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May/June 2004

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Week
page 28

Texas

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_____ **"EMS—A System to Save a Life" brochure.** Explains emergency medical services and includes public health region office info. Explains BLS and ALS. (EMS-012)

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FEATURES

7 Important info on CLIA waivers

Recently, the Bureau was told that it could not carry the CLIA waiver for the state. What does that mean for you? Each service will now be responsible for fulfilling this federal requirement.

26 Fees increase

Two different pieces of legislation from the last legislative session mean EMS fees are increasing as of June 1. Read about why they are increasing and how much more it will cost you. By LINDA REYES

Texas EMS

M a g a z i n e

CONTINUING EDUCATION

30 CE: Weapons of Mass Disruption

Biological, chemical and radiological weapons don't have to cause major damage—just major disruption in emergency response. So just how do you respond? Earn 1.5 hours of clinically-related operations CE with this article.

By CAPTAIN DEAN'S FIVECOAT, PA, AND CAPTAIN FREDERICK PARLINS

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About the cover:
A photo of a baby delivered by a Merkel EMS medic was an entry in the 2003 Texas EMS Photo Contest.
Photo by Audra Horton

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PHOTO BY GREG KUNKEL.

Texas Department of Health EMS Offices

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www.tdh.state.tx.us/hcqs/ems/regions.htm
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(512) 834-6700

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North/West Zone

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Texas EMS

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Texas EMS Magazine (ISSN 1063-8202) is published bimonthly by the Texas Department of Health, Bureau of Emergency Management, 1100 W. 49th Street, Austin, TX 78756-3199. The magazine's goals are to help organizations function professionally as EMS providers, to educate individuals so they can perform lifesaving prehospital skills under stressful conditions, and to help the public get into the EMS system when they need it. *Texas EMS Magazine* brings state and national EMS issues and answers to ECAs, EMTs and paramedics serving in every capacity across Texas.

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

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KATHY PERKINS, CHIEF
BUREAU OF EMERGENCY
MANAGEMENT

Bureau ready for changes to fees, CLIA and exam scheduling

This issue is filled with extremely important information that will affect every EMS professional and every EMS provider in Texas. I urge you to carefully read the changes and let others in your organization know about them. Watch our website, the announcement e-list and the listservs for the latest info.

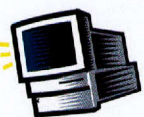
Fees increase Ever since HB 2292 passed last session, we've been telling you that this bill established a mechanism for a fee increase for EMS and all other regulatory programs at TDH. Most programs are now required to increase fees to entirely cover the costs of regulation. The expectation for EMS is to move from the 41 percent current coverage to 70-75 percent coverage through a combination of increased fees and cost reduction. EMS does not have to recoup 100 percent of our costs because 25 percent of the certified and licensed personnel are volunteers, who pay no fees to TDH. In addition, TDH was mandated to participate in the TexasOnline project, which allows certificants and licensees to renew online. TexasOnline requires fees from every person who is certified or licensed, not just those who renew online. TDH will begin charging the new fees resulting from HB 2292 and from Texas Online on June 1. For a list of the fees and more explanation, turn to page 26.

Reorganization decision nearly final As you probably know, as of September 1, TDH will become part of a new agency, the Texas Department of State Health Services (TDSHS). That much we've known since the legislation was passed May a year ago. The transition has been orchestrated by an oversight committee helped by Health and Human Services Commission staffers who took hours of public comment and read nearly 600,000 written comments. I am proud to say that many EMS and trauma stakeholders took the time to attend meetings and to respond to the call for written comments. The new organizational structure is not final yet, but we will let you know as soon as we know. Watch our website and the listservs for the latest information.

CLIA waivers More important news for providers: As of September 1, 2004, all EMS Providers will be responsible for securing and maintaining a current CLIA Certificate of Waiver. The Texas Department of Health applied for a CLIA Laboratory Certificate of Waiver for ambulances in Texas several years ago. We have been advised not to renew the current certificate, which will expire on August 31, 2004, because of legal implications for the department.

Centralized exam scheduling You may now schedule your exam online at our website: www.tdh.state.tx.us/hcqs/ems. Turn to page 29 for what you need to do before you can schedule an exam.

And finally, please make plans to attend the GETAC meetings scheduled for May 6 and 7 in Austin for the latest news on what's happening, plus an opportunity to let the Council know your opinion.



The TDH-BEM Announcement Only email forum will only share important announcements from the Texas Department of Health, Bureau of Emergency Management, concerning emergency medical services and trauma systems issues, including fee issues. Go to www.tdh.state.tx.us/hcqs/ems/listserv.htm to sign up for this list.



Letter

To Texas EMS Magazine:



Loretta Jordan

Loretta I. Jordan, Medical Assistant Chief, in the El Paso Fire Department, passed away on February 21, 2004, due to complications arising from a long battle with cancer. She was born February 20, 1949.

Loretta began her career with the City of El Paso in 1978 working in the health department as a lab technician. In 1979 the City of El Paso created the Department of Emergency Medical Services and on June 20, 1980, she switched careers and began working as an EMT-Basic with EMS. Her drive to be the best EMT she could be landed her in the first paramedic class El Paso ever held. Before long she began instructing and training other personnel to become paramedics. Her passion, knowledge and commitment soon had her rising up through the ranks of the department. She was appointed interim chief of the Department of EMS in 1998. In June 2000, the City of El Paso consolidated EMS into the fire department. At this time Loretta became the medical assistant chief directing medical operations, a position she held until her death.

Her unflinching commitment to duty, honor and the citizens of El Paso, and her desire to provide them with the best possible care helped create an exemplary prehospital emergency medical system. Her accomplishments cannot begin to be measured, but they will be felt for many, many years by the citizens of El Paso and the medical community.

Loretta also served as a long-time member of the *Texas EMS Magazine* editorial review board.

Because of her personal integrity and dedication to her profession, Loretta could always be counted on to "tell it like it is" when she was asked for an opinion. She was a consummate reader and always stayed abreast of new issues in the profession. Gene Gandy recently wrote this about her: "I knew Loretta for more than 20 years and served with her on many committees. She was the kind of medic everyone should want to be and an effective and admired administrator. She will be missed."

On a personal level, Loretta was a happy person who didn't let the stress of her illness keep her down. She started each morning with a smile by watching cartoons, and then she would move on to reading the newspaper. She loved to go backpacking in the Gila Wilderness and continued to go each year although the miles covered got shorter. Her friends and faithful dogs always accompanied her on these trips. She loved to read and was an avid game player. She is the only person I knew who could read an entire Harry Potter book in one sitting. Trivial Pursuit was one of her favorite games and she usually won, even when she played it from her hospital bed. Loretta was a unique individual and someone I had the pleasure to call my boss and my friend. She will be missed but her impact on our profession shall never be forgotten.

*Janet F. Walker, LP, Deputy Chief
El Paso Fire Department*

EMS Obituaries

James Hayes, MD, died in Dallas on February 17 of multiple myeloma. He was 49. Dr. Hayes had served as an emergency room physician for 22 years, including stints as medical director of CareElite, chair of the emergency medicine division of the department of surgery at UT Southwestern and medical director of emergency services at Parkland.

Loretta Jordan, 55, of El Paso, died on February 21 of complications from lung cancer. Jordan, a licensed paramedic, was the highest-ranking woman in the history of the El Paso Fire Department. She was in charge of the department's emergency medical services.

Kevin Kulow, of Sealy, died while fighting a fire in Houston on April 4. He was 32. Kulow, an EMT, had been with the fire department since September.

Paul Lujan, of Crane, died in when the medical helicopter he was riding in crashed outside Pyote on March 21. Lujan, an EMT-P, was 32.

Mickey Price, 46, of Dumas, died when the medical helicopter he was riding in crashed outside Pyote on March 21. Price piloted the helicopter.

Samuel "Sam" Tobey IV, 39, of Galveston, died February 28 at his home. A licensed paramedic, Tobey was also a nurse and a reserve deputy sheriff with Hardin County.

Governor's EMS and Trauma Advisory Council (GETAC)

Meeting Notification
Texas Department of Health, 1100 West 49th Street
Austin, Texas 78756

Wednesday, May 5, 2004

- 10:00am- 2:00pm Medical Transportation Provider Task Force M-739
- 2:00pm- 2:30pm RAC Chairs/Hospital Bioterrorism Grants, M-739
- 2:00pm- 4:00pm Rural Task Force, M-739
- 4:00pm- 6:00pm Air Medical Task Force, M-739
- 6:00pm- 9:00pm Regional Advisory Council (RAC) Chairs, M-739

Thursday, May 6, 2004

- 9:00am- 12:00pm EMS Committee, M-739
- 1:00pm- 3:00pm Education Committee, M-739
- 1:00pm- 4:00pm Pediatric Committee, M-653
- 4:00pm- 6:00pm Injury Prevention Committee/Data Informatics and Research Task Force, M-653
- 4:00pm- 7:00pm Trauma Systems Committee, M-739

Friday, May 7, 2004

- 8:00am- 10:00am Combined Trauma Systems and Pediatrics, M-739
- 8:00am- 10:00am Medical Directors Committee, M-653
- 10:00am GETAC, M-739

A final agenda will be available soon on our website at www.tdh.state.tx.us/hcqcs/ems/emshome.htm. For more information, call the Bureau of Emergency Management at (512) 834-6700.

CLIA Changes

PHOTO FOR ILLUSTRATION ONLY
PHOTO BY JON FREILICH

September 1 deadline for providers to get waiver

Did you know that all ambulances in Texas must comply with federal regulations to be able to allow medics to perform certain procedures? The Clinical Laboratory Improvement Act (CLIA) of 1988 established licensing requirements for facilities (including EMS firms) performing lab tests. Even simple tests such as blood glucose testing and monitoring fall under the CLIA requirements. Fortunately, those simple tests that are commonly performed on EMS units qualify for a Certificate of Waiver. The CLIA requirements for facilities operating under the Certificate of Waiver are much lower than for other laboratories, but an application and fee are still required.

The Texas Department of Health has been holding a CLIA Laboratory Certificate of Waiver for all ambulances in Texas for several years. However, we have been advised not to renew the current certificate that will expire on August 31, 2004, because of legal implications for the department. Effective September 1, 2004, all EMS providers will be responsible for securing and maintaining a current CLIA Certificate of Waiver.

Complying with the requirements of the Certificate of Waiver is actually very easy. EMS providers are simply required to follow equipment manufacturer's recommendations and instructions. Employees should be trained in the use of any equipment such as the device used for blood glucose testing. Additionally, a copy of the manufacturer's recommendations and instructions should be readily available if your facility is in-

spected by the Health Facility Compliance Division of TDH. Violations of CLIA can result in a fine of up to \$1,000 per day from the Office of Inspector General.

A downloadable application and instruction sheet for the Certificate of Waiver is available at: www.cms.hhs.gov/forms/cms116.pdf.

Fees are as follows:

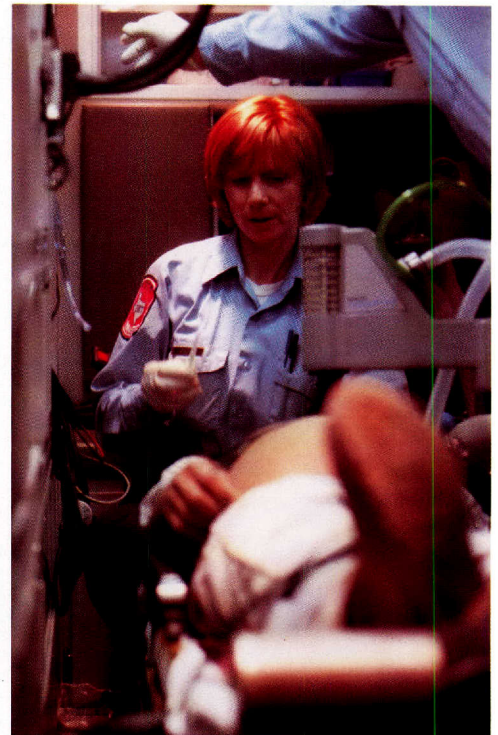
- Non-Profit Organizations - \$150
- Governmental Entities and Private Providers - \$150 per address (Each substation location counts as an additional address.)

Hospital-based EMS providers may be able to work under the existing laboratory CLIA license if the director of the lab is willing to accept the responsibility.

Completed applications may be faxed to (512) 834-6653. The application is processed by the Health Facility Compliance Division. The federal government will issue a bill and the Certificate of Waiver upon receipt of the fee.

Additional information about CLIA is available on the web at: www.cms.hhs.gov/clia/ and www.phppo.cdc.gov/clia/regs/toc.aspx

Please call (512) 834-6650 if you have questions concerning CLIA requirements.



AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

EMS license plates now available

By the time you read this, some fellow EMS professionals will be sporting something on their personal vehicles that has been talked about for years – specialty EMS license plates. The Texas EMS Foundation (TEMSF), in cooperation with the EMS Association of Texas (EMSAT), has been working with the Texas Department of Transportation (TxDOT) to come up with design for an EMS license plate. The road has been bumpy. TxDOT decided that the first design offered was too similar to the Texas Commission for the Arts license plate and requested that TEMSF get permission from the arts commission to use that design. The arts commission denied permission. The second bump came when TxDOT asked for proof that the design could include the Star of Life, an image copyrighted by the National Highway Transportation Safety Administration. Permission was granted in a letter dated March 1, 2004. To get your plates go to www.dot.state.tx.us/vtr/spplates/specialplate.htm?nbr=136 to download an application or visit your county Motor Vehicle department. The cost is \$8 for the plate, plus your normal registration fee. You may only be issued one set of plates per person. A copy of your EMS license/certificate must accompany your application. For more information visit the Texas EMS Foundation on the web at www.temsf.org.



CDC releases injury report

The Centers for Disease Control and Prevention recently released the second edition of the State Injury Indicators Report. The report compiles injury data voluntarily collected by 26 state health departments, including Texas. It consolidates data from hospital records, death certificates and several national surveillance systems and provides the rates of various injuries (such as traumatic brain injuries, fire and burn injuries, and suicide) and related factors (such as using seat belts and smoke alarms). You can order a copy or access an electronic version of the report at: www.cdc.gov/ncipc/pub-res/indicators/default.htm.



Firefighter/paramedic wins election

Weslaco firefighter and licensed paramedic Armando Martinez won the democratic nomination for District 39 state representative. Since there is no Republican challenger, Martinez will take office in January in time for the next legislative session.

Texas EMS/Trauma Registry moves submission date

Because of the length of time that the Texas EMS/Trauma Registry system has been down for maintenance, the deadline for submission of 2003 EMS/Trauma Registry data has been extended from July 1, 2004 to August 1, 2004.

The current plan is for the Texas EMS/Trauma Registry System to be online and available to users on May 1, 2004.



NHTSA looking for injury stats

While on the scene of a vehicle crash, if an airbag, seatbelt pretensioners or other vehicle safety equipment injures you, then NHTSA wants to hear from you. NHTSA is gathering the information on injuries so they can take action to ensure emergency responders' safety. To report an injury, call (202) 266-2545 or (877) 201-3172; or send an email to SCI@nhtsa.dot.gov, or fax a report marked Attention: SCI Program to (202) 366-5374.



Medical helicopter crashes in West Texas

Four people, including a paramedic, were killed in March when CareStar medical helicopter crashed in West Texas. Killed in the crash were Paul Lujan, 32, EMT-P, of Crane; Mickey Price, 46, pilot, of Dumas; and Ana Lillia Urias and 3-month-old Pedro Urias Modesto of



Mexico. Pedro was being taken to Lubbock because of respiratory distress. Injured in the crash was Ronald Stephens, 35, RN, of Midland. He continues to recover. The flight, which originated in Odessa, departed from Big Bend Regional Medical Center in Alpine with the infant, mother and crew at 1:43 am en route to University Medical Center in Lubbock. Contact with the pilot was lost at 2:19 am and the wreckage was discovered around 6 am about six miles south of Pyote. The National Transportation Safety Board is investigating and the final report will be complete in six months to a year.



Four people were killed when a CareStar medical helicopter crashed. Top left to right, 3-month-old Pedro Urias Modesto and Ana Lillia Urias, both of Mexico. Bottom left to right, Mickey Price, 46, pilot and Paul Lujan, 32, EMT-P. And right, injured in the crash was Ronald Stephens, 35, RN, of Midland. He continues to recover.

Heart association clarifies compression-only stance

In recent months, a group of EMS medical directors made headlines by recommending a shift in protocol for dispatchers coaching callers through CPR. The group suggested that dispatchers should tell callers to use chest compressions only instead of chest compressions and rescue breathing. For the record, the American Heart Association's *Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care* recommend a combination of chest compressions and rescue breathing as the most effective way to sustain a cardiac arrest victim, whose chances of survival drop 10 percent for each minute that passes between their event and a shock from a defibrillator. The association's guidelines recommend that bystanders be trained in both chest compressions and rescue breathing.

However, the current guidelines also support compressions-only CPR, "for use in dispatcher-assisted CPR instructions where the simplicity of this modified technique allows untrained bystanders to rapidly intervene." In addition, compressions-only CPR is recommended, "if a bystander is unwilling or unable to provide mouth-to-mouth rescue breathing."

"It is likely that a trained rescuer will increase the chances of survival by doing mouth-to-mouth breathing along with chest compressions," says John E. Billi, M.D., chairman of the Emergency Cardiovascular Care committee for the American Heart Association. "However, doing chest compressions alone is significantly better than doing nothing."

Several studies have reported that it may be beneficial to have EMS dispatchers provide instructions on a simplified version of CPR for those who are inexperienced in giving CPR.

"It is critical to note that for children, who often suffer cardiac arrest due to respiratory failure or shock, rescue breathing is especially important," says Dr. Billi.



Website rates quality of care at hospitals across state

Wondering which hospital had the most babies in Corpus Christi in 2001? A new website, sponsored by the Texas Business Group on Health, posts information on births and cardiac care for Texas hospitals. Texas Business Group on Health is a coalition of 175 companies that spends about \$20 billion annually on the health



care needs of its 450,000 employees and their families. The website is getting about 100,000 hits a week, according to the group: <http://tbgh.org/checkup>.

Another retirement at TDH/EMS

Rothy Moseley, longtime EMS program specialist in Corpus Christi, recently retired after more than 27 years with TDH. Most of her career was spent in EMS, and since 1980 she has been in the Corpus Christi office. Rothy took an ECA course in the late 1970s at Austin EMS and went on to become a licensed paramedic. Since she retired in late February, she has spent time traveling to see family and volunteering.



Send in your EMS Awards nominations

The award process is changing this year. We've posted the award nomination form on our website at www.tdh.state.tx.us/hcqs/ems/Awards2004.doc. Save this Microsoft Word document to your computer and fill it out by clicking in the gray areas beside each question. When you finish, save the file and email it back to Kelly.Harrell@tdh.state.tx.us.

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

Fill out the information requested on the form. Include written examples of why this person or organization should win. Please be specific when possible. Keep in mind that the people who review the nominations most likely won't be as familiar with your nominee as you are.

Send the file to us by email no later than September 15, 2004. The packets are then given to each program at the Bureau, and sent to each EMS zone office. Each program and zone ranks the nominations for each category and returns the information to the Bureau, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference.

Award Categories 2004

EMS Educator Award honors a state-certified EMS Instructor or Course Coordinator who has advanced EMS education in Texas.

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization.

EMS Administrator Award honors an administrator, researcher, or manager on the local, city, county, regional, or state level who has made a positive contribution to EMS.

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

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

Private/Public Provider Award honors a ground organization that took a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Volunteer Provider Award honors an organization staffed by volunteers that assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

First Responder Award honors a first responder organization that assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Air Medical Service Award honors a public or private air medical service in Texas, a leader in the field, who has demonstrated the highest standards in providing patient care to the citizens of Texas.

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

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

On Duty

Local & Regional EMS News

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.

