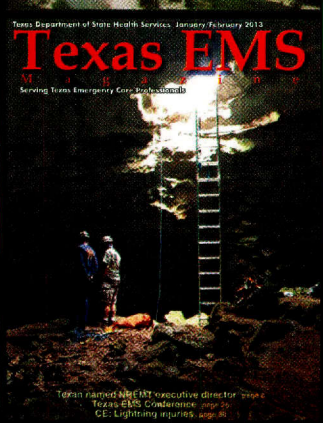
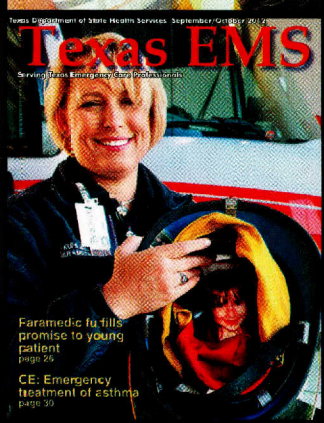
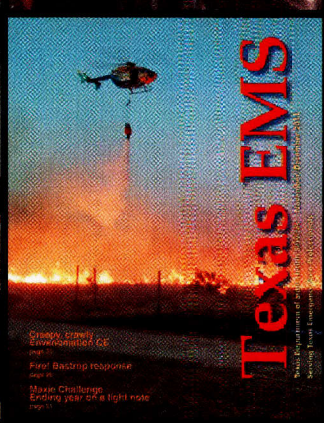
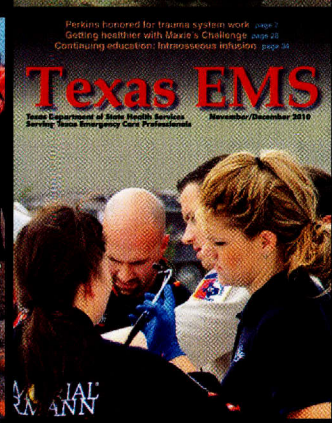
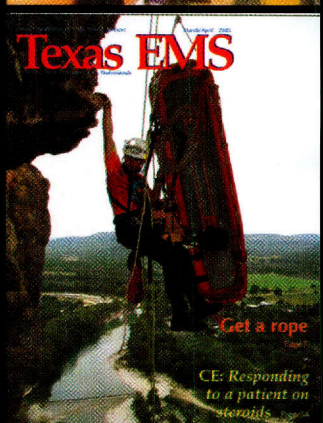
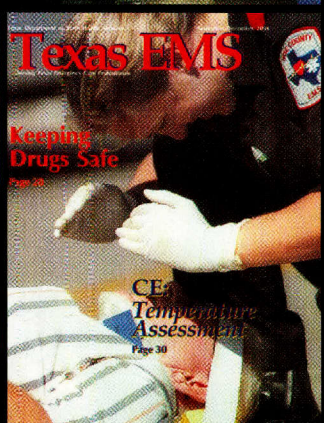
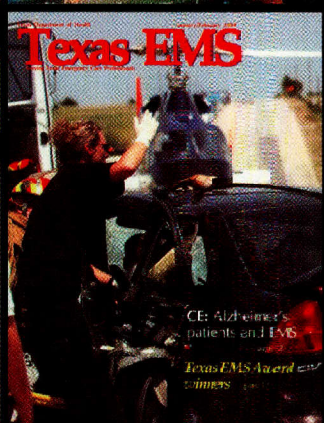
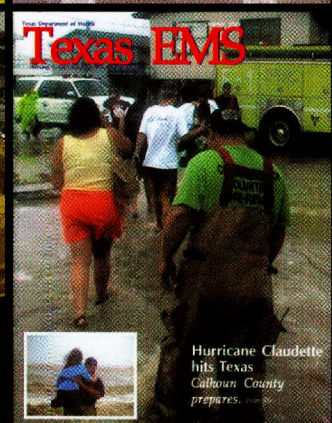
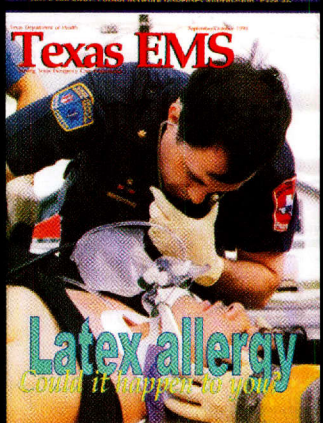
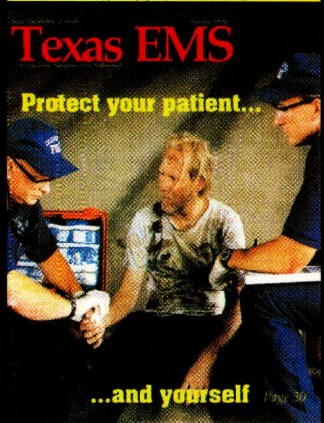
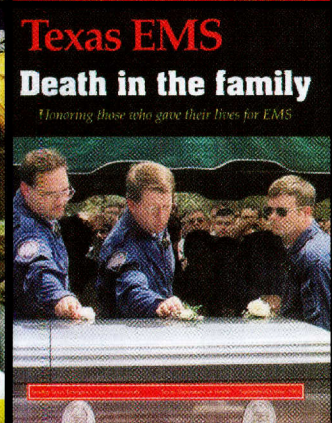
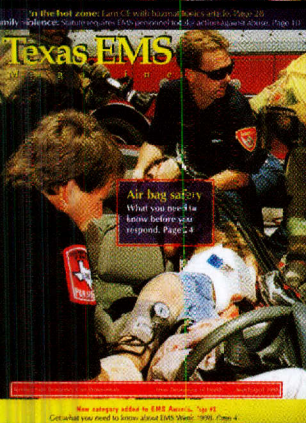
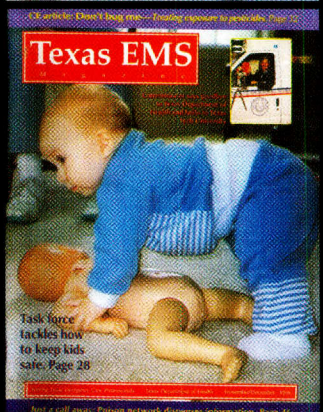
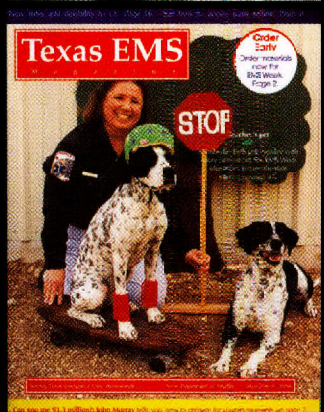
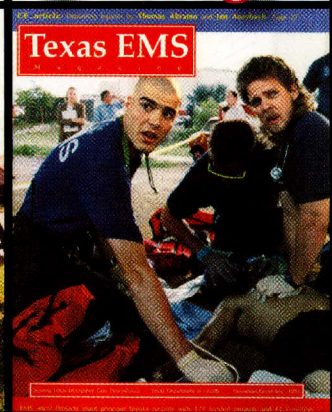


