vertebroplasty, involves injecting the quick-drying cement into the bone's cracks. The cement then hardens, reinforcing the bones and reducing the patient's back pain. Most patients walk out of the hospital and many report instant relief of back pain. The technique has been used in France for approximately 10 years, but it hasn't been used much in the U.S., since Medicare won't pay for the procedure. Many hospitals in Florida have recently begun offering the procedure. From *San Antonio Ex-*

press-News, "Krazy Glue cousin offers hope for back-pain patients," by Karen Rafinski, August 30, 1999.

Public health officials in San Francisco have recently identified the first disease cluster associated with the Internet. Seven men have contracted syphilis in the last three months from anonymous sex partners met through an online chat room. Five of the seven also have HIV. Some of the men only knew their partners by their nicknames and the Internet service provider will not divulge the identities of the chat room visitors, limiting exposure notifications to emails posted to the chat room. The seven men have identified 99 sex partners in the last three months. With only 17 cases of syphilis reported so far this year in San Francisco, officials are concerned that these numbers show that the Internet is becoming today's venue for unsafe sex. From *Houston Chronicle*, "Syphilis cases linked to chat room," by Evelyn Nieves, August 25, 1999.

Centers for Disease Control and Prevention study recently published in the *New England Journal of Medicine* found that at least 2.7 million Americans carry the hepatitis C virus. Another 1.2 million who were once infected no longer have signs of the virus, the most common blood-borne pathogen in the U.S. Hepatitis C and alcohol abuse are the leading causes of liver disease. The study also states that these numbers are conservative since the homeless and prison populations are not included. From *The Dallas Morning News*, "2.7 million have hepatitis C, study says," August 19, 1999.

Hyperpolarized gases are being used to produce clearer images on medical scanners such as magnetic resonance imaging (MRI). Experiments have shown that hyperpolarized helium-3 produces an MRI signal thousands of times stronger than today's technology, and can be used to trace air movement in the lungs, to light up precancerous polyps in the colon and to test for fallopian tube blockage. Researchers are also testing hyperpolarized Xenon-129, which can penetrate the brain and give clearer scans. Researchers hope these tests will eventually take the place of more invasive procedures now commonly performed. From *The Dallas Morning News*, "New technique employs helium to shed light on internal organs," by Luran Neergaard, September 9, 1999.

Add one more to the list of things that exercise is good for! A Harvard School of Public Health study recently found that women who exercise two to three hours a week cut their risk of painful gallstones by one-third, compared to women who don't exercise. Approximately 500,000 Americans have their gall bladders removed to treat gallstones each year; two-thirds of them are women. Researchers theorize that exercise might reduce the amount of cholesterol in bile, the digestive juice stored in the gall bladder. Eighty percent of the gallstones in the U.S. are solid cholesterol. The study also showed that the risk of needing gallbladder surgery for women who sit for more than 60 hours a week is 132 times that of women who move while awake. From *Houston Chronicle*, "Study shows exercise good for gall bladder," by Janet McConnaughey, September 9, 1999.

One thousand children, ages 8 to 18, were surveyed about what they wanted for after-school care. The survey showed that kids want a caring adult around after school, but that adult doesn't have to be a parent. More than 90 percent of the children ages 13 to 18 said that nonparental child care positively or somewhat positive affected their development, while only 70 percent of parents of children in the same age range gave child care good marks. The surveyed children also concurred with the experts that the quality of time a parent spends with a child means more than the quantity. Among the kids' top wishes for their mothers were for better-paid moms (23 percent) and less-stressed moms (12 percent); for fathers, children wished that their dads made more money (23 percent) and that dads would spend more time with them (15.5 percent). From *The Dallas Morning News*, "Kids not picky about child care, study finds," by Kate Folmar, September 6, 1999.

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TEXAS EMS CERTIFICATIONS AS OF
OCTOBER 4, 1999

ECA	5,299
EMT	21,626
EMT-I	3,641
EMT-P	10,597
LIC-P	1,723
TOTAL	42,886
COORDINATOR	375
INSTRUCTOR	2,042
EXAMINER	2,471

Ah, those brave souls who are willing to gaze into a crystal ball and look into the future of EMS. Ask any weather forecaster how hard it is to predict the weather. Now try predicting the future of an entire profession 25 years in the future. Seeing how far EMS has come in the last 25 years, would you have predicted the current state of EMS back when funeral home personnel loaded up crash victims in the back of a hearse that doubled as an ambulance?

Our thanks to the nine leaders in the EMS profession who agreed to venture a guess about the EMS state of affairs in the new millennium and how the profession might best weather the ever-changing health care climate. Do you agree with the essays? Disagree? Have your own vision of the future? Drop us a line. Let us know by email (kelly.harrell@tdh.state.tx.us) or fax (512/834-6736). We'll publish, edited for space if necessary, your comments. Please include a daytime phone number or email address that you check regularly.

Detail of photo by Linda Gheen.

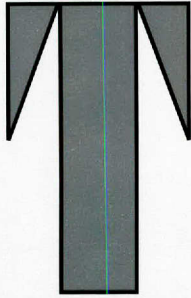


Into the future...

Into the future...

Scope of Practice

BY GENE GANDY, JD, LP



The history of paramedic practice spans little more than a quarter of a century, yet during this short time, scope of practice has expanded, equipment has become lighter and more sophisticated, and educational standards have improved. Still, the basic ideas prevail: rapid response, assessment, care and transport.

Will this concept change in the next 25 years, and to what extent? Will paramedic scope of practice continue to expand, will it remain more or less static, or will it actually be cut back?

Certainly EMS education has improved and will continue to improve as the new National Standard Curriculum is implemented. The *Education Agenda for the Future* surely suggests this, as expressed in its vision statement:

Emergency Medical Services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in a more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net.¹

But how and when will this come

about? Who and what will be the driving forces for expanded scope of practice?

Controversy currently rages among emergency physicians over what the role of prehospital providers should be. A significant number of influential emergency physicians argue for a more limited scope of practice rather than an expanded one.

Who will define scope of practice? There is no national scope of practice now, and prospects of one developing in the near future appear dim at best. Will EMS professionals do it? Not likely. Will emergency physicians do it? Maybe. Will HMOs and other cost-driven entities do it? More likely. Certainly economics will play a large part.

Even though the medical community as a whole has failed to embrace EMS fully, if expanded scope of practice can be shown to be cost effective, then it may happen but probably not in the realm of acute care.

Expanded emergency procedures such as Rapid Sequence Intubations and insertion of chest tubes are less likely to survive than improved community-based general medicine, which means more emphasis on prevention and treatment of disease rather than heroic response to crisis. Crisis intervention procedures are not likely to expand greatly and may in fact be curtailed unless research can prove the efficacy of advanced prehospital procedures. Trauma junkies do not have a promising future but those interested in geriatrics, childhood diseases and routine clinical treatment do.

The paramedic of 2025 will probably be looking at lots of throats and ears, taking lots of temperatures, putting glue on minor lacerations, giving immunizations, chemotherapy, wound care and tube maintenance.

Real-time live video cameras in the ambulance and on helmets will bring physicians into the picture as never before, making care much more physician-directed. Paramedics may in fact have less discretion in treatment choices than today.

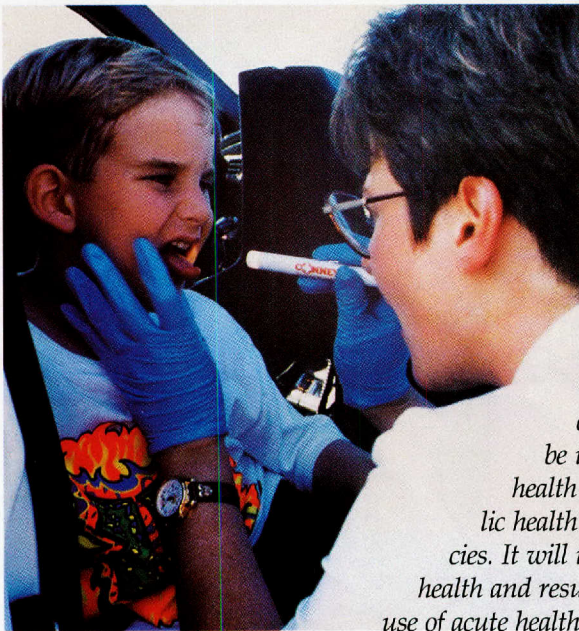


Photo by Greg Mapp

Undoubtedly there will also be technical advances in portable diagnostic equipment which will bring the medical laboratory closer to the patient. But who will interpret the results and determine the treatment? My guess is the physician, not the paramedic.

Turf battles will certainly occur and local practices will vary, but when all is said and done, the paramedic of 2025

will have more education but much less independence than today.

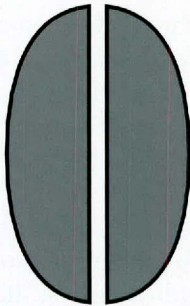
Gene Gandy, JD, LP, is director of the EMS Professions Program at Tyler Junior College.

¹In 1996, the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) published the highly regarded consensus document titled the *EMS Agenda for the Future*, commonly referred to as the *Agenda*.

Into the future...

EMS Providers

BY STEVEN L. ATHEY



ur place in the food chain

Although EMS and mobile healthcare may be an important part of the health-care continuum, the industry is far from holding healthcare's most important position. EMS providers are rightfully proud of their niche in the health care continuum. However, EMS does not have the power or the financial resources to chart a course for our industry in *any* specific direction. Remember the Golden Rule: The one with the most gold rules! Guess what? It isn't us.

This position is further exacerbated by the fact that EMS may be one of the few service industries where the person receiving the service is frequently not the customer. Many end users of EMS services didn't order the service, didn't choose the service and in many cases are not the party that will pay for the service. Until that gap changes, EMS can only plan to serve end users' needs and desires. This disconnect between customer and provider limits EMS' direct ability to control its future. EMS providers can only respond to the powers and environment that shape health care in general.

Over the years, EMS providers

have shaped and reshaped themselves based on increasing or decreasing reimbursement and/or new regulations for reimbursement. Funding has always been a major force impacting EMS providers and no private, public or volunteer provider is exempt from the impact when it comes to system funding issues.

The direction of managed care has and will continue to impact EMS. EMS

Photo by Al Briseno



providers didn't always fare well in a capitated environment. Interestingly, many current publications call for the *death* of managed care and its capitated reimbursement structure. One large California-based managed care company president says, "We spent the better part of the last decade becoming capitated. Now we are trying to decapitate as fast as we can!" Once the dust clears, EMS providers will know how they are supposed to look tomorrow.

EMS providers stepping up to the plate

There are many positive signs signaling that EMS providers want to be active participants in setting and achieving their own agenda for the future, instead of reacting to others. There are a growing number of examples of industry providers impacting legislation on a local and national level. EMS providers shedding the mantle of the "sub-contractor" are actively partnering with other health care providers. The EMS-

related providers, both private and public, currently working with HCFA on Negotiated Rule Making for ambulance reimbursement are *proactively reacting* to a major federal funding issue.

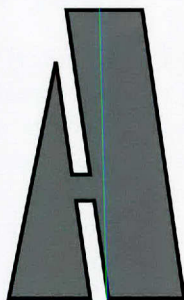
Providers in the future will have to continue to deal with increasing standards and a dwindling flow of money for EMS. Providers must become active participants in the issues that surround their industry, instead of a reactive component bending and shaping themselves to conform to everyone else's view of what EMS should look like. EMS providers will have to continue to educate themselves, strategize, lobby and persuade in order to predict their own future. It's just that simple. The alternative future for EMS providers is passive, unknown and impossible to predict.

Steven L. Athey is the president and owner of the consulting firm Health Care Visions. He is been in EMS since 1971, and has operated several ambulance services in Texas.

Into the future...

EMS Medical Direction

BY DAN ROBERTS, MD



As I sit down to write this essay on EMS medical direction 25 years from now, I can't help but reflect on how much pre-hospital medicine has changed in the past quarter-century. Who would have predicted 25 years ago that emergency medicine would grow to become a separate specialty and that EMS fellowships would be available to further train physicians wanting to specialize in EMS?

As we enter the 21st century, managed health care will continue to expand into the prehospital arena. In some managed health care plans, attempts are already being made to require members to call an alternate emergency number prior to calling 9-1-1 in order to obtain authorization for EMS transport. While I don't agree

with many of the "telephone triage" concepts, these will likely become more widespread in the future. Taxicabs and wheelchair vans will replace many ambulance transports in the future as managed care companies define what type of vehicle constitutes an "appropriate method" in getting a patient to the hospital.

New physicians providing prehospital medical direction in the future will have expanded EMS training during their residencies. With the recent expansion of EMS fellowships (additional specialty training years done after residency), it is likely more EMS fellowship-trained physicians will be practicing in Texas. I also see more full-time, paid EMS medical directors in the future such as those Houston and Austin presently employ. These physicians are dedicated to working with their EMS

systems and have no clinical duties at the hospital or with a private practice. I also predict the expansion of medical directors into more regional systems across several counties with unified patient care field protocols and standing orders. In addition, more emergency medicine residency-trained physicians will be practicing in Texas and that may advance the emergency department care provided at our state's hospitals (especially in rural areas).

Technology will also be an important part of EMS medical direction in the future. Telemedicine will likely be very prominent with live two-way audio/video feeds between the field and the receiving hospital. On-line medical control will show a patient's injuries before arrival to the emergency department. Telemedicine may also be used as a quality assurance/quality improvement tool for the medical director, much like trauma alerts are presently videotaped at many academic emergency departments. Widespread transmission of 12-lead EKGs to the hospital will be commonplace in the future. Run sheets will likely be all computerized on hand-held units and downloaded directly to

the EMS agency's billing department.

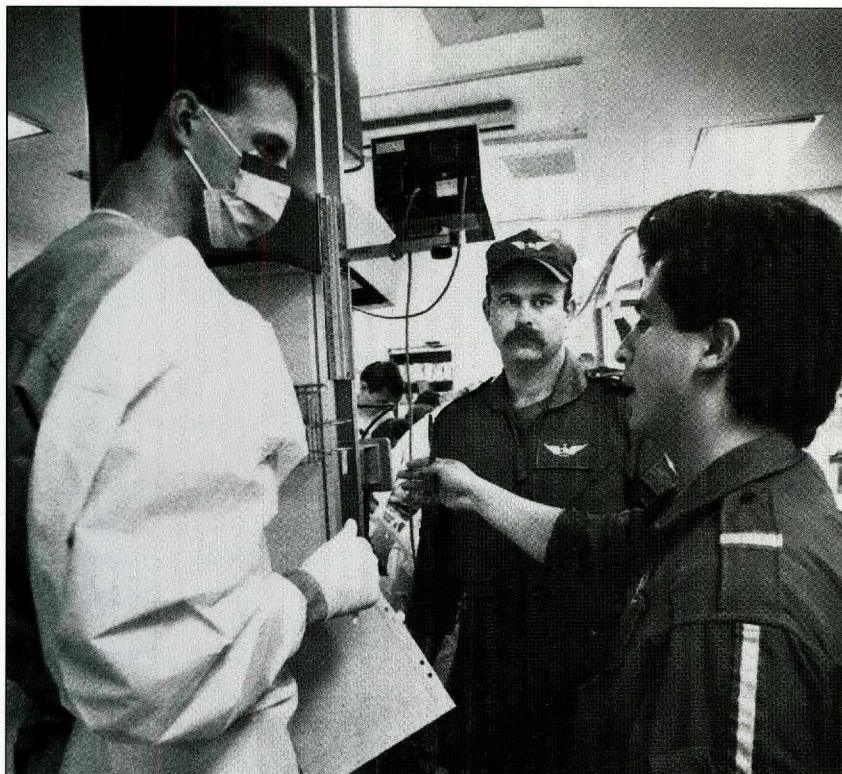
Automatic external defibrillators (AEDs) will also be more commonplace in the future, perhaps in the homes of all cardiac patients and hanging in malls, sporting arenas, etc., right next to the fire extinguisher. Biphasic AEDs will likely be frequently found in the patrol cars of many law enforcement officers in 2025.

Priority dispatching will also be more prevalent in the future. There will be fewer Code 3 emergency responses. The future EMS call will likely be dispatched by alphanum, voiceless paging. The majority of radio communications will be conducted through digital transmission. Most ambulances will have on-board global positioning satellite (GPS) mapping of their districts and real-time automatic vehicle locators.

Patients will carry electronic cards (or microchips imbedded in their arms) that contain important medical information such as allergies, medications, past medical and surgical history, emergency contacts, old 12-lead EKGs and hospital discharge summaries. These cards or microchips could be scanned and viewed with a hand-held device carried by EMS crews and fed directly to the computerized patient care run sheet to improve both accuracy and completeness of information. This card or microchip could be easily updated with a computer to maintain current information.

The future of EMS medical direction will evolve along with the practice of prehospital medicine. As our specialty continues to grow, many changes will be forthcoming and only time will tell how the delivery of EMS will evolve. One thing is for sure, the next 25 years promises to be an exciting time for prehospital providers.

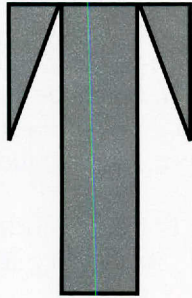
Dr. Dan Roberts is the EMS medical director at Scott & White Memorial Hospital in Temple, Texas, where he is an assistant professor in the Department of Emergency Medicine at Texas A&M University College of Medicine. He serves as the EMS medical director for Bell County and several surrounding communities.



Into the future...

EMS Education

By NEIL COKER, BS, LP



Two major forces already are shaping how we will teach, learn and practice during the first quarter of the next century. First, the aging baby boom generation will create increasing demands on the health care system. And second, technology's exponential growth will provide new opportunities to deliver high quality, cost-effective care in out-of-hospital settings.

In 2025, multiple levels of EMS personnel probably will still exist. However, the scope of their knowledge, skills, and practice will have expanded significantly. The ECA's skill level will be expanded to at least that of today's EMT-Basic. The EMT-Basic will have evolved into a technician whose competencies are designed to produce maximum impact during life-threatening emergencies. These skills probably will include most of those performed at the current "advanced" levels. The "Basics" of the 21st century will be the primary providers of emergency health services in the community's public safety system.

The intermediates and paramedics of the future will be comprehensively-educated specialists in delivery of out-of-hospital health services. As part of an integrated health care system, they will staff a mobile health services system combining features of

EMS and home health care. Enhanced information and telecommunications technology will be used to provide care in the community to a broader range of patients. When care cannot be provided in the community, resources will be available for efficient, cost-effective triage of patients to other providers.