Llama Mountain Rescue wins honors at 2003 Texas Rescue Competition

In October, rescue teams participated in the 2003 Texas Rescue Competition, held at Garner State Park. Llama Mountain Rescue, a team comprised of Austin Fire Department personnel, placed first in the Advanced and Vertical categories and was awarded the High Points Traveling Trophy. The competition is divided into three categories. Basic sites are usually a steep slope, advanced sites are usually a cliff face or very steep terrain, and vertical sites are a crevice or cave site. Teams are judged on patient packaging, patient management, problem solving, team mechanics and technical rescue operations.

PEMS announces new EMS director

Pearland EMS recently hired Jeff Sundseth as the agency's first paid director of EMS. In EMS since 1986, Sundseth has an associate's degree in EMS management from Palm Beach Community College, a bachelor's degree in organizational management from Palm Beach Atlantic College and a MBA degree from Nova Southeastern University.

STRAC supports area-wide Tie One On for Safety Campaign

Southwest Texas Trauma Service Area Regional Advisory Council partnered with several agencies to support the Tie One On For Safety (TOOFS) cam-

Members of the Llama Mountain Rescue team prepare for the rescue at the Texas Rescue Competition in October.



Local & Regional EMS News



Tommy Gillis, EMT, assists DJ Walker, EMT, in going over the cliff. Gillis and Walker are members of the Llama Mountain Rescue team, which took home winning trophies at the Texas Rescue Competition.

paign. During the 2003 holiday season, the TOOFS campaign distributed approximately 80,000 red ribbons to drivers throughout San Antonio and the surrounding counties to remind them about the dangers of drinking and driving. Participating agencies distributed red ribbons, sent out press releases, acted as designated drivers and held Fatal Vision goggle demonstrations.

WCJC EMS students take smallpox vaccination training

Wharton County Junior College EMT-I and paramedic students attended smallpox vaccination training in February. TDH Immunization staff con-

ducted the course. Thirty students passed the course and signed up to become part of a pool of volunteers to be called into action should there ever be a smallpox emergency in that area.

AAA recognizes Texas medic recognized as a STARS of Life

The American Ambulance Association recently recognized Bruce Ritchie, EMT-P, as the Texas recipient of the STARS of Life award. A paramedic for 13 years, Ritchie is a field training officer for American Medical Response of San Antonio. As an EMS instructor, he also teaches regularly at AMR's EMT training program in San Antonio. The

STARS of Life award is given annually to individuals who demonstrate a willingness to go above and beyond the call of duty for their patients, communities or companies. Recipients of the STARS of Life awards travel to the AAA STARS of Life/board meeting in Washington, D.C., and with members of the U.S. Congress to discuss EMS and the role of EMS in public protection.

CareFlite celebrates 25 years of providing service to the DFW areas

CareFlite is celebrating its 25th year of providing emergency air medical transportation to communities within a 150-mile radius of the Dallas/Fort Worth Metroplex. In addition to operating five emergency air medical transport bases, other CareFlite programs include a ground ambulance service, critical care ground transport, fixed wing service, a state-of-the-art communications center, continuing education and outreach education programs and 9-1-1 services to Johnson County. CareFlite is governed by an 11-member board of directors comprised of health care executives from several large hospital systems including Texas Health Resources (Harris Methodist Hospitals, Presbyterian Hospitals and Arlington Memorial Hospital); Baylor Health Care System; Medical Cities of Dallas; Parkland Health and Hospital

Local & Regional EMS News



Bovina EMS recently received a new ambulance, thanks to funding from private citizens, local government entities and grants from the Meadows Foundation and TDH Local Projects programs. From left, Larry Mitchell, LP, director; Donna Mitchell, LP; Aaron Reed, ECA; and Billy Smith, EMT, hold a check from the Meadows Foundation that was the final piece of funding for the service's purchase of a new ambulance.

System; and the Methodist Health System of Dallas.

BEMS takes delivery of new ambulance

The City of Bovina EMS recently took delivery of a new ambulance. The 2004 AEV on a Ford chassis came equipped with a new 12-lead Medtronic heart monitor. Purchase of the new vehicle was funded through private donations, county funding, city funding, TDH Local Projects grant funding and Meadows Foundation grant funding. BEMS began service in 1978 and this is the first new ambulance that the all-volunteer service has purchased.

Kids Safe Saturday held in Paris

The 11th annual Kids Safe Saturday was held in March in Paris. The primary event was the Think Child Safety Fair, featuring more than 45 booths and displays inside the Paris civic center. Outside of the center, two extrication demonstrations were conducted by the Paris Fire Department and the Reno VFD. A bicycle rodeo was also held. Vehicle displays included law enforcement vehicles, ambulances and the Life Star air ambulance. Emergency response personnel from Paris and the surrounding area were also on hand for the event.

Fort Hancock EMS trains with military medical companies

Fort Hancock EMS invited members of the 148th Medical Company, a MAST unit from Georgia on assignment to Fort Bliss, Texas, to provide GPS and landing zone education for them. The 148th Medical Company has also provided similar training to other services in the Far West Texas and Southern New Mexico RAC (RAC-I). RAC-I has recently purchased GPS units for several of the rural and frontier EMS services in its area to better facilitate guiding air transport providers to the scene of emergency calls.

A-TCEMS holds survivor reunion

In February, emergency response personnel had the opportunity to meet with cardiac arrest patients they had saved. "Survivor Austin II: Keep the Beat Alive" celebrated the reunion of approximately 15 cardiac arrest survivors and personnel from Austin-Travis County EMS, Austin FD and Travis County First Responder and Corporate First Responder organizations. Dr. Ed Racht, A-TC medical director, gave the opening remarks and Teri Lucas, EMT, was the featured speaker. Lucas, a member of the Pflugerville FD and a teacher at Pflugerville Middle School, was actively involved in a cardiac arrest save at that school in

Local & Regional EMS News

2003. In 2003, there were 47 cardiac arrest saves by emergency responders in Travis County.

EFD receives recognition from newspaper

The *Fort Worth Star-Telegram* recently ran an article detailing some of the training that Robert Hopkins, EMT-P with Euless FD, had to take to be able to do his job as a paramedic effectively. The article discussed the amount of education and training that EMS personnel have to complete and how EMS personnel have standards and protocols that they have to follow with dealing with patients. The article em-

phasized that EMS personnel are trained in many different subjects so that they can handle the many types of patients and situations they encounter.

HFD, MCHD, area providers prepared for the Super Bowl

With thousands of individuals coming to Houston to attend the 2004 Super Bowl, Houston FD and the Montgomery County Hospital District worked with several area emergency response agencies to assure that its mass casualty incident plan could be activated easily, if needed. Since this sporting event was a one-time

event with high attendance, high media attention and a possibility for terrorist action, a special MCI plan was created and disseminated throughout the emergency response agencies. Contact was made to assure that every agency had the same plan.

Midland honors fallen firefighters

The City of Midland FD, Midland Citizens Fire Academy Alumni Association and the Professional Firefighters Association of Midland are currently developing a memorial to honor Texas firefighters who have died in the line of duty. The Texas Fallen Firefighters Memorial in Midland will be in Liberty Park, part of a block of land located at the central fire station in Midland. The memorial will include granite slabs engraved with the names of fallen firefighters and an eternal flame. Circling the eternal flame will be a star made of 343 brick pavers representing the 343 firefighters who were killed on September 11, 2001, and the rest of the memorial floor will be made of brick pavers sponsored by fire departments, fire academies, corporations and private donors. When the memorial is completed, it will be the site for the PFAM's annual memorial service held each year on September 11 to honor and remember the families and departments of those fire-fighters from Texas and across the United States who were killed in the line of duty during the previous year.

The City of Midland FD, Midland Citizens Fire Academy Alumni Association and the Professional Firefighters Association of Midland are currently developing a memorial to honor Texas firefighters who have died in the line of duty. The Texas Fallen Firefighters Memorial will be in Liberty Park in Midland and will include elements to honor firefighters killed in the September 11, 2001, collapse of the World Trade Center buildings.



November 21-24, 2004

Texas EMS Conference 2004 comes back to Austin

We're back in Austin for 2004—this time with a brand-new conference hotel next door to the Austin Convention Center. We think we've lined up some of the best education around (see page 24) for the conference and a lot of fantastic new preconference courses (see page 20).

And we were able to keep the same price for the conference this year. That means that for the price of one registration, you'll get the always-popular conference bag, access to 15 hours of first-class continuing education, coffee breaks and two full lunches (including the famous chicken-fried steak lunch).

The exhibit hall fills 132,000 square feet with ambulances, helicopters and equipment that will keep you up-to-date on what's happening in EMS. You can't see this much EMS-related equipment under one roof anywhere else in Texas.

Don't forget to look over the preconference classes. We've added many new classes this year, including many more outdoor rescue classes. Preconference classes are available for a separate price and most classes will be at the convention center this year.

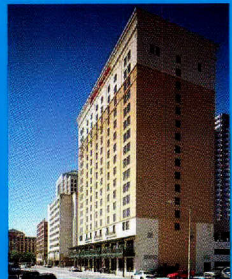
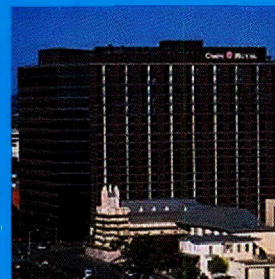
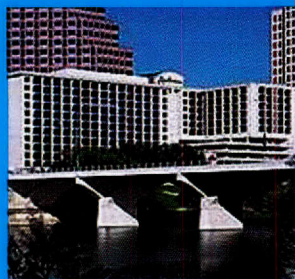
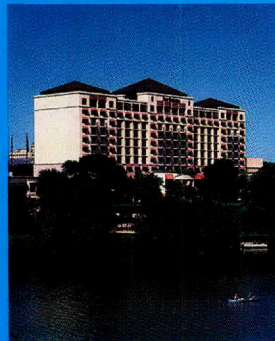
We have special conference rates at five downtown hotels—all within walking distance of the convention center. Make your hotel reservations early – space at the conference hotels goes fast, especially at the host hotel, Hilton. See you in Austin!

HOTELS

Texas EMS Conference has contracts for special conference rates with five downtown Austin hotels.

Top row, from left, the host hotel, the Hilton-Austin, the largest of all the downtown Austin hotels. And right, the Four Seasons Hotel.

Bottom row, from left, the Radisson, the Omni, and the Hampton Inn.



Hilton-Austin

\$80/\$100/\$120/\$140
500 East 4th Street
Austin, TX 78701
(512) 482-8000

Omni-Downtown

\$80/\$80/\$110/\$110
700 San Jacinto
Austin, TX 78701
(512) 476-3700
(800) THE-OMNI

Four Seasons Hotel

\$125/\$165
98 San Jacinto Blvd.
Austin, TX 78701-4039
(512) 685-8100

Hampton Inn & Suites – Downtown Austin

\$80/\$80
200 San Jacinto Blvd.
Austin, TX 78701
(512) 472-1500 or
(800) HAMPTON

Radisson-Town Lake

\$80/\$90/\$100/\$110
111 East Cesar Chavez
Austin, TX 78701
(512) 478-9611 or
(800) 333-3333

Texas EMS Conference 2004 - REGISTRATION FORM

November 21-24, 2004 - Austin Convention Center

Austin, Texas

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.

\$135 before November 1
\$165 after November 1

First Name Last Name
(Please type or print)

Address City

State Zip - Phone - -

e-mail address:

You may register online at
www.texasemsconference.com

For general information call (512) 834-6700
www.tdh.state.tx.us/hcqs/ems/04conf.htm

Registration information (512) 759-1720
Credit card registration fax to (512) 759-1719

PRECONFERENCE CLASSES

If you are taking a preconference class, check the Preconference Class Title

High Angle Rescue, \$115

Confined Space, \$115

Swift Water Awareness, \$115

Land Navigation, \$115

Slope Evacuation, \$115

Cave Rescue, \$115

Spanish for EMS: Parte Dos, \$125

Moulage, \$135

PPPC, \$250

WMD, \$100

EMD Provider, \$350

12-Lead, \$100

Edutainment! MultiMedia Music, \$100

SLAM, \$210

ABL5, \$175

Cadaver Lab, \$250

BDLS, \$125

Helicopter training, \$45

Preconference registration deadline October 15, 2004.

Total Preconference Class Fee \$
Amount

For coordinator course, contact your zone office.

If paying by credit card, fax your completed registration to: 512/759-1719
Registrations by fax will be accepted only if you are using a credit card— a check, money order or credit card number must accompany your mailed registration. No mailed or faxed registrations accepted after 11/1/2004. No refund after 11/1/2004—there is an 18% administration fee if a refund is necessary.

Sunday, November 21, 2004

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

Monday, November 22, 2004

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

Tuesday, November 23, 2004

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

Conference Registration Fee	\$
PreConference class fee included	+
Total Amount enclosed	\$

\$165 registration at the door

Make check payable to:
Texas EMS Conference

Mail to:
Texas EMS Conference
P.O. Box 100
Hutto, Texas 78634

Official Use Only

Date Rec'd.

Type of Pmt.

(If check, write #)

Amt. Rec'd.

MC Visa AmExpress

If paying by credit card, fax 512/759-1719

Credit Card No:

Card Holder Card Exp

Signature of Card Holder

Texas EMS Conference 2004 - EXHIBITOR REGISTRATION FORM

Exhibit Show, November 21-23, 2004 - Austin Convention Center

Austin, Texas

(Please type or print clearly)

18% administration fee charged on refunds—no refunds after 10/1/04

Firm Name _____

Contact Person _____

Address _____

City _____ State ____ Zip _____

Phone _____ E-mail address: _____
Area Code

FAX _____ Website: _____
Area Code

Type of product: _____ (Please be specific)

1. 2. Marketing/sponsorship opportunities: Have someone call and speak to:

Name _____

Phone No. (Area Code) _____

3. The registration fee includes two representatives per exhibit booth. Additional booth staff will be charged \$75 each—include this amount in your total. Attach a typed list to this form if you need more room. (Please print clearly).

Last Name	First Name	Title/Certification
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

For exhibitor information: Call **512/834-6748**
 The floorplan is located at:
www.tdh.state.tx.us/hcqs/ems/04floor.htm

Please check here to verify that you have read the Rules and Regulations on page 6.

Exhibit hall client passes: No charge for 10 or less; not personalized. Number needed _____

4.

Write in booth number(s) requests from the floorplan. The floorplan can change daily—choices are subject to availability and are not guaranteed.

Let us choose for you

1st choice (s) _____

2nd choice (s) _____

3rd choice (s) _____

Please reserve the following exhibit space (s):

How many booths?

_____ 10' X 10' Booth @ \$925, \$825 before 9/1/2004 \$ _____

_____ MULTIPLE 10' X 10' Booth(s) (2 or more) @ \$900 each; \$800 each before 9/1/2004 \$ _____

_____ 20' X 30' Vehicle space @ \$1075 \$ _____

_____ Extra booth staff @ \$75 each \$ _____

CALL 512/834-6748 FOR HELICOPTER PRICING \$ _____

Total Enclosed

5.

If registering before July 31, enclose at least 50% of the total exhibit fee to hold booths. I understand that the balance is due by Sept. 1, 2004 or booths will be released.

Make checks payable to:
 Texas EMS Conference
Mailing address:
 Texas EMS Conference
 P.O. Box 100
 Hutto, Texas 78634

Official Use Only

Date Rec'd. _____

Type of Pmt. _____
(If check, write #)

Amt. Rec'd. _____

MC Visa AmEx

If paying by credit card, you may fax your completed registration to:
Fax 512/759-1719

Credit Card No: _____

Card Holder _____ Card Exp _____

Signature of Card Holder _____

Schedule

Conference At-A-Glance

Tuesday, November 23

Sunday, November 21

1:00 pm - 7:00 pm Registration in Convention Center
Inside Exhibit Hall 4
3:00 pm - 7:00 pm Exhibit Hall Opens
with Welcome Reception

Monday, November 22

7:00 am - 6:00 pm Registration in the Convention Center
Inside Exhibit Hall 4
8:15 am - 9:30 am Opening Session in Ballroom D
9:45 am - 10:45 am Workshop Breakouts
10:00 am - 6:00 pm Exhibit Hall Open
11:00 am - 12 noon Workshop Breakouts
12 noon - 1:00 pm Lunch in Exhibit Hall
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts

*Workshop Breakouts in Ballroom D-G,
Rooms 11-19*

7:00 am - 3:00 pm Registration in the Convention Center
Inside Exhibit Hall 4
7:30 am - 8:30 am Early Bird Workshop Breakouts
8:45 am - 9:45 am Workshop Breakouts
9:00 am - 11:45 am Exhibit Hall Open
(closed during Awards Luncheon)
10:00 am - 11:00 am Workshop Breakouts
11:45 am - 1:15 pm Awards Luncheon-Exhibit Hall 3
(Exhibit Hall open immediately after
Awards Luncheon)
1:15 pm - 3:00 pm Exhibit Hall Open
2:00 pm - 3:00 pm Workshop Breakouts
3:00 pm Exhibit Hall Closes
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts
*Workshop Breakouts in Ballroom D-G,
Room 11-19*

Wednesday, November 24

8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - 12 noon Workshop Breakouts
*Workshop Breakouts in Ballroom D-G
Room 19*
Conference Adjourns

WIN! GRAND PRIZE - \$250; SECOND PLACE - \$100; THIRD PLACE - \$75 AND HONORABLE MENTION - \$50

2004 Texas EMS Photography Contest entry form

Photographer's
Name _____

Employed by _____

Address _____

City _____ State ____ Zip _____

Phone (HM) ____ / ____ - ____ (WK) ____ / ____ - ____

E-mail Address _____

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

Deadline for entering: November 15, 2004

Tape this form to the back of the photo.

Brief explanation of scene: _____

Photo Contest Rules

- **Winning categories and prizes:**
One Grand Prize winner (either color or black and white)—wins \$250 and a plaque.
One Second place—\$100 and a ribbon.
One Third place—\$75 and a ribbon
One Honorable mention—\$50 and a ribbon
- **Deadline:** Entries must be received no later than **November 15, 2004**. All photos will be displayed at Texas EMS Conference and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmatted prints, in color or black and white (5 X 7 to 9 X 12 is best). Fill out the entry form, tape it to the back of your photograph, and mail your entry to: Texas Department of Health/EMS, 1100 West 49th, Austin, TX 78756-3199.
- **For digital photos:** Please print out a copy and mail a printed copy with the entry form attached. You may also e-mail the photo in a .jpg format, use CMYK colors and e-mail to Dawn.Whitfield@tdh.state.tx.us.
- The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- The ownership of the negative will remain with the photographer.

Pre-conference Classes

Saturday

Helicopter Safety & Packaging: \$45; 11/20; 8am-12pm; Off-site (meet at the STAR Flight hangar at 8:00am); CE: Clinical Related Operations. In this class co-sponsored by Austin/Travis County STAR Flight, San Antonio AirLife, CareFlite and STATAir, learn the basics of safe ground operations, patient packaging and other air medical transport issues. This 4-hour class will cover what factors to consider when choosing a landing zone, how to secure a landing zone, and how to operate safely in and around the aircraft. Students will have an opportunity to participate in hands-on exercises. Lunch provided. For information on class content call Casey Ping at (512) 854-6464 or email Casey.Ping@ci.austin.tx.us.