# Texas EMS



**EMS compliance offices by group**

**North group**

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

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

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

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

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

**South group**

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

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

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

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

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

**Central group**

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

**East group**

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

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

*A bimonthly publication of*  
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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 NANCY ROSAS..... EDITORIAL ASSISTANT

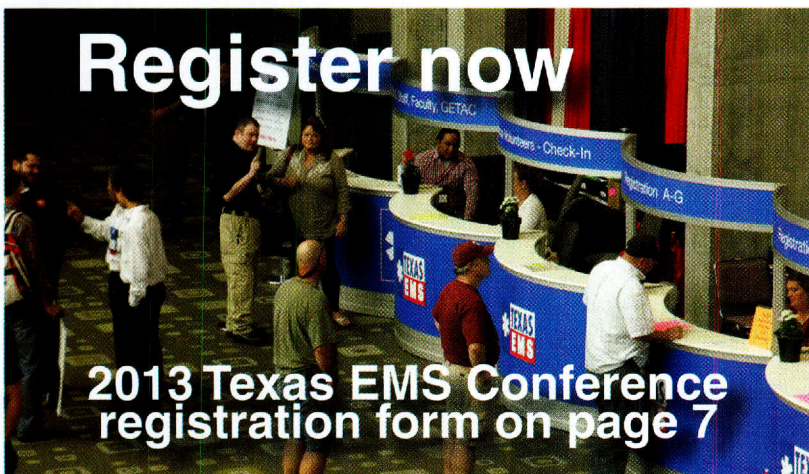
Texas EMS Magazine (ISSN 1063-8202) is published bimonthly by the Texas Department of State Health Services, Office of EMS/Trauma Systems Coordination, 1100 W. 49th St., Austin, TX 78756-3199. The magazine's goals are to help organizations function professionally as EMS providers, to educate individuals 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, Office of EMS Trauma/Systems MC 1876, PO Box 149347, Austin, Texas 78714-9347 or FAX (512) 834-6736.

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## FEATURES

- 14 Texas EMS Conference 2013 will offer more than **80 lectures and workshops** to meet your continuing education needs.
- 16 Texas EMS Magazine offers a **look back at 27 memorable years** and bids a fond farewell.
- 34 Asthma exacerbations are explored in the **continuing education article** by Jolene E. Cormier, EMT-P, CHT.

## DEPARTMENTS

- 4 From the Editor *by Kelly Harrell*
- 5 Obituaries
- 42 Disciplinary Actions *by Terri Vernon*
- 46 Meetings and Notices *by Adrienne Kitchen*

**Above,** Ready Teddy, circa 1989, rappels down a building during Texas EMS Conference.

**On the cover,** a selection of Texas EMS Magazine covers throughout its 38-year history.

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# Thanks and so long

## FROM THE EDITOR



**Kelly Harrell**

*“When I was a boy and I would see scary things in the news, my mother would say to me, ‘Look for the helpers. You will always find people who are helping.’”*

Fred Rogers

Talk about bittersweet. Not only is this the last column I will write for Texas EMS Magazine, it is also the last issue of Texas EMS Magazine as you know it now. I am retiring as of July 31, and Texas EMS Magazine will become a smaller online edition, which will be offered free of charge on the DSHS website. (Refunds for current subscribers will be issued. Please see page 5 for information.)

Texas EMS Conference will go on as usual. It will be in Fort Worth on November 24-27. I promise you won’t be able to tell any difference – same great education, networking and exhibit hall.

When I started this job in 1992, I barely knew what the letters E-M-S stood for. I remember sitting at my desk thinking I’d give the job six months – and then I’d start looking elsewhere. Now I look back on 21 Texas EMS conferences and about 130 issues of Texas EMS Magazine, and I’m certain this is the place I was meant to be. I never even got around to applying for another job. Six months became two decades in the blink of an eye.

As you’ll see from the magazine retrospective starting on page 16, we’ve been through a lot of changes since the magazine began. Licensed paramedic, accreditation, outsourcing testing, the transition to National Registry, computerized testing, hurricanes, tropical storms, state EMS directors, tornadoes, the repeal of retesting for certification, local projects grants and 19 regular sessions of the Texas Legislature (and couple of special sessions). It’s mostly been fun and if it wasn’t fun, it was, er, interesting.

It’s impossible to name all the wonderful people who helped me learn about EMS and trauma along the way, so I’ll just say it to everyone: Thanks for your patience and good humor over the years. I’ve never met a better bunch of people, so passionate about emergency response and so willing to help out – whether it’s moving a table across the room at GETAC or jumping into the back of a truck at 2 a.m. to go on a cardiac call.

Which brings me to the Mr. Rogers quote at the top of the page. I first read that quote after the Boston Marathon bombings, but it made me think of all the times I’ve watched a disaster, natural or manmade, and felt helpless – until I saw the rescuers. So thank you all for all you do, whether it’s a routine transfer or a major MVC. You made a six-month job last 21 years. Thanks for letting me tell your story.

A handwritten signature in cursive script that reads "Kelly".

## Changes coming for Texas EMS Magazine and Texas EMS Conference

### Texas EMS Magazine

The final publication of Texas EMS Magazine in its current format will be the July/August 2013 edition. Beginning September 1, 2013, the magazine will be published quarterly in an electronic newsletter format.

Individuals who have current subscriptions to Texas EMS Magazine may request a prorated refund from the Office of EMS/Trauma Systems. To request a refund, send the name on the subscription, current address and phone number to MagazineRefunds@dshs.state.tx.us. A check will be mailed to the address provided.

### Texas EMS Conference

DSHS has presented the Texas EMS Conference, an annual conference for EMS and trauma professionals, for the past 27 years. From the beginning, some aspects of the conference have been managed by outside entities, while planning and coordination has been primarily handled by DSHS staff. The 2013 conference, which will be held November 23–27, will be the final year that department staff are involved in the planning and coordination of conference activities. Effective December 1, 2013, all conference activities, including planning and

coordination, will be performed by an outside entity.

DSHS will remain a sponsor of this annual conference and will continue to participate as it has in years past. There will be minimal impact to stakeholders, conference faculty, conference attendees, and exhibitors that participate in the conference.

The Governor's EMS and Trauma Advisory Council (GETAC) will continue to hold its November quarterly meeting in conjunction with the EMS Conference.

## New legislation brings changes to EMS provider applications

During the 83rd Regular Session of the Texas Legislature, House Bill 3556 and Senate Bill 8 were enacted, which require the Department of State Health Services (DSHS) to implement provisions that establish new requirements for licensing emergency medical services (EMS) providers. These new requirements become effective September 1, 2013, and include a moratorium on the issuance of most new EMS provider licenses between September 1, 2013, and August 31,

2014. (DSHS is allowed to continue to issue new EMS provider licenses to the following: municipality, county, emergency services district, hospital, emergency medical services volunteer provider organization or EMS provider who provides 9-1-1 response in a rural area.)

Because of the processing time needed for: 1) reviewing the completeness/correctness of the numerous documents required of an initial application, and 2) the completing

of an onsite provider survey and inspection of ambulance(s), DSHS cannot guarantee that any initial applications submitted after July 1, 2013, will be able to be processed by August 31, 2013.