These changes in the roles of EMS professionals will drive equally significant changes in EMS education and credentialing. By 2025, all EMS education will be conducted by or in cooperation with colleges and universities. Preparation of EMS personnel will have become too sophisticated and too resource-intensive to take place outside the higher education system. While some "basic" instruction may still occur at certificate level, all "advanced" personnel will hold at least an associate's degree. And as with nursing today, increasing numbers of entry-level personnel will have earned a bachelor's degree.

Computer-based instruction, including use of virtual reality, will play a key role in EMS education. Patient encounters created through computer simulation will assure graduate competence with much more consistency than currently is possible. EMS educators will spend most of their time working with educational technologists to design appropriate experiences for their students.

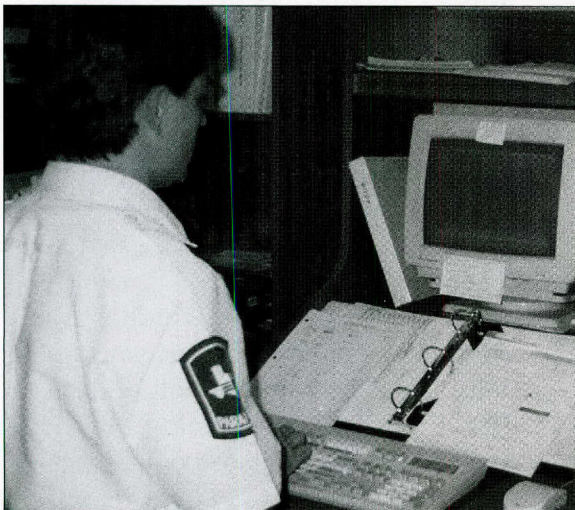
By 2025, many EMS professionals will complete their education largely through distance learning. Interactive video, compact disk technology, and the Internet will make advanced education accessible to even the most isolated areas. Many students will complete coursework during "downtime" while they are on-duty.

All levels of EMS education will be accredited based on nationally standardized essentials. Graduation from an accredited program will be a prerequisite for taking credentialing examinations, which also will be nationally standardized. These exams will consist mostly of computer simulations that test a candidate's ability to respond appropriately in patient care situations.

The states will continue to authorize and regulate EMS practice. However, increased standardization of initial education and the credentialing process will allow full-faith reciprocity. EMS professionals will be able to move easily from jurisdiction to jurisdiction.

Continuing education will be based on a competency-assurance approach rather than

Photo by Lisa Wenschlag



a "one size fits all" model. CE will be individualized based on information from quality assurance systems. Improved instructional technology will allow personnel to complete CE at their stations on-duty rather than off-duty sitting in a classroom. In fact, many CE activities will be "job-embedded," relying on lessons learned from day-to-day patient encounters. Medical directors and employers will acknowledge that it is impossible to teach everyone everything that might be needed on the job at some time. Therefore, electronic performance support systems will be created to allow personnel to learn "just enough" "just in time" to deal with infrequently encountered situations.

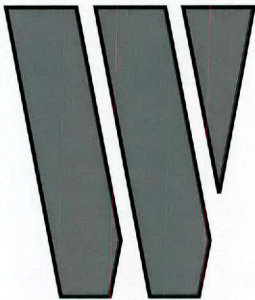
EMS education will no longer focus almost exclusively on clinical practice. Out-of-hospital health care will be recognized as a legitimate discipline commanding a unique body of knowledge. By 2025, Texas will have four to five university-based programs that prepare baccalaureate-level clinicians, managers and educators; conduct research in out-of-hospital health care; and provide service to the EMS community. At least two of these institutions will provide coursework at the master's level. And one institution will at least be considering offering study at the doctoral level.

Neil Coker is an EMS instructor at Temple College. He was EMS state training director for three years.

Into the future...

EMS and technology

BY BOB KELLOW



What you need to know today

No responsible discussion of the impact of tomorrow's EMS technologies can occur without first understanding what has led us to where we are today. Long ago the speed of technology development surpassed the scientific validation capabilities of clinical investigators. This means that new technologies can be dumped into the EMS marketplace with a comfortable assurance that it will take years for researchers to determine their efficacy or practicality. There is an almost unlimited supply of funding for technology development, and comparatively little funding for applied research. As a result, the EMS industry relies heavily on anecdotal evidence to direct its clinical development. The tail is wagging the dog.

We are what we have—not what we achieve How many times have

you heard a colleague refer to a particular EMS service or system as being "high-performance" because: they carry the most drugs in the galaxy; they use 12-lead EKGs; their vehicles are the most expensive made; they have GPS, etc. Have you ever heard them say, "The personnel in that system achieve the best patient outcomes"? The reason they don't say that is because there is little scientific evidence that the care we provide has any meaningful impact. Due to the paucity of research funding described above, we have incorrectly learned to view technologies as the *end*, rather than a *means to the end*. In reality, the *end* should equal positive patient outcomes.

The cost/benefit paradigm Who determines what technologies should be integrated into today's EMS systems? Given the ever-dwindling pool of reimbursement, does anyone attempt to determine the actual cost/benefit of a given technology? Or, do we instinctively buy the newest or most expensive gadget in order to

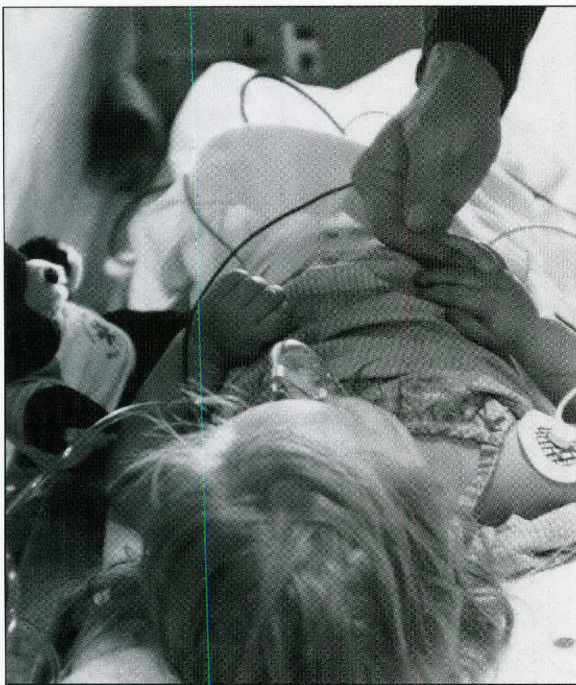


Photo by Sally Muir

claim the “state-of-the-art” crown? For example, EMS is one of the few industries to assign a disproportionate amount of its overall resources to a population of customers who are the least likely to benefit. Just think of the technology, training and administrative resources that we direct to victims of out-of-hospital cardiac arrest.

Should we be thinking about concentrating our technology resources on the population of customers *most* likely to benefit?

There’s a technology avalanche on the doorstep of our industry and we must learn to make smart choices. EMS is a human event. It is provided by humans and for humans. When you distill EMS to its lowest common denominator (removing unnecessary technologies, system designs and associated administration) what you are left with are the two hands and brain of the EMS professional. And, if that is the essence of our business, then why isn’t *that* the primary point of our economic investment?

The Future We will be exposed to an endless stream of emerging technologies. The challenge for decision-makers lies in determining what is essential and what is desired, based on rational and measurable criteria. Consideration of aggregate needs should dictate the construction of these criteria. Here are a few that I would include:

- That technology companies prospectively determine and disclose the scientific need (basis), priority

relevance and clinical significance of the products they manufacture.

- That Request-for-Proposal authors, contracting entities and regulators determine, analyze and manage their technology assets through means of a formal technology needs-assessment process that both involves and empowers front-line EMS personnel.
- That as a prerequisite to purchasing a given technology, the company involved must allocate funds for post-marketing surveillance and clinical research of its product’s impact on the EMS patient population.

EMS personnel should focus on those areas that will improve their overall value to the communities they serve, the medical community at large and their employers. In the future, EMS personnel can become active beneficiaries of meaningful technologies, rather than passive economic victims. Here are a few recommendations:

- Embrace the concept that patient outcomes are more important than technological image. Technologies represent a means to an end, and are only valuable if they improve outcomes.
- Take advantage of higher learning opportunities so you can knowledgeably participate in decision-making activities and clinical research that will directly affect your future and the future of those entrusted to your care.
- When considering a new technology have the courage and professional wisdom to ask, “Why?”

Bob Kellow is CEO of Emertech Pharmaceutical Products, LLC. He has also served as director of EMS for the American College of Emergency Physicians. He has been involved in the EMS industry since 1967.

Into the future...

EMS/Fire departments promote injury prevention

BY GARY CHEEK, RN, EMT

In the next 25 years, as funding from federal (and other government) sources rapidly dwindles and efficiency becomes increasingly important, EMS will continue to be placed within fire departments. With an established infrastructure in place, the fire service is inherently equipped to absorb, manage and staff EMS response units without a significant outlay of capital for facilities.

Established centralized authority within fire agencies has changed very little over the decades. However, as EMS joins the fire department, I see the authority structure expanding outside the traditional centralized system. Decisions that affect the daily operations may come from sources "outside the loop," such as hospitals, advisory groups, physician groups, police, educators and consumer review boards as well as other health care officials.

As EMS and fire department merge into one organization, an entire new industry of injury prevention will emerge. The number of injuries communities experience will be tied to insurance rates for homeowners and business owners. Individual families will pay more for insurance if they do not fall within the statistical average. Family members who have a rating outside the accepted standard for car insurance will automatically have their driver's license suspended until proof is shown that the

accepted standard is met.

The Fire/EMS service in 2025 will realize that the same principles that worked in fire prevention will work in injury prevention. And people within the fire service will see the fire service has the opportunity to be as successful with its injury prevention program as it was with fire prevention programs.

The Fire Department/EMS will become THE experts and become THE community clearinghouse for training and THE resource for any and all issues regarding injury and illness prevention topics. There will be widespread community acceptance of injury prevention.

Twenty-five years from now we may have a better understanding of enormous monetary impact which results from "accidents." There really are no accidents; injuries can be prevented. When people are held accountable, then, and only then, will they begin to change their behavior and take prevention seriously.

Injury prevention efforts will only be effective long term, when people are conditioned to make changes in behavior. This should be done in the school systems. Injury prevention curriculums need to be developed and children taught injury prevention right next to math and reading. From the moment a child enters school until graduation, he should be exposed to annual mandatory classes on prevention efforts. Then we will see a dramatic change in the statistics. Partnerships between public schools and EMS organizations are essential to make this happen and the time to start is now!

Former Chairman of the Texas Emergency Healthcare Advisory Committee, Gary Cheek has worked in Level III and Level IV trauma centers for eight years and has been an EMT for 16 years. He is currently active in teaching basic EMS to departments in Mexico and Central America and works as an officer on an engine company for the Abilene Fire Department.

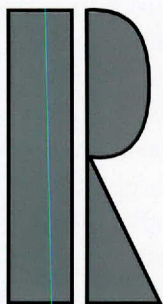


Photo by Michael Sabala

Into the future...

EMS reimbursement

By BILL ASTON, EMT-P



Reimbursement for EMS in the future is probably one of the biggest questions in the industry. I have talked with a lot of knowledgeable people in this field and no one cares (or is crazy enough) to give a direct answer of what might happen.

In the late 1960's to early 1970's, reimbursement for ambulances was recognized as a way to support and pay for services, which had in the past been considered a free community service. In many areas, funeral homes and community rescue squads provided ambulance service at little or no cost to the citizens in their communities. As time went on, ambulance bills rose from as low as \$3 per call to \$15. Even then, some complained that the service should be provided at no cost to the patient.

As the level of training increased and more modern (and expensive) ambulances and medical equipment became available, it was necessary to recover at least the cost of providing the service.

As EMS management became more adept at determining the true cost of providing service, there was a realization that services were being provided with charges (and collections) below the actual cost of providing those services. In many areas, the actual cost was subsidized through local funding, cost shifting, etc. Fees for service skyrocketed.

Suddenly base rates surpassed \$300 with patient bills totaling \$400 to \$500. Third-party payers were began to look at utilization of EMS. As the request for payment increased, carriers initiated a submission review process where claims were reviewed for medically necessary. Third-party payers began taking hard-line stances as to which recipients required ambulance transportation and which bills would be paid.

There will always be a need for some form of reimbursement of emergency

medical service. This is especially important to the older population who are on fixed incomes and those with chronic illnesses who use EMS frequently. Although what form that reimbursement will be is still not decided and is being argued at this moment, most likely a fee schedule will be the end result. I anticipate that at some point, ambulance services will be paid a flat fee and possibly an additional mileage fee. There will probably be few if any additional "itemizations" allowed.

Currently, the HCFA Negotiated Rulemaking Advisory Committee is meeting to try to resolve the issue. A research firm is preparing a report for HCFA with that report data being made available to the Committee around December 1 of this year. Since the law required implementation of the new fee schedule by January 1, 2000, and since meeting this deadline is almost impossible, an extension is being sought.

What does that mean to us as providers of service? Few administrators really have the answer. I believe that the most likely scenario is that we will be paid a "flat fee" to transport patients who meet "medical necessity." If our cost of providing those services are at, or below the fee, we will survive. If our cost of providing service is above what is paid, then obviously we are doomed.

There is no doubt that we will be doing business in a different way. For some, the changes will be drastic; for others, only a moderate adjustment. In some areas, especially where call volume is very low, higher city/county funding may be necessary to keep their EMS programs in business. Regardless, as the clock ticks down and we move into the next century, we will have to find ways to do more with less.

Bill Aston is completing his 30th year in emergency medical services and is executive director of the South Texas Emergency Care Foundation in the Rio Grande Valley. Aston, who was named EMS Director of the Year by TDH in 1986, was one of the first paramedics to staff an MICU ambulance in South Texas.

Into the future...

Air medical transport

By JANE WYNN, BSN, RN



Since the first civil air medical program began in Maryland in 1969, the profession has grown to more than 230 air medical transport providers in the U.S. today. These providers transport more than 200,000 patients per year. Texas' first hospital-based program, Life Flight, started in Houston at Hermann Hospital in 1976. Today, Texas has 28 flight programs transporting more than 24,000 patients per year. In the future, these programs must find ways to be more cost-efficient while continuing to provide high-quality, safe transport services.

Planning for the future Successful programs will have **strategic plans** that include:

- integrated transport service, with all components of transport.
- cost effectiveness for critical and intensive care ground, rotor and/or fixed wing programs.
- financial feasibility for ground, rotor and/or fixed wing services with financial plans for alternative financing, revenue enhancement, and cost management.
- current ground and air program should establish need and shared economies of scale.
- best program structure for the community market.
- quality, compliance, and customer service management.
- trends in payment for services.

Aviation Programs will decide appropriate **aircraft and equipment** needed for their mission. These decisions can be financially overwhelming but carry significant quality and safety ramifications.

Future issues will include decisions involving:

- single versus twin engine
- aircraft that function as helicopter and airplane (vertiflite)
- VFR (visual flight rules) vs IFR (instrument flight rules)
- GPS (global positioning systems)
- night vision goggles
- protective clothing (helmets, nomex apparel, boots)
- numbers of pilots required
- pilot training (simulation and frequency)
- pilot hours required for EMS
- mechanic training and qualifications

Who's on board? Crew configuration and training Future trends include identifying the most economical crew configuration and training programs to provide quality and meet standards. Indications of critical and intensive care for patients, high safety awareness and reimbursement for such levels of care and services will significantly affect every program. The most common crew configuration will continue to be an RN, a paramedic and a pilot. The least-used medical crew configuration will be RN and MD. The crew composition should match the mission profile. Expanded roles of caregivers, pilots and equipment will be important in the evolution of transport programs.

Trends in health care

Services Programs must focus on five main areas when establishing future business strategies.

- Identify the *customer* and market.
- Provide broad and easily *accessible* products and services.
- Provide *quality* care and services.
- *Measure and report* results of care and services.
- Maintain *cost* competitiveness.

Reimbursement for services will continue to be driven by managed care controls and Medicare payment cuts. Therefore, programs must begin to broaden their service lines. Transport is more than ground vehicles and more than helicopters.

Reimbursement and revenue enhancement Health care providers must increase revenues to offset reductions and re-structuring for payment of services. Revenue enhancement should include product and specialty service-line management. Each service-line is a mini-business. Use core concept of services to become market-driven and customer-centered.

Cost reduction must be achieved. But the future is in revenue enhancement and measurement of quality of services. Data must be

produced for cost analysis, to provide measurement of necessity and quality, and to benchmark care and services.

Management The manager of the future must be knowledgeable in the concept of service-line management. This will include the ability to broaden products and services and understand outsource management and services.

Basic and high tech communications will be blended into any successful system. The process of integrating patient care as well as marketing efforts relies on excellent communications skills and systems.

Conclusion With these considerations, just imagine nurse Darth Vader and paramedic R2D2 with pilot Chewbacca coming out of their vertiflite aircraft or space ship to swoop up a patient to take to the space hospital in the

Photo by John Huseth



sky. Meanwhile management continues to ponder how they play line-service marketing games on the big screen digital LCD projector and get paid, keep from getting sued, and keep the patient on Earth so Mars will not get the revenue.

Jane Wynn is CEO of Mobile Healthcare, LLC, which provides consulting, management

and operational services to medical transport and other health care companies and agencies. MHC also manages a network of preferred provider organizations offering fixed wing transport.

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Into the future...

Texas trauma system

BY KATHY PERKINS, RN, MBA



I have been asked to contemplate the future of the Texas Trauma System. In the short-term, I believe all RACs will have their approved system plans implemented with regional evaluation processes and targeted injury prevention programs in place. All rural hospitals will achieve at least a Basic (Level IV) trauma facility designation and there will be, at minimum, a designated General (Level III) trauma facility in every regional system. There will be advanced life support prehospital care available to all Texans and visitors within five to ten minutes. Some of the smaller trauma service areas will likely merge with others as the true needs of the regional systems are honed. And finally, over the next few years, I see our regional systems including appropriate areas of all bordering states and even Mexico, following the model of the Far West Texas and Southern New Mexico RAC.

As far as the more long-term future, the recent true-life experience of a Texas paramedic tells the story best of where I think the Texas Trauma System is going. The medic, relying on his system's triage protocols, bypassed a hospital and took his trauma patient to a designated trauma facility. When the paramedic was sued, he won the suit. Not only had he followed local protocol,

but he had taken the patient to a facility best-suited to treat the injuries.