High Angle Rescue: \$115, 11/20; 8am-5pm; Off-site (meet at Hilton at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This 8-hour course focuses on working in a high-angle environment. This course covers description of basic equipment used in high-angle rescue, rappelling, belays, simple hauls and lowers, and self-rescue techniques. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Confined Space: \$115; 11/20; 8am-5pm; Off-site (meet at Hilton

at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This 8-hour course focuses on patient packaging and excavation in a confined space environment. This course covers OSHA regulations, air monitoring, lockout/tagout, equipment review, retrieval systems and patient packaging (no IDLH training or on air scenarios). Student is required to be an active member on a confined space rescue team or ERT and is also responsible for having a working knowledge of rope systems, confined space operations and ICS. This class will satisfy the OSHA 1910.146 requirement for practicing a rescue in a confined space. Students will be required to bring: sturdy boots, rugged clothing, helmet (firefighting or industrial style), leather gloves (non-firefighting or hazmat), knee pads and elbow pads recommended, canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Land Navigation: \$115; 11/20; 8am-5pm; Radisson/Outdoors; CE: CE: 4-Prep, 4-Special Consideration. This 8-hour course focuses on basic map reading and land navigation skills, and covers deciphering topographic map jargon, basic compass use including shooting an azimuth, determine your 100-meter pace count, plotting Universal Transverse Mercator (UTM) points, a latitude and longitude explanation, and basic GPS usage—all helpful skills when setting up a landing zone in the outback or conducting a grid search for a lost person in the wilderness. Students will be required

to bring: sturdy boots, rugged clothing, and compass (provided if you do not have one), note-taking materials, GPS (optional, if you want to bring a personal GPS), blank CD (if you want a copy of the presentation), canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Edutainment! Multimedia Magic: \$100; 11/20; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. Develop eye-opening presentations, not just with PowerPoint, but by using the talents within you. An animated speaker can be shackled by a ho-hum presentation, just as a ho-hum speaker can be overshadowed by an overdone PowerPoint presentation. Anyone can teach a class, but an excellent teacher uses all of their hidden talents: dramatic actor, salesman, standup comedian, artist, self-help guru, motivational speaker and religious minister. Through example, Bob will show you how all of this is accomplished. Come see this and understand why a kite rises against the wind and that you can't discover new oceans unless you have the courage to leave the shore. Take a risk! Do something spontaneous. Please NOTE: Boring people and cowards are not allowed in this session. This session includes a four-hour advanced PowerPoint segment designed to help the educator fine-tune presentations and work on timing issues and solutions. Some participants may be able to present mini-presenta-

Pre-conference Classes

For registration information or to see if the class is full, call 512/759-1720. For information on class content call contact listed under each class description.

tions to show off their newly developed skills. A Laptop Computer is needed for this session. Instructor will send further information via e-mail to registrants before the conference so register early to get the most out of this workshop! For more information contact Bob Page at edutainment@mac.com.

Basic Disaster Life Support (BDLS): \$125; 11/20; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. BDLS participants are expected to gain a fundamental understanding of and the working knowledge needed for effective management of medical disaster management. The format of the BDLS course is lecture/didactic training. The curriculum is developed with an "all hazards" approach to disaster response, and is presented using the DISASTER Paradigm which provides an organized approach for the management of disasters. The BDLS training program was developed by a consortium of academic, state and federal centers called the National Disaster Life Support Education Consortium (NDLSEC). The training program was initially financially supported and developed through the Centers for Disease Control and Prevention (CDC) Specialty Center CLEAR-MADD, the Center for Leadership in Education and Applied Research in Mass Destruction Defense. The American Medical Association (AMA) provides the course delivery. For information on class content contact Dr. Raymond Swienton at beardogmd@aol.com.

Sunday

Swift Water Awareness: \$115; 11/21; 8am-5pm; Radisson/Outdoors; CE: 4-Prep, 4-Spec Con. This 8-hour course focuses on awareness of flooding/swift water safety and river reading skills. This course covers reading river hydrology, understanding of safety concerns, scene control, witness interviews, personal protective equipment selection and basic shore-based rescue techniques. Hands-on practice will consist of throw bag orientation and a skills course. Students will be required to bring note-taking materials, weather-appropriate clothing for outdoor skills practice, canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Slope Evacuation: \$115; 11/21; 8am-5pm; Off-site (meet at Hilton at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This course focuses on low-level patient evacuation in a wilderness environment. This 8-hour course covers basic hauls/lowers, belays, wilderness anchors, patient packaging and patient movement in wilderness environment. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (fire, industrial or wilderness ok), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or

john.green@ci.austin.tx.us. **Note: one-day class.**

Cave Rescue: \$115; 11/21; 8am-5pm; Off-site (meet at Hilton at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This course focuses on patient packaging and evacuation in a cave environment. This 8-hour course covers cave navigation, cave search, patient packaging in a cave, and patient evacuation in a cave. Students will be required to bring: sturdy boots, rugged clothing, caving helmet (provided if you do not have one – no firefighting or industrial style), leather gloves (non-firefighting or hazmat), knee pads and elbow pads recommended, small flashlight, canteen or water bottle, small fanny pack or pack to carry personal equipment. You will get dirty. Lunch provided. For class information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. **Note: one-day class.**

Moulage: \$135; 11/21; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. Participants will be shown how to prepare simulated patients for classroom scenarios, disaster drills and practical skills evaluations. Presenting use of commercial and "make-your-own" supplies, techniques shown will be practiced, so participants should wear old clothes that can be cut, stained and burned, along with a 2nd set of clothes to wear when class is over. **Note:** Latex is used frequently in these techniques, so those with known latex allergies are asked

Pre-conference Classes

bring necessary non-latex supplies. For information on class content contact Alan Baker at abaker@victoriacollege.edu.

Spanish for EMS Providers:

Parte Dos: \$125; 11/21; 8am-5pm; Austin Convention Center; CE: Pt Assess. 'Habla' a little Spanish, but you need to 'tune up' your vocabulary, learn some new EMS terminology, and practice speaking and listening to the Spanish-speaking patient? This class is designed for the non-native Spanish speaker who feels competent in Spanish pronunciation and basic vocabulary. Assessment and treatment questions will be reviewed for specific injuries and medical emergencies, and much of the class will be conducted by conversing in Spanish, listening to audiotapes, completing PCRs and interviewing Spanish-speaking 'patients'. Emphasis will be placed upon eliciting a concise 'yes' or 'no' response from your patient. The class is designed to be interactive, working together to improve your Spanish skills to provide better patient understanding and care. 'Spanish for EMS Providers-Parte Dos' is not for beginners, and will bore those who 'habla' fluently. For information on class content contact Lynne Dees at tresgatos@comcast.net.

Multi-Lead Medics: 12 Lead ECG Interpretation Workshop: \$100; 11/21; 8am-5pm; Austin Convention Center; CE: Med. This 8-hour, highly motivating, non-stop interactive course on 12-Lead ECG, internationally-presented, includes proper lead placement, axis and hemiblock determination, bundle branch

blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG. The course includes a workbook with practice problems and handy charts for rapid use in the field.

Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly learned skill. There is also web site support of graduates of the program by continual competency and feedback from the instructor.

The seminar is delivered as a state of the art computer presentation enhanced with sound, graphics, animation, music and video clips. For information on class content contact Bob Page at edutainment@mac.com.

Street Level Airway Management (SLAM) Express: \$210; 11/21; 8am-5pm; Austin Convention Center; CE: Airway. This 8-hour presentation of emergency and rescue airway management techniques includes a mix of lecture and skills stations, including a "pig trach" lab to teach surgical airway techniques. The course will review anatomy and physiology; assessment of airway status in the emergency setting; principles of airway management, oxygenation and ventilation; decision-making in emergency airway management; and specific, focused discussion and hands-on practice of manual airway positioning and the use of the BVM, oral and nasal airways, assessment and monitoring of oxygenation and ventilation, medication-facilitated intubations and rapid-sequence induction, special

techniques for the difficult airway and airway tools including the LMA, Combitube, retrograde incubation and surgical airway. For information on class content contact James Rich at jrofdallas@aol.com.

Advanced Burn Life Support Provider Course: \$175 for EMS and nursing, \$375 for physicians; 11/21; 8am-5pm; Austin Convention Center; CE: Trauma. National certification course of the American Burn Association. This 8-hour course covers management and assessment of the critically injured burn patient in the first 24 hours post-injury. CE provided for EMS, nurses and physicians. For information contact Lee Richardson at mrems@sbcglobal.com.

Anatomy of Emergency Medicine Procedures and Techniques (Cadaver Lab): \$250; 11/21; 8am-5pm; Austin Convention Center; CE: Prep. This course utilizes human cadavers to demonstrate emergency procedures. The course will be instructed by an ER doctor/medical examiner (Dave Spear, MD), and a trauma surgeon (Craig Daniel, MD). Advanced emergency procedures will first be discussed in a lecture format. Then, the course participants will actually perform procedures such as cranial burr holes, cricothyroidotomy, central line, thoracotomy and cutdowns. Participants will get a chance to do "hands-on" procedures. In addition, the skull/brain, chest cavity and abdominal cavity will be dissected during the course. For information visit DaveMD.com or call (800) 806-1982.

Pre-conference Classes

For registration information or to see if the class is full call 512/759-1720. For information on class content call contact listed under each class description.

Saturday & Sunday

Pediatric Prehospital Care

Course: \$250; 11/20-11/21; 8am-6pm; Austin Convention Center; CE: Med-7, Trauma-9. For professionals at all levels interested in enhancing pediatric assessment and treatment skills. This 16-hour NAEMT class is an in-depth study of the prehospital care of injured and ill children and emphasizes a pragmatic approach and format, based on teaching providers a problem-focused, assessment-based approach while concentrating on what they need to know. The curriculum is designed to allow for a minimal amount of lecture and an ample amount of actual hands-on practice using case-based scenarios. The material covered in the required text supplements the cognitive material delivered in the program. The PPC Provider/Instructor course, included in the cost, will be provided at the end of the course. The instructor course utilizes a standardized approach to presenting each of the mandatory sections of the PPC course, the coordination and implementation of the PPC course, and numerous teaching methods, including "hands-on" practice to assure participants are able to disseminate proper pediatric care information to their students. For information on class content contact Bob Waddell at bobwaddell@bresnan.net or (307) 433-9789.

Coordinator Course: \$250; 11/20-11/21; Sat 12pm-5:30pm, Sun 8am-6pm; Austin Convention Center; No CE. This course is intended to train course coordinators for Texas. Participants will be selected through a

competitive application process. Limited to 25 attendees. TDH field offices will accept applications until July 15, 2004. To apply, complete the TDH EMS Coordinator Application and attach all items listed in Section D-1 or D-2 as applicable except for the application fee. Also attach a letter detailing why a coordinator is needed in the area you intend to serve and addressing in detail your qualifications for meeting that need. Send to 1100 West 49th Street, Austin, TX 78756. Attendees will be selected by August 5, 2004. The 25 selected applicants will be notified via U.S. mail and invoiced for two fees, the course coordinator course fee of \$250 and the EMS coordinator certification fee of \$75. Each fee must be paid with a separate check, and the invoiced will include specific payment instructions. To confirm registration, the fees must be submitted, as instructed in the invoices, no later than September 30, 2004. No fee refunds will be made once submitted. Lunch will be provided on Sunday only. Class includes workbook. For information, contact Brett Hart at (512) 834-6700 ext. 2373.

Friday, Saturday & Sunday

EMS Operations & Planning for WMD: \$100; 11/19-11/21; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. This 24-hour course will equip prehospital and hospital medical personnel with the skills needed to ensure proper patient triage, treatment and transportation in the event of

exposure to chemical, biological, radiological, nuclear and explosive (CBRNE) weapons, also known as weapons of mass destruction (WMD). Exercises conducted in a WMD scenario will reinforce classroom lectures and interaction. First responders will use their training to demonstrate proper techniques for assessment, triage, mass decontamination, treatment and stabilization. In addition, course participants will receive training on the proper techniques for protecting themselves and limiting cross-contamination. For information on class content contact Tony Garcia at tony.garcia@teexmail.tamu.edu or (979) 458-3401.

Emergency Medical Dispatch Provider: \$350; 11/19-11/21; 8am-5pm; Austin Convention Center; CE: Clinical Related Operations. The Emergency Medical Dispatch (EMD) Provider course will prepare the emergency medical dispatcher to give pre-arrival medical instructions until the arrival of emergency response personnel. Topics include roles and responsibilities; legal and liability issues; emergency medical dispatch concepts; obtaining caller information; resource allocation; providing emergency care instructions; introduction to chief complaints. Prerequisites: EMD student must be affiliated with or employed by a public safety organization (i.e., PD/SO/EMS/FD) service; be 18 years of age; and have current Healthcare Provider CPR certification. For information on class content contact Kelli Isaacks at kelli.isaacks@teexmail.tamu.edu.

2004 Conference Speakers and Topics

- Chuck Allen, III, LP, NREMT-P**
Scene Safety: What We Take For Granted
- Julie Bacon, RN, BA**
1) Where's My Physics Teacher When I Need Him?
2) These Are A Few of My Scariest Things: Neonatal Emergencies in the Field
- J. Alan Baker, LP**
ECG Physiology: Making Sense of the Squiggly Lines
- Stephen Benold MD**
Asthma Update
- Scott Bolleter, EMT-P**
1) Pressure Dressings for the Soul
2) Suffer the Children
- Beverly Bottorff-Patton, EMT, EMD & Edward Racht, MD**
Zero Response Interval—The Practice of Medicine at 9-1-1
- Ken Bouvier, NREMT-P**
MVA's: Where were you sitting?
- Jeffrey Brosius, BS, NREMT-P**
Toxicology: A Practical Approach for the EMS Provider
- Jasper Brown, EMT-I, EMD**
1) Scheduling, Staffing, Vacations in the Comm Center
2) Air Operations in the Emergency Comm Center
3) Phone Triage for Rescue Calls
- Suzanne Buchanan, RN, CCRN**
From Scene to Definitive Care: Burn Case Studies from a Regional Burn Center
- Daniel Carlascio, NREMT-P, CCEMT-P**
1) Playing with Fire; Burns & Smoke Inhalation
2) The Fire Inside: Chest & Abdominal Trauma
- Will Chapleau, EMT-P, RN, TNS**
Controversies in Prehospital Care
- Jay Cloud, BA, LP**
The Eyes Have It
- Darryl Coontz, LP**
Endotracheal Rules of Engagement
- Ken Corn, NREMT-P**
1) Diabetes in EMS
2) Things You Never Knew, You Never Knew
- Bill Crawford, NREMT, LP**
Explosive Recognition for the EMS Provider
- Brian Cudaback, LP**
CQI: Education or Discipline?
- William David, RN, BSN, NREMT-P, CCRN, CEN, CFRN**
Controversies in Fluid Resuscitation
- James Davis, LP**
The Pulse Oxymoron
- Angela DeTulleo, LP**
Clandestine Drug Labs: Safety and Recognition
- Steven Dralle, EMT-P**
1) No More Adulteration!
2) Do You Want to Go to the Hospital?
- David Dunafan, NREMT-P**
Precepting in the 21st Century: It's Not What I Know, It's What You Need to Know
- Bryan Ericson, LP, NREMT-P, RN**
1) Motivating The Unmotivatable
2) When Good Batteries Go Bad
3) Obesity in EMS
- Harold Ethridge, LP, NREMT-P**
But He's Breathing: Epilepsy and Seizure Disorder in the Prehospital Setting
- Jeffrey Fenske, EMT-P**
Complicated Patients: Good vs. Bad Differential Diagnosis
- William Gandy JD, LP**
1) HIPAA Update
2) Pharmacology for Basic EMTs
3) 10 Common Errors in Airway Management
- Tony Garcia**
Glowing in the Dark: Recognition & Management of Radiation Injuries
- James Garrison, RN**
1) Biological and Chemical Agents of Today
2) Ten Substances That Can Kill A Child with One Tablet or Teaspoon
- Donald Gordon, PhD, MD**
1) Viral Threats & EMS Response in Our Time
2) The Pathophysiology of Crush Injury
- Steven Grayson, NREMT-P, CCEMT-P**
1) Whack'em on the Nose With a Copy of JEMS
2) Antiarrhythmics: Do They Work?
3) Making Sense of Tachycardia: Unraveling the AHA Algorithms
- John Griswell, MD**
MI and Interventricular Conduction Blocks in 12-Lead ECG
- Liz Herring, EMT-P, MBA**
1) Mother, Jugs, & OhNo, NotAgain
2) How to Study So You Won't Be a Dummy
- Jane Hill, AAS, LP**
Proctored Testing: Is It Really All That Necessary?
- Mark Hinson, MA, NREMT-P, RN**
Current Concepts in Seizure Management
- Lisa Hollett, RN, BSN, MICN, CEN**
1) Dealing with the Devil-Cult Activity and Satanism
2) Rollin'—Looking at Predatory Drugs and the Rave Culture
- William Huddleston, RPh**
Prehospital Decontamination for EMS Providers
- Kelli Isaacks & Samuel C. Gutierrez**
Understanding and Using the TxDOT EMS Education Grant
- Charles Jaquith, CCEMT, LP**
First Responders: Friend or Foe to EMS
- Kelly MK Johnson & Carol Wright**
Data and Reporting: How Are These Important to Me
- Robert Knappage, EMT-P**
I Think I'm Having an MI
- Daniel Kocurek, MD**
Ending Diversions Forever
- Steve Kolar, MBA, LP, EMSC & Cissy Matthews MBA, LP, EMSC**
Improving Scores on the National Registry Exam
- Baruch Krauss, MD, EdM, FAAP, FACEP**
1) Full Spectrum Capnography for Intubated and Non-Intubated Patients in EMS
2) Pediatric Airway Management
- Paul Kuper, NREMT-P, FP-C**
1) Broken-Hearted Baby: Management of the Patient with Congenital Heart Defects
2) Shake, Rattle & Roll: Seizure Management
- Darren Lacroix, EMT-P**
1) Application of Critical Pedagogy to Your Classroom
2) Critical Thinking and EMS—Rethinking the Way We Teach
- Carol Lawrence RN, BSN**
1) Understanding Lab Work for Occupational Exposure
2) Developing An Immunization Program
- Anita Lindsay NREMT-P, LP**
Elderly Patients: A Forgotten Population
- Kelly McCauley, LP**
Field Termination of Resuscitation: You Can Do It

2004 Conference Speakers and Topics



Michael McDill, NREMT-P
Medical Incident Command at a Terroristic Event

Greg Middleton, EMT-P
The Comm Center's Role in Early Activation/Notification for Helo Resources

Julie Ming, EMT-P
Don't Touch That!

Chris Mitcham, AAS, LP
So You Want to Become An Instructor: Here's The Basics

Louis Molino, Sr., EMT
Burns—A Trauma Nightmare for Patient and Provider

Kenneth Navarro, LP
Therapeutic Hypothermia After Cardiac Arrest

Larry Nelson, RN, LP
Poisonous Plants of Texas

Bob Page, NREMT-P, CCEMT-P
1) DRIST: Dirt Rotten Instructor Scoundrel Tricks
2) Stethoscopy for Dummies
3) Therapeutic Electrocutation: Keeping Current on Non-Invasive Pacing

Paul Pepe, MD, MPH
1) One-Hour CPR: Is Shorter CPR Training More Effective?
2) Matters of Life and Death: Why We Now Need to Change Resuscitation Protocols

Brian Petrilla, EMT-P
Think Child Safety/Think Senior Safety/ The Circle of Protection

David Phillips, BS, LP
1) Changes in the Prehospital Management of CHF
2) Things I Wish They'd Told Me When I Was In Paramedic School
3) Management of Motor Vehicle Collisions & Multi-Patient Incidents

Jon Puryear, EMT-P
Cardiac Markers: Decreasing the "Door to Drug" Time for AMIs

Edward Racht, MD
1) Zero Response Interval—The Practice of Medicine at 9-1-1 (with Beverly Bottorff-Patton)
2) If We Don't Laugh, We'll Cry
3) Go With the Flow: It's All About Perfusion
4) Managing Cardiac Arrest From the Comm Perspective

David Rainwater
Puff, Puff, Wheeze, Wheeze, I Need Some Relief, Please

Lee Richardson, NREMT-P, CCEMT-P, LP
1) He Is Stuck In What? Responding to the Farm Accident
2) I'm an EMT, I Can Help!
3) Ouch That Has Got to Hurt (with Karen Yates)

John Rinard, LP
The EMS Leadership Academy

Darlene Rodriguez, RN
Complications and Implications of Crush

Mike Ryan, LP, NREMT-P
No More Excuses: Problem Students

Shawn Salter, RN, NREMT-P
1) Alternative Airway Intervention
2) Traumatic Brain Injury: Assessment and Management
3) Thoracic Trauma

Kenneth Schaaf, EMT-P
Responding to Railroad Emergencies

Greg Schaffer, EMT-P
1) EMS for Mass Gatherings
2) Going Nasal—Intranasal Medication Delivery in EMS

Marc Scrivener, EMT
Smallpox: Critical Information for Emergency Responders

Barry Sharp, MSHP, EMT, CHES
Does Your Mission Support Your Vision? Getting Activities, Funding, and Goals in Alignment

Shawn Sims
Why Do We Need to Know This? Putting the A&P Into Practice

Paul Sirbaugh, DO, FAAP, FACEP
Prehospital Pediatric Emergency Medicine Case Presentations

Irlynda Smith, EMT-P
Beyond the Basics

Lon Squyres
The Basic of Toxmedicine For EMS

Keith Tate, LP
Responding to Emergencies

Leslie Teel, LP, NREMT-P
Forget Alzheimer's?