Please direct any comments to your local Regional Advisory Council (RAC), to the Governor's EMS Trauma Advisory Council members, or to DSHS directly by contacting Joseph Schmider, State EMS Director, via e-mail at joseph.schmider@dshs.state.tx.us or by phone at (512) 834-6737.

## EMS Obituaries

**Robert Bebee**, 41, of Houston, died May 31, 2013. Bebee, an EMT, died as a result of injuries sustained while responding to a hotel fire in Houston.

**Michael Burns**, 42, of Dallas, died May 2, 2013, following treatment for cancer. An EMT-I, Burns served Cockrell Hill Fire Department and was a flight medic with Children's Medical Center of Dallas.

**Robert Garner**, 29, of Houston, died May 31, 2013, as a result of injuries sustained while responding to a hotel fire in Houston. After serving two tours in Iraq with the U.S. Air Force,

Garner, an EMT, graduated from the Houston Fire Academy and joined Station 68.

**Mark A. Mirelez**, 41, of Corpus Christi, died following a sudden illness. On February 26, 2013, during his shift with City of Robstown EMS, Mirelez fell ill and was transported to Spohn Shoreline Hospital. He died as a result of the illness on March 5, 2013. Mirelez had joined City of Robstown EMS in 1997 and was promoted to EMS Director in 2011.

**Matthew Renaud**, 35, of Houston, died May 31, 2013. A career firefighter and EMT, Captain Renaud died as a result of injuries sustained while responding to a

hotel fire in Houston.

**Anne Sullivan**, 24, of Houston, died May 31, 2013, as a result of injuries sustained while responding to a hotel fire in Houston. Sullivan, an EMT-I, graduated in April 2013 from the Houston Fire Academy and joined Station 68. She had previously served with Community and Stafford Volunteer Fire Departments.

**Stanley Wilson**, 51, of Dallas, died May 20, 2013, as a result of injuries sustained while responding to a condominium fire in Dallas. Wilson, an EMT-P, joined Dallas Fire-Rescue in 1985 and served for 28 years.

# First responders, others, lost in West explosion

Victims of the fertilizer plant explosion in West, Texas, in April included firefighters, students, volunteers and residents.

**Morris Bridges**, 41, of West, was a volunteer firefighter with West Volunteer Fire Department.

**Perry Calvin**, 37, of Frost, was a volunteer firefighter with the Navarro Mills and Merten Volunteer Fire Departments and was attending an EMT course organized by the West Volunteer Fire Department.

**Jerry Chapman**, 26, of Hillsboro, was a volunteer firefighter with Abbott Volunteer Fire Department and was attending an EMT course organized by the West Volunteer Fire Department.

**Cody Drago**, 50, of West, was a volunteer firefighter with West Volunteer Fire Department.

**Kenny "Luckey" Harris Jr.**, 52, of West, was a captain with Dallas Fire-Rescue but responded as a citizen volunteer when the fertilizer plant exploded.

**Adolph Lander**, 96, of Malone, lived at West Rest Haven nursing home, which was evacuated as a result of the explosion.

**Jimmy Matus**, 52, of West, responded as a citizen volunteer. His family business, Westex Welding & Fire Apparatus, kept him familiar with fire suppression equipment, and he regularly assisted West Volunteer Fire Department.

**Judith Ann Monroe**, 65, of West, lived in an apartment complex damaged in the explosion.

**Joey Pustejovsky**, 29, of West, was the town of West's secretary and was a volunteer firefighter with West Volunteer Fire Department.

**Cyrus Reed**, 29, of Houston, was a volunteer firefighter with the Abbott, Bynum and Elm Mott Volunteer Fire Departments, and he was attending an EMT course organized by the West Volunteer Fire Department.

**Mariano Saldivar**, 57, of West, lived with his family in an apartment complex damaged in the explosion.

**Kevin Sanders**, 33, was a volunteer firefighter with the Bruceville-Eddy Volunteer Fire Department and was attending an EMT course organized by the West Volunteer Fire Department.

**Doug Snokhous**, 50, of West, was a captain and second-generation volunteer firefighter with the West Volunteer Fire Department.

**Robert Snokhous**, 48, of West, was a captain and second-generation volunteer firefighter with the West Volunteer Fire Department.

**William "Buck" Uptmor Jr.**, 45, of Abbot, owner of Uptmor Welding and Construction, responded as a citizen volunteer to assist moving a herd of horses away from the fertilizer plant.



Joseph W. Schmider

## DSHS hires Schmider

DSHS is pleased to announce the selection of Joseph W. Schmider as the State EMS Director for the Department of State Health Services, effective June 10, 2013.

Schmider comes from Pennsylvania where he has had extensive experience in the regulation of EMS providers and personnel, trauma system development, rule development and is experienced in collaborating with state and federal agency partners. He has been the Emergency Medical Services Director for the state of Pennsylvania since January 2005. His former positions include program manager within the Pennsylvania Bureau of Emergency Medical Services and also as the Emergency Management Agency (EMA) director for Bedminster Township in Pennsylvania. His tenure working in the Pennsylvania emergency medical services system spans more than 30 years: his hands-on experience since 1979 has included serving as a volunteer EMS provider, firefighter, firefighter/EMT, EMS squad chief, and he is trained/certified as a firefighter/ EMT, EMT-Instructor, HazMat technician and rescue technician.

Schmider has been active at both the state and national levels in his efforts to advance emergency medical services. He has served as a member of the Pennsylvania Trauma System Foundation Board of Directors, is a current member of the National Association of State EMS Officials (NASEMSO) and is chairperson for the Eastern State EMS Directors Committee and Domestic Preparedness Committee. He also serves on the National Emergency Management Association (NEMA) Emergency Management Assistance Compact, the nation's state-to-state mutual aid system.

### Want to see MedStar in action?

#### MedStar Mobile Healthcare offers attendees hands-on opportunities

##### Ambulance ride-along

Attendees can schedule a ride-along with one of MedStar's ambulances in blocks of six-hour shifts. During this ride-out, participants will observe MedStar's state-of-the-art operational and clinical guidelines for ambulance deployment and delivering high-performance services to the residents and visitors of Fort Worth and 14 surrounding communities. Attendees participating in ride-alongs must wear their service uniforms.

##### Mobile healthcare units

MedStar has been recognized nationally for innovation in mobile health care and community paramedicine. A limited number of Texas EMS Conference participants can ride with MedStar's mobile healthcare paramedics to see firsthand how they are leading the transformation from simply providing "EMS" to providing "mobile healthcare."

##### 9-1-1 nurse triage

MedStar is in its second year of using specially trained registered nurses in its 9-1-1 call center to assist low-acuity callers in finding resources other than an ambulance response to an emergency department. Texas EMS Conference participants can sign up for an observation shift in the 9-1-1 center to see and hear this innovative approach to handling low-acuity 9-1-1 callers.

Participation in any of these observation opportunities require advance sign-up and completion of a brief HIPAA training video and quiz. To sign-up for these opportunities, contact Matt Zavadsky at [MZavadsky@medstar911.org](mailto:MZavadsky@medstar911.org), or stop by MedStar's booth in the Texas EMS Conference exhibit hall.