This story points out two important trends I see in the future of trauma systems in Texas. The first is that we are raising the standard of injury care statewide to the national level. In more and more areas, EMS is no longer a 'load and go' service to the nearest facility, regardless of that facility's ability to care for that patient's injuries. More EMS personnel are receiving specialized injury care training and those numbers will continue to increase. EMS will also increase its participation in injury prevention programs.

As Texas health care professionals build the statewide trauma system and raise our expectations as to level of care we should be giving, ultimately, the public raises its expectations as to the level of care it wants to receive. In the next 25 years, the public will come to expect excellent, appropriate care for injuries, delivered by trained professionals utilizing state-of-the-art equipment, communication systems, transportation and facilities. The story's second lesson is that the tort system will ultimately drive some of this move toward a better standard of care.

Organizations that finance health care, such as HMOs, will also drive the development of trauma systems in the next century. We already receive calls from HMO administrators asking if there is a designated trauma facility

within the HMO's system. It makes economic sense: HMOs want to keep patients within their own systems. If a patient needs the services of a trauma facility and there is not one in the HMO system, the patient should be transported or transferred to a non-system trauma facility. And now that HMOs can be sued, patients will demand the best care for their injuries—regardless of whether the designated facility is within an HMO's system.

Another trend I see for the future is an increasing emphasis on primary prevention—stopping an injury-causing incident from occurring. There's an old poem about a community that had a big cliff at the edge of town. People kept falling off the cliff and being injured. The town bought an ambulance so that when people fell off the cliff, they could be transported to the hospital. Thing is, though, if the town had just constructed a fence, the ambulance wouldn't have been needed to pick up people at the bottom of the cliff. In other words, we can have the most wonderful response system in the world, but we

really ought to be preventing as many of these injuries as we can.

In the next century, I also see the trauma system moving toward a more comprehensive emergency health care system that addresses the care of both medical and injury patients based on the systems model. A recent study showed that cardiac victims have better outcomes when cared for in specialty cardiac facilities. The fact is that, when health care professionals get together to work on improving the care of injury victims, issues surrounding medical patients are also addressed. And, in general, upgrades to system components for injury patients upgrade the system of care for all patients. Pediatric categorization, a system of standards for any hospital treating pediatric emergencies, is currently in the process of development and represents a step in this direction by the state of Texas.

Kathy Perkins is assistant bureau chief for trauma in the Bureau of Emergency Management. She has been facilitating the development of the statewide trauma system for ten years.

Photo by John Fulbright





Brain Attack

*Quick response could save
a lifetime of disability*

A 53-year-old man visiting family for a backyard cook-out goes into the house. His 10-year-old granddaughter goes into the house about ten minutes later and finds him on the den floor. He is unable to speak, his face is drooping and he cannot move his left side. He has a look of panic in his eyes and keeps reaching out with his right hand. Within five minutes a fire truck arrives; the ambulance follows a couple of minutes later. The patient's history is unremarkable. He was doing well after an MI about 18 months ago that was treated with a stint. He has no history of diabetes. The daughter is unsure of his medications. He is able to maintain his airway with-

out assistance. You begin oxygen therapy with a nasal cannula at two to four liters per minute and start an IV of normal saline. A blood dextrose test reveals a reading of 182. The patient is placed on a monitor that shows normal sinus rhythm. A quick neurological assessment confirms left-sided weakness, facial drooping and aphasia. He is transported as rapidly as possible to a facility that has the capability to diagnosis and treat the patient. The hospital has been notified early that the crew suspects a brain attack.

A major problem

Every year in the U.S. there are approximately 550,000 patients who suffer brain attacks, a new term for stroke. That is about one every minute. Around a third of these patients die within a year and 21 percent are left with disabilities. In 1991 alone, there were approximately three million brain attack survivors, making it a leading cause of disabilities and the most common cause of long-term patient care. Brain attack has a major impact on health care and how health care dollars are spent. Brain attacks are also one of the easiest medical catastrophes to prevent by eliminating risk factors such as smoking, controlling diabetes and hypertension, and treating underlying conditions such as carotid stenosis. As with cardiac symptoms, early recognition is critical in the timely management of the brain attack patient. Public education in the recognition of the symptoms, early access to emergency care and timely management in the emergency department can have a very positive effect on the outcome by reducing the severity and subsequent disabilities experienced by the patient with brain attack.

Brain attacks have been around for centuries; indeed, Egyptian mummies reveal evidence of the condition. In the 1600's, cerebral hemorrhage was

identified as the cause of the problem previously called apoplexy. A century later, Morgagni discovered the difference between strokes caused by thrombosis and those caused by hemorrhage. By the 1960s, hospital stroke care units had emerged and a decade later, the development of the CT scanner made the diagnosis of stroke easy and reliable. Now, we have even more refined diagnostic tools such as the MRI/MRA and aggressive treatment through thrombolytics.

What is brain attack?

Just as heart attack refers to any process that interferes with blood flow to heart muscle, a brain attack involves any process that reduces blood flow to an area of the brain. When an area of the brain is deprived of blood flow, it stops functioning. If blood flow is not restored, tissue death begins.

There are two types of brain attack, ischemic and hemorrhagic. Ischemic attacks occur when a vessel becomes clogged and there is loss of blood flow to an area of the brain. Hemorrhagic at-

Objectives:

After completing this article, the reader will be:

1. able to justify why brain attack is a true medical emergency.
2. able to recognize the types and signs and symptoms of brain attack.
3. able to describe the pre-hospital management of the patient with brain attack.
4. familiar with current approaches to the management of the brain attack patient.

tacks are caused by an actual rupture of a vessel and result in bleeding into the brain.

Ischemic attacks are responsible for 75 percent of all brain attacks. There is a specific progression of events in ischemic attacks. At first, tissue damage is localized to a small area of the brain. Over the next one to three hours, damage starts spreading outward from the center. Over the first six hours, this spread continues. By 12 hours post-occlusion, axon swelling begins and by 24 hours, cell necrosis begins. At 48 hours, irreversible necrosis is taking place.

The precipitating event is a clot in one of the vessels in the brain which restricts blood flow to that area of the brain. This clot can develop within the brain's arteries or be transported to the brain. Wherever the clot lodges is the "core" of the attack. Beyond the core is the "ischemic penumbra," where neurons receive blood flow sufficient to keep them alive, but not sufficient enough to keep functioning normally. There is then a complex series of interconnected events known as the ischemic cascade that has a detrimental effect on the brain. These events may continue even though perfusion is restored to the area, perpetuating neuronal destruction.

The transient ischemic attack (TIA) occurs when a vessel is temporarily occluded and an area of the brain is left without blood flow for a short time. In TIAs, the circulation restores itself before any permanent damage is done and the symptoms resolve. These are also known as "mini strokes" and can be a warning sign of a more severe brain attack. Another related condition, a type of TIA, is the reversible ischemic neurological deficit (RIND). The patient experiences minor deficits such as weak or numb arm; symptoms resolve after two to three days. These are most frequently seen in patients with high blood pressure.

The therapeutic window

In the midst of all these processes is a window of opportunity known as the therapeutic window. It is a period of time after the onset of symptoms where drug therapy can be effective in limiting the size of the ischemic core, reducing the severity of the primary injury. Secondary injury to the penumbra can also be limited with drug therapy. This window is within the first six hours after onset, but would be narrower when there is prolonged ischemia and broader when there are partial or brief periods of ischemia.

There are two approaches to treating brain attack. Thrombolytic therapy opens occluded blood vessels and acts within the core to limit the primary damage that follows the attack.

The second therapy, neuroprotective, limits the ischemic cascade by acting within the penumbra to restrict secondary damage.

Currently, there is only one drug approved for thrombolytic therapy: Tissue Plasminogen Activator (t-PA). This drug was recognized as an effective emergency treatment for strokes in December 1995 by the National Institute of Neurological Disorders and Stroke. In June 1996, the Federal Drug Administration approved t-PA for treatment of brain attack if administered within three hours of onset of symptoms. The eligibility requirements are very specific: a definitive time of onset of symptoms; a measurable neurological deficit; and a CT scan that shows no evidence of intra-cranial hemorrhage. Exclusion criteria include a history of stroke or head trauma within the past three months; surgery within the last fourteen days; a history of intra-cranial hemorrhage; or blood pressure greater than 185 mmHg systolic or 110 mmHg diastolic. Specific protocols govern the administration of t-PA at the health care facility. Early notification that a candidate is en

EMS Facts:

About half of the DWI offenders in local jails reported consuming the equivalent of about 12 beers or six glasses of wine before their arrest. —U.S. Department of Justice

route helps initiate the process of treating the brain attack patient.

Neuroprotective therapy is still under investigation. Neuroprotective agents are a more diverse class of drugs that work at different points along the ischemic cascade. These drugs are effective in the absence of normal blood flow, effective when given after the onset of stroke symptoms, and effective in extending the therapeutic window. These drugs could possibly be administered in the prehospital environment. In the future, EMTs may administer more than one protective agent in the field followed by thrombolytic therapy in the hospital.

Assessment

Correct assessment is key to helping determine if a patient is a candidate for aggressive therapy. Common presenting signs include unilateral weakness, unilateral numbness, facial drooping, slurred speech (dysarthria), inability to understand speech (receptive aphasia) and the use of inappropriate words when speaking (expressive aphasia). The common chief complaints include inability to walk, sudden onset of unilateral weakness, falling, numbness, slurred speech, altered mental status and seizures.

Speech is one of the most frustrating manifestations of a stroke, both for patient and provider. Patients may be able to understand speech, but may not be able to give appropriate answers, or even answer at all. The patient may know the words, but not be able to pronounce them correctly. Patients may repeat same word over and over, mumble several words that are unrelated or become very confused.

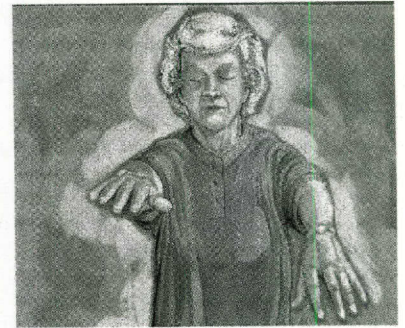
Neurological assessment for stroke is a very simple process. In addition to the usual assessment components and the Glasgow Coma Scale, there is the

30-second Stroke Exam. There are three components to this simple test: 1) pronator drift, 2) grimace, and 3) speech. Pronator drift is a test of arm weakness. Have the patient close his or her eyes and hold both arms straight out in front of his or her chest. Watch for one arm to drift downward. The inability to keep both arms level shows weakness on that side. To test for facial weakness, have the patient grimace and observe if both sides of the face move equally. Drooping in the grimace will occur if a stroke has occurred. Speech is another test that can determine if brain attack is occurring and may include dysarthria or aphasia, as discussed previously. A ten percent false positive can be attributed to processes other than stroke.

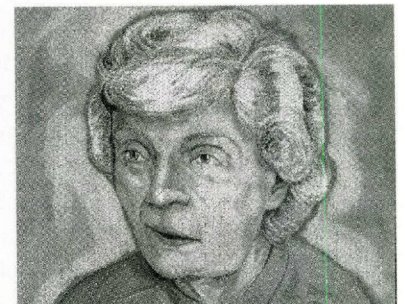
Some conditions produce signs and symptoms resembling a brain attack. Hypoglycemia can present almost exactly like a stroke. Decreased blood sugar levels can cause confusion and disorientation, focal neurological deficits such as inability to move an arm or leg, weakness, and/or inability to follow directions. If the blood sugar is low, administer glucose. However, glucose can increase neuronal damage in a stroke patient.

A patient awakening from a seizure also can manifest one-sided weakness. This symptom, known as Todd's paralysis, can last for hours. Patients with strokes also can have seizures. If there is a history of seizures, it is important to consider that when assessing the patient. Other areas need to be investigated. Determine if the patient has had cancer and if the primary site or metastatic site

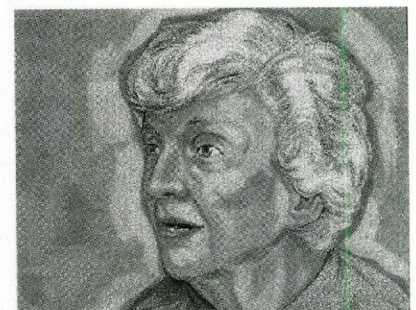
30-Second Stroke Exam



Pronator Drift - Test for arm weakness. Have the patient close their eyes, put their arms out in front of them and hold them still for 10 seconds.



Facial Droop - Test for unilateral facial weakness. Ask patient to smile or grimace. Both sides should move equally.



Speech Impairment - Ask the patient to repeat "The sky is blue in Cincinnati." Speech is abnormal if there is dysarthria or aphasia.

Source: National Stroke Association

includes the brain. Also determine if there has been any history of head trauma since symptoms of subdural or epidural hematoma can resemble stroke.

Treatment in the field


What should you do as an EMS responder? Always assess airway, breathing and circulation. Administer oxygen via non-rebreather mask, maintaining an oxygen saturation of 99 percent. Supplemental oxygen may help compensate for part of the brain not being oxygenated properly. Rule out hypoglycemia as a cause for the observed changes. Place the patient on a cardiac monitor to establish a baseline for further evaluation of cardiac rhythm. Patients in atrial fibrillation can have an embolic stroke and could be back in sinus rhythm by the time they reach the ED. Strokes can also be preceded by a "silent" myocardial infarction. Establish an IV as either a saline lock or a keep open line for medication administration if indicated. Finally, transport rapidly to a facility that can treat stroke patients with thrombolytics. Notify the receiving ED about the possibility of a brain attack patient and include time of onset of symptoms.

There are really very few things that you should not do. Do not delay transport. Time is critical in treating ischemic strokes. Do not give large amounts of fluids. Fluid build up and secondary brain injury cause increased intra-cranial pressure which can lead to herniation. The exception is the stroke patient in shock. These patients should receive fluids to preserve cerebral perfusion pressure. And when administering IV fluids, avoid glucose-containing solutions since glucose can further damage neurons.

The common misconception is that an acutely elevated blood pressure is the cause of the brain attack. This is rarely the case. Blood pressure elevation probably results from the brain at-

tack. In general, blood pressure should not be lowered in the pre-hospital setting unless a few extremely rare complications are present. Sudden, uncontrolled reduction in blood pressure can reduce the cerebral perfusion pressure and lead to increased ischemia. Unfortunately, these complications are unlikely to be diagnosed in the field. As a general rule, blood pressure is considered to be elevated if the systolic is greater than 220 mmHg or the diastolic is greater than 120 mmHg. It is important to notify the receiving facility if the blood pressure is elevated.

Brain attacks are true emergencies where time really matters. Rapid transport is essential in the management of brain attack since the best treatment may be the administration of thrombolytics at the ED. In the prehospital environment, it is critical to avoid delays, to notify the receiving facility of the potential for a stroke patient arriving and to manage the patient according to your local protocols. Through the recognition of the potential of a stroke, appropriate field management and expeditious treatment in the ED, the patient may be saved a life of neurological deficits that impact the health care system and the family for years to come.

The ED physician orders a STAT CT scan and notifies the neurologist on call. By the time the patient returns from CT, the neurologist is waiting in the ED. The CT shows an ischemic stroke with symptoms consistent with brain attack. Time since onset of symptoms is about 45 minutes. The neurologist orders the t-PA be given per protocol. Within one and a half hours of onset of symptoms, the patient has received the thrombolytic and is on the way to ICU. After 48 hours, the patient has had a return of speech and has movement, with some residual weakness, to the left side. He is responding appropriately, his memory is intact and he is anxious to start the rehabilitation process. 

James R. Hilliard has been a nurse for 27 years and a paramedic, coordinator and examiner for nine years. He works at Round Rock Hospital and volunteers with Pflugerville Volunteer Fire Department.

1.5 hours of CE/Medical Emergencies (Answer all questions)

1. The following statements are true regarding brain attack except:
 - A. ischemia involves a gradual spread of damage.
 - B. the degree of damage increases over time.
 - C. it cannot be treated.
 - D. it occurs when a vessel becomes clogged or there is loss of blood flow to a part of the brain.
2. A condition related to brain attack where there is unilateral weakness that resolves is known as:
 - A. near stroke
 - B. transient ischemic attack
 - C. hemorrhagic stroke
 - D. ischemic stroke
3. Thrombolytic therapy can be used under what condition?
 - A. where there is CT evidence of ischemic stroke
 - B. where there is CT evidence of hemorrhagic stroke
 - C. where signs and symptoms present for greater than 6 hours.
 - D. where signs and symptoms have resolved.
4. The quick Stroke Exam includes all the following except:
 - A. speech impairment
 - B. unilateral facial weakness
 - C. unilateral arm weakness
 - D. Glasgow Coma Scale of less than 12
5. The outcome of a brain attack can be improved if:
 - A. there is early recognition of the signs and symptoms of brain attack.
 - B. EMS providers take time to assess the patient and stabilize prior to transport.
 - C. the patient is transported to the nearest hospital.
 - D. IVs containing glucose are given rapidly.
6. Brain attack signs and symptoms present much like all the following except:
 - A. seizures
 - B. closed head injuries
 - C. acute MI
 - D. hypoglycemia
7. Monitoring the cardiac rhythm in a patient with suspected brain attack is important because:
 - A. strokes can be preceded by a "silent" MI.
 - B. strokes are something that happens to the heart.
 - C. it enables the medic to see evidence of stroke.
 - D. it will help distinguish stroke from hypoglycemia.
8. Initial treatment for a brain attack patient includes all the following except:
 - A. administer oxygen.
 - B. check blood glucose.
 - C. maintain the ABC's.
 - D. keep the patient in Trendelenberg position to improve blood flow to the brain.
9. Dysarthria occurs when:
 - A. there is weakness in the joints.
 - B. the patient is unable to reply verbally.
 - C. the patient does not understand what you are saying.
 - D. the muscles of speech are not functioning properly.
10. A frequently observed sign of stroke is difficulty with speech. All the following are true about speech involvement except:
 - A. the inability to understand speech.
 - B. use of inappropriate words when speaking.
 - C. speech is accelerated and high pitched.
 - D. the patient may be mute.
- (Applies to questions 11 through 15)
You are called to an address downtown and find an elderly woman sitting up against a building. She has an obvious facial droop on the right. A companion states she just slumped down and couldn't speak. The patient responds to commands but can't speak clearly. Her left arm is limp. Vital signs show a blood pressure of 188/92, pulse 104 and respirations of 28.
11. The primary concern in the care of this patient should be to:
 - A. see if the patient can stand and walk to the stretcher to evaluate balance.
 - B. check vital signs to see if the patient is hypertensive.
 - C. start an IV so you can give medications, if necessary.
 - D. assure the patient has an adequate airway and administer oxygen.
12. The patient is unable to answer your questions and is becoming agitated. You should:
 - A. ignore the patient and ask the companion all your questions.
 - B. be firm and tell her you need her to answer your questions.
 - C. stop asking questions and reassure the patient you understand what is happening.
 - D. leave the patient alone until she calms down.
13. Which of your actions can have the most influence on this patient's outcome?
 - A. Giving high flow oxygen.
 - B. Obtaining a detailed neurological assessment.
 - C. Providing prompt transport to a facility that can manage patients with brain attacks.
 - D. Immediately reduce hypertension to prevent further damage.
14. En route, you notify the ED that you have a potential stroke patient. On arrival, the ED will:
 - A. Get an emergency CT scan.
 - B. Prepare to administer thrombolytic therapy.
 - C. Contact the neurologist on call.
 - D. do all the above.
15. The control of blood pressure must be done carefully because:
 - A. uncontrolled reduction can decrease cerebral perfusion and lead to further damage.
 - B. it will allow blood to pool in the brain and increase damage.
 - C. it can put the patient into shock if done too rapidly.
 - D. it will cause cardiac damage, as well as brain damage.