Clancy Terrill, LP
Equipment and Supplies—What's Best for You

Jennifer Thomas, EMT-P
Most Common Geriatric Emergency

Cathy Thorn
Document This!!!

RK Turner, BS, LP
1) Powdered Donuts and Professionalism: A Humorous Look at the Ethical and Professional Standards in EMS

2) Crank Stars: A Guide to the Stimulant Intoxicated Patient
3) Bloody Messes: How to Respond to Violent Incidents

Lance Villers, MA, LP
1) Do You Know Where Your Students Are: Classroom Learning and Assessment
2) 12-Lead ECG Case Studies: From the Routine to the Bizarre

Michael von Wupperfeld, EMT
So You Have A Safety Program?

Karl Wagenhauser, MD, FAAEM, FACEP
1) Top Ten Things That Pucker My Sphincter—2004
2) Geriatrics Trauma: When Old People Break

Dudley Wait, BBA, NREMT-P & Wes Ogilvie, MPA, JD
EMS Workplace Laws: What Not to Say, Touch, or Do at the Station

Rick Wallace, LP
1) O₂ to Surgical Cric: Perils and Pit-Falls
2) Compassion: The Difference Between a Good EMT/Paramedic and a Great One!

Kelly Weller, BAAS, LP
When It Isn't SIDS

Shawn White, LP
Dealing with Pediatric Emergencies with Confidence

Jane Wigginton, MD
1) The Main Vein
2) Any Port in a Storm

Dave Williams, MS, LP
Go Team!

Karen Yates, RN, BS, CEN, LP
1) Ouch That Has Got to Hurt! Assessment and Management of Orthopedic Injuries (with Lee Richardson)
2) From the Field to Cath Lab: Management of the Acute MI

Mike Yudzky, EMT-P
Bites and Stings of Summer

Topics and speakers for Texas EMS Conference 2004 were chosen by the Conference Education Committee, a joint effort between the Texas Department of Health and the Texas EMS Foundation to solicit and select presentations for the 2004 Texas EMS Conference in Austin. Committee members were selected based upon numerous factors including: geographic location, experience with large conferences, educational experience and type of EMS experience. The committee chose from more than 300 proposals received.

Fees increase due to legislation

By Linda Reyes

Bureau web home page address: www.tdh.state.tx.us/hcqs/ems

EMS Standards home page: www.tdh.state.tx.us/hcqs/ems/stndhome.htm

Internet certification verification now on web site.

Certification verification phone line: 512/834-6769
Fax number: 512/834-6714
email: emscert@tdh.state.tx.us

Q: *I'm really confused about the fees I'll be required to pay when I renew this fall. Say I want to renew online. Exactly what fees will I owe?*

A: There are two legislative actions that increased EMS fees. The first is HB 2292, which allows TDH to increase all EMS regulatory fees. The second is SB 1152, which requires TDH to join TexasOnline and to charge a subscription fee. Find your renewal situation on the chart below to determine your total fee. All applications will be assessed a one-time subscription fee per renewal, whether the application is submitted on paper or online.

Q: *Are there any exceptions?*

A: The first exception is exempt volunteers. No fee is owed unless they choose to renew by the exam option, in which case they will be required to pay the National Registry assessment exam fee, but no state application or subscription fee. Volunteers

do not have the option to renew through TexasOnline. The second exception is personnel who apply for renewal before June 1 but do not complete the process.

Once you submit an application, paper or online, for the current renewal period (any time within one year prior through one year after expiration date), you do not get an opportunity to complete another application for this renewal period through TexasOnline. You must correct your deficiency by paper submission. For example, you submitted a renewal application prior to your expiration date, which was March 31, 2004, but did not complete requirements for recertification. You are now within 90 days past your expiration date. You are not eligible to renew through TexasOnline because your application status is either "Pending deficiencies" or "Eligible for testing."

New renewal fee structure for HB 2292 and TexasOnline

Level	Renewal Timeframe	HB 2292 New Base Fee	Plus SB1152 Subscript Fee	Total \$ Fee Owed
ECA or EMT	Within 12 mos prior to expiration date	60	4	64
ECA or EMT	Within 90 days after expiration date	90	4	94
ECA or EMT	Within 91 days to 1 year after expiration date	120	4	124
EMT-I or EMT-P	Within 12 mos prior to expiration date	90	6	96
EMT-I or EMT-P	Within 90 days after expiration date	135	6	141
EMT-I or EMT-P	Within 91 days to 1 year after expiration date	180	6	186
Licensed EMT-P	Within 12 mos prior to expiration date	120	6	126
Licensed EMT-P	Within 90 days after expiration date	180	6	186
Licensed EMT-P	Within 91 days to 1 year after expiration date	240	6	246
Basic or Adv Coord	Within 12 mos prior to expiration date	60	4	64
Basic or Adv Coord	Within 90 days after expiration date	90	4	94
Basic or Adv Coord	Within 91 days to 1 year after expiration date	120	4	124
EMS Instructor	Within 12 mos prior to expiration date	30	4	34
EMS Instructor	Within 90 days after expiration date	45	4	49
EMS Instructor	Within 91 days to 1 year after expiration date	60	4	64
EMS Information Operator Inst	Within 12 mos prior to expiration date	60	4	64
EMS Information Operator Inst	Within 90 days after expiration date	90	4	94
EMS Information Operator Inst	Within 91 days to 1 year after expiration date	120	4	124

**At press time, this is applicable June 1 for renewals only. Initial fees for TexasOnline will increase as soon as we're mandated to collect Texas Online fees. We may be required to collect fees as soon as June. We will post the information on our website as soon as we know it.*

HB 2292 initial fees

As of June 1, 2004

Item	Fee Owed
Initial ECA or EMT	\$60
Initial EMT-I or EMT-P	\$90
Initial Licensed EMT-P	\$120
Initial Coordinator (basic or adv)	\$60
Initial EMS Instructor	\$30
Initial EMS Info Operator Inst	\$60
Duplicate ID card	\$10
Retest fee (all levels)	\$30
Reciprocity	\$120
Inactive status	\$30

Initial fees will increase as we're mandated to collect TexasOnline fees.

Applications received with incorrect fees will be considered deficient. Refer to the chart on the previous page to find your fee.

Q: *What about using TexasOnline for initial applications?*

A: That's a little trickier to answer. The folks at TexasOnline have not given us a firm date for when they will begin accepting initial applications online, although it may be as early as September 1. TexasOnline, which is being managed by a private contractor, has the legislative authority to charge subscription fees for every application (online or not) up to 90 days before the actual services begin. It appears we will receive very little notice of this fee increase. The only thing to do is to check our website the day that you send in your application. Applications received with incorrect fees will be considered deficient, which will cause a delay in your certification or licensure.

Q: *What fees do I pay for initial applications?*

A: Regulatory fees for initial applications will increase June 1. See box on this page for new fee amounts. These fee increases go into effect whether or not TexasOnline subscription fees are assessed. See previous question for more information on when TexasOnline fees might go into effect. And check the website before you send in your application!

Q: *When will I be able to use the Texas Online system to renew my certification?*

A: We are planning on a June start

date. The initial implementation phase will only allow renewal applicants to use the TexasOnline system. If you have previously submitted a paper application and show as pending on the certification query page, you cannot use TexasOnline to correct your deficiency. We expect the implementation of the second phase to follow, allowing initial applicants, reciprocity and renewal provider licensing through Texas Online.

Q: *Can I update my personal information such as address and phone number online?*

A: Only while you are also renewing your EMS certification. Otherwise, you can write, email or call your address change to us.

Q: *I need to change my last name on your records. Can I do that online?*

A: No, to change your last name, you must provide us with documentation. If you have questions about changing your last name, call or email us.

Q: *How can I confirm a payment or request a receipt for online payment?*

A: TexasOnline will prompt you when a payment has been made and allow you to print a receipt on your printer.

Q: *If I renew online will I receive my new card faster than if I submit a paper application and check or money order payment?*

A: Yes. TexasOnline is designed for faster service turnaround. An electronic payment is much faster than the mail and paper process.

Q: *If I renew online, will I be considered "legal" to work as soon as I get a confirmation that my payment was accepted and I complete the renewal process?*

A: No. You can check your application status on the bureau web site at: www.tdh.state.tx.us/hcqs/ems, click on Certification Query. The department will consider you renewed as soon as your new application status reads "Certified" with a

new expiration date. The web page is considered an official record and is a live connection to our state database.

Bottom line: Because of HB 2292, all regulatory (initial and renewal) fees increase June 1. In addition, renewal fees will increase more on June 1 because of TDH's mandate to participate in Texas Online. Initial fees will increase when we're mandated to collect Texas Online fees. That may happen as soon as June 1. Watch our website for the latest information.

Always check the website the day you send in your application to make sure you are sending the correct fee. We will update the information about fees as we know it on our website, and send it out on our announcement email list (see page 5 for details on how to sign up for the announcement emails). Rules mandate that applications received with incorrect fees will be marked deficient which will delay your application.

Let's sum it up:

Regulatory fee increases begin June 1, 2004

- Approximately 20 percent increase in regulatory fees for initial and renewal applications

TexasOnline fee increases begin June 1, 2004

- TexasOnline subscription fee for renewal certifications
- Possible: TexasOnline subscription fee for initial certifications

You are not eligible to use TexasOnline for renewal if

- You are a fee exempt volunteer
- Your application status reads, "Pending" or "Eligible for testing"
- You are earlier than one year prior or later than one year after your expiration date

You do not owe a subscription fee if

- You are a fee exempt volunteer
- Your application status reads, "Pending" or "Eligible for testing" and you applied prior to June 1.

EMS Week

May 16-22, 2004
Texas Trauma Awareness Month
May 2004

Have you started planning for National/Texas EMS Week, May 16-22? What about Trauma Awareness Month in May? Texas EMS Week honors all who work as part of the EMS and Texas Trauma Network. These two events are the perfect time to tell people in your community about the important role you play in the health of your community. If you have questions or comments about EMS Week or Trauma Month, or simply want some help in planning some activities, call us at (512) 834-6700. You'll find some ideas for EMS Week activities at www.tdh.state.tx.us/hcqs/ems.

Here are a few things that might help you plan:

The American College of Emergency Physicians is once again sending out planning packets for EMS Week. The theme of this year is: EMS: There When You Need Us, which "focuses on the commitment and dedication of the 750,000 EMS providers who provide an essential community service every day" nationwide. TDH mailed out packets in April to every EMS provider and first responder group. We added our own Texas EMS Week information to those packets, which have press releases, radio spots and a sample resolution. In Texas, we'll focus on what to do before help arrives—bystander first aid and CPR. And of course, we'll add general information about EMS.

Packets (without Texas info) can also be ordered directly from ACEP by calling (800) 798-1822, then pressing 6 for publications when prompted by automated voice mail. Or you can check out ACEP's website at www.acep.org.

For more information, call Nicole Rivers at (512) 834-6700; extension 2380.



American College of
Emergency Physicians



Photo Credits: Sonchun AmMitt, Horizon Emergency Vehicles, FDNY EMS and EMS Chief JP Martin, Aardian Ambulance, Canfield.



EMERGENCY MEDICAL SERVICES
THE DIVISION OF EMERGENCY CARE SERVICES AND TRAUMACARE

By
Brett Hart, EMT-P, and Eddie Walker, EMT-P

FAQ EMS Education

Q: *I am currently in an EMT-Basic class that completes at the end of the month. I called the local TDH EMS office to find out about locations and dates to take the exam and was told I will be able to schedule an exam on-line. Is this correct?*

A: Yes. TDH now offers individuals wishing to schedule an exam the opportunity to schedule an exam on-line. At our website you will find a list of exam sites and instructions on scheduling. To access the exam scheduler, go to the Bureau's web site: www.tdh.state.tx.us/hcqs/ems and click on Schedule an Exam or go to www.tdh.state.tx.us/hcqs/ems/EMSExamintroduction.htm.

Q: *What does eligible for testing mean?*

A: You meet requirements for taking the exam. It does not guarantee certification.

Q: *What requirements do I need to meet to schedule an exam?*

A: Requirements needed in order to schedule an exam are as follows:

1. Initial candidates must be listed on a Course Completion Roster (CCR) the Course Coordinator submits to the Bureau after the class has completed. The information is entered in to the Bureau's database and "eligible for National Registry exam" is entered into the "Status" column. If a state application and fee, if applicable, have not been received, the information will appear in the "Deficiency" column.

2. For renewal candidates choosing the Exam Only option, the candidate must submit the renewal application and fee, if applicable, before scheduling an exam.

3. Candidates that are changing their inactive status to active and those re-certifying by taking the examination must submit the following prior to scheduling an exam:

a. Application and fee, if applicable.

b. A Course Completion Certificate showing successful completion of a Re-Certification Course.

Once the information is submitted to the Bureau and entered into the database, an

individual may check his or her status by checking the "Certification Query" on the Bureau's web site. If "eligible for National Registry exam" appears, the individual may then schedule an exam.

Q: *How do I schedule an exam?*

A: Once an individual is eligible to take the exam, follow the process outlined below to schedule an exam:

1. Go to the Bureau's web site and click on "Schedule an Exam".

2. Click on the month you want to take the exam and look for the location and date you want to take the exam. Have a pen or pencil and paper to write down the date, location and exam number. It is a good idea to choose two sites, as the first choice may not be available.

3. Once you've decided on the date of the exam, click on the "EMS Exam Request Form," complete and submit it. In order to be scheduled all information must be completed.

4. The web site will acknowledge that the form was submitted.

5. You will receive a confirmation email within three business days letting you know the exam date and site where you were scheduled.

Q: *At what times can I submit an exam request?*

A: Once you are eligible to take the exam, submit a request at any time, 24 hours a day, seven days a week.

Remember, exam sites are closed when they fill up or two business days before the exam is scheduled.

Q: *I am not sure which exam I can make. Can I schedule for more than one exam?*

A: No, space is limited at each exam. In order to allow everyone a chance to take the exam, you cannot schedule for more than one exam at a time. Reservations are made in the order received.

TEXAS EMS CERTIFICATIONS AS OF APRIL 15, 2004

ECA	4,840
EMT	26,802
EMT-I	3,969
EMT-P	9,887
LP	5,655
TOTAL	51,153

COORDINATOR	361
INSTRUCTOR	1,916



Weapons of Mass *Disruption*

By Capt. Dennis Fivecoat, PA, and Capt. Frederick Parkins

Biological, chemical and radiological weapons don't have to kill large numbers of people to be serious

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Introduction

To many people, the world changed on September 11, 2001. In reality, the greatest change was mainly in the perception of the average American. The General Accounting Office (GAO) had consistently reported that the United States was not adequately prepared for a weapon of mass destruction (WMD) incident on American soil. In response to these reports, several programs were instituted prior to 9/11. The Metropolitan Medical Response System (MMRS) set a goal to train and equip the 120 largest cities in the United States. The National Disaster Medical System (NDMS) updated cold war civil defense programs into a viable public health support system. Military training plans were altered to include more detail of nuclear, biological and chemical weapons. The circumstances of the Oklahoma City bombing in 1995 and the Olympic Village bombing in 1996 changed the way first responders approached a suspected scene. Many professionals began making preparations for what they hoped would never happen.

Some prefer not to use the term "weapons of mass destruction" as such a term helps feed into the fear of such substances. Respecting the hazardous potential of these weapons should be accompanied with a mindset of reason, rather than panic. In the case of chemical, biological and radiological materials, there is potential for mass hysteria, in addition to tangible damage. To use the term "weapons of mass disruption" is more true to the mission of a terrorist. There is a great potential for mass casualties. However, a terrorist would consider it a success to kill or injure only a few people. The result could be chaos for public safety personnel and the general public. The true destruction might only be to the confidence and cohesion of the American people. That would fit well

into the goal of a terrorist. To many people, the issue is not the likelihood of an attack, but rather the potential outcome. The resulting chaos, panic and terror of a WMD attack is of such a potential, the issue of likelihood almost becomes moot.

Even if only a few people are hurt by a WMD, there is a reasonable concern for being one of the few. Most training programs rely on little more than responders recognizing the signs/symptoms of the injured, and then acting accordingly. In years past, miners used canaries to recognize gas pockets. If the canary died, miners would evacuate the tunnel. Injured bystanders or first responders are often referred to by the metaphor "canaries." Not recognizing the people already affected is dangerous and can be avoided. Don't ignore the sacrifice of life or health of those caught in a terrorist attack. We must do more by using training, observation and technology to prevent a human being from becoming a "canary."

The acronym CBRNE is often used to describe the different categories of WMD agents. CBRNE stands for chemical, biological, radiological, nuclear and explosives (high yield). The term CBRNE generally implies that the hazardous material is being used against a civilian population.

Goal

Prepare first responders for intentional release of hazardous materials (WMD).

Course Objectives

1. Recognize the waning signs of a possible WMD attack.
2. Recognize the warning signs of a CBRNE threat using the SCALP acronym.
3. Respond effectively to a suspected CBRNE incident using the TRIPPED acronym.
4. Be familiar with the most common CBRNE agent symptoms by sharing the CBRNE acronym.
5. Assist victims with hasty decontamination, and prepare for complete DECON.

SCALP

Figure 1—Keep SCALP in the back of your head

- Symptoms/smells
- Containers
- Animals
- Liquids
- Powders

The acronym CBRNE is often used to describe the different categories of WMD agents. CBRNE stands for Chemical, Biological, Radiological, Nuclear and Explosives (high yield). The term CBRNE generally implies that the hazardous material is being used against a civilian population.

It is expected that most of the damage from a terrorist attack will be caused within the first ten minutes.

SCALP: Symptoms

Figure 2—Common CBRNE symptoms (red flags)

- Convulsions/muscle problems
- Breathing problems
- Rashes or skin irritation
- Nausea/vomiting
- Eye (seeing) problems

In numerous exercises across the United States, hazmat teams are deployed into a “hot zone” to deal with the release of a hazardous material. Federal safety guidelines have specific requirements, which must be met before a hazmat team may enter a “hot zone.” It is not unusual for it to take more than an hour for a hazmat team to arrive, let alone enter the “hot zone.”

It is expected that most of the damage from a terrorist attack will be caused within the first ten minutes, since many hazardous materials can cause preventable death or morbidity in less than ten minutes. The first ten minutes (FTM or “fit’em”) is critical to increasing the chance of survival for contaminated victims. Obviously, the hazmat team is unlikely to be available within such a time frame. This makes event recognition, proper early management and hasty decontamination a dire necessity. Therefore police, fire and EMS departments need to be prepared to safely manage these events early on. These actions must be done without entering the “hot zone.”

Many first responders do not recognize the importance of this point. It is commonly accepted dogma that “hazmat will handle it.” Another common thought is that the first few responders will be the only warning to a hazardous scene. First responders have accepted a level of risk within their occupation, and many have not considered that recognizing the warning signs of an event could save their lives. Furthermore, becoming a casualty of the event can do little to help the general public. Protecting the civilian population is difficult when the first responders are casualties themselves.

One method to remember and recognize the signs of a CBRNE—WMD event is the SCALP method. The acronym SCALP stands for symptoms/smells, containers, animals, liquids and powders. We teach first responders to “Keep SCALP in

the backs of their heads” when responding to a scene. This easily remembered acronym can remind the first responder of the warning signs that could indicate the scene is a potential CBRNE incident (Figure 1).