# TEXAS EMS CONFERENCE 2013 REGISTRATION FORM

Register online at [www.texasemsconference.com](http://www.texasemsconference.com)

NAME \_\_\_\_\_

NAME PREFERRED ON BADGE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE (include area code) \_\_\_\_\_

EMAIL ADDRESS REQUIRED \_\_\_\_\_

### PRIMARY ACTIVITY

Student     Patient Care     Teaching     Mid-Management/Supervisory     Executive Management

### LICENSE LEVEL

ECA     EMT     EMT-I     EMT-P     LP     LVN/RN     MD/DO

### PRIMARY WORK SETTING

Hospital     Industrial     Ambulance Service     Fire Department     Other: \_\_\_\_\_

### I WOULD BE INTERESTED IN KNOWING MORE ABOUT

EMS Billing     Job Opportunities     Equipment     Supplies     Training     Vehicles     Insurance     EMS Software

### I PREFER TO RECEIVE INFORMATION BY

EMAIL     PHONE     MAIL

## PRECONFERENCE CLASSES

Preconference registration **deadline: October 17, 2013**

Check the class(es) you will attend.

**After  
Oct 17**

**After  
Oct 17**

- Accreditation Essentials: Interpretations and Site Visit Information .....\$210....\$250
- ACLS for EMTs .....\$250....\$300
- Basic and Clinical Research and Presentation Strategies.....\$95....\$115
- Critical Care Skills—Emergent Procedures and Anatomy Workshop .....\$250....\$300
- Emergency Pediatric Care (EPC) .....\$425....\$510
- Hands-On Anatomy: Cadaver Lab.....\$100....\$120
- High Angle Rescue .....\$225....\$270
- Industrial Aspects of Rope Rescue.....\$225....\$270

- Multi-Lead Medics: 12-Lead ECG for Acute and Critical Care Providers.....\$200....\$240
- NAEMSE Instructor Course, Level II.....\$435....\$520
- NAEMT Safety Course: Taking Safety to the Streets .....\$175....\$225
- National Registry Transition Course for EMTs .....\$325....\$390
- National Registry Transition Course for Paramedics.....\$550....\$660
- Pit Crew Approach to Cardiac Arrest Management.....\$125....\$150
- SABA: Self Aid/Buddy Aid (A TCLEOSE course) .....\$425....\$510
- SLAM Emergency Airway Provider Course .....\$410....\$490
- Wilderness Medicine For EMS Providers .....\$375....\$450

## REGISTRATION FEE

\$210 until October 26

\$250 after October 26

Register online at [www.texasemsconference.com](http://www.texasemsconference.com)

Registration information: (512) 759-1720

General Information: (512) 834-6700

## PAYMENT INFORMATION

Enclosed is my check for \$ \_\_\_\_\_

Enclosed is my Purchase Order # \_\_\_\_\_ for \$ \_\_\_\_\_

Charge my:  MasterCard  Visa  American Express  Discover

Account# \_\_\_\_\_

CCV# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder \_\_\_\_\_

Authorized Cardholder Signature \_\_\_\_\_

Zip Code of Billing Address \_\_\_\_\_

Registrations by fax will be accepted only if you are using a credit card. A check, money order or credit card number must accompany any mailed registration.

No mailed or faxed registrations accepted after 10/26/2013. **No refund after 10/26/2013.** There is a 20% administration fee if a refund is necessary.

If paying by credit card, you may fax your completed registration to (512) 759-1719.

**By signing up for the conference, you agree to have your likeness reproduced in publications.**

Conference  
Registration Fee    \$ \_\_\_\_\_

Preconference  
Class(es) Fee    \$ \_\_\_\_\_

Total Amount  
Enclosed    \$ \_\_\_\_\_

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

**No refunds after  
October 26, 2013.**

**Official Use Only**

Date Rec'd \_\_\_\_\_  
Type of Pmt. \_\_\_\_\_  
Amt. Rec'd \_\_\_\_\_



# Texas EMS Conference

## Fort Worth

### November 24-27, 2013



#### Exhibit Hall Hours

Sunday 2–7 pm  
Monday 11 am–6 pm  
Tuesday 8–11 am

**REGISTER TODAY**  
**ONLY \$210**

[www.texasemsconference.com](http://www.texasemsconference.com)



#### Education

Lectures: one-hour sessions on a wide variety of EMS subjects  
Workshops: hands-on sessions offering in-depth specialty topics  
Preconference classes: 4- to 20-hour courses offered Friday through Sunday

#### Lunches and Snacks—Included!

Buffet lunch on Monday; Awards Luncheon on Tuesday; coffee and afternoon snacks available Monday through Wednesday



#### Bring a Friend

Exhibit Hall passes can be purchased for non-attendees—\$6 online and \$10 at the door

Visit the Texas EMS Conference page for links to booking online for each hotel

[www.dshs.state.tx.us/emstraumasystems/conference.shtm](http://www.dshs.state.tx.us/emstraumasystems/conference.shtm)

#### Omni Fort Worth Hotel

1300 Houston Street  
817-535-6664  
\$109 single/double occupancy  
The Omni Fort Worth Hotel, adjacent to the convention center, is the host hotel for Texas EMS Conference 2013.

#### Sheraton Fort Worth Hotel

1701 Commerce Street  
817-335-7000  
\$99 single/double occupancy  
The Sheraton Fort Worth Hotel is only a block away from the convention center.



#### Hilton Fort Worth

815 Main Street  
817-870-2100  
\$99 single/double occupancy  
This historic hotel is near the north side of the convention center.

#### The Worthington Renaissance Fort Worth Hotel

200 Main Street  
817-870-1000  
\$110 single/double occupancy  
This four-diamond hotel, a long-time favorite in Fort Worth, is seven blocks north of the convention center.



# Schedule



Conference 2013

## Saturday, November 23

- 7:00 am - 6:00 pm Exhibitor registration
- 3:00 pm - 6:00 pm Attendee registration

## Sunday, November 24

- 7:00 am - 7:00 pm Registration
- 2:00 pm - 7:00 pm Exhibit Hall open
- 4:00 pm - 6:00 pm Welcome Reception

## Monday, November 25

- 7:00 am - 6:00 pm Registration
- 8:15 am - 9:30 am Opening Session
- 9:45 am - Noon Education sessions
- 11:00 am - 6:00 pm Exhibit Hall open
- 11:30 am - 1:00 pm Lunch
- 1:30 pm - 5:30 pm Education sessions
- 2:30 pm - 3:45 pm Snack break in Exhibit Hall



## Tuesday, November 26

- 7:00 am - 3:00 pm Registration
- 8:00 am - 11:30 am Education sessions
- 8:00 am - 11:30 am Exhibit Hall open
- 11:45 am - 1:30 pm Awards Luncheon
- 2:00 pm - 5:30 pm Education sessions



## Wednesday, November 27

- 8:30 am - 10:45 am Education sessions
- 11:00 am - Noon Closing Session
- Conference adjourns



**2013 Texas EMS  
Photography Contest**  
CASH for your best EMS photos!

For details, go to  
[www.dshs.state.tx.us/emstraumasystems/  
photocontest2013.pdf](http://www.dshs.state.tx.us/emstraumasystems/photocontest2013.pdf).  
Deadline for entry is November 10, 2013.