1.5 hours of CE/Medical Emergencies

This answer sheet must be postmarked by December 19, 1999

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

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

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

Debra Cason, RN, MS
EMS Training Coordinator
The University of Texas
Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75235-8890

You will receive your certificate for 1.5 hours of CE 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.

- | | | | | | | | |
|---------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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"/> | C. <input type="checkbox"/> | D. <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"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 5. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 15. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 6. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | | | | |
| 7. 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"/> | | | | |
| 9. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | | | | |
| 10. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | | | | |

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

Two-year continuing education Emergency Suspensions

The following list of EMS personnel have certification expiration dates of April and May of 2001 and are emergency suspended for failure to comply with the two-year continuing education (CE) reporting requirement mandated in EMS Rule §157.38, Section k.

EMS personnel who are emergency suspended will be promptly reinstated when they complete the required CE hours and submit the completed CE Summary Report form to TDH. The CE Summary Report form will be accepted by mail or by fax at (512) 834-6736, or you can hand-carry it to your local public health region office. An official notice of reinstatement will be mailed to EMS personnel who com-

Correction: Should not have been listed in the last issue: ID 107639, **Juan Medellin, Laredo, EMT**

ply with the CE requirement prior to their expiration date.

Though the emergency suspension may extend to the expiration date of the certificate, names will appear in this magazine for only one issue. Providers should require presentation of the original reinstatement document (with water mark) from the employee who has been emergency suspended and claims to be reinstated. No notice of reinstatement will appear in the *Texas EMS Magazine*.

Current certificate status is available on the internet at: www.tdh.state.tx.us/hcqs/ems/certqry.htm. The page is directly linked to our live database so information is up-to-the-minute.

Due to press deadlines, names may appear in the magazine after personnel are reinstated.

108390	THOM	ABSHIER	LEWI	ECA
2933	ARTU	ACEVEDO	BIG S	EMT-P
108289	BENNI	ADAMS	HOUS	ECA
105833	DAVI	ADAMS	HOUS	EMT
108055	KEND	ADKISSON	MIDLA	ECA
106739	CARL	ALANIZ	SAN A	EMT
105178	BALT	ALCALA	HART	EMT
39300	LORE	ALDERETE	HOUS	EMT
39607	JOE	ALEMAN	SAN A	EMT-P
109395	RICHA	ALLEN	VENU	EMT
105810	JESU	ALMANZA	EL PA	EMT-I
98182	JORG	ALMEIDA	EL PA	EMT
109222	YVET	ALMENDAREZ	CORP	EMT
108179	NELS	AMY	RICH	ECA
107128	ERICA	ANDERSON	TEXA	EMT
52872	IVAN	ANDERSON	KAUF	EMT
26743	LYNN	ANDRUS	AUSTI	EMT
21807	ANDR	ARANDA JR	EL PA	EMT
108092	MICH	ARD	MCKI	ECA
27579	MICH	ARELLANO	FORT	EMT
81384	SYLVI	ARGUIJO	RIVIE	EMT-I
54339	ROBE	ARMITAGE	KATY	EMT-P
109396	CHRIS	ARMSTRONG	TERR	EMT
2812	JAME	ARMSTRONG	N RIC	EMT
106178	PABL	ARZUAGA	CORP	EMT-I
105503	TINA	AVERA	LUFKI	EMT
105890	ANGE	AYALA	EL PA	EMT-I
108567	ARMA	AYALA JR	EL PA	EMT
105423	TRAC	BACICA	ORCH	EMT
15431	BETT	BAILIFF	KNOX	EMT
109391	ROBE	BAIRD	BIG S	EMT
11491	JOEL	BAKER	ABBO	EMT-I
97545	TIMOT	BAKER	SHER	EMT-P
108392	STEP	BALLOU	FLOW	ECA
109117	KIM	BARNETT	CLOVI	EMT

109046	NAKIA	BARNETT	MIDLA	EMT
105106	TONY	BARNETT	HOUS	EMT-I
108063	ROBE	BARZILLA	BRYA	ECA
7207	NANC	BASS	TYLE	EMT-P
12738	SAMU	BAUCOM JR	AMAR	EMT
109047	RAQU	BAUTISTA	MIDLA	EMT
35900	ALLA	BAXTER	BALC	EMT-I
46547	CLIFT	BAYER	GOLIA	EMT-P
107892	MICH	BEARD	COLLI	ECA
48384	ROXA	BEARD	FREE	EMT-I
48676	LEST	BEAVER	COMF	ECA
15214	BRYA	BECKNER	LONE	EMT-P
109399	DONN	BEDORE	FORT	EMT
109448	MICH	BEHRENT	FORT	EMT
108697	JENNI	BEISERT	DIME	EMT
69931	HUMB	BEJARANO	EL PA	EMT-P
107895	KENN	BELL	GRAP	EMT
108568	ANTH	BELLIDO	EL PA	EMT
108277	ADRIA	BELTON	HOUS	ECA
109091	JESU	BELTRAN II	EDINB	EMT
107917	KATH	BENSON	BENJ	EMT
108567	LLOY	BERGER	CAME	EMT
56920	ALBE	BERGH JR	DRIPP	EMT-P
35619	TRIST	BERRY	EL PA	EMT
108054	LAUR	BIDDLE	COLL	ECA
43420	LYNN	BIZZELL	ROUN	EMT
107197	M	BLACK	TEXA	EMT
108053	ELIZA	BLEIKER	TEXLI	ECA
109128	DAVI	BLOMSTROM JR	RICH	EMT
21968	DELOI	BLUEITT	MISS	ECA
108616	DALE	BOEHNING	CANY	ECA
107920	BONNI	BOHANNON	BENJ	EMT
105921	BENJ	BOOTH	EL PA	EMT-I
108718	MELIS	BOSSIER	BUNA	EMT
108717	SHER	BOSSIER	BUNA	EMT

104711	RENE	BOTELLO	CORP	EMT-I
108536	BRUC	BOYD	BAYT	EMT
19599	ROLLI	BRADLEY	LEAK	EMT
105836	RASHI	BRAGER	COLL	EMT
61501	DANIE	BRAKEFIELD	RYE	EMT
25137	ROBE	BRANCH	HOUS	EMT-P
108744	RODN	BRANCH	GREE	EMT
57087	CHAR	BRANTLEY	FAIR	ECA
108746	TROY	BRENNAN	DALL	EMT
98160	JAME	BRITTON	HOUS	ECA
109343	CHRIS	BROCK	KINGS	EMT
42035	GENE	BROCK	HERE	EMT-I
108743	CYNT	BROWN	DODD	EMT
108348	JERE	BROWN	COLL	ECA
109401	JENNI	BROWNING	ROWL	EMT
108526	KARIN	BRUN	HOUS	ECA
108550	ELEN	BRYAND	CROS	EMT
40708	WILLI	BRYANT JR	ROAN	EMT
107653	ANNE	BUCK	SAN	EMT
109402	KEVIN	BURGESS	FORT	EMT
9711	GRAD	BURKE	HOUS	EMT
108700	JARR	BURKE	LA PO	ECA
108007	JAME	BURNS	DALL	ECA
106181	BALD	BUTANDA	CORP	EMT-I
109048	GILBE	CABRERA	EL PA	EMT
7086	EDW	CALDERONE	POINT	EMT
101780	LISA	CALDWELL	NACO	EMT-I
12649	WILLI	CAMPBELL	ABILE	EMT-P
108393	WOO	CAMPBELL	SANG	ECA
104917	JUAN	CANALES	BENA	EMT-I
17681	JANA	CANO	MCAL	EMT-P
40031	FRED	CANTU	GEOR	EMT-I
108809	MARI	CARDENAS	EAGL	EMT
106861	RON	CARICO JR	LEAG	EMT
109016	ANTH	CARLILE	JACK	EMT
107979	RAMI	CARMONA	HARLI	ECA
27911	RICKY	CARPENTER	DANB	EMT
109120	CRISE	CARREON	EDINB	EMT
109097	GERA	CARRILLO	SHERR	EMT
106166	SUZA	CARROLL	COLL	EMT
108070	APRIL	CARTER	WIMB	ECA
108747	BRAN	CARTER	GREE	EMT
107710	CHAR	CARTER	SAN A	EMT
35827	CHRIS	CARTER	BAST	ECA
108672	JONA	CARTER	HOUS	EMT
106831	ROSA	CARTER	CUER	ECA
50991	BREN	CASCIO	LIBER	EMT-P
104972	GULL	CASSIO	EAGL	EMT-I
108448	PEGG	CAST	BELT	EMT
108524	ARTU	CASTILLO	HOUS	ECA
28698	CARL	CASTILLO	DIMMI	ECA
101157	CONS	CASTILLO	DALL	EMT
108232	EDDI	CASTILLO	HOUS	EMT
105095	SYLVI	CASTILLO	SWEE	EMT
109138	RICKY	CATES	ODES	EMT
108565	DARR	CAUGHEY	DENIS	EMT
43339	ALLA	CAVENDER	EULE	EMT
106742	DESIR	CHAIVRE	HOUS	EMT
106862	SHAN	CHAMBERS	PORT	EMT
20807	NICK	CHANEY	FRISC	ECA
21011	GREG	CHASE	MIDL	EMT-P
50157	MARY	CHAVARRIA	GALV	EMT
30001	MARI	CHAVEZ	HOUS	EMT
108911	LLAN	CHEATHEAM III	GEOR	EMT
106632	KIMB	CHELETTE	BAYT	EMT
7434	JOE	CHENEY	TEXA	EMT
9050	CHAR	CHILDERS	DEER	EMT
105898	JASO	CHRISTENSEN	EL PA	EMT-I
29693	MICH	CHRISTENSEN	EULE	EMT-P
106882	COUR	CHRISTIAN	WAC	EMT
108346	KELL	CHURCH	COLL	ECA
107989	GAIL	CLARK	RAYM	ECA
84022	SCOT	CLARK	PANH	EMT-P
108749	SHAN	CLARK	DALL	EMT

Emergency Suspensions

108050	PEGG	CLAY	BRYA	ECA	108307	RICHA	DROESE	AUSTI	EMT	109157	JEHO	GOWAN	ODES	EMT
101344	JAMIE	CLAYBOURN	ARAN	EMT-P	107096	HORA	DUFFY JR	CROS	ECA	109029	DAVI	GRAHAM	LEWI	EMT
10939	TOMM	CLEAVINGER	DIMMI	EMT	32211	RONA	DUKE	CANT	EMT-P	105902	NICOL	GRANADO	EL PA	EMT-I
108395	DEEN	CLIBBENS	LEWI	ECA	106782	RONA	DUMBAR JR	SAN A	EMT	15675	GARY	GRAY	HOUS	EMT-P
106786	JODY	COKE	AVING	EMT-I	109050	MICH	DUNBAR	MIDD	EMT	109261	JAMIE	GRAY	BONH	EMT
31064	DOYL	COLE	LONG	EMT	207865	TINA	DUNHAM	SANT	EMT	45727	BEVE	GREEN	DAYT	EMT
108750	KARE	COLE	RICHA	EMT	101220	LISA	DUSEK	SAN A	EMT-I	66667	BILLY	GREEN	DENIS	ECA
108699	MARY	COLE	ELGIN	EMT	103747	JACKI	DUVALL	HOUS	EMT-I	109264	JAME	GREENWAY	SHER	EMT
73295	CINDY	COLSTON	RIVIE	EMT-I	109416	NANC	DYER	FORT	EMT	99592	PAUL	GRIEGO	KILLE	EMT-P
107208	SYLVI	COMEAX	PORT	ECA	29432	PAT	EAVES	HUMB	ECA	108890	KEN	GRIFFIN	SAN A	EMT
107932	PHILLI	CONKLIN	ABILE	EMT	108973	NATH	ECHART	NACO	EMT	109158	LARR	GRIFFIN JR	ODES	EMT
25748	BREN	CONNELL	PEAR	EMT-P	108824	MICH	ECKERT	MANO	ECA	30292	JEFF	GRIGALANZ	HOUS	EMT
109053	GEOR	CONROY.II	EL PA	EMT	108011	MARK	EDENS	PLAN	ECA	104392	AMAN	GRIGG	SANT	EMT-I
109139	CASE	COOK	ODES	EMT	109254	MICH	EDINGTON	BONH	EMT	108049	ALAN	GRIGSBY	HOUS	ECA
109054	ROBE	COOK	EL PA	EMT	24975	KENN	EISFELDT	HOUS	EMT	108875	CYNT	GRIMALDO	AMAR	EMT
109237	RUSS	COOK	SHER	EMT	108161	MANU	ELIZONDO	BAYT	EMT	109301	SONY	GRIMES	MABA	EMT
106020	JERE	COOKE	WEAT	EMT	109055	MICH	ELLIOTT	EL PA	EMT	101068	CURTI	GROSECLOSE	BONH	EMT-P
109180	MISTY	COOPER	WILLS	EMT	14062	RICHA	ELMBLAD	HOUS	EMT	108245	KENN	GUARD	RICHL	ECA
43430	JOHN	CORBETT	HUTT	EMT-P	102020	BRAD	ERMEY	ABILE	EMT-I	107038	ERIKA	GUERRERO	SEAL	EMT
46109	RICHA	CORLEY	ALVA	EMT	108303	MONI	ESCALANTE	HOUS	ECA	107874	ROBE	GUEST	SAN A	ECA
40228	DANIE	CORONADO	EL PA	EMT	58264	JAZMI	ESCAMILLA	MIDLA	EMT-P	108202	MARI	GUTIERREZ	GALE	EMT
34907	BOB	COSHATT	HOUS	EMT	105422	CHRIS	ESTAHBANATI	RICH	EMT	105903	RAUL	GUTIERREZ	EL PA	EMT-I
35415	ANTH	COX	TEXA	ECA	66511	ROBE	EUBANKS	MABA	EMT-P	107671	ADAM	GWIN	HOUS	EMT
107711	DAVI	CRABBE	SAN A	EMT	108193	CORB	EVANS	PILOT	EMT	108594	JAKE	HADDOCK	KLON	EMT
108667	JOHN	CRAWFORD	BACLI	ECA	7040	KARE	EVANS	SAN A	ECA	105652	JAYS	HAILEY	NORM	EMT
33964	GARY	CREEL	BUNA	ECA	109247	MARTI	EVANS	ALVO	ECA	109249	DEBO	HAKA	BOWI	ECA
2386	FRAN	CRIFFIELD	FREE	EMT	107745	SHAU	EVANS	HOUS	EMT	44060	KENN	HALE	HOUS	EMT
109228	CARL	CROUCH	FREE	ECA	66731	STEV	FARLEY	TOM	EMT-P	108484	THOM	HALL	CORP	EMT
107990	MELB	CROW	RAYM	ECA	109259	MELIS	FAVELA	GRAN	EMT	713	HATTI	HAMMER	WICHI	ECA
109229	PAUL	CUEVAS	CORP	EMT	1098	RALP	FENIELLO JR	BAYT	EMT	553	MELVI	HAMMER	WICHI	ECA
108512	JASO	CULBERTSON	AUSTI	EMT	107582	LINDA	FENNEN	HOUS	EMT	38724	DONA	HAMNER	CHIC	ECA
109244	JOE	CULLING	TREN	EMT	85224	DOMI	FERNANDEZ	AUSTI	EMT-I	51843	ROBE	HANCOCK	MESQ	EMT-P
109408	KELL	CULVER	ARLIN	EMT	51285	NELLI	FERNANDEZ	PORT	EMT-I	87221	ANTIG	HANEY	ODES	EMT-P
67206	CHAR	CURTIS	DALL	ECA	104881	ABIGA	FERRILL	WAC	EMT-I	52435	RICK	HANSEN	AUSTI	ECA
108142	RACH	CUSSEN	TYLE	ECA	101642	DARIN	FIELD	ODES	EMT-P	108578	RICHA	HANSEN JR	EL PA	EMT
108685	RONA	DACUS	TYLE	EMT	108398	DORO	FINLEY	FRISC	ECA	107935	JAME	HARLAN III	GORE	EMT
52314	MARI	DAGOSTINO	EL PA	EMT	25457	JOSE	FITZPATRICK	HOUS	EMT	107526	RICHA	HARRINGTON	BAYT	EMT
109409	KEITH	DALE	FORT	EMT	107713	JAVIE	FLORES	SABIN	ECA	31569	DAVI	HARRIS	MERT	EMT
108483	JERE	DANAHER	CORP	EMT	16796	RICHA	FLORES	EL PA	EMT	108047	KRISTI	HARRISON	COLL	ECA
108374	PAUL	DANIELS	KILLE	EMT	53843	ERIC	FOGER	HOUS	ECA	109302	DANIE	HART	LONG	EMT
106031	JOSE	DAVIDSON	LUFKI	EMT-I	106768	TARA	FORBERG	FORT	EMT	108309	KELL	HARTLINE	COLL	ECA
108873	AMY	DAVIS	CANY	EMT	108626	CRAI	FORSYTH	ALBA	EMT	107936	DIANA	HASH	BRO	EMT
107742	DARR	DAVIS	LAKE	EMT	108242	MARC	FOSTER	WINN	ECA	105489	CHRIS	HASKETT	CORP	EMT-I
108148	JENNI	DAVIS	CANT	ECA	27265	ROBE	FOSTER	COPP	EMT	109251	TODD	HASTY	ALVO	ECA
85705	JOHN	DAVIS	FRITC	ECA	105027	PAME	FREEMAN	INGLE	EMT-I	108867	CARL	HATFIELD	AMAR	EMT
109410	MELIS	DAVIS	JOSE	EMT	108066	RODE	FREEMAN JR	BOYS	EMT	109219	BRISTI	HAVINS	FORT	EMT
52871	ROY	DAVIS	DENT	ECA	22863	TERR	FROST	RED	EMT-P	107577	GARY	HAWKINS	GROE	EMT
108135	LARA	DAY	HOUS	EMT	109248	COLE	FRYE	ALVO	ECA	109426	PATRI	HAYES	CORP	EMT
105545	ROBE	DE LUNA	EAGL	EMT	18130	WILLI	FUCHECK	HOUS	ECA	108399	DORI	HEDBLOM	FLOW	ECA
32078	JAME	DEAL	HOUS	EMT	109299	TOND	GADY	PALE	EMT	70862	CODY	HEDGES	BIG S	EMT-I
2922	MARK	DEAN	VICTO	EMT	107388	BART	GAISBAUER	EVAN	EMT	88423	MICH	HELD	FRITC	ECA
20681	GUS	DEASON	VIDO	ECA	108048	JONA	GALINDO	BRYA	ECA	32755	JOSE	HEMANN	SAN A	EMT-P
109051	TRAVI	DEEL	LINDE	EMT	108262	BRIAN	GALLAWAY	BOVIN	EMT	48999	JIM	HENDERSON	COAH	EMT
17955	STEV	DEGNER	CONR	EMT-I	100833	SONIA	GAMEZ	SONO	EMT	108811	S	HENDERSON	ELDO	EMT
109020	KELL	DEHASS	LEWI	EMT	14214	PATRI	GANDY	BREN	EMT	108017	JERR	HENRICH	AUSTI	EMT
43627	JEAN	DELANEY	SAN A	EMT-P	108784	JASO	GARCIA	KILGO	EMT	108172	SHAW	HENRY	EL PA	EMT
107965	TONY	DELAO	TEXA	ECA	109361	JULIO	GARCIA JR	CORP	EMT	105237	CHRIS	HENSON	KATY	EMT
107889	CESA	DELGADILLO	LUBB	EMT	51310	MARI	GARDNER	ODES	EMT	104463	ALFR	HERMAN III	GONZ	EMT
65728	DAVI	DELISLE	HORS	EMT	108016	KELSI	GARRETT	GLEN	EMT	109103	CELIN	HERNANDEZ	EL PA	EMT
109252	CHAN	DELK	POTT	EMT	108059	JOAN	GARZA	GARC	ECA	109105	DANN	HERNANDEZ	EL PA	EMT
108793	GILBE	DEMIEVILLE, III	BAST	ECA	108736	MARY	GARZA	GIDDI	EMT	50976	LUIS	HERNANDEZ	SAN A	ECA
107934	TRAC	DENNIS	BRYA	EMT	107908	SONIA	GARZA	GRAN	EMT	49095	NEST	HERNANDEZ	MISSI	EMT-I
51145	STUA	DENTON	SUGA	EMT	108711	REBE	GASPARD	NEDE	EMT	109106	RICAR	HERNANDEZ	EL PA	EMT
92123	MARK	DEPOY	SALA	EMT	43893	LUKE	GIBSON	JOAQ	EMT-P	25668	DANIE	HERRERA	HAPP	EMT
107980	CARL	DERAS	BRO	ECA	107909	GREG	GILLESPIE	FORT	EMT	108089	HEAT	HERRON	CORP	EMT-I
108038	SAMU	DIAS	EAGL	EMT	24146	KATH	GILMORE	PLAN	EMT	86160	RAND	HESTON	STINN	ECA
105814	GUAD	DIAZ	EL PA	EMT-I	7303	VICTO	GINGER	HOUS	EMT-P	41056	EDDI	HIGGINS	DUNC	EMT
106558	GIOV	DIBARTOLO	GALV	EMT	68161	EDW	GLAZE III	PORT	ECA	105370	LARR	HILL	AUSTI	EMT-I
20495	MIKE	DILLARD	LA PO	ECA	108722	MICH	GLAZIER	MCDA	EMT	107753	JOE	HILL JR	CHAN	ECA
109393	PATT	DIITTO	COAH	EMT	108060	KERR	GLENN	KRUM	ECA	107148	ERNE	HILLER	HUMB	EMT
108008	BRUC	DOAK	DALL	ECA	109216	WILLI	GLENN	FORT	EMT	12179	MARC	HINOJOSA	KINGS	ECA
107905	ROSL	DODD	PLAN	EMT	108067	RONA	GODFREY	BOYS	EMT	28744	JOHN	HODGES	MONT	EMT-P
109143	JERE	DOLLAS	ODES	EMT	14110	SANT	GOMEZ	ROSE	EMT	109060	STEP	HOELLER	EL PA	ECA
22121	TROY	DOLAN	HUNT	EMT-P	108695	CYNT	GONZALES	GIDDI	EMT	108324	LORI	HOFFMAN	GIDDI	ECA
108333	LINDA	DORMAN	PFLU	EMT	52573	HECT	GONZALES	SAN A	EMT	109271	DONN	HOLDER	SHER	EMT
108972	CHRIS	DORSETT	NACO	EMT	109148	CLAU	GONZALEZ	EL PA	EMT	109061	LETTY	HOLMAN	EL PA	EMT
99467	VICKI	DOUD	CORP	EMT	107981	ADAN	GONZALEZ JR	SAN B	ECA	108153	ROBE	HOLMES	GALV	EMT
109079	RICHA	DOUGLAS	CORP	EMT	23985	CHAR	GOOD	SAN A	EMT	12067	JOSE	HOLT	BAYT	EMT
33028	ERYK	DOUGLASS	PITTS	EMT-I	105882	CHRIS	GOOD	WEAT	EMT	108412	JILL	HOPCUS	FRAN	ECA
1263	WALT	DOW	PEAR	ECA	108243	LANC	GORDEN	RICHL	ECA	109304	DONN	HOPSON	MABA	EMT
105238	LYNN	DRAKE	KATY	EMT	108244	RODN	GORDEN	RICHL	ECA	108674	AMAN	HORN	MINE	EMT
41323	OSCA	DRAKE	CHAN	EMT-I	56081	DEAN	GORE	GREE	EMT-P	109274	WILLI	HOUSTON II	DENIS	EMT