SCALP: Symptoms/Smells

Having a solid understanding of common CBRNE threat agents can be very helpful in the recognition of an attack. Many first responders, especially police officers, consider this to be specifically a medical issue. The early recognition of symptoms can warn of the existence of a CBRNE attack and perhaps provide clues as to the identity of the agent. The symptoms of a CBRNE attack can be easily recalled by remembering the shared acronym CBRNE. Convulsions, breathing problems, rashes, nausea/vomiting and eye (seeing) problems are all very common to hazardous material exposures. While these symptoms do not give specific clues about the type of CBRNE agent, it could help a first responder recognize the existence of a potential incident. These symptoms are generic and common to most forms of illness. However, an observation or report of a *pattern* of these symptoms should bring a high index of suspicion for a CBRNE event (Figure 2).

Many chemical threat agents have a distinctive odor. Remembering the odor of the more likely CBRNE materials could provide vital clues in an incident. Because these are organic materials, they often have smells that mimic a type of food or plant. However, a first responder should never mistake this as an invitation to sniff or smell a material as a testing method. Information about the odors of the agent could be obtained from witnesses, bystanders or perhaps dispatch. These smells might be found at a reasonable distance away from the CBRNE material, so it is possible that a

witness reporting a certain odor will never become a casualty. A responder or medical professional should resist the urge to ask about specific smells ("Did it smell like rotten fruit?"), as this could influence the answer. However, the interviewer is encouraged to ask if the odor was similar to a type of food or plant. That phrase could stimulate enough thought without planting a suggestion. An important point to keep in mind is that the *absence* of an odor does not rule out the presence of that agent. For example, it is estimated that about 40 percent of the general population does not have the genetic ability to smell cyanide. And some CBRNE threat agents have little or no smell. However, reports of certain odors, particularly ones that mimic a type of food or plant, should be noted and taken seriously (Figure 3).

SCALP: Containers

Threat agents may be in or near the container they were transported in and released from. Figure 4 demonstrates a possible warning sign of an intentional release. The container shown is upright and does not look like a spill. The container appears intact and is in close proximity to an obvious liquid. This could be a sign of a container placed for a specific purpose. This represents only one possible example of clues to an observant first responder. Some chemical threat agents have legitimate use as industrial chemicals, such as phosgene and cyanide. A terrorist could obtain these chemicals by use of false identification/credentials or forged paperwork. It could be helpful to note that phosgene is often stored in a



Figure 4 The container shown is upright and does not look like a spill and appears intact.

green cylinder, where as cyanide is often stored in a blue cylinder.

SCALP: Animals

As the term "canary" demonstrates, animals can give effective warning signs of dangerous materials. It is not suggested that first responders intentionally expose animals as a testing method. Since most domestic animals are smaller than humans, they will often be affected at lower doses of an agent. An obvious sign might be a large number of dead birds; however, this is unlikely. After one or two birds were affected, most of the others would likely fly away. Attention should be paid to animals that have recently died (have not decomposed). Furthermore, an area that usually has a great deal of birds and bird noise should be suspect if these are not present. Most CBRNE gasses are heavier than air. Therefore small animals might be affected before humans because they are much closer to the ground (dogs, cats, squirrels, rodents, etc).

SCALP: Liquids

Many CBRNE agents are in liquid form. They can be released by air, aerosol, intentional spill or other methods. A first responder should make notice of spilled liquids, especially in high traffic areas, such as sidewalk intersections. Other possible warning signs could be open containers with liquid still inside or areas of damp ground or pavement. Although a potential agent could be any color, the most likely colors for CBRNE liquids are amber, brown or yellow.

SCALP: Powders

Many CBRNE agents are in powder form. This could be an obvious powder or a formerly aerosolized dust. The most common colors for CBRNE powders are white, yellow or brown. Containers could have a powder or lumpy-looking

SCALP: Smells

Figure 3—A type of food or plant

- "Rotten fruit" (Nerve agents)
- Blister agents
- "Garlic or horseradish" (Mustard)
- "Flowers/geraniums" (Lewisite)
- Choking agents
- "Freshly mowed grass or hay" (Phosgene)
- "Green corn" (Phosgene)
- "Bitter or burnt almonds" (Blood agents)

Common containers

- Cylinders
- **Phosgene** is often stored in a **GREEN** cylinder.
- **Cyanide** is often stored in a **BLUE** cylinder.
- Glass containers
- Plastic cans
- Metal drums
- Aerosol cans
- Bags and boxes

TRIPPED –

Don't get TRIPPED by a CBRNE incident.

- Threat recognition
- Report
- Initiate response
- Protect yourself
- Protect others
- Evacuate
- Decontaminate

substance. A likely possibility is the presence of dust on outdoor plants, trees and bushes.

Once a first responder is suspicious of a CBRNE—WMD incident, there are many factors to consider in the management of this event. The acronym TRIPPED is one method of remembering these factors and setting the proper response into motion. TRIPPED stands for: threat recognition, report, initiate response, protect yourself, protect others, evacuate, decontaminate.

TRIPPED: Threat recognition

As we just covered, one method for recognizing the threat is using the SCALP acronym. However, many simple testing measures exist (such as military M8 paper). These should not be attempted without the proper training and equipment. Another consideration in

threat recognition is secondary devices. A secondary device is a different threat, usually at the scene, intended to harm responders to the initial incident. Any secondary device found should be noted and the area should be evacuated. A safe perimeter should be established and the proper specialists (such as bomb technicians) should be notified.

TRIPPED: Report

The need for reporting a CBRNE-WMD event is obvious. The elements of information that are the most important might not be obvious. Different departments have different formats for report-

ing. However, if your department does not have a standard format, the 4W-H method (who, what, where, when and how many) might assist in remembering what to send in a CBRNE-WMD report. Responders with a military background might be familiar with a similar method

remembered by the acronym SALUTE (size, activity, location, unit/uniform, time, equipment). Since first responders are most likely to be civilian authorities, we will focus on the 4W-H method.

Who

- Give your name.
- Who else is at the scene?
- Who was acting suspicious at the scene?
- Are there any other agencies at the scene?

What

- What do you see around the scene?
- Why do you suspect a CBRNE threat?
- Did anyone report an unusual smell or victim symptoms?
- Are there explosives or secondary devices?
- Use SCALP as a guide.

When

- What time is it now?
 - What time did the incident occur?
- This can give clues about the dispersion and the "plume" or downwind area can be estimated.
- Remember, the first ten minutes are critical.

Where

- Where did the incident occur?
- Provide location and address.
- Is it indoors or outdoors?
- Where are you situated?
- Where are the "hot" areas?
- Where are the victims/bystanders headed?

How many

- How many casualties are there?
- What are their symptoms?
- Are they alive or dead?
- How many well (victims with little or no injury) are at the scene?



Chemical gloves and boots (or footwear covers) are a necessity. Latex gloves commonly used for examinations will **not** provide adequate protection from CBRNE agents.

- How many suspects have been reported?

TRIPPED: Initiate response

The first responder on the scene takes charge of the immediate area and functions as the incident commander until help arrives. Special attention should be placed on requesting assistance from the nearest available hazmat team and activation of the incident command system (ICS). It is commonly believed that the sooner ICS is activated, the sooner the incident will be under control. Some people believe that for every five minutes ICS activation is delayed, it will take an extra 30 minutes to bring the incident under control. As a more sophisticated and formal command structure takes shape, cooperation is essential to success.

TRIPPED: Protect yourself

Oddly enough, self-protection is a difficult concept for some first responders. Many police, fire and EMS responders accept a level of risk. However, a reasonable risk assessment should be conducted before rushing in to a disastrous environment. Becoming a "canary" is not the most effective use of a first responder. More casualties only mean more resources that will be needed, with more resulting chaos. People only like to see heroes on TV. Entering a hazardous material environment without proper training and equipment could result in injury or death, and an OSHA violation (\$10,000 fine for each instance). Furthermore, not following department policies and procedures could mean that the responder is not covered by worker's compensation insurance. Action should only be taken after a risk assessment that fits within the constraints of time and currently available information is completed.

As they respond, personnel should

keep three key factors in mind: time, distance and shielding. (A fourth factor, the quality of the material, is often mentioned in hazardous materials references.) One method of remembering these three key factors is to pronounce the TDS acronym as "tides." The factor of time relates to reducing the time of exposure to the hazardous material. Hasty decontamination methods are a good example of the time factor. Distance is an obvious way to protect yourself from a CBRNE agent. To use the example of a radiological hazard, by doubling the distance from the source, the exposure level is reduced by three-fourths (75 percent). The factor of shielding can be represented by personal protective equipment (PPE), walls, basements, etc.

The routes of available exposure include inhalation, absorption, ingestion and injection. The most likely routes are inhalation and absorption. Proper use of personal protective equipment (PPE) will protect against inhalation and absorption. A chemical protective suit will protect against most chemical absorption hazards. Naturally, chemical gloves and boots (or footwear covers) are a necessity. Latex gloves commonly used for examinations will **not** provide adequate protection from CBRNE agents.

Special attention should be given to ingestion, as improper decontamination and site recovery could result in accidental ingestion. Early and frequent hand-washing will greatly decrease the chance of accidental ingestion. Injection could be the result of an accidental puncture to the skin. Responders must be cautious of their immediate surroundings.

At a minimum, first responders should have access and be prepared to use: an air-purifying respirator (with a paper and charcoal filter), chemical pro-

Alert

Although a potential agent could be any color, the most likely colors for CBRNE liquids are amber, brown or yellow.

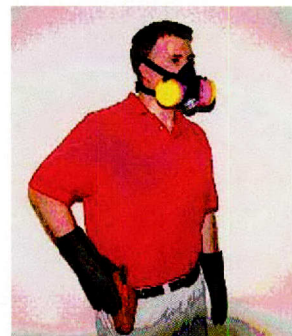


Figure 5—an air-purifying respirator (with a paper and charcoal filter).

Alert

Many chemical threat agents have a distinctive odor. Remembering the odor of the more likely CBRNE materials could provide vital clues in an incident. Because these are organic materials, they often have smells that mimic a type of food or plant. However, a first responder should never mistake this as an invitation to sniff or smell a material as a testing method.

At a glance:

When arriving at the scene:

- Keep SCALP in the back of your head.
- Don't get TRIPPED up from the start.

tective gloves (preferably neoprene – allows for better use of hands) and chemical protective overboots (Figure 5). Goggles, “shooter’s glasses,” or other protective eyewear is highly recommended (might be a part of the mask).

TRIPPED: Protect others

The purpose of first responders is to assist and protect the public. Once the first responder has taken the proper precautions, steps should be taken to mitigate the hazard to the public. The same three factors of protection (TDS) apply to protecting the public. Other areas of the TRIPPED acronym will be used to cover some of the ways to protect the public (evacuation, decontamination).

TRIPPED: Evacuate

As previously stated, increasing the distance from the attack will add protection and mitigate the CBRNE effects. If an incident occurs indoors, victims should be moved outside to a safe area with good ventilation. Naturally, weather conditions are a consideration. However, unless further injury is likely, practicality should be considered over comfort. If the exposure takes place outside, victims and responders should seek overhead cover and be alert for signs of off-gassing. Off-gassing occurs when people (such as first responders) are exposed to vapors from contaminated victims, and then the indoor holding area concentrates these vapors. A holding area should be established and victims should be encouraged to stay in place. If contaminated people leave the area, it could continue to spread hazardous material. Even victims who do not appear contaminated might have important information for investigators. Victims who are not casualties (walking well) should be given simple tasks to help assist in the incident. This practice will not only mitigate the chaos of a CBRNE at-

tack, but help in the psychological recovery of such victims.

As previously written, the hazmat team might take a long time to get in a position to begin decontamination. Hazmat and decontamination literature frequently mentions that triage should take place after decontamination, rather than before. However, if several victims are to be decontaminated, someone has to be first and someone has to be last. These victims will have to be sorted for priority of decon and this can be done prior to the availability of a definitive decon site. This could save precious time when a definitive decontamination station is available.

Victims of the attack should be separated into groups:

1. Those who were exposed and exhibit symptoms (highest priority for decon).
2. Those who were exposed but do not exhibit symptoms (next in priority for decon).
3. Those who were not exposed and do not exhibit symptoms (last for decon, if needed).

Victims of a CBRNE attack should be monitored for changes in their group status and transferred to a higher priority group if needed. This separation into groups can be done from a distance using a loud speaker or similar methods.

TRIPPED: Decon

Decontamination is a subject of debate and scrutiny. The Tokyo subway attack of 1995 has shown us that while hundreds of people can become contaminated, few may die. In this case, more than 5,500 people were affected in some way by the attack, 640 people were treated for symptoms and 110 people were admitted to the hospital. None of them were decontaminated. However, the sarin (nerve agent) used in the attack was only about 30 percent pure.

The TDS (“TIDES”) will save you from contamination:

- Time—Reduce the amount of time exposed
- Distance—Maintain your distance from the source
- Shielding—Shield yourself using protective equipment

Furthermore, it was not well dispersed. Another factor to consider is the litigious society of the United States. The lack of decontamination could result in hundreds of lawsuits. Although a complete decontamination might not be required, it is important that decon be conducted as complete as resources will allow at that time. Such factors as public perception and legal torts should be considered, as well as the physical threat at hand. Although a complete (definitive) decon might not be necessary, it is highly suggested.

In a CBRNE—WMD incident, responders may become contaminated. A first responder should be well versed on hasty (field expedient) decontamination methods. Furthermore, the general public will likely not know how to conduct a hasty decon of themselves. Remember, the first ten minutes (FTM – “fit’em”) are critical to a favorable outcome. Don’t wait for the hazmat team. Do some manner of hasty decontamination on yourself, your other responders and the affected public. The time it takes for a definitive (complete) decon from a hazmat team might be too late.

However, a hasty decontamination is incomplete. It is a suboptimal method that utilizes the best resources available at that time. A hasty decon is a method to buy time until a definitive decontamination can take place. Once more resources are available, hasty decon methods should be superseded by a complete decontamination. Also, hasty decon methods can be used by people waiting for an existing decon shower. In a mass decontamination, everyone will not be able to enter the decon shower at once, so those people waiting for the complete decontamination could use hasty decon techniques during the waiting period. A common question in such instances is, “Has this person been decontaminated?” If they have received

hasty decontamination only, the answer is NO. A person has been decontaminated only after receiving a complete (definitive) decontamination. A complete decon usually involves showering with water.

As much as 80 percent of contamination can be removed, just by removing a person’s clothing. Maintaining patient modesty is important, as bystanders and news crews will likely be in the area. The temperature and climate can be a major factor. However, temperature should be maintained at a level to prevent further injury, not necessarily comfort. Warmth could open skin pores and allow greater absorption of contamination. The need to prevent hypothermia, frostbite, trench foot and similar exposure injuries should be weighed with the risk of increased absorption. A building of opportunity (an unused building) could be considered. However, factors to consider are off-gassing (more concentrated indoors), legal recourse of the building owners and building safety.

One method to maintain modesty is to use large, industrial waste bags as an over-garment. These bags could have a hole cut in them for a person’s head and be worn over the contaminated clothing. The contaminated person could then undress underneath the waste bags. Although some contamination might get on the inside of the waste bag, it will probably be less than what is on the patient already. The removed clothing can be placed inside a separate bag, preferably with a label to show ownership.

Several methods exist to provide decontamination solution to a hasty decon. A chlorine bleach solution can be quickly mixed for decontamination. Household laundry bleach is 5.25 percent chlorine. It can be used with some irritation on intact skin; however dilution up to a 0.5 percent (1 part laundry

Personnel should keep three key factors in mind; time, distance and shielding. A fourth factor, the quality of the material, is often mentioned in hazardous materials references.

bleach and 10 parts water) will be helpful in the proper circumstances (see next paragraph). Soap and water or just plain water will work well under most conditions. Garden hoses, fire pumper trucks (Figure 6), fire hydrants, even buckets and sponges can be used (avoid brushes on people). Even simple measures such as scraping off gross contamination or the “stop, drop and roll” method for fire suppression is better than nothing. If using earth or sand as an absorbent material, caution should be used to avoid scouring the skin (like sandpaper). The contamination should be blotted, rather than scrubbed.

Chlorine should be avoided if the agent is unknown. However, it might be considered if the agent appears to be a nerve agent, a mustard blister agent or T2 mycotoxin. Understanding of these agent’s symptoms and physical presentation may be enough to determine the need for bleach solution. These agents might be broken down (hydrolysis) by a bleach solution. If bleach is not used for decontamination, it can be poured down any water drains that might have received decontamination water. Although this water is best

collected and saved, that might not be possible in a hasty decontamination situation. Drainage of decontamination water will probably be diluted to a reasonably safe level. Although it could be a debatable environmental hazard in the future, it is definitely a hazard on a person’s skin. The choice is between an unlikely hazard versus a definite hazard.

Hasty decontamination instructions should be given from a distance, using a loudspeaker. Unless the responders have the proper training and equipment, they should not try to approach the contaminated area. Supplies and water sources can be staged at a safe distance. After the responders back away from the area, victims can then approach the hasty decontamination area and begin the process on themselves and each other. Instructions should include to wash from top to bottom and to avoid getting chlorine into the face (soap is encouraged). Washers should not scrub, but rather wash down and away. If the CBRNE agent is sticky or thick, consider providing scissors for hair cutting. However, do not have victims shave, as inadvertent cuts could expose them further to contamination.

Remember, a CBRNE—WMD event could provide multiple casualties and/or a very chaotic situation. It is good to notice “canaries,” but it is not good to be one. Keeping SCALP in the back of your head might prevent you from being a “canary.” Don’t get TRIPPED up from the start. The life you save might be your own.



Figure 6—several methods exist to provide decontamination solution to a hasty decon. Soap and water or just plain water will work well under most conditions. Garden hoses, fire pumper trucks, fire hydrants, even buckets and sponges can be used.



A person has been decontaminated only after receiving a complete (definitive) decontamination. A complete decon usually involves showering with water.

Terminology

Aerosol or Aerosolized – a solid powder that drifts in the air giving it dispersal properties of a gas.

Air Purifying Respirator (APR) – A protective breathing apparatus (gas mask) that usually has both a charcoal & paper filter.

CBRNE – an acronym for chemical, biological, radiological, nuclear & explosives.

(This article shares this acronym for remembering common CBRNE agent symptoms)

Cyanide – A chemical used in industry (such as metal plating) which prevents body cells from using oxygen. It is a hazardous material and a possible chemical weapon.

Decontamination (decon) – The process of washing or removing contamination, such as hazardous materials.

Field expedient – Improvised methods when normal or better methods are not available.

FTM (“fit’em”) – A mnemonic to help remember that the “first ten minutes” are the most critical time during a CBRNE attack.

Hasty decon – An improvised method for decontamination when better methods are not available.

High yield explosives – Conventional munitions that can cause a large destructive force, perhaps even rivaling a small nuclear device.

Hydrolysis – The process of breakdown for certain chemicals.

Lewisite – An industrial chemical that can cause sudden and painful blisters. It is a hazardous material and a possible CBRNE agent.

Mustard agent – A chemical designed to produce blisters that was developed during World War I. It is a hazardous material

Nerve agent – a chemical that causes hyperstimulation of nerves

SCALP - Acronym for: symptoms/smells, containers, animals, liquids and powders.

TDS (“tides”) – time (reduce the amount of time exposed), distance (maintain your distance from the source) and shielding (shield yourself using protective equipment).

TRIPPED – Acronym for: threat recognition, report, initiate response, protect yourself, protect others, evacuate, decontaminate.

Walking well – Victims who are not casualties.

WMD – Weapons of mass destruction.

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Captain Frederick Parkins was an Infantry officer in the U.S. Army Reserves. He had worked as a researcher at Dugway Proving Grounds and was a frequent teacher and lecturer on CBRNE—WMD issues. He passed away suddenly during the preparation and planning of this article. His spirit and perspective will be remembered always.

CE questions—Preparatory

BLS must answer questions 1-10; ALS must answer all questions.