**November 22, 23 and 24**

**Registration deadline October 17 — prices increase October 18**

**For registration information or to find out whether a class is full, call 512-759-1720.**

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

## **Friday–Saturday–Sunday**

### **National Registry Transition Course for Paramedics**

*Early \$550, late \$660; Friday, 11/22, 1 pm to 5 pm; Saturday, 11/23, 8 am to 5:30 pm; and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: multiple categories.* This 20-hour class is designed to teach information identified in the National Association of State EMS Officials Gap Analysis to paramedics who wish to maintain National Registry certification. Fourteen didactic areas are addressed in the class. Material presented during this two-and-a-half day program will build on existing knowledge and transition the NREMT-P to be in line with the EMS Agenda for the Future and the new EMS Education Standards. This class will also benefit non-National Registry certificants. National Registry continuing education credits will be issued to all participants. For more information on class content, contact Leslie Hernandez at [hernandezlp@uthscsa.edu](mailto:hernandezlp@uthscsa.edu) or 210-567-7576.

## **Saturday–Sunday**

### **Emergency Pediatric Care (EPC)**

*Early \$425, late \$510; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: special considerations.* Emergency Pediatric Care (EPC) is a comprehensive education program for EMS practitioners that focuses on the care of sick and injured children, addressing a full spectrum of emergency illnesses, injuries and scenarios that an EMS practitioner might encounter. Discussions will focus on anatomical, physiological and developmental differences between adults and children and how these differences affect the child's physiological responses during a medical or traumatic event. We will also discuss the child's social responses during a medical or traumatic event and the importance of first impressions in assessing children. Textbook included. For more information on class content, contact Macara Trusty at [mtrusty@medstar911.org](mailto:mtrusty@medstar911.org) or 817-840-2061.

### **NAEMSE Instructor Course, Level II**

*Early \$435, late \$520; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: additional.* Ready to become the next level of instructor? This class is representative of the 2002 National Guidelines for EMS Educators and will provide educators and program directors with the tools and information needed to further build their leadership skills and better evaluate programs, students and faculty. A mandatory online portion will be used to enhance the two-day in-person sessions. Topics covered will include mentoring, student-centered learning, lesson plans, program evaluation, social intelligence, research, presentation technologies, leadership and administrative issues. For more information on class content, contact Laurie Davin at [laurie.davin@NAEMSE.org](mailto:laurie.davin@NAEMSE.org) or 412-343-4775 ext. 24.

### **National Registry Transition Course for EMTs**

*Early \$325, late \$390; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: multiple categories.* This 16-hour class is designed to teach information identified in the National Association of State EMS Officials Gap Analysis to EMTs who wish to maintain National Registry certification. Fourteen didactic areas are addressed in this course. Material presented during this two-day program will build on existing knowledge and transition the EMT to be in line with the EMS Agenda for the Future and the new EMS Education Standards. This course will also benefit non-National Registry certificants. National Registry continuing education credits will be issued to all participants. Topics will include evidence-based decision making, EMS interface with public health, age-related variations for pediatric and geriatric airway considerations and causes of ventilation-perfusion mismatch. For more information on class content, contact Leslie Hernandez at [hernandezlp@uthscsa.edu](mailto:hernandezlp@uthscsa.edu) or 210-567-7576.

## **SABA: Self Aid/Buddy Aid (A TCLEOSE course)**

*Early \$425, late \$510; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: special considerations, clinically related operations, trauma.* This 16-hour block of instruction is the same class provided to law enforcement for self and/or buddy care subsequent to penetrating trauma. It is presented by the author of the TCLEOSE SABA CE program, providing scientific justification for equipment choices and policies, as well as hands-on training in tourniquet, hemostatic agent and pressure bandage application, along with the specific drags, pulls and carries inherent to a care-under-fire event. Attendees will be able to return to their agencies and disperse the knowledge of what is being taught to the law enforcement community within their jurisdiction, allowing them to better respond and develop policies commensurate with the emerging standard of care. It is a physically demanding class, combining lecture and skills-based instruction and practice. TCLEOSE licensed attendees can receive 16 hours of CE credit. For more information on class content, contact Roger Turner at rogeturner@pertacinc.com or 817-691-8965.

## **Wilderness Medicine For EMS Providers**

*Early \$375, late \$450; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: special considerations, clinically related operations, trauma.* Do you provide EMS in back-country or disaster settings? If so, this 16-hour class is for you. It will take you beyond the EMT or paramedic course you attended and prepare you to provide medical care with a minimum of equipment while in a wilderness or disaster setting. From wound care to medical emergencies, we will cover many common problems that occur in the back country and how treat them. New for this year will be a section on managing remote medical emergencies and a special section on “Jams & Pretzels” that you won’t want to miss. The Wilderness Medicine for EMS course will involve physical activity, please come prepared. Join us if you want to learn about back-country medicine and are willing to have fun. Kirk and Margaret will get you ready for those calls and times when you have very little equipment and a long way to go. For more information on class content, contact Kirk E. Mittelman at KMittelman@gmail.com or 801-372-0928.

## **Saturday**

### **ACLS for EMTs**

*Early \$250, late \$300; Saturday, 11/23, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: medical.* EMTs can find themselves in critical situations that require advanced cardiac life support (ACLS). Although EMTs are not trained to provide advanced-level skills, they can do many things to improve the quality of management, and thus the patient’s chance for survival, by understanding ACLS and facilitating its administration by ALS providers. Teamwork is the cornerstone of ACLS care. Advanced life support can only function on a foundation of solid, ongoing basic life-support practices. As such, an understanding of the principles of advanced life support will enhance the ability of EMTs to work collaboratively to increase the survival rates of patients. Most important, better teamwork will improve care not only during cardiac arrests, but also during all emergency calls. ACLS for EMTs familiarizes the student with cardiac emergencies, the skills used to manage them and teamwork principles that ensure the best outcomes. Using human patient simulators, participants will get hands-on megacode practice! Textbook included. The course will be taught by Bob Page and Julie Williams, NREMT-P, NCEE. For more information on class content, contact Bob Page at edutainment@mac.com or visit multileadmedics.com.

### **Basic and Clinical Research and Presentation Strategies**

*Early \$95, late \$115; Saturday, 11/23, 8 am to 5:30 pm; lunch included; Omni Hotel Ft. Worth; CE: preparatory.* Sponsored in part by Texas Association of Air Medical Services. This class will introduce the participant to the fundamentals of performing basic and clinical research as well as conducting and presenting literature reviews. We will discuss interesting uses of common tools widely available and how to find and use some of the lesser known resources. In this program we will also discuss the regulatory requirements and pitfalls of human-based research. We will additionally gain hands-on experience in developing specific scientific-focused poster and oral presentations. Participants who attend with research ideas in mind will be able to gain individualized project assistance from highly experienced faculty. For more information on class content, contact David Wampler at wamplerd@uthscsa.edu or 210-414-9548.

# Preconference Classes

## **Hands-On Anatomy: Cadaver Laboratory**

*Early \$100, late \$120; Saturday, 11/24; two classes to choose from: 8 am to 12 pm or 1 pm to 5 pm; off-site (meet at medical school approximately three miles from convention center) CE: preparatory. Class limited to 50 people per session.* Even though anatomy is the basis of all medicine, most of us learned anatomy from books and pictures. Few ever get the chance to spend time with actual cadavers. Each four-hour class will review the anatomy of prosected cadavers in **small groups**, examining anatomy of the airway, the respiratory system and the organs in the abdomen. The class will be held on the campus of the University of North Texas Health Science Center in Fort Worth. A maximum of 50 attendees will be allowed per session. Course instructors will include staff from the Emergency Physician Advisory Board of MedStar in Fort Worth. For more information on class content, contact Jeff Beeson at [jbeeson@medstar911.org](mailto:jbeeson@medstar911.org) or 817-456-6659.