Emergency Suspensions

5217	JULIE	HUBBELL	LEWI	ECA	108069	EDDI	LINDSEY	VEGA	EMT	108451	DAVI	McGEE	THOR	EMT
108382	FRAN	HUGGINS	FRAN	ECA	108072	PRISC	LINDSEY	VEGA	EMT	106601	RONA	McGOVERN	ADKIN	EMT
70222	DAVI	HUGHES	DIBOL	EMT-I	12163	REBE	LOCKWOOD	NAVA	EMT-P	109284	JAVIE	NAVA	SINTO	EMT
108247	ASHL	HUNGERFORD	WINN	ECA	5037	DAVI	LOMPRA	HARLI	ECA	54672	DAVI	NEILL	TEMP	EMT-P
108976	JEFF	HUNKE	LIVIN	EMT	109108	GRISE	LOPEZ	EL PA	EMT	103809	JOHN	NEVILL	ODES	EMT-P
109253	CHRIS	HUNT	SPRIN	ECA	105910	LISA	LOPEZ	HUMB	EMT	21295	BRIAN	NICHOLS	SPRIN	EMT-P
108759	CHRIS	HUNT	DALL	EMT	109062	AMY	LOVEJOY	MIDLA	EMT	84896	CLIFF	NICHOLS	KERR	EMT-P
30875	MIA	HUNTER	PAMP	EMT	108199	JASO	LOWRY	LONG	EMT	88415	MARY	NIES	BORG	ECA
106597	ROBE	HUNTER	CROS	ECA	8504	LYND	LOYD	WHEE	ECA	105526	JOSH	NIMS	KILLE	EMT-I
13447	KATH	ISBELL	COMA	ECA	108325	ALISO	LUNA	EL PA	ECA	108712	EDW	NOLEN	FREE	EMT
109305	BILLY	IVEY	LINDA	EMT	41815	SHAW	MACK	EULE	EMT-P	106787	RICHA	NORMAN	BAST	EMT
31133	CHRIS	JACKSON	AMAR	EMT-P	98	JOHN	MAGUIRE	HOUS	EMT	106251	MARI	NORRIS	HUBB	EMT-I
108381	JARE	JACKSON	KINGS	EMT	17941	GARY	MAHAFFEY	HOUS	EMT	60386	WEN	NORRIS	HALE	EMT
12966	JARE	JACKSON	GALE	EMT-I	108134	ALAN	MAHER JR	SPLE	ECA	56471	STEV	NORTON	HOUS	EMT
108056	SCOT	JACOBSEN	LEWI	ECA	9672	STEV	MANG	PORT	EMT	49366	MATT	NOVAK	HOUS	EMT
109298	MICH	JAMES	KOUN	EMT	108834	JEFF	MANN	MONA	EMT	108301	EDW	NUNEZ	AUSTI	EMT
107495	AMBE	JASTER	SNOO	EMT	107666	ERICA	MAPLES	COLU	EMT	109363	RICHA	NUNEZ	ARLIN	EMT
108169	NICK	JEZISEK	ANTO	ECA	109135	GENE	MARASCO	DAW	EMT	55755	RUSS	NUNLEY	DENIS	EMT
103320	MICH	JIMENEZ	RIVIE	EMT-I	109354	WILLI	MARGOLIS	FORT	EMT	53954	JUSTI	OAKERSON	BRO	EMT-P
108068	SHEL	JINES	BOYS	EMT	33290	ECTO	MARIN	ODES	EMT-P	107668	DONA	OBNENHAUS	EAGL	EMT
108002	MARY	JOHNSEN	PORT	ECA	108294	JOSE	MARSH	SALT	EMT	52469	DIXIE	OGLE	HICO	EMT
108101	BRAD	JOHNSON	ALVA	EMT	107941	CONN	MARTELLO	GRAF	EMT	26105	HOLL	OHLEN	FORT	EMT-P
106485	BRIAN	JOHNSON	CORV	EMT	108280	NATA	MARTIN	HOUS	EMT	107947	PAME	OLIVER	BANG	EMT
107910	DAVI	JOHNSON	GUNT	ECA	104450	DANIE	MARTINEZ	COMB	ECA	104718	NICOL	OLSON	CORP	EMT-I
108150	JOHN	JOHNSON	VIDO	EMT	39574	JESS	MARTINEZ	SAN A	EMT	105844	MICH	ONG	DALL	EMT
16848	MICH	JOHNSON	FARW	EMT	108409	JOSE	MARTINEZ	SWEE	EMT	108836	GING	ORNELAS	SAN A	EMT
108263	SAND	JOHNSON	FARW	EMT	108698	MICH	MARTINEZ	TYLE	EMT	11498	ANTO	OROPEZA	EL PA	EMT-P
108287	STEP	JOHNSON	HOUS	ECA	108560	TINA	MARTINEZ	DIEMI	ECA	108791	TIM	ORTALE	LAS V	EMT
105889	SYLVI	JOHNSON	NACO	EMT	108249	BECK	MARTINKA	MART	EMT	109225	JOSE	ORTEGA	FORT	EMT
104387	WOO	JOHNSON	COLL	EMT-P	108189	DANE	MASSEY	HOUS	EMT	108250	CHRIS	OSTHOFF	LEES	ECA
10485	WILLI	JOHNSON JR	ODES	EMT-P	68838	PAUL	MASTERTSON	CONR	EMT	1952	ERIC	OSWALD	KATY	EMT
53720	MARY	JONES	EDDY	ECA	104987	JESU	MATA	EAGL	EMT-I	57218	CHRIS	OTHERSON	CHAP	EMT-P
40892	STEP	JONES	ARLIN	EMT-P	108145	ELLE	MATTHEWS	CROC	ECA	104768	JOHN	OTWELL	SOME	EMT
108617	LOY	JONES III	BORG	ECA	105912	MADI	MAUZE	COLL	EMT	107335	KIMB	PANNELL	NEW	EMT
105891	AMAN	JORDAN	ARLIN	EMT	107942	JENNI	MAY	ABILE	EMT	105239	LOIS	PARKER	KATY	EMT
109347	AUDR	JOYNER	GRAN	EMT	105913	JOHN	MAYES	COLL	EMT	108768	JEANI	PARRENT	DALL	EMT
108386	KIMB	KAMMERER	LA PO	EMT	108326	JOLIA	MAYS	COLL	ECA	101559	DEAN	PASSMORE	HOUS	EMT
104971	JOYC	KARONIKA	NEW	EMT	35814	MACK	MCADA	SAN A	EMT	108078	CHAN	PATEL	AUSTI	EMT
80626	REBE	KAUFMAN	CARR	EMT-P	109070	JOSE	MCCANN	EL PA	EMT	33701	PATRI	PATSCHKE	TAYL	ECA
282	ROBE	KAUVEY	FLOW	EMT-P	107386	JUSTI	MCCARLEY	FLAT	EMT	26859	MICH	PATTERSON	AMAR	EMT-P
107382	ELIZA	KEETON	GATE	EMT	33157	BILLIE	MCCLUNG	SEAB	ECA	108206	WAYN	PAULSEN	DALL	EMT
108248	LINDA	KEGERREIS	JEW	EMT	25569	SAND	MCDONALD	SUGA	EMT	109365	BLAIN	PAYNE	WEST	EMT
108708	CELY	KEHTEL	WARR	EMT	45711	WARR	MCDONALD	DENIS	EMT	28151	MANU	PEREZ	FORT	EMT
103940	DONA	KEISER	SIERR	EMT-P	23554	GARY	MCRAE	IRVIN	EMT-P	108880	NEOU	PEREZ	AMAR	EMT
107911	STEP	KELLY	GORD	ECA	14492	JUAN	MEDINA	EL PA	EMT	108275	REBE	PEREZ	HOUS	ECA
13510	SHEL	KELSA	STAM	EMT-P	107472	MELIN	MENCHACA	HOUS	EMT	109073	ROCI	PEREZ	EL PA	EMT
109034	WILLI	KEMPER	ABILE	EMT	108299	MICH	MERITT	SALA	EMT	108417	SUZIE	PEREZ	MINE	EMT
108139	HOLL	KENDALL	AUSTI	EMT	107609	MELIS	MERRELL	CHILD	EMT	108915	BRIAN	PERRY	LONG	EMT
107549	EVAN	KENDRICK	SPUR	EMT	86320	JOSE	MEZA	EL PA	EMT-I	108022	JULIA	PERRY	AUSTI	EMT
108624	SEAN	KENNEDY	TYLE	EMT	29589	PAUL	MICALLEF	DAYT	EMT	36458	DAVI	PETERMAN	GRAN	EMT
55670	ALLE	KEYS	EL PA	ECA	101161	MICH	MIDDLETON	TEMP	EMT-P	108043	ROSA	PETRICCA	DALL	ECA
107938	REBE	KILGORE	ABILE	EMT	108293	APRIL	MIKESKA	SAN A	EMT	107438	GREG	PETTY	ARLIN	EMT
108375	ALLIS	KING	DRIFT	ECA	107016	ERIC	MILLER	LORE	ECA	107896	MARK	PFEIFFER	DALH	EMT
109350	KYLE	KING	WICH	EMT	108020	LADO	MILLER	DALL	ECA	105908	CORB	PHELPS	EL PA	EMT-I
108872	MICH	KING	AMAR	EMT	41776	VERN	MILLER	ALVA	EMT	105852	MICH	PIBURN	DALL	EMT
108457	MELIS	KINSER	AUSTI	EMT	108609	WARR	MILLER	GOLIA	EMT	40798	JERR	PIERCE	YORK	EMT
16737	JAY	KIZER	WEAT	ECA	108819	WILLI	MILLER	BAST	ECA	52951	RENA	PIERCE	YORK	EMT
107157	MELO	KLARE	TOMB	EMT	104809	BRIAN	MINCHEW	ORAN	ECA	107919	AURE	PINA	ALLE	ECA
107912	TIMOT	KLUKAS	PLAN	ECA	104807	CYNT	MINCHEW	ORAN	ECA	108041	KAI	PINKERTON	COLL	ECA
109149	AARR	KLUNDT	EL PA	EMT	109063	HENR	MINTON	MIDLA	EMT	108296	PAME	PLUMMER	AUSTI	EMT
108057	JASO	KNIFFEN	CLYD	ECA	107914	JASO	MISAMORE	WEAT	EMT	107569	RICHA	PONCE	THOR	EMT
107939	NATH	KNIGHT	HAWL	EMT	63039	STEP	MITCHELL	AUSTI	EMT-P	59302	KATH	PONTHIEUX	THE C	EMT-P
109282	RICHA	KNIGHT	PLAN	EMT	108979	WESL	MITCHELL	LONG	EMT	108151	DORO	PORTER	HOUS	EMT
26401	ROBE	KNIGHT	POTT	EMT-P	107795	CLIFF	MOCZYGEMBA	VICT	ECA	57694	ANITA	POSEY	AMAR	EMT-P
47022	FRAN	KNOOP	N RIC	EMT	109110	ELENI	MODESTO	EL PA	EMT	109232	EDW	PRATER	SHER	EMT
105230	MICH	KNOWLES	KATY	EMT	107676	ERNE	MOORE	UTOPI	ECA	108311	TODD	PRATT	AMAR	ECA
107657	ANNA	KOEHN	WEIM	EMT	51831	GEOR	MOORE	EL PA	EMT-P	107586	LISA	PREWITT	LA MA	EMT
100371	LISA	KOHUTEK	SANT	EMT	108405	JAME	MOORE	ARLIN	ECA	109234	MICH	PRICE	VAN A	EMT
39362	SHEIL	KOONTZ	PLAN	EMT	106065	STACI	MOORMAN	NACO	EMT-I	107199	SAND	PRICKETT	HOUS	EMT
51125	JOHN	KOVACH JR	EL PA	EMT	107114	ADAM	MORALES	PORT	EMT	107872	TIMOT	PUCCI	SAN A	ECA
105817	AMBE	KOZAK	EL PA	EMT-I	109072	DANIE	MORALES	CANU	EMT	108467	NATH	PUGH JR	SANT	EMT
108401	FRAN	KUCHARSKI	KRUM	ECA	108330	JOHN	MORGAN	AUSTI	EMT	40984	RALP	PUMPHREY	BORG	ECA
101453	SCOT	L'ABBE	DALL	EMT-P	109218	MARK	MORGAN	DENIS	EMT	109162	ALFR	QUINONEZ	EL PA	EMT
106806	RICHA	LANCASTER	BEN	EMT-I	45377	RODN	MORGAN	TEXA	EMT	104964	KIMB	QUIROZ	PINEV	EMT
53451	HUMB	LARA	PASA	ECA	106740	GARY	MORRIS	HIGHL	EMT	33561	EDGA	RACHAL	KILGO	EMT
108337	SUSA	LAW	GRAP	ECA	13247	TRES	MORTON	DALL	ECA	51311	JOSE	RAINEY	UTOPI	EMT
107682	STEP	LEE	ORAN	EMT	105515	RICHA	MOSLEY	DIBOL	EMT-I	108881	RODN	RAMIREZ	AMAR	EMT
108344	KEITH	LESTER	NAVA	ECA	107876	MERR	MOUTON	SAN A	ECA	109025	PETR	RAMOS	BRO	EMT
108342	THOM	LESTER	COLL	ECA	108835	JAME	MOZEY	MERI	EMT	108143	SANIA	RAMSANKAR	GALV	EMT
53051	ARTH	LEYHE JR	MIDL	EMT-P	103328	EDW	MUELLER	BULV	EMT-P	109008	SHAW	RAMSEY	KOUN	EMT
23447	CHAR	LIDE	CANT	EMT	109223	VERO	MUNOZ	FORT	EMT	59062	LESA	REDING	BAYT	EMT-I
13750	WILLI	LILES	BAY C	EMT-P	107943	GEOR	McCORKLE JR	CROS	EMT	95170	KIMB	REDUS	PREM	EMT-I
108058	RHON	LILLIE	HOUS	ECA	108763	ROBIN	MCDONALD	LAKE	EMT	108029	AMAN	REGNIER	SAN	EMT