1. A "canary" is a metaphor for:
 - A. A nerve agent victim who makes a song-like sound due to respiratory insufficiency.
 - B. A victim (person or animal) that warns others of danger by their own distress.
 - C. Any CBRNE attack, since the first recorded attack took place in the Canary Islands.
 - D. Use of personal protective equipment (PPE), since canaries are immune to poisonous gases.
2. The acronym SCALP (a method of remembering signs of CBRNE attack) includes:
 - A. Plants
 - B. Latest threat information
 - C. Symptoms/Smells
 - D. Convulsions
3. The acronym CBRNE (Chemical, Biological, Radiological, Nuclear and high-yield Explosives) can also be used to remember the:
 - A. Key information elements of plume data prediction.
 - B. Most common city locations of favorable terrorist targets.
 - C. Method of determining staging distance from a reported or suspected explosion.
 - D. Common symptoms of a CBRNE attack.
4. The acronym TRIPPED can help you remember the:
 - A. Most common hazards when working in a Level A suit.
 - B. Factors to consider when managing/mitigating a CBRNE event.
 - C. Management of disasters with an all hazards approach.
 - D. Common threat agent categories as listed by the FBI (DOJ).
5. Remembering the phrase "a type of food or plant" is helpful in what way(s)?
 - A. All biological weapons smell like foods.
 - B. It can remind first responders of common chemical agent smells.
 - C. It is a mnemonic phrase for delivering appropriate prophylactic medications.
 - D. Biological weapons are made from various plants.
6. The two methods of remembering what to report in a CBRNE attack are:
 - A. SALUTE and the 4W-H methods.
 - B. TDS (TIDES) and the SCALP methods.
 - C. SCALP and the TRIPPED methods.
 - D. 4W-H and the SCALP methods.
7. Using smells as an indicator of chemical agents:
 - A. Is the preferred method of screening a location for safe levels of potential agents.
 - B. Will rule out the presence of chemical agent, if a responder is familiar with common smells.
 - C. Might be obtained from witnesses and should be reported, rather than ignored.
 - D. Is highly reliable if frequent training, familiarization and certification is maintained.
8. The mnemonic TIDES (TDS) can remind you of the:
 - A. Most common hazards when working in a Level A suit.
 - B. Method of determining staging distance from a reported or suspected explosion.
 - C. Best laundry detergent to use for hasty decontamination.
 - D. Key factors of protection from CBRNE agents.
9. The mnemonic "Fit-em" (FTM) refers to:
 - A. The proper placement of an air purifying respirator (APR) mask.
 - B. Most critical response time of a CBRNE attack.
 - C. Common symptoms of a CBRNE attack.
 - D. A method of determining the proper level of PPE for a hazmat or CBRNE situation.
10. Sorting casualties for priority of decontamination (not medical triage) should include:
 - A. Existence of any suspected symptoms
 - B. Distance from suspected attack
 - C. Report of any biological weapon
 - D. Confirmed non-exposure to an agent
11. The acronym SCALP includes which of the following?
 - A. Containers
 - B. Sarin
 - C. Lividity
 - D. Anthrax
12. The acronym CBRNE includes which of the following symptoms?
 - A. Blisters
 - B. Skin rashes
 - C. Cataracts
 - D. Nerves
13. Which of the following statements is considered true about the incident command system (ICS)?
 - A. It is an administrative command function that will probably distract the first responder.
 - B. It is intended only for inter-agency situations and not for single jurisdiction disasters.
 - C. Every five minutes of delayed activation could add 30 minutes to situational control.
 - D. It can only be set up by the military
14. Common smells of chemical threat agents include which of the following?
 - A. Petroleum
 - B. Burnt or bitter almonds
 - C. Burnt flowers or geraniums
 - D. Alcohol
15. The smell of phosgene is most commonly recognized as:
 - A. Green beans
 - B. Freshly mown hay
 - C. Freshly cut onions
 - D. Fresh flowers
16. Which of the following statements is true about the incident command system (ICS)?
 - A. It is an administrative command function that will probably distract the first responder.
 - B. It is intended only for inter-agency situations and not for single jurisdiction disasters.
 - C. Every five minutes of delayed activation could add 30 minutes to situational control.
 - D. It does not need to be set up in every hazmat situation.

This answer sheet must be postmarked by June 20, 2004.

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
areacode

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
areacode

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 75390-8890

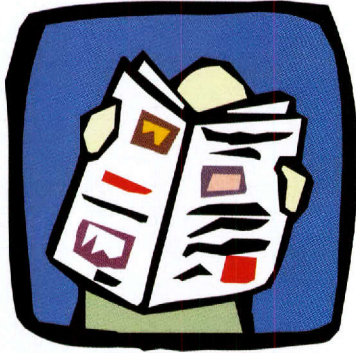
You will receive your certificate for 1.5 hours of CE about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

Answer Form

Check the appropriate box for each question. All questions must be answered. BLS must answer 1-10; ALS must answer all questions.

- | | | | | | | | |
|--------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. 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"/> |
| 2. 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"/> |
| 3. 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"/> |
| 4. 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"/> |
| 5. 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"/> |
| 6. 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"/> |
| 7. 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"/> |
| 8. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 16. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |

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



Did you read?

The pharmaceutical company Pfizer is currently researching a new potential use for one of its best-selling lifestyle drugs. Viagra is being clinically researched and is currently prescribed by many doctors as treatment for pulmonary hypertension. Pulmonary hypertension, or pulmonary arterial hypertension, is a condition involving extremely high pressure in the artery carrying blood from the heart to the lungs. Mainly women are afflicted with this condition, but preterm newborns with under-developed lungs may also have problems with it. Viagra, or sildenafil citrate, promotes circulation to the lungs by relaxing blood vessels. Other drugs used to treat pulmonary hypertension involve potential liver complications, extremely high costs (such as \$100,000 per year), painful administration or 24-hour administration through a catheter. While only approximately 100,000 people in the U.S. and Europe have pulmonary hypertension, researchers and doctors expect that number to increase as doctors become more aware of the condition and treatments for the condition. From *The New York Times*, "Viagra Gains Some Advocates as Treatment for Lung Disease," by Andrew Pollack, April 12, 2004.

Vision loss ailments are expected to grow as the U.S. population ages. A recent National Eye Institute study found that the number of Americans suffering from low vision is expected to rise to approximately 5.5 million people by 2020, compared to 3.3 million currently suffering from low vision. Worldwide, the leading cause of blindness is cataracts. In the U.S., cataracts are the leading cause of poor vision, but other vision ailments include macular degeneration, glaucoma and diabetic retinopathy. With more than \$3 billion being spent yearly on cataract treatment only, the researchers warned that new research into

more effective treatments and preventions is crucial to keep this expected high number of future patients from causing substantial increases to health care costs. Current treatments for these vision ailments include medications, laser therapies and surgery. From *Houston Chronicle*, "Study: Number of adults with vision loss will grow," April 13, 2004.

Following a few simple guidelines might increase an elderly heart patient's risk of survival by 25 percent, according to a recent study. Approximately 3,000 Medicare patients at 33 Michigan hospitals participated in the study. Hospitals participating in the study were given regular performance charts and a patient discharge contract, detailing to patients what was expected from them following discharge, and doctors and nurses were given pocket guidelines. The checklist was developed from the American College of Cardiology program "Guidelines Applied in Practice." The patients in the study had an average age of 76 and had medical problems, including previous

Viagra is being clinically researched and is currently prescribed by many doctors as treatment for pulmonary hypertension.

heart conditions. The study found that, as the number of doctors and patients completing the discharge contract increased, the usage of heart medications increased significantly. Hospitalized patients' death rates decreased by 21 percent, while the death rates fell by 26 percent for those 30 days past discharge and by 22 percent for those one year past discharge. The researchers theorized that this study shows that having a

system to deal with common health problems increase survival rates of those conditions. From USA TODAY, "Heart plan may reduce death risk for elderly," by Steve Sternberg, March 11, 2004.

A pseudomonas infection outbreak in Oregon led health authorities to warn about the dangers of piercing the upper ear area. Seven people developed *Pseudomonas aeruginosa* infections after getting the thin cartilage in the upper ear pierced and 18 other suspected cases were linked to the same piercing store. Four of those infected had surgery and many were left cosmetically deformed. While pseudomonas infections can usually be easily treated with antibiotics, cartilage in the upper ear has poor circulation so the medication does not easily reach the infection site. Treatment of upper-ear cartilage infections can include hospitalization, intravenous antibiotics and surgical removal of the infected tissue. From Houston Chronicle, "Outbreak shows dangers of upper-ear piercing," February 24, 2004.

Scientists recently found a protein in rhesus monkeys that resists infection with the HIV virus. The protein, TRIM5-alpha, appears to stifle the virus' attempts to replicate within the animal's cells, thus stopping the viral spread in the animal. While humans have a human version of TRIM5-alpha, the human protein is not as effective at stopping the replication of the virus. Scientists hope that medications can be developed that either manipulate or strengthen the human protein to better combat the virus. From USA TODAY, "AIDS researchers investigate anti-HIV proteins in monkeys," February 25, 2004.

Researchers in England are conducting investigations into the effects of stable living conditions on people's life outlooks. The researchers have found

that rats living in unpredictable conditions were more pessimistic than rats living in stable conditions. The rats were taught to associate one sound pitch with a positive event such as the arrival of food and a second sound pitch with a negative effect such as a loud noise. The rats were then presented with ambiguous sounds. The rats in unstable conditions were found to be more likely to regard the ambiguous sounds as warnings of negative events. These findings support other studies' findings that anxious people seem to be more likely to see situations as negative and threatening. From USA TODAY, "Instability can dampen your outlook," January 26, 2004.

Seven people in Oregon developed *Pseudomonas aeruginosa* infections after getting the thin cartilage in the upper ear pierced.

Italian researchers discovered two cows infected with a different form of mad cow disease. These cows' infections resembled the human Creutzfeldt-Jakob disease (CJD) more than the normal bovine spongiform encephalopathy (BSE), more commonly known as mad cow disease. BSE and CJD are conditions in which holes are formed in the brain, but amyloid plaques are also found in individuals with CJD. Since the Italian researchers found amyloid plaques in the two cows, they named the different condition BASE. While researchers believe that cattle develop BSE as a result of eating food contaminated with infected tissues, researchers theorize that cattle might also be able to develop the sporadic form of the illness. However, scientists pointed out that the incidence of the disease has not changed, leading them to believe that

Did you read?

Did you read?

the incidence of the diseases in the animal population had not increased. Many countries, including the U.S., have banned cattle feed that includes potentially infected tissue parts from animals. From USA TODAY, "New form of mad cow disease found," February 17, 2004.

A new appendectomy procedure might decrease recovery time and wound infection. Researchers at Duke University School of Medicine and the University of Texas Medical School in Houston have found that removing appendices through laparoscopy resulted in patients having shorter recovery times and less incidence of wound infections, even if the appendix had perforated prior to the surgery, as compared to traditional abdominal surgery. The laparoscopic procedure requires that small incisions be made within the abdomen, and the appendix is sealed within a bag prior to its removal from the abdomen,

Scientists have been given a World Health Organization grant to teach rats to sniff out tuberculosis bacteria in human saliva.

so that no infected material is exposed to the surgical wounds. Analyses of more than 43,000 patients in clinical trials found that the risk of internal abscess was about the same for both the traditional surgery and the laparoscopic procedure. Recovery time for the traditional surgery usually took as long as six weeks, but recovery time for the laparoscopic procedure took only one week. Another advantage of laparoscopy deals primarily with women of child-bearing age. Since women have other organs in approximately the same area as the appendix that could actually be the cause of

discomfort, the use of cameras within the abdomen allows doctors to examine the entire cavity and treat other problems. The traditional appendectomy will still be used if there are concerns about cancer and other possible health conditions. From Houston Chronicle, "Less invasive appendectomy gets better results, studies find," by Deborah Mann Lake, January 7, 2004.

Scientists have been given a World Health Organization grant to teach rats to sniff out tuberculosis bacteria in human saliva. The *Cricetomys gambianus* rats are trained to detect the bacteria in petri dishes. If the bacterium is detected, the rat stops for a reward; if not, the rat continues to the next dish. Scientists theorize that the rats can process 120-150 saliva sample dishes in 30 minutes, compared to a human technician who can process 20 samples in a day's work. The giant pouched rats are currently used to find land mines in Africa. From USA TODAY, "Tanzania rats learn to detect TB bacteria," December 17, 2003.

The Department of Transportation Secretary Norman Mineta has announced a program to decrease the number of traffic deaths by one-third over the next four years. The program will have three areas of focus. One area is seat belt usage. Mineta is pushing Congress to authorize additional funding to states that either pass a primary seat law or prove 90 percent compliance in seat belt use. A second focus is on drunk driving, and the third focus is on regulation of the truck drivers. At the National Conference of State Legislatures, Mineta recently offered to testify for state legislators. If the programs work, more than 13,000 lives a year could be saved. From USA TODAY, "'Ambitious goal' set on reducing road deaths," by Debbie Howlett, March 30, 2004.

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.

TO FILE A COMPLAINT REGARDING AN EMS SERVICE OR PERSONNEL, CALL (800) 452-6086.

The Texas Health and Safety Code can be found at www.capitol.state.tx.us/statutes/hstoc.html

All of the Texas Administrative Code can be found at lamb.sos.state.tx.us/tac/

To find EMS-specific information in the Texas Administrative Code, go to www.texas.gov, click on Laws and Criminal Justice, click on Laws, Codes and Statutes, click on Texas Administrative Code, click on TAC Viewer, click on Title 25 Health Services, Part I Texas Department of Health, Chapter 157 Emergency Medical Care.

TDH Index of EMS/Trauma Systems Policies can be found at www.tdh.state.tx.us/hccq/ems/spolicy.htm

Addington, Dorothy, Arlington, TX. 24 mo. probated suspension of EMS certification through September 19, 2005 for a misdemeanor conviction, felony conviction and a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Advanced Cardiac and Trauma EMS, Weslaco, TX. \$300 administrative penalty effective August 2003. EMS Rules 157.16(d)(1), (4), (19); 157.11(i)(1), (13).

Alaniz, Rene, Mission, TX. 48 mos. probated suspension of ECA certification through August 29, 2006, a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Anguiano, Frank, Arlington, TX. 24 mo. probated suspension of EMS certification through September 26, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Atascocita V.F.D., Atascocita, TX. \$5,000 administrative penalty, 36 mo. suspension against the EMS provider license all of which is probated through October, 2006.

EMS Rules 157.16(d)(1), (8), (10), (12), (14), (16), (19); 157.11(d)(1); 157.11(i)(1), (3); 157.11(e)(1); 157.11(l)(1), (13).

Bagby, David, Perryton, TX. 12 mo. probated suspension of EMS certification through March 4, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Baker, Kerry, Sweetwater, TX. 12 mo. probated suspension of the EMT-P license through February 28, 2005. EMS Rules 157.36(b)(1), (2), (13), (26) and (28).

Barash, Richard, Richardson, TX. decertification of the EMT-P certification effective March 5, 2004. EMS Rules 25 TAC 157.36(b)(1); 157.36(b)(2); 157.36(b)(6); 157.36(b)(26); 157.36(b)(28); and 157.36(b)(29).

Barnes, Joseph, Houston, TX. 12 mo. probated suspension of the EMT-P certification through March 2005. EMS Rules 25 TAC 157.36(b)(1); 157.36(b)(2); 157.36(b)(4); 157.36(b)(10); 157.36(b)(26); 157.36(b)(28); and 157.36(b)(29).

Bassett, Richard, Webster, TX. Decertification of EMT-P certification through June 9, 2004. Chapter 53, Texas Occupations Code, Section 53.021.

Bean, Shawn, Dripping Springs, TX. 24 mo. probated suspension of EMT certification through December 6, 2005, felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Behring, Christopher, San Antonio, TX. 12 mo. probated suspension of EMS certification through September 9, 2004 for a misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Berry, Lea, Lancaster, TX. 12 mo. probated suspension of EMS certification through August 07, 2004, misdemeanor conviction/felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Body, Christopher, Lewisville, TX. 12 mo. probated suspension of EMS certification through March 9, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Boldra, Michael, San Antonio, TX. 1 mo. suspension through January 31, 2004 followed by a 48-mo. probated suspension through February 2008 of the EMT certification. EMS Rules 157.36(b)(1), (2), (17) and (28).

Bomer, Robert, Humble, TX. Denial of the EMT-P recertification application for certification effective March 5, 2004. EMS Rules 25 TAC 157.36(b)(1); 157.36(b)(2); 157.36(b)(13); 157.36(b)(26) and 157.36(b)(28).

Bourque, Norris, La Porte, TX. Decertification of the EMT certification effective June 30, 2003. EMS Rules 157.36(b)(1), (2), (14), (18), (28) and (29).

Bowen, Sharon, Gilmer, TX. 12 mos. suspension of EMT certification thru July 2004. EMS Rules 157.36(b)(1), (2), (8), (26), and (28).

Brakefield, Leah, Palestine, TX. 36 mo. probated suspension of EMS certification

through May 5, 2006 for serving a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Brewer, Benjamin, Lubbock, TX. 36 mo. probated suspension of EMS certification through July 11, 2006, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Bryan, Travis, Pasadena, TX. 24 mos. probated suspension of EMT certification through March 31, 2005, felony deferred adjudication probation and 4 misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Bryant, Chad, Pearland, TX. 12 mo. probated suspension of EMS certification through July 03, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Buchanan, Christopher, Midland, TX. 24 mos. probated suspension of EMT certification through June 4, 2004, misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Bull, Kenneth, Fort Worth, TX Suspension of the EMT-P certification through September 2004. EMS Rules 157.36(b)(1), (2), (3), (9) and (28).

Burge, Traci, Emory, TX. 1 mo. suspension through January 31, 2004 followed by a 24 mo. probated suspension through December 2005 of the EMT-P certification. EMS Rules 157.36(b)(1), (2), (3), (6), (9), (26) and (28).

Burwell, Ashley, Angleton, TX. 12 mo. probated suspension of EMS certification through February 19, 2005, for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Butera, Jeffrey, Sugar Land, TX. 24 mo. probated suspension of EMS certification through September 25, 2005 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Byers, Danny, Earth, TX. 60 mos. probated suspension of EMT-P certification through March 2007. EMS Rules 157.36(b)(1), (2), (23), (25), (26), (28) and (29); 157.37(a)-(c); and the Occupations Code Chap 53.