## **High Angle Rescue**

*Early \$225, late \$270; Saturday, 11/23, 7:30 am to 5:30 pm; lunch included; off-site (meet at Omni Hotel Ft. Worth for bus transport); CE: patient assessment, trauma.* This eight-hour class covers basic equipment used in high-angle rescue, repelling, belays and simple hauls/lowers. It will also teach self-rescue techniques, patient assessment and patient packaging. Students must bring sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat) and a canteen or water bottle. For more information on class content, contact John Green at [john@texasroperescue.com](mailto:john@texasroperescue.com).

## **NAEMT Safety Course: Taking Safety to the Streets**

*Early \$175, late \$225; Saturday; 11/23, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: preparatory.* The purpose of the course is to increase students' awareness and understanding of EMS safety standards and practices and to develop the ability to effectively implement these practices when on duty. The six-module course curriculum will cover the following topics: crew resource management; emergency vehicle safety; operational scene safety; safe patient handling; patient, practitioner and bystander safety; and personal health. The course manual will be provided. For more information

on class content, contact Michael L. Shelton at [mshelton@medstar911.org](mailto:mshelton@medstar911.org) or 817-295-4875.

## **SLAM Emergency Airway Provider Course**

*Early \$410, late \$490; Saturday, 11/23, 7:30 am to 5:30 pm; no lunch break (bring snacks); Ft. Worth Convention Center; CE: airway.* This 10-hour course presents key aspects of emergency airway management, including assessment of the airway and clinical situation; proper use of rapid sequence induction and intubation; pharmacology of airway management, advance techniques for difficult intubation; rescue ventilation options; cricothyrotomy; confirmation of tracheal intubation and monitoring of lung ventilation; new fiberoptic and video laryngoscopic equipment suitable for use in EMS; management of burn and inhalation injuries; management of the traumatized airway and cervical spine injured patient; management of the airway in the emergency pregnant patient; pediatric airway management; and sedation/analgesia for post-intubation management. The class includes four hours of lecture and six hours of hands-on instruction. The course includes all airway management updates and recommendations from Guidelines 2010 for the American Heart Association and the International Liaison Committee on Resuscitation. The course has been updated since the publication of the SLAM textbook in August 2007 to include new content, equipment and products. Optional textbook is available for purchase from Amazon. There will not be a lunch break, so bring snacks! For more information on class content, contact Jim Rich at [jrofdallas@gmail.com](mailto:jrofdallas@gmail.com) or 214-717-7742.

## **Sunday**

### **Accreditation Essentials: Interpretations and Site Visit Information**

*Early \$210, late \$250; Sunday, 11/24, 1:30 pm to 5:30 pm; Omni Hotel Ft. Worth; No CE.* This is an intensive CAAHEP/CoAEMSP class for program directors or others seeking paramedic program accreditation, taught by the leading experts in accreditation. The program will review essential accreditation information, including an overview of the accreditation process, interpretation of standards and site visit information. For more information on class content, contact Debra Cason at [debra.cason@utsouthwestern.edu](mailto:debra.cason@utsouthwestern.edu) or 214-648-5246.

### **Critical Care Skills—Emergent Procedures and Anatomy Workshop**

*Early \$250, late \$300; Sunday, 11/24; 8:00*

*am–5:00 pm; breakfast and lunch included; off-site (meet at the Omni Hotel Ft. Worth for bus transport to Dallas); CE: preparatory. Limited to 55 students. Critical Care Skills (previously known as Keeping It Real) is a nationally recognized anatomy program focusing on emergent resuscitation and appropriate procedural interventions. What's expressly different about this hands-on experience is the graceful blending of fresh and embalmed human specimens, in concert with a team of highly experienced medical professionals (paramedics, nurses and physicians) engaged in delivering the most demanding procedures, with the right dose of reservation, in a tightly developed workshop. This entire course is designed to comprehensively define, explain and train through the BLS & ALS of bleeding control, ventilation management, vascular access, thoracic decompression, chest tube placement and management, pericardiocentesis as well as ultrasound (FAST) assessment and fundamental suturing. Participants are encouraged to locate, visualize, mobilize and explore the anatomy of the neck, chest, abdomen and extremities to better appreciate the impact our procedures have on the human body—while simultaneously defining the more common medical and traumatic disease process we frequently encounter. The *Critical Care Skills* course is orchestrated toward the goal of improving “indication recognition” while simultaneously offering the hands-on experience that “low frequency–high value” procedures mandate. For more information on class content, contact Scotty Bolleter at [sbolleter@bsbems.org](mailto:sbolleter@bsbems.org) or Scott Lail at [slail@careflite.org](mailto:slail@careflite.org).*

### **Industrial Aspects of Rope Rescue**

*Early \$225, late \$270; Sunday, 11/24, 7:30 am to 5:30 pm; lunch included; off-site (meet at Omni Hotel Ft. Worth for bus transport); CE: patient assessment, trauma. This eight-hour class focuses on rescues in an industrial environment. It covers description of basic equipment used in industrial rescue, belays, simple hauls and lowers, and self-rescue techniques. Students will be required to bring sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat) and a canteen or water bottle. For more information on class content, contact John Green at [john@texasroperescue.com](mailto:john@texasroperescue.com).*

### **Multi-Lead Medics: 12-Lead ECG for Acute and Critical Care Providers**

*Early \$200, late \$240; Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: medical. If someone told you that you could take a 12-lead class and have fun, would you believe him? Presented by Bob Page, author of the book *12-Lead ECG for Acute and Critical Care Providers*, this eight-hour, highly motivating, non-stop interactive course on 12-Lead ECG includes proper lead placement, axis and hemiblock determination, bundle branch blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG. Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly learned skill. There is also website support for program attendees, offering continual competency and feedback from the instructor. The class will have a state-of-the-art computer presentation enhanced with sound, graphics, animation, music and video clips. Textbook included. This class is perfect for picking up where ACLS and experienced provider courses leave off! For more information on class content, contact Bob Page at [edutainment@mac.com](mailto:edutainment@mac.com) or visit [multileadmedics.com](http://multileadmedics.com).*

### **Pit Crew Approach to Cardiac Arrest Management**

*Early \$125, late \$150; Sunday, 11/24, 1 pm to 5 pm; Omni Hotel Ft. Worth; CE: airway, medical. A highly trained and efficient NASCAR pit crew can refuel a car, change four tires and clean the windshield in about twenty seconds. Perhaps an EMS team displaying the same incredible precision and teamwork coupled with a thorough understanding of the science behind resuscitation could influence out-of-hospital cardiac arrest survival rates. This course will emphasize the importance of basic life support interventions, the integration of those interventions with advanced care and the importance of effective team interaction and communication during the resuscitation attempt. Although this course will focus on BLS, participants at every level of certification can learn to improve the quality of their resuscitation attempt. For more information on class content, contact Kenneth Navarro at [kenneth.navarro@utsouthwestern.edu](mailto:kenneth.navarro@utsouthwestern.edu) or 214-648-6977.*