Emergency Suspensions

108315	TERR	REININGER	COLL	ECA	108847	SHEL	SIMS	EOLA	EMT	107559	BRIAN	TOLLETT	COOLI	EMT
77574	DEBO	REYES	CANY	EMT-I	107196	RODN	SINGER	HOUS	EMT	108529	TRACI	TORBERT	HOUS	EMT
108085	ROSE	REYES	SABIN	ECA	108040	JULIE	SINGLETON	BRYA	ECA	43477	ANDR	TORRES	HOUS	ECA
109262	CHAR	REYNOLDS	PARA	ECA	35008	JAME	SITTON	JEWEE	EMT	109113	CHRIS	TORRES	EL PA	EMT
109265	MICH	RICH	ALVO	ECA	41416	ROBE	SKIPPER	COLL	EMT-P	47590	JOE	TORTORICE	HOUS	ECA
9077	SHER	RICH	TYLE	EMT-I	108026	JOHN	SLAWSON	HOW	ECA	29131	PHILIP	TRAHAN	HUMB	EMT
108894	SHAW	RICHARD	SAN A	EMT	108358	JENNI	SLIGER	COLL	ECA	11234	FLOY	TRAMMELL	KEMP	EMT
108230	KEVIN	RICHARDS	DEL V	EMT	109000	DAVI	SMELLEY	MOSC	EMT	109114	ADRIA	TREJO	EL PA	EMT
3268	MICH	RICHARDSON	AUSTI	EMT-I	35595	BILLY	SMITH	BOVIN	ECA	82130	RAYM	TREVIZO	SAN E	EMT-P
108273	BRAN	RICHTER	HOUS	ECA	108028	BRAN	SMITH	GLEN	EMT	59922	PENN	TURNER	NEW	EMT-P
38206	RAND	RICHWINE	FORT	EMT	108027	CODY	SMITH	GLEN	EMT	18705	MELIS	TUTTON	PLAN	EMT
3442	JOHN	RINARD JR	COL STA	EMT-P	54366	DANN	SMITH	PLAN	EMT-P	100841	VELM	TYLER	ELDO	EMT
109026	LUIS	RIVERA	BRO	EMT	36207	DAVI	SMITH	HOUS	EMT	105613	BRAN	TYSON	PLAN	EMT-P
108335	PAUL	RIVERS	HOUS	ECA	5953	LARR	SMITH	IRVIN	EMT	106548	CHAY	UNG	HOUS	EMT
108265	PAME	ROBBINS	MULE	EMT	101799	LAUR	SMITH	DIANA	EMT-I	104038	TIMOT	UPCHURCH	HOUS	EMT-I
108561	JOHN	ROBERTS	DIMMI	ECA	103876	MARY	SMITH	AUSTI	EMT	108592	STEP	UURTAMO	DALL	ECA
107521	AUDR	ROBERTSON	STAF	ECA	109002	MICH	SMITH	DIBOL	EMT	37748	DARI	VASQUEZ	DALE	EMT-I
39131	WILLI	ROBINSON	NEED	ECA	109243	MICH	SMITH	FARM	ECA	107953	DIANA	VASQUEZ	KNOX	EMT
87453	CARL	ROBISON	THOR	EMT	109313	VERN	SMITH	PALE	EMT	109027	ERIC	VELA	BRO	EMT
18353	DARR	RODGERS	HITCH	EMT	109226	PAME	SNAVELY	IMPE	EMT	104562	KATH	VELA	GONZ	EMT
16961	JAME	RODGERS	DESO	EMT	53043	ROBE	SORENSEN	WELLI	EMT-P	108782	TRAC	VENABLE	WAXA	EMT
28741	MADÉ	RODGERS	EVAD	EMT	9389	ROBE	SPEARS III	SIERR	ECA	14741	ROLA	VENEGAS	ROCK	ECA
107985	ANDR	RODRIGUEZ	PHAR	ECA	109380	ROBE	SPICER	CORP	EMT	109086	MARTI	VENZOR SR	PORT	EMT
107377	BARB	RODRIGUEZ	ALICE	EMT	108418	TAMM	SPINDLE	ECTO	ECA	108122	BEVE	VOLEK	CORP	EMT
19243	ISDR	RODRIGUEZ	ANTH	EMT	108848	ANNE	SPINDLER	SAN A	EMT	108783	JERE	WAGGONER	DE S	EMT
107879	JOYC	RODRIGUEZ	MERT	EMT	59250	GRAN	SPRINGS	SPRIN	EMT-P	56179	DANIE	WALDEN	PHAR	EMT
108577	KIMB	RODRIGUEZ	MANS	EMT	107928	JIMMY	SPROUSE	GRAN	EMT	108422	JONE	WALKER	CARR	ECA
108671	RUDY	RODRIGUEZ	TYLE	EMT	8515	KELL	STALDER	PARK	EMT-P	49790	DOUG	WALLACE	SAN A	EMT
107986	SAN J	RODRIGUEZ	EDCO	ECA	11727	PEGG	STANCHOS	CUER	EMT	11292	TOM	WALLECK	RICH	EMT
28843	RONA	ROLATER	HUTT	EMT	109181	TRUE	STANDEFER	ODES	EMT	101667	CHRIS	WALTON	HOUS	EMT-I
107925	GEOR	ROMERO	DUNC	ECA	20528	SUALI	STANFORD	FORT	EMT-P	109317	JEAN	WARDELL	PALE	EMT
17560	WESL	RONNING	GILME	EMT	27906	LARR	STANLEY	HOUS	EMT	109038	ZACH	WARDLAW	AUBR	EMT
108119	EVEL	ROQUEMORE	HUGH	ECA	57528	LARA	STEEN	KNOX	EMT	29020	NEAL	WARE	MCKI	EMT
107926	MICH	ROSS	GUNT	ECA	18539	HARR	STEEN JR	KNOX	EMT	11913	WILLI	WARE III	BEAU	ECA
22195	DANIE	ROSSER	CORI	EMT	107380	HEAT	STEENKEN	PORT	EMT	84020	BRYA	WARRICK	ALLE	EMT-P
68791	MICH	ROTHHAMMER	ROCK	EMT-I	28228	DAVI	STEPHENS	DIMMI	ECA	109385	MARC	WATSON	EULE	EMT
70271	SCOT	ROUSE	COLL	EMT-P	92582	ALEX	STEVENS	FENT	EMT-P	108879	TERR	WATSON	AMAR	EMT
109112	AMY	ROWE	EL PA	EMT	107952	RHON	STEVENS	KNOX	EMT	107930	WEN	WEATHERFORD	GRAN	EMT
107873	SCOT	RUBIN	SAN A	ECA	34213	KATH	STIEVER	BURL	EMT-P	108152	WILLI	WEBB	MONT	ECA
88459	JOHN	RUIZ	CEDA	EMT	1158	JOHN	STITH	PIPE	EMT-I	47087	MARK	WEBER	NEED	EMT
55288	AMY	RUSSELL	SIERR	EMT-P	109422	JERR	STONE	LUBB	EMT	26926	GENE	WEERTS	ATLA	EMT
101863	BRAN	RUSSELL	LEAG	EMT	32205	RAND	STONE	GRAN	EMT	109386	ADAM	WEGLEIN	ARLIN	EMT
108844	ANGE	RUTHERFORD	SAN A	EMT	40050	ROBE	STONER	AMAR	EMT	107955	ANDR	WEHMEYER	ABILE	EMT
24551	SAM	RUTKOWSKI	DIMMI	EMT	108267	ANDY	STORMES	BOVIN	EMT	107841	JOHN	WELCH, JR.	AUSTI	ECA
108770	CHAR	RUTLEDGE	IRVIN	EMT	79916	KELL	STRANGE	FORT	EMT-P	108669	HARRI	WELLMAN	LONG	EMT
108677	MICH	RYAN	HOUS	ECA	106616	RHON	STRICKLAND	SHAM	ECA	108830	KARL	WEST	ELGIN	ECA
103649	TIMOT	RYE	GEOR	EMT-I	107337	BONNI	STRIMPLE	PORT	ECA	107748	THOM	WETHINGTON	SPRIN	EMT
55713	JESSI	RYON	CEDA	EMT-P	32766	JAN	STRIMPLE	PORT	EMT	109116	ANNE	WHITE	EL PA	EMT
108266	MANU	SAIZ	BOVIN	EMT	109381	JERE	STRUCK	CRAN	EMT	40517	DICK	WHITE	LIVIN	EMT
13718	JOHN	SALAS	BAY C	ECA	12669	RONA	SUGDEN	LONG	EMT	109030	JESSI	WHITE	BRO	EMT
109236	SAND	SALES	POTT	EMT	7657	ROND	SUMMERLIN	HOUS	EMT	107959	RONA	WHITE	KNOX	EMT
109164	FRAN	SAMANIEGO	EL PA	EMT	103971	MATT	SUMNERS	AUSTI	EMT	86283	JONA	WHITESIDE	GARL	ECA
107987	JAVIE	SANCHEZ	SAN B	ECA	10603	LINDA	SUPERVILLE	HOUS	EMT	107958	PAUL	WHITLEY	CRO	EMT
109076	MARI	SANCHEZ	EL PA	EMT	108849	BREN	SURBER	JUNC	EMT	100807	DOUG	WHITMOYER	KILLE	EMT-P
108364	KENN	SANDERS	WEBS	EMT	26522	ANDR	SVATEK	KINGS	ECA	109318	JASO	WHITWORTH	CANT	EMT
10511	MARK	SANDERS	PITTS	EMT	107929	JAME	SVINNING	GRAN	EMT	15788	SUSA	WILEY	EDDY	ECA
51706	MITCH	SANFORD	CANT	EMT-P	19807	JIM	SWANEY	ROUN	ECA	109320	TODD	WILEY	LUFKI	EMT
42861	THOM	SAUNDERS	BAY C	ECA	9973	VICKI	SYKORA	BRO	EMT-P	44737	PATRI	WILHELM	HAPP	EMT
108414	ANTH	SAYRE JR	DALL	ECA	93443	KIMB	TABOR	BAST	ECA	49397	ROGE	WILHELM	CANY	EMT
108314	AMY	SCHNEIDER	COLL	ECA	108431	KEVIN	TAIT	AUSTI	EMT	57763	CHAR	WILKINS	BOVIN	EMT
108328	KEVIN	SCHRANK	GEOR	EMT	109314	AMBE	TALBERT	TERR	EMT	108268	RHON	WILKINS	BOVIN	EMT
105136	MARY	SCOTT	PAMP	EMT	58201	JESS	TAMAYO	N RIC	EMT	18133	RONN	WILLARD	HOUS	EMT
106524	ROND	SCOTT	HOUS	ECA	58500	MARG	TAMAYO	EL PA	EMT-I	108077	DAVI	WILLIAMS	BOYS	EMT
105233	BRIAN	SCUDDER	KATY	EMT	103325	SHEL	TANKERSLEY	SANDI	EMT-I	95489	JOSE	WILLIAMS	AVING	ECA
105829	MICH	SEBASTIAN	EL PA	EMT-I	31458	RICHA	TAYLOR	ALPIN	EMT	34737	WALT	WILLIAMS	DAYT	ECA
107492	SCOT	SEE	SOME	EMT	105159	VINCE	TAYLOR	DENT	EMT-P	105875	ERIN	WILSON	COLL	EMT
14752	JIMMY	SELBY	MOBE	EMT	18679	CHUC	TEAGUE	FRION	ECA	43670	MARIL	WILSON	ARP	EMT-I
56685	JERR	SELPH	WATA	EMT	44932	DAVI	TELLEZ	EL PA	EMT	9793	TODD	WILSON	GRAP	EMT
108416	BLEN	SERVEY	KELL	ECA	67492	EDW	THOMAS	ARDM	EMT-P	108014	JOHN	WIRT	RAINB	EMT
107728	EVER	SERNA	UVAL	ECA	109003	HEST	THOMAS	LUFKI	EMT	3762	BERT	WITHERS	HOUS	EMT-P
108086	LISA	SERNA	UVAL	EMT	15646	JOHN	THOMAS	HOUS	EMT	16562	JOHN	WITTE JR	MINE	EMT
108585	MARY	SERRANO	VAN H	ECA	93742	KEITH	THOMAS	HOUS	ECA	108615	KATH	WOLVERTON	SCHE	EMT
48949	TERR	SHARROCK	FRION	EMT	29033	ROY	THOMAS	FAIR	ECA	21936	CINDY	WOOD	FRITC	EMT
58872	JOHN	SHAVER	MAUR	EMT-I	33619	JAME	THOMASON	DENT	EMT-P	46436	DAVI	WOOD	BAYT	ECA
2648	DONN	SHEDLOCK	RHOM	ECA	25317	DONN	THOMPSON	MULE	EMT	32193	CLIFF	WOODRUM	GRAN	EMT
55420	DANA	SHEPHERD	POINT	EMT	39326	GARY	THOMPSON	EULE	EMT-P	108535	BREN	WOODS	PASA	EMT
108927	JEFF	SHERMAN	LA PO	EMT	109382	JEFF	THOMPSON	ROSS	EMT	109260	MICH	WOODY	GORD	EMT
38886	JOHN	SHIRLEY	MONT	EMT	105865	JEFF	THOMPSON	HOUS	EMT	108124	JASO	WRAGG	WHIT	ECA
32783	BENN	SHORT JR	RANS	EMT-I	45504	SHAR	THOMPSON	PLAN	EMT-P	107651	JOHN	WRIGHT	ARLIN	ECA
100290	JENN	SIEFFERT	GARL	EMT	108164	TRACI	THOMPSON	BAYT	EMT	108385	NATH	WRIGHT	AUSTI	EMT
109241	LISA	SIEGER	GAINÉ	EMT	102574	WILLI	THOMPSON	WINN	EMT	108317	MICH	WYATT	COLL	EMT
108312	LOLIE	SIKES	COLL	ECA	17930	WILLI	THORP	PECO	EMT-P	108621	DAVI	ZINK	BORG	ECA
108772	MECO	SIMMONS	DALL	EMT	105161	EDW	TITSWORTH	SUNN	EMT					

Disciplinary Actions

THE INFORMATION IN THIS SECTION IS INTENDED TO PROVIDE PUBLIC NOTICE OF DISCIPLINARY ACTION BY THE TEXAS DEPARTMENT OF HEALTH AND THE BUREAU OF EMERGENCY MANAGEMENT AND IS NOT INTENDED TO REFLECT THE SPECIFIC FINDINGS OF EITHER ENTITY.

THIS INFORMATION MAY NOT REFLECT ANY NUMBER OF FACTORS INCLUDING, BUT NOT LIMITED TO, THE SEVERITY OF HARM TO A PATIENT, ANY MITIGATING FACTORS, OR A CERTIFICANT'S DISCIPLINARY HISTORY. THIS LISTING IS NOT INTENDED AS A GUIDE TO THE LEVEL OF SANCTIONS APPROPRIATE FOR A PARTICULAR ACT OF MISCONDUCT.

*** Abbott, Thomas J.**, Elmendorf, Arkansas. Decertification of EMT certification effective July 7, 1999. Health and Safety Code 773.041(b), a person may not practice as any type of EMS personnel unless the person is certified, and EMS Rules 157.51(b)(15), obtains certification by fraud, forgery, deception or misrepresentation.

Adam, Thomas W., Highlands, Texas. Twelve months probation of EMT certification through March 3, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Aguiar, Carlos, Galena Park, Texas. Twenty-four months probation of EMT-Paramedic certification through July 22, 2000. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Althaus, Gary John, Waco, Texas. Twenty-four months probation of EMT certification through September 23, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony convictions.

Anderson, Andy M., Perryton, Texas. Twenty-four months probation of EMT-Paramedic certification through October 14, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Aranda Jr., Andres, El Paso, Texas. Probation of EMT certification through October 29, 2000. EMS Rules 157.51(b)(27) on audit, fails to complete continuing education hours as described in 157.38.

Askey, Sherrie Wall, Fort Worth, Texas. Twenty-four months probation of EMT certification through July 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Ballard, Pattie Love, Aransas Pass, TX. Twenty-four months probation of EMT certification through April 3, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

*** Barclay, Donald Earl**, Irving, Texas. Twelve months probation of EMT-P certification through September 21, 2000. EMS Rules 157.44, 157.51(b)(16), (26) and (c) and 157.53, misdemeanor conviction and falsification of an application for certification.