Caldwell, Kenneth, San Antonio, TX. 48 mos. probated suspension of EMT certification through August 7, 2006, a felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Caldwell, Thomas, San Antonio, TX. 12 mo. probated suspension of EMS certification through September 9, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Campbell, Connan, Hardin, TX. 24 mo. probated suspension of the Licensed Paramedic thru November 2005. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Cantu, Melissa, Houston, TX. 12 mos. probated suspension of the EMT-I certification thru November 2004. EMS Rules 157.36(b)(1), (2), (6), (7), (26), (28) and

- (29).
- Carter, Brad**, Richardson, TX. 12 mo. probated suspension of EMS certification through May 5, 2004 for a felony conviction. EMS Rules 157.37, 157.36(b) and/or, (c).
- Carter, Caleb**, Tyler, TX. 12 mo. probated suspension of EMS certification through October 10, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).
- City of South Houston EMS**, Houston, TX. 24 mos. probated suspension of the EMS provider's license through September 2004. EMS Rules 157.16(d)(1), (4), (6), (14) and (19); 157.11(e)(3); and 157.11(l)(13).
- Cledennen, Darrin**, Pampa, TX. 12 mo. probated suspension of EMS certification through July 03, 2004, misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).
- Coffman, David**, Normangee, TX. 3 mos. suspension and 45 mos. probated suspension of EMT certification through June 30, 2005, a felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).
- Cordona, Elizabeth**, Only, TX. 24 mo. probated suspension of EMS certification through December 31, 2005 for 2 misdemeanor convictions. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).
- Covarrubias, Abel**, Abilene, TX. 24 mos. probated suspension of the EMT-P certification thru November 2004. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).
- Covey, Christopher**, Pottsboro, TX., 12 mos. probated suspension of the EMT certification through June 2004. EMS Rules 157.36(b)(1), (2), (4), (18), (26) and (28).
- Cowen, Christopher**, Canyon Lake, TX. 24 mos. probated suspension of EMT certification through October 23, 2004, convictions, misdemeanors and deferred adjudications. EMS Rules 157.37, 157.36(b) and/or (c).
- Cox, Steven**, Aledo, TX. 12 mo. probated suspension of EMS certification through October 10, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).
- Crawford, Dennis**, Plainview, TX. 12 mo. probated suspension of EMT certification through December 6, 2004, misdemeanor deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).
- Creech, John**, Lake Jackson, TX. 18 mo. probated suspension of the EMS certification through May 2005. EMS Rules 157.43(m)(1); 157.43(m)(3)(B); 157.43(m)(3)(B); 157.43(m)(3)(E); 157.43(m)(3)(F).
- Crowe, Gary**, Dale, TX. 48 mos. probated suspension of EMT certification through November 5, 2005. EMS Rules 157.37(c)(2)(3)(G).
- Danbury VFD/EMS**, Danbury, TX. 24 mos. probated suspension of the EMS provider's license through September 2004. EMS Rules 157.16(d)(1), (4) and (14).
- Dandois, Pace**, Waco, TX. 36 mo. probated suspension of EMS certification through June 9, 2006 for serving a misdemeanor deferred adjudication probation, 4 misdemeanor convictions, 2 felony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).
- Davis, Daniel**, Fort Worth, TX. 12 mo. probated suspension of the EMT certification through February 2005. EMS Rules 157.36(b)(1), (2), (26), (27) and (28); 157.11(d)(1); and 157.11(i)(1).
- Dean, Derrick**, Mesquite, TX. Decertification of EMT-P certification effective February 5, 2004 for a felony conviction. Chapter 53.021(b) of the Texas Occupations Code, and/or EMS Rules 157.37, 157.36(b), and/or (c).
- Decesare, Edward**, Schertz, TX. Decertification of the EMT-I certification effective February 5, 2004. EMS Rules 157.36(b)(1), (2), (6), (8), (9), (26), (28) and (29).
- Dial, Ernest**, Fort Worth, TX. 6 mo. probated suspension of the EMT-P license through May 2004. EMS Rules 157.36(b)(1), (2), (6), (7), (26) and (28).
- Dickey, Shane**, Azle, TX. 48 mos. probated suspension of EMT-P certification through October 23, 2006, a felony or deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).
- Dowell, Alina**, Temple, TX. 36 mo. probated suspension of EMT certification through November 22, 2005, a felony deferred adjudication and misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or (c).
- Dozier, Jerry**, Andrews, TX. 48 mos. probated suspension of EMT-P certification through April 1, 2007. 2 felony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).
- Driver, Jeremy**, Round Rock, TX. 12 mo. probated suspension of EMS certification through August 18, 2004, misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).
- Duncan, David**, Grand Saline, TX. 12 mos. suspension of the EMT-P certification thru June 2004. EMS Rules 157.36(b)(1), (2), (8), (28) and (29).
- Elizalde, Edovigen**, El Paso, TX. 24 mo. probated suspension of EMS certification through October 2, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).
- Elliott, Charles**, Stephenville, TX. 12 mos. suspension of EMT certification thru August 2004. EMS Rules 157.36(b)(1), (2), (13), (26), (28).
- Erwin, James**, Fort Worth, TX. 12 mo. probated suspension of EMS certification through March 1, 2005, for 2 misdemeanor convictions. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).
- Escamilla, Daniel**, Corpus Christi, TX. 48 mo. probated suspension of EMS certification through September 16, 2007 for 2 misdemeanor convictions and a misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).
- Etheredge, John**, Fort Worth, TX. 24 mo. probated suspension of EMS certification through November 20, 2005 for 2 misdemeanor or convictions and a misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).
- Express Care Ambulance**, Houston, TX, \$7,000 administrative penalty effective July 2003. EMS Rules 157.16(d)(1), (17), (19); 157.11(i)(1)(K), (M); 157.11(i)(3)(B), (C); 157.11(i)(4)(A); and 157.11(l)(13).
- Fairchild, Brian**, Sulphur Springs, TX. 24 mo. probated suspension of EMT certification through July 1, 2004, misdemeanor convictions and a felony-deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).
- Falcon, Joe**, Austin, TX. 24 mo. probated suspension of EMS certification through December 31, 2005 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).
- Feemster, Bobby Daniel**, Dublin, TX. 24 mo. probated suspension of the ECA certification through March 2006. EMS Rules 25 TAC 157.36(b)(1); 157.36(b)(2); 157.36(b)(3); 157.36(b)(4); 157.36(b)(7); 157.36(b)(13); 157.36(b)(21); 157.36(b)(26); and 157.36(b)(28).
- Ferguson, Daniel**, Gilmer, TX. 36-mo. probated suspension of the EMT-P certification through September 2006. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).
- Fleener, James**, Galveston, TX. 12 mo. probated suspension of EMS certification through March 24, 2005, for 1 felony deferred adjudication probation and 1 felony conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).
- Finnegan Kimberly**, Pointblank, TX. 12 mo. probated suspension of the EMT certification through October 2004. EMS Rules 157.36(b)(1), (2), (15), (18) and (28).
- Florence, Gertrude**, Leaky, TX. Suspension of EMT certification thru September 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) and (28).
- Floyd, Duke**, Mart, TX. 12 mo. probated suspension of the EMT-I certification through September 2004. EMS Rules 157.36(b)(1), (2), (4), (10), (26), (28) and (29).
- Floyd, Michael**, Forney, TX. Decertification of EMT certification effective July 25, 2003. EMS Rules 157.36(b)(1), (2), (13), (18), (26), (28), and (29).
- Ford, Jerald**, Hillsboro, TX. 24 mo. probated suspension of EMS certification through June 30, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).
- Foster, Chad**, Shreveport, LA. 12 mo. probated suspension of EMS certification through November 5, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).
- Galvan, Martin, Jr.**, Rio Grande, TX. 48 mos. probated suspension of ECA certification through October 12, 2004. EMS Rules 157.37(c)(2)(3)(G).
- Garcia, Edward**, San Angelo, TX. 24 mos. probated suspension of EMT certification

tion through July 1, 2004, misdemeanor conviction and felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Garner, John, Bursleson, TX. 12 mo. suspension followed by 36 mo. probated suspension of EMS certification through June 3, 2007 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Gates, Bobby, Conroe, TX. Decertification of the EMT certification effective January 29, 2004. EMS Rules 157.36(b)(1), (2), (14), (19), (26), (28) and (29).

Gengo, Rodney, Montgomery, TX. 12 mo. probated suspension of EMS certification through March 1, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Gilbert, Kerry, Harlingen, TX. 24 mo. probated suspension of EMS certification through August 18, 2005, felony deferred adjudication probation/misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Gomez, Juan, Seminole, TX. 12 mo. probated suspension of EMS certification through July 03, 2004, misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Gonzalez, Daniel, LaJoya, TX. Decertification of the ECA certification effective June 2, 2003. EMS Rules 157.36(b)(1), (2), (15), (21) and (28).

Gonzalez, Donna, Princeton, TX. 48 mos. probated suspension of EMT-P license through July 2007. EMS Rules 157.36(b)(1), (2), (26), (27) and (28).

Gonzalez, Rolando, Rio Grande City, TX. 36 mos. probated suspension of EMT certification through August 22, 2004. EMS Rules 157.37(c)(2)(3)(G).

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

Grace, Jonathan, Madisonville, TX. 12 mo. probated suspension of EMS certification through September 9, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Grant, Jason, Amarillo, TX. 24 mo. probated suspension of EMS certification through December 31, 2005 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

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

Grimm, Justin, Webster, TX. Decertification of EMT certification effective July 15, 2003. Chapter 53, Texas Occupations Code, Section 53.021.

Groves, Brent, Lake Dallas, TX. 48 mo. probated suspension of EMS certification through May 5, 2007 for a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b), and/or (c).

Gryder, Hollye, San Angelo, TX. 12

mo. probated suspension of EMS certification through May 27, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Guerra, Mario, Del Rio, TX. 12 mo. probated suspension of EMS certification through November 21, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Gutierrez, Jose, Amarillo, TX. 12 mo. probated suspension of EMS certification through July 03, 2004, a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Gutierrez, Rebecca, Bruni, TX. 12 mo. probated suspension of EMS certification through May 5, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Hamilton, Randy, Texas City, TX. 12 mo. probated suspension of EMS certification through September 02, 2004 for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Hamlyn, William, Houston, TX. 12 mo. probated suspension of EMS certification through March 9, 2005, for 1 felony deferred adjudication probation. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Hansen Jr., Richard Allen, El Paso, TX. Suspension of EMT-I certification through August 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) and (28).

Hargrove, Shawn, LaPorte, TX. 12 mos. probated suspension of the EMT-P certification through November 2004. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Harris, Kevin L., McAllen, TX. 4 years probated suspension of EMT certification through July 5, 2004. EMS Rules 157.44(c)(2)(B)(vii).

Hartley, Sherman, Bay City, TX. 56 mos. probated suspension of EMT certification through July 5, 2006. EMS Rules 157.37(c)(2)(3)(G).

Heaton, David, Austin, TX. 12 mo. probated suspension of EMS certification through March 24, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Herrera, Leon, Abilene, TX. 24 mos. probated suspension of EMT certification through October 15, 2004, misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or (c).

Hiltbrunner, Lois, Shamrock, TX. 48 mo. probated suspension of EMS certification through September 30, 2007 for a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Hinson, Larry, Jasper, TX. Decertification of the EMT-P certification effective June 2, 2003. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Holt, John, Talco, TX. 24 mo. probated suspension of EMS certification through April 29, 2005 for serving 2 misdemeanor deferred adjudication probation, a felony deferred adjudication probation. EMS Rules 157.37,

157.36(b) and/or, (c).

Horton, Lindsey, The Woodlands, TX. 12 mo. probated suspension of EMS certification through March 9, 2005, for 2 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Hunt, Gailyn, Lipan, TX. 60 day suspension of the EMT certification through April 24, 2004, followed by 22 mo. probated suspension through February 2006. EMS Rules 157.36(b)(1), (2), (14), (19), (26), (27), (28) and (29).

Jackson, Michael, Houston, TX. 48 mos. probated suspension of EMT certification through March 7, 2006, a felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Jaramillo, Hector, El Paso, TX. 12 mos. suspension of EMT-P certification through August 2004. EMS Rules 157.36(b)(1), (2), (3), (4), (28).

Jimenez, Amanda, Spring, TX. 24 mo. probated suspension of EMT certification through July 8, 2004, a felony conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Johnson, Lee Ann, Fort Worth, TX. 24 mo. probated suspension of EMS certification through March 9, 2006, for 2 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Jordan, Colby, Combine, TX. 48 mo. probated suspension of the EMT-P license through December 2005. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Jorge, Manuel, Fort Worth, TX. 12 mo. probated suspension of EMS certification through July 03, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Julian, Robyn, League City, TX. 24 mo. probated suspension of EMT certification through November 21, 2004, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Kellar, Shanna, Terrell, TX. 4 years probated suspension of EMT certification through June 30, 2004. EMS Rules 157.44(c)(2)(B)(vii).

Key, Jordan, Waco, TX. 12 mo. probated suspension of EMS certification through August 15, 2004, misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Klaevemann, Aaron, College Station, TX. Revocation of the EMT-P license effective January 29, 2004. EMS Rules 157.36(b)(1), (2), (3) and (28).

Klassen, Charles, Baytown, TX. Decertification of the EMT-P certification effective May 2, 2003. EMS Rules 157.36(b)(1), (2), (15), (18), (26), (28) and (29).

Korsmo, Howard, Temple, TX. Decertification of the EMT-P certification effective January 29, 2004. EMS Rules 157.36(b)(1), (2), (14), (19), (26), (27), (28) and (29).

Lawton, Ronald, Webster, TX. 24 mos. probated suspension of EMT certification

through October 7, 2004, misdemeanor and felony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Layton IV, Charles, Troy, TX. 24 mo. probated suspension of the EMT certification through September 2005. EMS Rules 157.36(b)(1), (2), (6), (7), (26), (28) and (29).

Leal, Victor John, San Antonio, TX. 24 mos. probated suspension of EMT certification through July 2004. EMS Rules 157.36(b)(1), (2), (21) and (28).

Lingo, Lynne, Bertram, TX. 12 mo. probated suspension of EMS certification through March 1, 2005, for 1 felony offense. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Lyon, Austin, Lubbock, TX. 12 mo. probated suspension of EMS certification through November 5, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

MacDonald, Daniel, Jacksboro, TX. 24 mo. probated suspension of EMS certification through September 02, 2005 for 2 misdemeanor convictions and 1 misdemeanor probation revocation. EMS Rules 157.37, 157.36(b) and/or, (c).

Manges, Cory, Grand Praire, TX. 15 mo. probated suspension of EMS certification through August 5, 2004 for serving a misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Martinez, Oscar, Lindale, TX. 48-mo. probated suspension of the EMT-P certification through September 2007. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Mart EMS, Mart, TX. \$4,000 administrative penalty probated for 12 mos. through September 2004. EMS Rules 157.16(d)(1), (14) and (19); 157.11(e)(1); 157.11(l)(1) and (13).

Mattick, Lyle, Boerne, TX. 12 mo. probated suspension of EMS certification through October 7, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Maurer, Garrison, Canyon Lake, TX. 48 mos. probated suspension of EMT certification through January 3, 2006. EMS Rules 157.37(c)(2)(3)(G).

May, Scott, Lewisville, TX. 24 mo. probated suspension of EMS certification through December 31, 2005 for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

McEntire, Jeremmy, Richardson, TX. 24 mos. probated suspension of the EMT certification thru November 2004. EMS Rules 157.36(g)(5).

McKinney, Jody, Albernathy, TX. 24 mo. probated suspension of EMS certification through July 11, 2005, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

McLeod, James, Burleson, TX. 43 mos. probated suspension of EMT certification through January 10, 2006, a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Mercury EMS, Corpus Christi, TX. \$41,800 administrative penalty against the EMS provider license of which \$37,102 is probated for a 12 mo. period through October 2004. EMS Rules 157.16(d)(1), (14), (17) and (19); 157.11(d)(1); 157.11(i)(1) and (3); 157.11(e)(1); 157.11(l)(1) and (13).

Med First Ambulance Service, Cedar Hill, TX. Revocation of EMS providers license effective July 28, 2003. EMS Rules 157.16(d)(1), (12), (19); 157.11(l)(14), (15)(C)(iii).

Medical Ambulance Service, Inc., Houston, TX. \$1,000 administrative penalty effective May 29, 2003. EMS Rules 157.16(d)(1), (19); 157.11(l)(13), (15).

Medlife Ambulance Service, Houston, TX. Revocation of the EMS provider license and a \$74,000 administrative penalty effective June 2, 2003. EMS Rules 157.16(d)(1), (19); and 157.11(l)(13).

Med-Tech Ambulance Service, Inc., Houston, TX. \$500 administrative penalty effective May 8, 2003. EMS Rules 157.16(d)(1), (14) and (19); 157.11(e)(1); 157.11(l)(1) and (13).

MedXpress EMS, Kingwood, TX. \$1,000 administrative penalty and a 12 mo. probated suspension of the EMS provider license through September 2004. EMS Rules 157.16(d)(1), (14), (19); 157.11(e)(1); 157.11(l)(1); 157.11(l)(13).

Mettham, Andrew, Amarillo, TX. 24 mos. probated suspension of EMT certification through May 28, 2004, a felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).

Millican, Kelly, Cedar Hill, TX. 18 mo. probated suspension of EMSC certification through May 2004. EMS Rules 157.43(m)(3)(J) and (K).

Mitchell, Zane, Alvarado, TX. 6 mos. actual suspension followed by 49 mos. probated suspension of EMT-P certification through September 8, 2006, a misdemeanor/felony or conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Moeller, Dawn, Moulton, TX. 12 mo. probated suspension of EMS certification through March 24, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Momentum EMS, Houston, Tx., \$3,000 administrative penalty against the EMS provider license effective October 22, 2003. EMS Rules 157.16(d)(1), (15), (17) and (19); 157.11(l) (13); and Texas Civil Statutes, Article 6701h, Article IV, entitled "Proof of Financial Responsibility for the Future", and more specifically, Sections 18, 19 and/or 21.

Moreno, Roger, Austin, TX. 24-mo. probated suspension of the EMT certification through September 2005. EMS Rules 157.37, 157.36(b) and/or, (c).

Nelson Jr., Melvin, McGregor, TX. Suspension of ECA certification thru June 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) (28).

Nichols, Latreece, Houston, TX. 12 mo. probated suspension of EMS certification through August 18, 2004, misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Nowell, Brian, Red Oak, TX. 24 mos. probated suspension of EMT certification through August 7, 2004, misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Ochoa, Alfonso, Weslaco, TX. 24 mo. probated suspension of EMS certification through July 10, 2005, a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

O'Rourke, John, Houston, TX. 12 mos. probated suspension of the EMT-I certification thru November 2004. EMS Rules 157.36(b)(1), (2), (26), (28) and (29); 157.16(d)(17); 157.11(i)(1), (2), (4); 157.11(l)(9).

Paige, Sophia, Houston, TX. 12 mo. probated suspension of the EMT certification through June 2004. EMS Rules 157.36(b)(1), (2), (17), (18), (26), (28) and (29).

Parish, Monica, Austin, TX. Decertification of the EMT-P license effective October 22, 2003. EMS Rules 157.36(b)(1), (2), (6), (26), (27), (28) and (29).

Parker, Michael, Waco, TX. Suspension of EMT certification thru September 2005. EMS Rules 157.36(b)(1), (2), (10), (21), (28).

Paul, Jon, Rowlett, TX. 48 mo. probated suspension of EMS certification through September 2, 2007 for felony convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Phillips, Earl, Manchaca, TX. 36 mos. probated suspension of EMT certification through April 9, 2005, a felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Pierce, Randy, Austin, TX. 12 mo. probated suspension of EMS certification through November 6, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Pinedo, Marisela, Los Fresnos, NM. Probated suspension of EMT-I certification through June 1, 2006. EMS Rules 157.44, 157.51(b)(16) and (c).

Pippin, Brian, Lipan, TX. 48 mos. probated suspension of EMT certification through April 9, 2005. EMS Rules 157.37(c)(2)(3)(G).

Pratt, Michael, Fairfield, TX. 12 mo. probated suspension of EMS certification through November 21, 2004 for a misdemeanor or conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Pruitt, Mae Beth, Dayton, TX. 12 mo. probated suspension of the EMT certification through October 2004. EMS Rules 157.36(b)(1), (2), (6), (26) and (28).

Pruitt, Roy, Dayton, TX. 12 mo. probated suspension of the EMT certification through October 2004. EMS Rules 157.36(b)(1), (2), (6), (26) and (28).

Quiroz, Carlos, Houston, TX. Decertification of the EMT certification effective June 2, 2003. EMS Rules 157.36(b)(1), (2), (11),

(15), (18), (21), (26) and (28).

Reed, Carroll, Houston, TX. 48-mo. probated suspension of EMS certification through August 22, 2007 for a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Reeves, Shane, Austin, TX. 12 mo. probated suspension of EMS certification through October 14, 2004 for a misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Reyes, Maria, Stafford, TX. 12 mo. probated suspension of EMS certification through March 24, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Rhodes, Linda, Wimberly, TX. 48 mos. probated suspension of ECA certification through June 24, 2006, a misdemeanor and felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).]

Richardson, Charles, Brazoria, TX. 12 mo. probated suspension of EMS certification through December 31, 2004 for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Riggs, Casey, Grand Prairie, TX. 18 mo. probated suspension of EMS certification through May 5, 2005 for a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Riley, Stephen, Humble, TX. 47 mos. probated suspension of EMT certification through December 10, 2005. EMS Rules 157.37(c)(2)(3)(G).