# Texas EMS Conference 2013

## Lectures and Workshops

November 22, 23, 24

*Presenters and titles subject to change*

### General

#### **Keynote Session Future of EMS: Mobile Healthcare**

Jeff Beeson, DO  
Ed Racht, MD

#### **Inside Out: Procedural Explanations from Beneath the Skin**

Scotty Bolleter, BS, EMT-P

#### **To AIR is Human: Ventilation management from A to V**

Scotty Bolleter, BS, EMT-P

#### **Treating Gunshot Wounds: When the Big Easy Isn't so Easy!**

Ken Bouvier, NREMT-P

#### **Household Hazardous Materials: "Under the Kitchen Sink"**

Ken Bouvier, NREMT-P

#### **(Almost) Every ECG Rhythm in 6 Easy Steps**

Jeff Brosius

#### **Where the ER and the Street Meet: Reviewing EMS Treatments that Effect ER Care**

Jeff Brosius  
Larry Torrey, RN, EMT-P

#### **"Don't Step in That!" Forensic Considerations for First Responders**

Julie Carriker, RN, D-ABMDI, CFN, CA-CP, SANE

#### **Belly Busters: Abominable Abdominal Trauma**

Rommie Duckworth

#### **The Forgotten Epidemic**

Christopher Ebright, B.Ed., NREMT-P

#### **Down on the Pharm**

Christopher Ebright, B.Ed., NREMT-P

#### **Drug Recognition: Cop Stuff for EMS Providers**

Jim Graham, MCJ, EMT-P

#### **Airway Fu for BLS Providers**

Steven "Kelly" Grayson, NREMT-P, CCEMT-P

#### **History of EMS in the UK**

Stephen Hines

#### **The Abdominal Black Box: A Case-Based Approach to the Differential Diagnosis of Abdominal Pain**

Jeffrey L. Jarvis, MD, EMT-P, FACEP

#### **Patient Management and Transport Considerations in Rural EMS**

Sarah Leach, LP, NREMT-P, CCEMT-P, BS

#### **Get the Weight off Your Shoulders: How to Deal With a Critically Ill Obese Patient**

Alexandre F. Migala, DO, FAAEM

#### **Do You Hear That Ringing? A Look at Head Injuries**

Kirk E. Mittelman, M.Ed., NREMT-P

#### **Now That Hurts! A Look at Gunshot Wounds**

Kirk E. Mittelman, M.Ed., NREMT-P

#### **Pediatric Tracheal Intubation: *Primum Non Nocere***

Kenneth Navarro

#### **Hottest Medical/Legal/Operational Topics: The Eagle, the Legal Beagle, and the Aggie Redux**

Wes Ogilvie, MPA, JD, LP, NREMT-P  
Dudley Wait, BBA, LP  
S. Marshal Isaacs, MD

#### **How Vital Are Vital Signs?**

Bob Page, BAS, NREMT-P, CCEMT-P, NCEE

#### **The Most Important Things We Need to Know? Rethinking Patient Assessment**

Bob Page, BAS, NREMT-P, CCEMT-P, NCEE

#### **Respiratory Interactive!**

Bob Page, BAS, NREMT-P, CCEMT-P, NCEE  
Julie Williams, NREMT-P, NCEE

#### **Chasing Squirrels and Taming 12-Lead EKGs**

Angelica "Jellie" Requenez, LP, RN, CCRN, CEN, CCEMT-P

#### **Poor Prognostic Indicators: Critical Thinking in EMS**

Stuart Rosenhaus, EMTT, CICC  
Gary Hecker, RN, CCRN, EMT-B, CIC

#### **EMS and the Armed Patient**

Gary Saffer

#### **He Ain't Heavy ... Bariatrics**

Jules K. Scadden, NREMT-P, PS

#### **When the Bough Breaks: Trauma in Pregnancy**

Jules K. Scadden, NREMT-P, PS

#### **What the Stork Didn't Tell You: Pregnancy Emergencies**

Lori Sizer, Paramedic Training Officer

#### **EtCO<sub>2</sub> in the Unconscious**

Troy Smith, NREMT-P

#### **Evaluation and Treatment of Pediatric Cervical Spine Injuries: Vastly Different from the Adult World**

Dave Spear, MD, FACEP

#### **Bad to the Bone: A Review of Intraosseus Infusion Devices**

Larry Torrey, RN, EMT-P

#### **EMS and the Homeless: Sick or Stereotype?**

Larry Torrey, RN, EMT-P

#### **"But he's in cuffs!" Transport of Persons In Law Enforcement Custody**

Roger Turner, BS, LP

#### **"He's crazy; he's got to go to the hospital." Involuntary Mental Health Detentions and EMS**

Roger Turner, BS, LP

#### **Code Stroke: EMS Care of the Acute Stroke Patient**

Karen Yates, RN, BS, CEN, LP  
Laurie Zinn, RN

### Case Studies

#### **Psychiatric Emergencies in the Vegas ER**

Bryan Bledsoe

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**A, B, C: Airway, Breathing,  
Cricothyrotomy? (Airway  
Nightmares)**

Derrek Bockholt, LP, CCEMT-P  
Angelica “Jellie” Requenez, RN, CCRN,  
CEN, CCEMT-P, LP

**Adopting Video Laryngoscopy: A Case  
Study of Clinical QI Process**

Jeffrey L. Jarvis, MD, EMT-P, FACEP

**Interactive Trauma Case Studies: Real  
Patients in Unusual Situations**

T. Ryan Mayfield, MS, NREMT-P

**Now What Do I Do? A Look at Critical  
Thinking Skills**

Kirk E. Mittelman, M.Ed., NREMT-P

**The Gift of Knowledge; the Curse of  
Knowledge**

Bob Page, BAS, NREMT-P, CCEMT-P, NCEE

**Overdose Patients and Consent: Case  
Reviews from the Real World**

Chris Weinzapfel

**New Trends in EMS**

**Community Paramedicine: *Carpe Diem***  
Bryan Bledsoe

**Innovations in Stroke Care: How EMS  
Can Make a Difference**

Rommie Duckworth

**Is This the End of Spinal  
Immobilization?**

Steven “Kelly” Grayson, NREMT-P,  
CCEMT-P

**Dying from the Inside Out: Assessing  
Perfusion via Blood Lactate**

T. Ryan Mayfield, MS, NREMT-P

**On the MEND: A Different Stroke  
Assessment**

Julie Williams, NREMT-P, NCEE

**START Triage with SMART Phones**

Julie Williams, NREMT-P, NCEE

**Sports and EMS**

**Sports Concussions: Making the  
Headache Manageable**

Lynn Fitzgerald, MD, PhD, FACS

**Scuba Diving Emergencies**

Gary Hecker, RN, CCRN, EMT-B, CIC

**The Difference Between a Runner and  
a Jogger is an Entry Blank: Medical  
Response for Marathons**

Tami Kayea, LP, MSML

**Baseball and Softball Injuries: When  
it’s *not* three strikes that gets you out**

...