Barkau, Todd B., Dallas, Texas. Decertification of EMT-Paramedic certification effective March 12, 1999. EMS Rules 157.51(b)(2)(24) and (27), fails to administer medication and treatment in a responsible manner in accordance with the medical director's orders or protocol; fails to give the department or its authorized representative full and complete information upon request, regarding an alleged or confirmed violation of the Health and Safety Code, Chapter 773, and the rules adopted thereunder; fails to complete continuing education requirements as described in 157.38 in this title.

Beck Jr., Patrick Charles, Port Lavaca, Texas. Twenty-four months probation of EMT certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.

Becker, David E., Houston, Texas. Decertification of ECA certification effective May 25, 1999. EMS Rules 157.51(b)(23) and (27), fails to comply with Health and Safety Code, Chapter 773 and the rules adopted thereunder, and fails to complete CE requirements as described in 157.38 of this title.

Belt, Lea Ann Taylor, Fort Worth, Texas. Twenty-four months probation of EMT certification through September 3, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

Bennett, Glenda Sue, Port Lavaca, Texas. Twenty-four months probation of EMT-Intermediate certification through September 29, 2000. EMS Rules 157.51(b)(27), failure to complete CE requirements in a timely manner.

*** Best Care Ambulance**, Houston, Texas. Twenty-four months probated suspension through September 30, 2001, and an administrative penalty of \$10,000. EMS Rules 157.11(d)(1)(A), a BLS provider shall staff BLS vehicles...with at least 2 certified Emergency Care Attendants; 157.11(k)(1), a provider shall only advertise that level of care which can be provided in the service area 24 hours a day, 7 days a week; 157.11(m)(13), assuring that a vehicle, when response ready is staffed and equipped in accordance with the Health and Safety Code, Chapter 773, and this section for each level of care provided.

Blakeslee, Harald, Kingwood, Texas. Decertification of EMT-Paramedic certification effective March 12, 1999. EMS Rules 157.44, 157.51(b)(16), (24) and (27), federal felony conviction while certified, failure to give the department full and complete information upon request and failure to complete the continuing education requirements.

Blankenship, Kennie, Houston, TX. Two years probation of EMT-Paramedic certification through April 7, 2000. EMS Rule 157.51(b)(2), failure to follow medical director protocols.

Blanton, Gary Earl, Chico, Texas. Twelve months probation of EMT certification through January 15, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

Boswell, Bart Paul, Houston, TX. Four years probation of EMT-Paramedic certification through October 17, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor convictions while certified.

Brooke, Brian, Waco, Texas. Probation of EMT-Paramedic certification through October 29, 2000. EMS Rules 157.51(b)(28), abuses drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Brooks, Jeffery Sterling, Onalaska, Texas. Twenty-four months probation of EMT certification through August 18, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Brown, Kelly James, Kilgore, Texas. Thirty-six months probation of EMT certification through September 1, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Bush, Daniel C., Amarillo, Texas. Twenty-four months probation of EMT certification through October 21, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

*** Canales, Daniel**, Mathis, Texas. Twelve months probated suspension of EMT certification through July 31, 2000. EMS Rules 157.51(b)(1), (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; and violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

Carroll, Kevin Wayne, Natalia, TX. Thirty-six months probation of EMT-Paramedic certification through May 13, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Casas, Eduardo, Houston, Texas. Twelve months probation of EMT-Paramedic certification through November 19, 1999. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction.

Channelview VFD, Channelview, Texas. Probation of provider license for twelve months through June 2000 and a \$500 administrative penalty. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title.

Childers, Mickey Lynn, Beaumont, Texas. Twenty-four months probation of EMT-Paramedic certification through March 3, 2001. EMS Rules 157.51(b)(1), failure to follow EMS standards of care in the management of a patient; 157.51(b)(2), failure to administer medications and/or treatments in a responsible manner in accordance with the medical director's protocols.

Cloud, Jay David, Deer Park, Texas. Twelve months probation of EMT-P certification through July 2000. EMS Rules 157.51(b)(1) and (25), fails to follow EMS standards of care in patient management and violates any rule or standard that has a potential negative effect on the health or safety of a patient.

*** Cole, Marion Allen**, Houston, Texas. Decertification of EMT-P certification effective July 19, 1999, by Order of the Presiding Judge in the 250th District Court of Travis County, Texas. EMS Rules 157.51(b)(16), misdemeanor conviction while certified.

Collins, Anita Robin, Big Lake, TX. Twenty-four months probation of EMT-Intermediate certification through March 4, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

Corbeil, Louis Adrein, San Antonio, TX. Five years probation of EMT-Intermediate certification through May 3, 2000. EMS Rule 157.44(b)(1) and (c), and 157.53, felony conviction.

Couch, Christopher Charles, Amarillo, Texas. Twenty-four months probation of EMT-I certification by reciprocity through March 16, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53(6), misdemeanor convictions and falsification of EMS personnel application.

Davis, Diane Nai'mah, Mexia, Texas. Emergency suspension of EMT certification effective May 12, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that the conduct of the certificant creates an imminent danger to the public health or safety.

*** Davis, Scott E.**, The Woodlands, Texas. Decertification of EMT certificate effective July 22, 1999. EMS Rules 157.51(b)(9), representation that one is qualified at any other level than his current certification.

Delgado, Frank J., Austin, TX. Two years probation of EMT-Paramedic certification through May 4, 2000. EMS Rule 157.51(b)(22), obtain any benefit to which he is not entitled by ... fraud.

Dickerson, Willie J., Woodville, Texas. Twenty-four months probation of EMS Coordinator and EMS Examiner certification through July 2001. EMS Rules 157.64(a)(2)(D)(H)(P) and (S), dealing with falsification of documents, failure to maintain the integrity and professionalism in the course as well as compromise or falsification of the department's skills process and/or standards.

Duarte, Richard, San Antonio, Texas. Twenty-four months probation of EMT-Paramedic certification through September 8, 2000. EMS Rules 157.44 and 157.51(b)(16) and (c), convicted by military justice while certified.

Elmore, Lyle Alan, Quanah, Texas. Probation of EMT certification through September 30, 2000. EMS Rules 157.51(b)(26) and (c) and 157.44(c), falsification of application; felony conviction.

Emerson, Travis Clinton, McQueeney, Texas. Twenty-four months probation of EMT certification through May 7, 2001. EMS Rules 157.44(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

Esslinger, James Keith, North Richland Hills, Texas. Emergency suspension of EMT-Paramedic certification effective May 13, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that the conduct of the certificant creates an imminent danger to the public health or safety.

Disciplinary Actions

* **Falcon, Joe**, Austin, Texas. Twelve months probation of EMT certification through August 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Farwell VFD, Farwell, Texas. Twenty-four months probation of provider license through September 23, 2000. EMS Rule 157.11(d)(1)(A), failure to have 2 certified attendants on an ambulance when in service.

Fillip, David, Sweeny, Texas. Probation of EMS Coordinator certification for 12 months through May 2000. EMS Rules 157.61(d)(14), 157.64(a)(2)(N), 157.64(a)(2)(R), and 157.64(a)(2)(S), demonstrates a lack of supervision of program instructors, guest instructors, and/or examiners, fails to comply with responsibilities of a course coordinator, program instructor, or examiner as specified in 157.61-157.63 of this title, and compromises or falsifies the department's skills verification process and/or standards.

Folsom, Robert M., College Station, Texas. Twenty-four month probation of EMT-Paramedic certification through October 29, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Ford, Eddie O., Houston, Texas. Twelve months suspension of EMT-Paramedic certification through March 31, 2000. EMS Rules 157.51(b)(24), fails to give the department or its authorized representative full and complete information upon request, regarding an alleged or confirmed violation of the Health and Safety Code, Chapter 773, and the rules adopted thereunder.

* **Frazier, Robert Wade**, Palestine, Texas. Three months probation of EMT certification through January 7, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Gandy, Lissa Renne, Clarksville, Texas. Decertification of EMT-P certification. EMS Rules 157.51(b)(1), (10), and (25), fails to follow EMS standards of care in the management of a patient, abandons a patient, violates any rule or standard that has a potential negative effect on the health or safety of a patient.

Gault, Shelley Wells, Corpus Christi, TX. Four years probation of EMT certification through November 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction and misdemeanor convictions.

Geyer, Christopher Joseph, New Braunfels, Texas. Probation of EMT certification through June 30, 2001. EMS Rules 157.51(b)(27), fails to complete continuing education requirements as described in 157.38 of this title.

Goldstar EMS, LLC, Beaumont, Texas. \$3000 administrative penalty. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider license requirements as defined in 157.11 of this title.

Gonzales, Alfonso C., Corpus Christi, Texas. Twenty-four months probation of EMT certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

Graham, Robert W., San Antonio, Texas. Twenty-four months probation of EMT-Paramedic certification through July 15, 2000. Health and Safety Code 773.041(b), a person may not practice as any type of EMS personnel unless the person is certified.

Guerra, Michael Santos, Pharr, Texas. Decertification of EMT certification and probation revocation effective June 10, 1999. EMS Rules 157.51(b)(5) and (24), and 157.51(d), failure to comply with the terms of a probation and failure to give the department full and complete information upon request.

Guidry, James Arthur, Las Vegas, Nevada. Suspension of EMT-P certification. EMS Rules 157.51(b)(1) and (2), fails to follow EMS standards of care in the management of a patient, failure to administer medications and/or treatments in a responsible manner in accordance with the medical director's protocol.

Hall, Eric Lynn, Katy, Texas. Twelve months probation of EMT-Paramedic recertification through April 16, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Hathaway, Kenneth A., Gonzales, Texas. Decertification of EMT certification effective June 10, 1999. EMS Rules 157.51(b)(24) and (27) and 157.51(d), failure to give the department full and complete information upon

request and failure to complete continuing education requirements.

Hebbe, Robert Kenneth, Joshua, Texas. Twelve months probation of EMT certification through August 3, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Henry, Douglas A., Kirbyville, TX. Four years probation of EMT-Paramedic certification through February 5, 2002. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

* **Herdon, Alfred**, Houston, Texas. Decertification of EMT certification effective August 30, 1999. EMS Rules 157.51(b)(9), representation that one is qualified at any other level than his current certification.

Hicks, Kelly Marie Valentich, Dallas, Texas. Twenty-four months probation of EMT-Paramedic certification through July 10, 2000. EMS Rules 157.44, 157.51(b)(16)(24) and (c), misdemeanor convictions while certified.

Hoffman, Heath Clinton, Palacios, Texas. Twenty-four months probation of EMT certification through September 22, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Howland, Darren Deun, Dallas, Texas. Twenty-four months probation of EMT-P certification through November 2, 2000. EMS Rules 157.51(b)(1) and (2), failure to follow EMS standards of care in the management of a patient and failure to administer medication and/or treatment in accordance with the medical director's orders or protocols.

* **Janes, David**, Sulphur Springs, Texas. Emergency suspension of his EMT certification effective October 4, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that the conduct of the certificant creates an imminent danger to the public health or safety.

Johnston III, Richard F., Tyler, Texas. Twelve months probation of EMT-I certification through August 3, 2000. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

* **Jones, Darrell Wilson**, Bryan, Texas. Emergency suspension of his ECA certification effective October 5, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that the conduct of the certificant creates an imminent danger to the public health or safety.

Jordan, Shawn Daniel, Cleveland, Texas. Twelve months probation of ECA certification through January 8, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

Kerber, Robert Edward, Houston, Texas. Twelve months probation of EMT certification through November 19, 1999. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

King, Elizabeth Ann, Austin, Texas. Twenty-four months probation of ECA certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction and misdemeanor conviction.

Lachance III, Arthur J., New Braunfels, Texas. Decertification of EMT-Paramedic certification effective March 12, 1999. EMS Rules 157.51(b)(2), fails to administer medication and treatment in a responsible manner in accordance with the medical director's orders or protocol.

Landrum, Jeffrey David, Tyler, Texas. Twenty-four months probation of EMT-P certification through January 15, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

* **Laredo "A" Ambulance**, Laredo, Texas. Twelve months probation suspension of EMS provider license through August 31, 2000, and administrative penalty of \$4,000. EMS Rules 157.11(a)(F), a certificate of insurance coverage shall be filed with the department.

Leal, Jaime Ledesma, Mercedes, Texas. Twenty-four months probation of EMT certification through August 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

Lifesource Ambulance Service, San Antonio, Texas. Probation of provider license for twelve months through June 2000 and a \$2,000 administrative penalty. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider license requirements as defined in 157.11 of this title.

Long, Jackie D., Hallettsville, Texas. Decertification

of EMT-Paramedic certification effective March 12, 1999. EMS Rules 157.51(b)(11), appropriates and/or possesses without authorization medications, supplies, equipment or personal items inappropriately acquired in the course of duty.

* **Lowe, Steven**, Southlake, Texas. Twelve months probation of EMT-P certification through July 31, 2000. EMS Rules 157.51(b)(1), (2) and (25), fails to follow EMS standards of care in the management of a patient, fails to administer medication and/or treatments in a responsible manner in accordance with the medical director's orders or protocols, and violates any rule or standard that would jeopardize the health and safety of a patient, the public or other EMS personnel, or that has a potential negative effect on the health or safety of a patient.

* **Mackenzie, Megan**, Denton, Texas. Emergency Suspension of her EMT-P certification effective September 27, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that the conduct of the certificant creates an imminent danger to the public health or safety.

Mancillas, Corrine Alethea, El Paso, Texas. Twenty-four months probation of EMT certification through June 30, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Mason, Robert Clay, Melissa, Texas. Twenty-four months probation of ECA certification through November 19, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Mefford, Robert M., Socorro, Texas. Twenty-four months probation of ECA certification through December 15, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

* **Merkel EMS**, Huntsville, Texas. Twelve months probation through July 31, 2000. EMS Rules 157.19(c)(1)(U) and 157.14(c)(2), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient, and required equipment...drugs as prescribed by the service's medical director.

McMahon, Jeremy Edward, Garland, Texas. Twenty-four months probation of EMT certification through July 22, 2000. EMS Rules 157.44, 157.51(b) and (c) 157.53, misdemeanor conviction.

Miller, Robert Scott, Lockhart, Texas. Twenty-four months probation of EMT-Paramedic certification through June 4, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction while certified.

Mize, Timothy, Houston, Texas. Twenty-four months probation of EMT certification through October 21, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Murphree, Ted Lee, Rising Star, Texas. Twenty-four months probation of ECA certification through October 2, 2000. EMS Rules 157.51(b)(27), fails to complete continuing education hours as described in 157.38.

Myer, Bobby Wayne, Haskell, TX. Twenty-four months probation of Emergency Care Attendant certification until December 3, 1999. EMS Rules 157.44, 157.51(b), (c) and 157.53, felony conviction.

* **Palomo, Mark Anthony**, Houston, Texas. Decertification of EMT certification effective July 7, 1999. EMS Rules 157.51(b)(9), (23) and (24), represents that he or she is qualified at any level other than his or her current certification, and fails to comply with the Health and Safety Code, Chapter 773 and rules adopted thereunder, and fails to give the department or its authorized representative full and complete information, upon request, regarding an alleged or confirmed violation of Health and Safety Code, Chapter 773, and the rules adopted thereunder.

Parkhill, Kimberly, Mart, Texas. Probation of EMT-Intermediate certification through July 30, 2000. EMS Rules 157.51(b)(28), abuses drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Parra, Richard D., Horizon, Texas. Probation of EMT certification through October 29, 2000. EMS Rules 157.51(b)(27) on audit, fails to complete continuing education hours as described in 157.38.

Pearson, Michael Ray, Huffman, Texas. Decertification of EMT-Intermediate certification and revocation of probation effective March 12, 1999. EMS Rules 157.51(b)(5), (24) and (27), failure to comply with the

terms of a probation, failure to give the department full and complete information upon request and failure to complete continuing education requirements.

Petty, Travis Wade, Killeen, TX. Twenty-four months probation of EMT-Paramedic certification through February 9, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

* **Porras, Efrain**, San Elizario, Texas. Twelve months probation of EMT-I certification through July 31, 2000. EMS Rules 157.51(b)(2), (4) and (11), fails to administer medications and/or treatments in accordance with the medical director's orders or protocols, performs advanced level treatment without medical direction or supervision, and appropriates and/or possesses without authorization medications, supplies, equipment or personal item inappropriately acquired in the course of duty.

* **Powell, Rhett**, Paris, Texas. One month suspension followed by eleven months probation of EMT certification through August 31, 2000. EMS Rules 157.51(b)(11), appropriates and/or possesses without authorization medications, supplies, equipment, or personal items inappropriately acquired in the course of duty.

Pumphret, Eric P., Austin, Texas. Twenty-four months probation of EMT-Paramedic certification through November 20, 2000. EMS Rules 157.51(b)(1) fails to follow the EMS standards of care in the management of a patient; 157.51(b)(2), failure to administer medications and/or treatments in a responsible manner in accordance with the medical director's protocol; 157.51(b)(20), intentionally falsifies a patient record.

Ramsey, Donald Dean III, Portland, TX. Four years probation of EMT certification through January 15, 2002. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Rapp, Robert Bernard, Sanderson, Texas. Eighteen months probation of EMT certification through August 17, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Richardson, Dianna Jean, Alvarado, Texas. Twelve months probation of EMT certification through February 4, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Richter, John Scott, College Station, Texas. Twelve months probation of EMT certification through January 15, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

* **Rodriguez, Luis Anthony**, Odessa, Texas. Twelve months probation of EMT certification through August 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Romo, Michael F., Houston, Texas. Twenty-four months probation of EMT-Paramedic recertification through May 28, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

Rubio, Cruz, Port Lavaca, Texas. Decertification of ECA certification effective May 25, 1999. EMS Rules 157.51(b)(24) and (27), fails to give the department on its authorized representative full and complete information upon request, regarding an alleged or confirmed violation of the Health and Safety Code, Chapter 773 and the rules adopted thereunder, and fails to complete CE requirements as described in 157.38 of this title.

Rutland, Harold Dean, Sonora, TX. Probation of EMT certification through April 30, 2000. EMS Rules 157.51(26), falsification of an application for EMS personnel certification.

Rural Metro Ambulance-Dallas, Dallas, Texas. Administrative penalty of \$250. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title.

Saenz, Humberto, Garciasville, Texas. Twenty-four months probation of ECA certification through August 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction.

* **Santos, Rachel Pulido**, Alice, Texas. Twelve months probation of EMT certification through August 19, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Savahl, Shirlinda Danford, Saulsbury, Tennessee. Twenty-four months probation of EMT-Paramedic cer-

tification through October 27, 2000. EMS Rules 157.51(b)(27), fails to complete CE requirements as described in 157.38 of this title.