Rodriguez, Ricardo, San Antonio, TX. 12 mo. probated suspension of EMS certification through January 28, 2005 for a misdemeanor conviction and a felony conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Roquemore, Joseph, Atlanta, TX. 48 mos. probated suspension of EMT certification through August 9, 2005. EMS Rules 157.37(c)(2)(3)(G).

Ruffin, Rodney, Fort Worth, TX 24 mos. probated suspension of EMT certification through August 2004. EMS Rules 157.36(b)(1), (2), (4), (13), (26) and (28).

Russell, James, Azle, TX. Decertification of the EMT certification effective March 5, 2004. EMS Rules 25 TAC 157.36(b)(1); 157.36(b)(2); 157.36(b)(6); 157.36(b)(26); 157.36(b)(28); and 157.36(b)(29).

Salinas, Rene, McAllen, TX. 51 mos. probated suspension of EMT certification through April 25, 2006, for a felony conviction. EMS Rules 157.37; 157.36(b), (c).

Seibert, Eric, Houston, TX 24 mos. probated suspension of the EMT-P certification through September 2004. EMS Rules 157.36(b)(1), (2), (6), (9), (26) and (28).

S.F. Diamond Corporation, Houston, TX \$1,000 administrative penalty effective June 9, 2003. EMS Rules 157.16(d)(1), (14) and (19); 157.11(e)(1); 157.11(l)(1) and (13).

Sharp, Michael, Austin, TX. 12 mo. probated suspension of EMS certification through July 29, 2004, misdemeanor conviction.

EMS Rules 157.37, 157.36(b) and/or, (c).

Shipp, Patrick L., Laneville, TX. 4 years probated suspension of EMT-I certification through July 28, 2004. EMS Rules 157.44(c)(2)(B)(vii).

Simington, Daniel, Waco, TX. 12 mo. probated suspension of EMS certification through May 15, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Smith, Genevia, Meridian, TX. Decertification of the EMT certification effective October 22, 2003. EMS Rules 157.36(b)(1), (2), (21) and (28).

Smith, Lloyd, Houston, TX. 24 mos. probated suspension of EMT certification through March 20, 2005. 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Smith Jr, Roosevelt, Houston, TX. 48 mos. probated suspension of EMT certification through November 5, 2005. EMS Rules 157.37(c)(2)(3)(G).

South Star Ambulance Service, Inc., Weslaco, TX. \$4,000 administrative penalty effective June 30, 2003. EMS Rules 157.16(d)(1), (19); 157.11(i)(1), (4), (13); 157.11(l)(1).

Spears, Robert, Mineral Wells, TX. Letter of Reprimand against the EMT-P license effective December 31, 2003. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Stevenson, Doug, Katy, TX. 24 mo. probated suspension of EMS Coordinator certification thru July 2005. EMS Rules 157.43(m)(3)(b); 157.43(m)(3)(E) and 157.43(m)(3)(F).

Stephenville Fire Department, Stephenville, TX. \$6,500 administrative penalty probated for 12 mos. through June 2004. EMS Rules 157.16(d)(1), (14) and (19); 157.11(e)(1); 157.11(l)(1) and (13).

Street, Marion, Hubbard, TX. 12 mo. probated suspension of the EMT-P certification through January 31, 2005. EMS Rules 157.36(b)(11).

Sullivent, Doyle, Rosanky, TX. 24 mo. probated suspension of EMS certification through June 27, 2005 for serving a felony deferred adjudication probation and for two (2) convictions. Mr. Doyle also has a felony conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Swinford, Richard, Plantersville, TX. 24 mos. probated suspension of EMT certification through April 29, 2005, 2 felony deferred adjudication probations. EMS Rules 157.37, 157.36(b), and/or (c).

Terbeek, Matthew, Roanoke, TX. 12 mo. probated suspension of EMS certification through October 29, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Thomas, David, Snyder, TX. 24 mo. probated suspension of EMT certification through November 21, 2004, felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Thornton, Odis C., College Station, TX.

48 mos. probated suspension of EMT certification through June 18, 2005. EMS Rules 157.37(c)(2)(3)(G).

Ultimate EMS Ambulance, Houston, TX. \$6,000 administrative penalty against the EMS provider license effective March 5, 2004. EMS Rules 25 TAC 157.16(d)(1); 25 TAC 157.16(d)(10); 25 TAC 157.16(d)(19); and 25 TAC 57.11(l) (13).

Van Meter, Ronald, S., Midland, TX. 36 mos. probated suspension of EMT certification through December 17, 2004. EMS Rules 157.37(c)(2)(3)(G).]

Vargas, Jose, Midland, TX. 12 mo. probated suspension of EMS certification through August 18, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Walker, Mark, League City, TX. 24 mo. probated suspension of EMS certification through January 27, 2006 for 4 misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Warren, Andrew, Floresville, TX. 36 mos. suspension (first 18 mos. actual suspension, second 18 mos. probated suspension) of EMT-I certification through December 2004. EMS Rules 157.51(b)(25).

Wells, Joseph, Weatherford, TX. 12 mo. probated suspension of the EMT certification through February 2005. EMS Rules 157.36(b)(1), (2), (26), (27) and (28); 157.11(d)(1); and 157.11(i)(1).

Westlake Community VFD/EMS, Dayton, TX. 24 mo. probated suspension of EMS provider license through December 2004. EMS Rules 157.16(d)(1), (4), (6), (14) and (19), 157.11(e)(3) and 157.11(l)(13).

Whitehurst, Ashley, Albay, TX. 1 mo. suspension through January 31, 2004 followed by a 24 mo. probated suspension through December 2005 of the EMT certification. EMS Rules 157.36(b)(1), (2), (3), (6), (9), (26) and (28).

Williams, Kendrick, Houston, TX. Decertification of EMT certification effective July 22, 2003. EMS Rules 157.36(b)(1), (2), (6), (12), (26), (28) and (29).

Wingfield, Raymond, Celina, TX. Decertification of EMT-P certification through June 9, 2004. Chapter 53, Texas Occupations Code, Section 53.021.

Wulf, Dawn, Flatonia, TX. 24 mos. suspension of the EMT certification through September 2004. EMS Rules 157.36(b)(1), (2), (3), (4), (7), (13), (26) and (28).

Zachary, Jessy, Humble, TX, Decertification of the EMT certification effective September 23, 2003. Chapter 53 of the Texas Occupations Code, Section 53.021, based upon felony conviction and imprisonment for the felony offense of Criminal Mischief and misdemeanor Assault Causing Bodily Injury.

Zais, John, Mineral Wells, TX. 36 mos. probated suspension of EMT certification through November 7, 2004. EMS Rules 157.37(c)(2)(3)(G).

Meetings & Notices

Calendar

May 8-9, 2004. **PALS.** For more information call 210/733-2640 at San Antonio College San Antonio, Texas.

May 12, 2004. **Respiratory Education.** Common respiratory disease processes and treatment. Methodist Hospital, Dallas, TX. Classes open to all EMS professionals. 4 hours of CE. \$20/class. For information or to register, contact CareFlite's Education Dept at 972/339-4228 or e-mail education@careflite.org, www.careflite.org.

May 14-15, 2004. **National Registry Testing.** Site fee \$125.00. Fees and documentation must be turned in four weeks prior to testing. Call San Antonio College EMS Academy for details, 210/733-2640.

May 19, 2004. **Respiratory Education.** Common respiratory disease processes and treatment. USMD, Arlington, TX. Classes open to all EMS professionals. 4 hours of CE. \$20/class. For information or to register, contact CareFlite's Education Dept at 972/339-4228 or e-mail education@careflite.org, www.careflite.org.

May 19, 2004. **BLS Healthcare Provider.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

May 21-23, 2004. **EMStock 2004.** EMS and public safety personnel. EMS CE, a chili cook-off, entertainment. For info, go to

www.temsf.org.

May 22-23, 2004. **Managing Company Tactical Operations: Decision making.** TEEX. Granbury, TX. For more information contact Rosemary Moninger at 817/579-3335.

May 22 and May 29, 2004. **BLS Healthcare Provider.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

May 26, 2004. **Natl Rural Health Assoc., Rural/Frontier Preconference meeting.** 8am-5pm. Sheraton San Diego, San Diego, CA. Registration is free. For information call 703/519-7910 or email briggs@NRHrural.org or NRHA www.nrharural.org/conf/04AnnConf.html.

May 29-30, 2004. **BTLIS Advanced.** For information call 210/733-2640 at San Antonio College, San Antonio Texas.

June 2, 2004. **X-Ray Interpretation.** Basics for EMS and air medical professionals. Johnson County Fire Training Center, Cleburne, TX. Classes open to all EMS professionals. 4 hours of CE. \$20/class. For information or to register, contact CareFlite's Education Dept at 972/339-4228 or e-mail education@careflite.org, www.careflite.org.

June 5, 19, 10 or 24, 2004. **BLS Healthcare Provider.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

June 9, 2004. **X-Ray Interpretation.** Basics for EMS and air medical professionals. Methodist Dallas Hospital, Dallas, TX. Classes open to all EMS professionals. 4 hours of CE. \$20/class. For information or to register, contact CareFlite's Education Dept at 972/339-4228 or e-mail education@careflite.org, www.careflite.org.

June 10, 2004. **BLS Healthcare Renewal.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

June 12, 2004. **First Aid/Adult AED.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

June 12-16, 2004. **128th Annual SFFMA Training Conference & Convention.** Corpus Christi, TX. For more information contact SFFMA at 512/454-3473.

June 16, 2004. **X-Ray Interpretation.** Basics for EMS and air medical professionals. USMD, Arlington, TX. Classes open to all EMS professionals. 4 hours of CE. \$20/class. For information or to register, contact CareFlite's Education Dept at 972/339-4228 or e-mail education@careflite.org, www.careflite.org.

June 19-20, 2004. **PALS Provider.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

June 20, 2004. **PALS Renewal.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

June 21-26, 2004. **Advanced Safety Operations Management.** Socorro, NM. For information contact Jerry Wheeler at 505/835-7500, or apply directly to NFA admissions using Form 5-5. For information <http://www.usfa.fema.gov/fire-service/nfa/courses/offcampus/nfa-off2.shtm>.

July 7, 2004. **Trauma Care.** Common injury patterns, developments in trauma care. Johnson County Fire Training Center, Cleburne, TX. Classes open to all EMS professionals. 4 hours of CE. \$20/class. For information or to register, contact CareFlite's Education Dept at 972/339-4228 or e-mail education@careflite.org, www.careflite.org.

July 10 or 24, 2004. **BLS Healthcare Provider.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

July 11-16, 2004. **38th Annual Spanish Fire Training School.** TEEX. College Station, TX. For more information call 979/845-7642.

July 14, 2004. **Trauma Care.** Common injury patterns, developments in trauma care. Methodist Dallas Hospital, Dallas, TX. Classes open to all EMS professionals. 4 hours of CE. \$20/class. For information or to register, contact CareFlite's Education Dept at 972/339-4228 or e-mail education@careflite.org, www.careflite.org.

July 15, 2004. **BLS Healthcare Renewal.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

July 18-23, 2004. **42nd Annual Industrial Fire Training School.** TEEX. College Station, TX. For more information call 979/845-7642.

July 21, 2004. **Trauma Care-Common injury patterns, developments in trauma care.** USMD, Arlington, TX. Classes open to all EMS professionals. 4 hours of CE. \$20/class. For information or to register, contact CareFlite's Education Dept at 972/339-4228 or e-mail education@careflite.org, www.careflite.org.

July 24-25, 2004. **ACLS Provider.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

July 25, 2004. **ACLS Renewal.** For more information call 512/223-7542 at Austin Community College, Austin, TX.

July 25-30, 2004. **75th Annual Municipal Fire Training School.** TEEX. College Station, TX. For more information call 979/845-7642.

Jobs

EMTs: Medical stand-by service hiring for part-time work at recreational sports and musical events throughout Austin, San Antonio and the I-35 corridor between these cities, \$7-\$9/hr. Call 512/233-4929. +

Paramedic: ETMC EMS has fulltime positions available in the East Texas, Waco and Pasadena areas. Competitive wages, excellent benefits, paid holiday/vacations/sick time. Free CE, state of the art equipment and dispatch facilities. Contact John Whitsell, 352 S. Glenwood, Tyler, TX 75702, 903/535-5803, fax 903/939-5758. +

EMS Personnel: Montgomery County Hospital District is currently seeking applicants for 9-1-1 and transfer operations. Competitive

Deadlines and information for meetings and advertisements

Deadline: Meetings and notices must be sent in six weeks in advance. Timeline: After the pages of this magazine have completely gone through editorial, design and layout, the magazine goes to the printshop to get printed (*a 15-working-day process*), then on to our mailing service (*a 4-day process*), and then to the post office to get mailed out.

Cost: Calendar items are run at no charge. Calendar items run in the meeting and notices section until just prior to the meeting or class. Classified ads run for two issues unless we are notified to cancel the ad.

Fax or mail: Calendar items can be faxed to 512/834-6736 or mailed to *Texas EMS Magazine*, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199. Call 512/834-6700 if you have a question about the meetings and notices section.

Meetings & Notices

salary and benefits. Call Stacy Cox or Chuck Rowe at 926/523-1132 for information and application, e-mail crowe@mchd-tx.org or scox@mchd-tx.org.+

EMT/EMT-I/EMT-P: Champion EMS, Longview, is hiring all levels for their organization. Excellent benefits. Apply online at www.championems.org or contact Richard Adams at 903/291-2508.+

EMT/EMT-I/Paramedic: Sweeny Community Hospital EMS has immediate openings. SCH-EMS is hospital-based with a call volume of approximately 2,400 call per year. EMTs start at \$23,000; EMT-Is start at \$29,000; Paramedics start at \$35,000 per year plus additional benefits. For more information contact David Filipp 979/548-3311 ext 197.+

EMTs/EMT-I/Paramedics: Ace Ambulance Services is now in the Houston area. Competitive wages, flexible shifts FT/PT. For more information contact C. Martinez 713/975-7800 or fax resume to 713/975-1198.+

Paramedics: Faith Community Hospital EMS is accepting applications. Rotating shifts, great salary and benefits, comfortable quarters and good equipment. Contact J.D. Hailey 940/567-6633, 717 Magnolia, Jacksboro, TX 76458.+

EMTs/Paramedics: Med-Care EMS, McAllen, is accepting applications. Med-Care responds to McAllen, Pharr, Mission and Hidalgo. Great salary, benefits, sign-on bonus and insurance. Contact director of operations at medcare-ems.com or call 956/661-4100.+

Paramedic: Dalhart EMS has an opening for a F/T paramedic. For more information or to download application visit www.coonmemorial.org or call 806/244-9280.*

EMS Director: Rice University is seeking qualified applicants. Responsible for leadership, management/development of all EMS activities. Bachelor's degree and a current Texas paramedic license required. \$40,000/yr. Application to Rice University Emp. office MS 56; PO Box 1892; Attn: Req.# 04153PA; Houston, TX 77251-1892; Fax 713/348-5496; phone 713/348-4074; Email careers@rice.edu or visit our website www.employment.rice.edu.*

Professor of EMS Training/Coordinator: Collin Co. Comm. College District-Central Park Campus, McKinney, TX. Full-time position. Associate' degree required (bachelor's degree desired) and Texas certified as a EMT-P, TDH coordinator or eligible for coordinator certification. Apply on-line at www.ccccd.edu.*

EMT-I/EMT: Americare EMS is hiring now. Paid weekly medical and dental insurance, other benefits. Call 713/772-1606.*

For Sale

New 2003 Ford Chassis: T-III Remount Ambulance. Call 800/481-4490.*

Miscellaneous

Health Claims Plus: EMS & Fire department billing and FREE run report software available. Excellent rates and services! Electronic billing, weekly and monthly reports. Educational workshops & documentation guidelines. Contact Health Claims Plus at 888/483-9893 or visit www.healthclaimsplus.com.

Join EMSAT today! Emergency Medical Services Association of Texas. To join, contact Lynda Murski at lyndamurski@yahoo.com.+

CE Solutions EMS Continuing Education: Accepted in more than 40 states. Go to <http://www.wems-ce.com> for 2 free CE hours today or call toll free 1/888/447-1993.+

Emcert.com: Online CE courses approved by TDH and CECBEMS for EMS/Fire professionals. Subscription pricing for individuals or groups. Visit online for free 1-hour CE or call toll free 1/877-367-4376 for more info.+

Texas Emergency Educators: Online fire training certification TCFP fire officer 1 and 2. Visit us at www.texasemergencyeducators.com for more information. Courses offered several times a year.+

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, fax 281/922-4429.*

CK Medical Group: Distribution company, AEDs for EMS, fire, police and public access, also provide medical direction, oversight AED automation and AHA certified CPR/AED training. PO Box 6698, Houston, TX 77265, 713/667-1934. dc@ckmedicalgroup.com*

Providers Billing Service: Electronic claims submission and collections experience for ambulance services. Local, long distance all over Texas. Give us a call at 800/881-9810.*

You Need Me: Eight years experience in data entry of claims. Set up an appointment to see

how I can help you. Safe and Save Medical Billing Services, call 817/472-7421, fax 800/783-4567, njs@msn.com.*

Paramedic and EMT Blankets: Dimensions 70" x 40" 100 percent cotton made in the USA. Great Christmas gifts. Now taking orders call Rudy 940/723-2769 or 940/224-1369.*

Safe Drug Storage: Worried about drug deterioration due to temperature issues? Temperature data Logging Keys is an innovative answer. Toll free 1-888-272-9838 or visit www.engel-usa.com.+

Safe Drug Storage: SteadyTemp developed specifically for EMS industry. Designed to fit the 1550 drug case SteadyTemp is a 12-volt constant temperature unit that has a cooling and heating system. Call 1-888-272-9838 or visit www.engel-usa.com.

Expert Billing: Specializing in EMS billing. Medicare, Medicaid and other insurances billed electronic by experienced billing representatives. Contact 713/635-6756 or fax 713/631-1404.*

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

Pharmacy Technician Program: For more information contact Marilyn Goodnight, Alvin Community College, 281/756-3807.*

Interested in earning your bachelor's degree? UT Health Science Center at San Antonio. BS-completion degree in Emergency Health Sciences, designed for paramedics. Some courses are offered on-line. www.uthscsa.edu/emt or call 210/567-77880.+

Express Billing Inc: Electronic billing including Medicare, Medicaid, insurance and private pay. Custom reports, consultation for EMS office and field employees. Contact 877/521-6111, 713/484-5700 or fax 713/484-5777. www.expressbilling.apg.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: Clay County Memorial Hospital EMS



In 2003, Clay County Memorial Hospital EMS responded to 900 calls for a monthly average of 75.

Number of Personnel: Clay County Memorial Hospital EMS has seven full time and seven part time employees. Karl Kelley, LP, serves as EMS director. Other full time employees include two paramedics, three intermediates and one basic. Dr. J. Robert Parkey serves as Medical Director. Dr. Parkey is also an LP and will ride when needed.

How Many Years in Service: Clay County Memorial Hospital assumed the

ambulance service in December 1998. Although Clay County Memorial is a county hospital, we are not a taxing entity. CCMH EMS is based in Henrietta, serves approximately 11,000 people and covers 1,085 square miles with an average response time of 20 minutes.

Number of Units and Capabilities: We have two front line units and one reserve unit that range from basic life support to Mobil Intensive Care Units, depending on personnel on duty. Because of long transport times, CCMH EMS personnel have liberal and progressive protocols. We work closely with the 12 first responder organizations within the county and with AirEvac Life Team based in Wichita Falls. Full time employees work a 48-48-48 hour rotation.

Number of Calls: In 2003, Clay County Memorial Hospital EMS responded to 900 calls for a monthly average of 75. Due to the major highways passing through Clay County, 40 percent were trauma-related.

Current Projects: In April, CCMH EMS and Clay County Memorial Hospital sponsored a car seat project. Building community support and education has always been a priority of CCMH EMS. We sponsor at least two open CPR classes per year, and in conjunction with Vernon College, sponsor at least one EMS class per year. We have an ongoing continuing education class for EMS and nursing personnel. We provide standby ambulance for sporting and other events within the county. 🚑

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

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