* **Seeber, Thomas Grant**, Humble, Texas. Twelve months probation suspension through January 31, 2000 of EMS Coordinator and Examiner certifications. EMS Rules 157.51(b)(15) and (26), assists or attempts to assist another to obtain certification by fraud, forgery, deception, misrepresentation, or subterfuge; and falsifies an application for certification or recertification.

Shepherd EMS, Shepherd, Texas. Twenty-four months probation of provider's license through December 7, 2000. EMS Rules 157.11(d)(1)(A), BLS provider shall staff BLS vehicle(s), when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, 7 days per week; 157.11(d)(1)(B), BLS provider who does not provide service 24 hours per day, 7 days per week, shall notify the department and publish notice of hours of operation in the local media; and all advertising shall contain the hours of operation.

Simpson, Amber Lee, Houston, Texas. Twelve months probation of EMT-I certification through July 21, 2000. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

* **Sistrunk, Robert Lee**, Houston, Texas. Decertification of EMT-P certification effective July 27, 1999. EMS Rules 157.51(b)(11) and (22), appropriates and/or possesses without authorization medications, supplies, equipment, or personal items inappropriately acquired in the course of duty; and obtains or attempts to obtain any benefit to which not otherwise entitled by duress, coercion, fraud, or misrepresentation while in the course of duties as an EMS certificant.

Skelton, Richard Lee, McGregor, TX. Three years probation of ECA certification through January 24, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony convictions.

Smith, Cassandra, Pensacola, Florida. Two years probation of EMT-Paramedic certification through March 25, 2000. EMS Rule 157.51(b)(2), failure to follow medical director protocols.

Sowell, Dana, Buffalo Gap, Texas. Twenty-four months probation of ECA certification through June 12, 2000. EMS Rule 157.51(b)(27), failure to comply with continuing education requirements in 157.38.

Sparks, Robert Damon, Brady, Texas. Decertification of EMT certification and probation revocation effective June 16, 1999. EMS Rules 157.51(b)(5), (24) and (27), and 157.51(d), failure to comply with the terms of a probation and failure to give the department full and complete information upon request.

Stewart, Roger Dale, Grapevine, Texas. Twenty-four months probation of EMT certification through November 30, 2000. EMS Rules 157.51(b)(27), fails to complete CE requirements as described in 157.38 of this title.

Stiles, Jeffrey Scott, Rowlett, Texas. Decertification of EMT certification and probation revocation effective June 16, 1999. EMS Rules 157.51(b)(5), (24) and (27), and 157.51(d), failure to comply with the terms of a probation, failure to give the department full and complete information upon request and failure to complete continuing education requirements.

* **Tamas, Jordon**, Austin, Texas. Emergency suspension of his EMT-P certification effective September 26, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that the conduct of the certificant creates an imminent danger to the public health or safety.

Theftord, Jon Wesley, Houston, Texas. Decertification of EMT certification and probation revocation effective June 10, 1999. EMS Rules 157.51(b)(5), (24) and (16), and 157.51(d), failure to comply with the terms of a probation, failure to give the department full and complete information upon request and misdemeanor convictions while on probation suspension.

Thorpe, Michael Ray, Brenham, Texas. Twenty-four months probation of EMT-Paramedic certification through July 20, 2000. EMS Rules 157.51(b)(1), failure to follow EMS standards of care in the management of a patient.

Tout, James Emil, Austin, Texas. Emergency suspension of EMT certification effective July 30, 1999. EMS

Rules 157.51(a)(1)(A), reason to believe conduct of certificant creates an imminent danger to the public health or safety.

Urban EMS, De Soto, Texas. Administrative penalty of \$250. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title.

* **Vinson, Justin Gabriel**, Marble Falls, Texas. Twelve months probation of EMT certification through October 5, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

Walker, Jeffrey Phillip, Austin, Texas. Twelve months probation of EMT-Paramedic certification through April 1, 2000. EMS Rules 157.51(b)(25), violated any rule or standard that would jeopardize health or safety of a patient, the public, or other EMS personnel, or that has a potential negative effect on the health and safety of a patient.

Wamsley, John Martin, Liberty Hill, TX. Twenty-four months probation of Emergency Care Attendant certification through January 23, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

Warner, Aaron Denis, Harlingen, Texas. Twenty-four months probation of ECA certification through August 4, 2001. EMS Rules 157.44, 157.51(b)(16) and (c) and 157.53, misdemeanor conviction while certified.

* **Watson, Laurie Lynn**, Austin, Texas. Twelve months probation of EMT certification through August 25, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor conviction.

Waterwood EMS and Security, Huntsville, Texas. Twenty-four months probation through July 2001. EMS Rules 157.19(c)(1)(U), violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

Watkins, Darrell D., Sr., LaMarque, Texas. Twenty-four months probation of ECA certification through January 8, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor convictions.

Watkins, Jimmy Dean, Fort Worth, Texas. Emergency suspension of EMT certification effective May 6, 1999. EMS Rule 157.51(a)(1)(A), reasonable cause to believe that conduct of certificant creates an imminent danger to the public health or safety.

Watts, Carl Wayne, Gladewater, Texas. Twelve months probation of EMT certification through January 15, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

* **Wind, Caron**, Nederland, Texas. Decertification of EMS Coordinator certification effective July 20, 1999. EMS Rules §157.64(a)(2)(O) fails to complete and submit the course and/or CE application and student documents within the time frames established in §§157.32-157.35 of this title (relating to EMS Training and Course Approval) or §157.38 of this title (relating to Continuing Education).

* **Withrow, Bruce Edward**, San Antonio, Texas. Decertification of EMT certification effective August 20, 1999. EMS Rules 157.51(b)(9), representation that one is qualified at any other level than his current certification.

Wolfe, Monica D., College Station, Texas. Twelve months probation of EMT certification through February 17, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, misdemeanor conviction.

* **Woodall, Dale Bradley**, Spring, Texas. Decertification of EMT-P certification effective April 23, 1999. EMS Rules 157.51(b)(1), (2), (11) and (18), failure to follow EMS standards in the management of a patient; failure to administer medications and/or treatments in a responsible manner in accordance with medical director's... protocols; appropriation and/or possession without authorization medications, supplies, equipment... inappropriately acquired in the course of duty; and illegally dispenses, administers, or distributes controlled substances as defined by the Health and Safety Code, Chapter 481 and/or Chapter 483.

* These listings are new this issue. Denials, revocations and administrative penalties will be printed in three consecutive issues. Suspensions will be printed until suspension or probation expires.

MEETINGS AND NOTICES

CALENDAR

November 1-19, 1999. **Special Patients.** For more information, call Houston Community College System EMS at 713/ 640-0456.

November 13, 1999. **PALS Update.** \$65, 4 hours. Call Kathy Jordan, Texarkana College, at 903/ 838-4541 ext. 382.

November 13-14, 1999. **PALS.** \$175, 16 hours, limited to 24 students. Contact Kathy Jordan, Texarkana College, at 903/ 838-4541 ext. 382.

November 20-December 12, 1999. **Paramedic Practicum III.** For more information, call Houston Community College System EMS at 713/ 640-0456.

November 21-24, 1999. **Texas EMS Conference.** Austin, Texas.

December 6 & 8, 1999. **Advanced Cardiac Life Support Provider course.** \$185, including books/materials, optional ACLS prep courses, lunch and parking. Contact Gloria Soto, Texas Tech Univ. HSC at El Paso, at 915/ 771-6482, or go to www.ttuhscc.edu/pages/emme/emme.htm.

Deadlines and information for meetings and advertisements

Deadline: Meetings and notices must be sent in six weeks in advance. 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 4-day process*), and then to the post office to get mailed out. Please send in your calendar items six weeks in advance to make the next issue.

Cost: Calendar items are run at no charge. Calendar items run in the meeting 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 Health, 1100 West 49th Street, Austin, TX 78756-3199. Call 512/834-6700 if you have a question about the calendar section.

Jobs

Paramedics, EMT-Is: Rural/Metro Ambulance MedStar, in Tarrant County, has openings for paramedics and EMT-Is. Competitive salaries, excellent benefits, in-house training. Paramedics must have ACLS certification. For information, contact Rural/Metro MedStar, 551 E. Berry, Ft. Worth, TX 76104, chris_rucker@rmetro.com.

Paramedics, EMTs: Medic One Ambulance - South Texas is accepting applications for full & part time EMTs & paramedics in Victoria, Beeville, Pleasanton & Kleberg County (9-1-1). For information send resume to David A. Cleveland, P.O.Box 63149, Wetmore, TX 78247, 800/ 469-0911, fax 210/ 281-9555.

Firefighter/paramedic: City of Harker Heights is accepting applications for firefighter/paramedics. Salary \$25,075 - \$25,577 annually. Contact the Harker Heights Central Fire Station, 401 Indian Trail, Harker Heights, TX 76548. +

Paramedic: Cypress Creek EMS (Harris County) has openings for Field Paramedic. Great benefits, progressive protocols and atmosphere. Send resumes to HR Dept., Cypress Creek EMS, 16650 Sugar Pine Ln, Houston, TX 77090-3657, 281/ 440-9650, fax 281/ 440-7677, www.ccems.com

Paramedics, EMT-Is, EMTs, dispatchers, marketing, biller: Life Line Universal Transport, Inc., is now hiring paramedics, EMT-Is, EMTs, dispatchers, marketing and an experienced biller. Full/part time positions. Competitive salary, paid CE and training. For appointment, call Walter at 281/ 970-2273 or fax resume to 281/ 477-0487. +

Paramedic: AEA International, an international health services company, has openings for paramedic for rotating 28-day assignments involving emergency and occupational medicine duties in remote sites. Spanish speakers encouraged to respond. Competitive salary, travel and lodging paid. Fax resumes to 713/ 521-7655. +

Training Officer: Travis County Emergency Services District No. 2 is accepting applications for full-time

training office. Salary starts at \$36,000 yrly, in charge of fire/EMS training for paid/vol. dept. Closes November 15, 1999. For application or job description, write to 203 E. Pecan, P.O.Box 1256, Pflugerville, TX 78691. +

Paramedic, EMT-I, EMT: Alpine EMS/WTAS is accepting applications for full-time positions for growing BLS w/MICU cap. city/county 9-1-1 EMS and hospital transfers service. Send resume to Mike Scudder, Alpine EMS/WTAS, P.O.Box 338, Alpine, TX 79831, 915/ 837-1119.

Firefighter/paramedic: The City of Kerrville is hiring a certified firefighter/paramedic. 80% family health insurance is city-paid. Apply at or send resume to City of Kerrville, Personnel Dept., 800 Junction Hwy, Kerrville, TX 78028, 830/ 792-8300, fax 830/ 792-3850.

Paramedics: Faith Community Hospital EMS is accepting applications for paramedics. Competitive salaries, benefits and good shift schedule. Send resume to EMS Director, 717 Magnolia, Jacksboro, TX 76458, fax 940/ 567-5714.*

Paramedics, EMTs, communications specialists, wheelchair van drivers: CareFlite Ground and Communications in Dallas has openings for full-time/relief personnel. Competitive salary and excellent benefits. For information and/or applications, contact Jeana Moffett or Billy White at 214/ 947-8469 or 800/ 345-9646.*

Paramedics: Calhoun County EMS (Port Lavaca) is currently accepting applications for paramedics. New salary structure. Excellent equipment, protocols & benefits. Contact Henry Barber, 216 E. Mahan St., Port Lavaca, TX 77979, 512/ 552-1140, fax 512/ 552-6552, or hbarber@tisd.net.*

EMT, EMT-I, Paramedics: Coastal Medical Service (Victoria and Beeville) is accepting applications for full-time positions. 24, 9 and other shifts, MICU and critical care transfers. Excellent equipment, protocols, pay & benefits. Call 361/ 575-1107, fax resume to 361/ 575-2149, or 2911 N. Azalea Ste. C, Victoria, TX 77901.*

EMT: Lifeline Ambulance - Houston

MEETINGS AND NOTICES

FOR SALE

is accepting applications for all shifts. Call Ms. Arnold at 713/ 681-3043.*

EMT, EMT-I, paramedic: Schleicher Co. VEMS is currently accepting application for 1 paid EMT (EMT-I or paramedic preferred). Must have flexible hours, willing to work week-ends and holidays. Send resumes to SCVEMS, PO Box 637, El Dorado, TX 76936.*

EMT, EMT-I, paramedics: De Leon Hospital EMS has openings for paramedics, EMT-Is and EMTs for weekend call time. BLS with MICU capabilities units, low call volume. Send application to De Leon Hospital, PO Box 319, De Leon, TX 76444.*

Paramedics: Anson General Hospital EMS is accepting applications for full-time/part-time paramedics. Full-time salary \$23,700 annual. Contact Jeriami St. Clair at 915/ 823-3931, 101 Ave J., Anson, TX 79501, fax 915/ 823-2574.*

EMS Director: Floydada EMS is accepting applications for full-time EMS Director to supervise daily operations, 3 paid paramedics and 12 volunteer EMTs. BLS with MICU capabilities units (2) and a first responder unit. Paramedic with EMS administrative exp preferred. Send resume and salary requirements to Floydada EMS, PO Box 373, Floydada, TX 79235.*

Ambulance billing agent: Med-Tech Ambulance has an opening for Medicare/Medicaid/private insurance billing agent. Must be an EMT. Send resume, salary history to Missy Rogers, Med-Tech Ambulance, 4301 Brazos Ave, Odessa, TX 79764, fax 915/550-8943

Fax items for this section to 512/834-6736

There is not a charge to run items in the meetings and notices section.

For Sale: 1994 Type II Wheeled Coach with diesel engine. Good condition, \$16,500 or \$18,500 with stretcher and all supplies. Ferno stretchers. Life-Pak 5, MTX-800 radios, plus more. Call Manuel at 361/851-8422. +

For Sale: Over 25 new refurbished and pre-owned emergency vehicles. On-site service, remounts and loaners. Zero down, 100% financing. Contact Reliable Emergency Vehicles at 800/ 460-VALU, rev@itexas.net, www.emergencyvehicles.net +

For Sale: CE anywhere, anytime, with CE Solutions. Accredited by CECBEMS, accepted by Texas and National Registry. Materials available in workbook, software or Internet format. Call 888/ 447-1993 M-F 8-5, www.ems-ce.com. +

For Sale: 1989 Type I Wheeled Coach ambulance, Ford Econoline 350 XL Diesel. 54,000 miles. Contact Jim Stephens, Yorktown EMS at 361/ 54-3966.*

For Sale: (2) Lifepak 5 cardiac monitors. Good condition. Carrying case included. \$500 each. Call 800/604-5964. +

For Sale 1989 Ford wheelchair van. 84,000 miles. Excellent condition. 450-lb lift, sliding door with remote. Call 800/604-5964. +

For Sale: 1985 Type I Wheeled Coach ambulance on a Chevy chassis. Auto trans, 35,000 miles. Contact Danbury VFD at 409/ 922-1603 or 409/922-1267.*

MISCELLANEOUS

Looking for CE? Call Master Train at 210/832-0422 to inquire about schedules for CPR training, EMT CE, ACLS, and others.*

CPR manikins, new and used. CPR supplies, airways, manikin face shields, face pieces, parts. Manikin maintenance cleaning and repairs. Rental manikins available. Contact Ron Zaring, Manikin Repair Center, Houston, 281/ 484-8382 or fax 281/922-4429.*

Texas EMS Consulting Service. Specialized paramedic CE classes, prep class for paramedic TDH exam, 24 years exp. Contact Max A. Smith, EMT-P, pager with voice mail, 254/ 918-9033, www.maxpages.com/emsservices.*

EMCert, Inc. provides online CE for EMS. Individual and group subscriptions with customized administrative features. Free online course. Call 877-EMS-HERO, or go to www.emcert.com +

Ambulance billing by full service billing agency. Y2K compliant, electronic billing, standard & individualized reports, assistance with facility education on billing guidelines for federal and state billing. Contact Health Claims Plus at 888/483-9893, hcp@imsday.com. +

+ This listing is new to this issue.

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

Placing an ad? Moving? 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 West 49th, Austin, TX 78756-3199. Ads will run in two issues and then be removed.

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: Washington County EMS



Members of Washington County EMS are, from top left, Dr. Robert Stark, Kevin Deramus, Travis Vinton, Ryan Rogas, Britain Reeves, Thomas Thorp, Thomas Gouger and James Rosier. From left, middle row, Bethany Eye, Beth Novak, Rhett Draehn, Amy Klussmann, Christie Walker, Cody Reese, and Ron Haussecker. From left, bottom row, Rebecca Good, Lynda Murski, Donna Gomez and Dr. Henry Boehm.

Name of Service: Washington County EMS

Number of Personnel: Washington County EMS employs 14 paramedics and six EMTs.

How Many Years in Service: Washington County EMS, located in Brenham, was organized in 1979. WCEMS has provided MICU level care since its inception.


Number of Units and Capabilities: WCEMS now has five EMS units. All five are licensed at the MICU level, and one is used as a reserve unit.

Number of Calls: WCEMS responded to 3060 calls in 1998 and

handled 3498 patients. Our service area is approximately 700 square miles, with a population of approximately 30,000. We serve all of Washington County and portions of Fayette County. Most of our patients are transferred to Brenham's Trinity Medical Center, which is a designated Level IV hospital.

What Makes Our Service Different:

WCEMS is an aggressive EMS service with excellent protocols and medical direction. We have standing orders for advanced procedures such as rapid sequence intubation (RSI), chest decompression and prehospital 12-lead ECG monitoring. Along with our protocols we also have excellent medical equipment such as pulse oximetry, automatic transport ventilators, and the New Physio LifePak 12s with oxygen saturation and non-invasive blood pressure monitoring. Our EMS staff has over 130 combined years experience in EMS. WCEMS has an approved paramedic training program through TDH. We have two in-house EMS coordinators. We offer in-house CE for all our staff and first responders. We also have a field training officer who performs special in-services on all advanced and basic procedures.

Community Projects: WCEMS has its own First There, First Care program for elementary schools, which teaches young children the proper way of accessing 9-1-1 and basic principles of CPR and first aid. We are planning some DWI awareness and other programs for high school kids. WCEMS is a CTC training site for the American Heart Association. Nearly all of WCEMS employees are BLS instructors and teach CPR to the community and local businesses. We are aggressively educating our community on the importance of automatic external defibrillators and have assisted with the implementation of seven AEDs in our county. WCEMS also supports the youth in our community through the Boy Scouts of America (Medical) Explorers Group. 

Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

Periodical
Rate Paid
At Austin, Texas