Erin Lincoln, MS, NREMT-P

**Wow, That’s Gotta Hurt! Evaluation  
and Treatment of Injuries Sustained  
in Roller Derby**

Jay Rodriguez, NRP, CCP, WEMT, EMT-I

**Just Tape It!**

Candice Thompson, BS, LP, LAT

**Emergency Management  
Blast Injuries**

Jeff Beeson, DO

**New Jersey’s Largest 9-1-1 Call: The  
EMS Response to Superstorm Sandy**

Henry Cortacans, MAS, CEM, NREMT-P

Terry Clancy, PhD, MA, NREMT-P

**Children in Disasters**

Brent D. Kaziny, MD

**Workforce Protection in Pandemic  
Events: Considerations for the  
Prehospital Worker**

Michael J. Megna, LFACHE

**EMS Response to Active Shooter  
Incidents**

Gary Saffer

**EMS Educators/EMS  
Administrators/EMS Research  
Don’t Lose Your Cool: Dealing with  
Problem Students**

Rommie Duckworth

**Swimming with Sharks**

Jim Graham, MCJ, EMT-P

**Show Me Some More! Creative Ideas  
from EMS Educators**

Janet Taylor, RN, NREMT-B

Lori Sizer, Paramedic Training Officer

**SQUIRREL!**

Candice Thompson, BS, LP, LAT

**“Did I do that?” Defending Your  
Decisions and Documentation with  
Patient Assessment**

Macara Trusty, EMT-P

Lisa Bennett, LP

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

**EMS Medical Directors**

Up to 11 lectures will be presented  
on topics relevant to EMS medical  
directors.

**Specialty Hands-On Workshops  
Management of Persons Accidentally  
Contaminated with Radionuclides**

Christopher Amaro, health physicist  
Mike Rutherford

**Sick and Blue, What Do I Do? Pediatric  
Airway Management**

Scott Anderson, RRT-NPS, CNPT-  
NREMT-P

**FIX-IT: Patient Assessment Made Easy**

Leon Charpentier, EMT-P

Alexandra Charpentier, EMT-P

**Simulaids Pediatric Simulation**

**Workshop: All the Procedures You’re  
Afraid Of, Plus the Ones that Actually  
Work**

Steven “Kelly” Grayson, NREMT-P,  
CCEMT-P

Gary Saffer

Jules K. Scadden, NREMT-P, PS

**Doin’ the Wave: Full-Body Cardiology**

Christie Hale, NREMT-P, LP, BS

**Friday Night Lights ... On-Field Care  
of the Potential Spine-Injured Athlete**

Jackie Langford, CHSE, BFA, FF, LP

James Shiplet

**Stethoscopy for Dummies Lab**

Bob Page, BAS, NREMT-P, CCEMT-P, NCEE

Julie Williams, NREMT-P, NCEE

**TASER ECDs: Myths, Facts and the  
EMS Response**

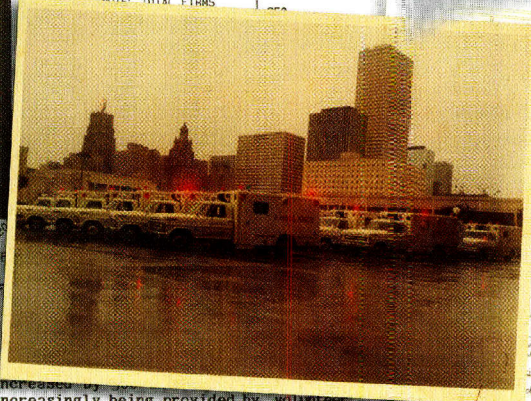
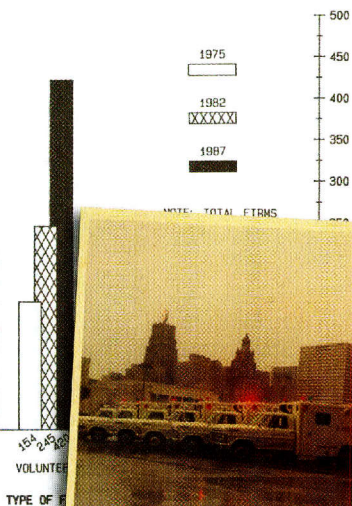
Roger Turner, BS, LP



**TEXAS EMS  
MAGAZINE  
RETROSPECTIVE  
1975-2013**

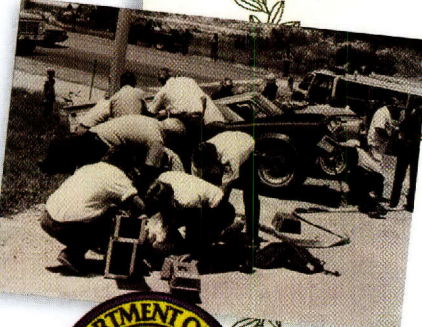
Nearly Half of Texas'

EMS Providers are Volunteer



Why Do EMT's Volunteer? page 4  
Statewide EMS Conference page 3  
Eye Injuries page 15

Increasingly being provided by volunteer, commercial, and local government EMS providers make...



has successfully completed the  
**EMS Instructor Course**  
January 5-9, 1988 Dallas, Texas

co-sponsor  
Texas Department  
University of Texas Health

Debra Cason, RN, MS - UTJHC



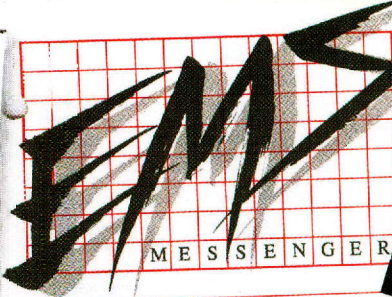
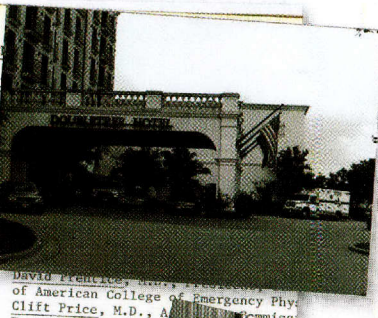
**CERTIFICATION REVOCATIONS**

Name	Level	Effective
Revoked EMT-SS		02-01
Revoked ECA		01-22
Revoked Paramedic		01-22
Revoked Paramedic		02-23
Revoked EMT		01-27
Revoked EMT		01-22





TEXAS EMS - EXCELLENCE  
 EMS WEEK - SEPT

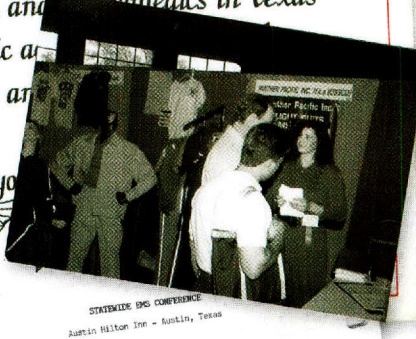


David ...  
 of American College of Emergency Physicians ...  
 Clift Price, M.D., ...  
 Personal Health Service ...  
 Health; Jack Peacock ...  
 Advisory Council, ...



...all, Chief, Bureau of Emergency ...  
 ... Nurse Association.

As we honor Midland Fire Department EMS for its role in the rescue of 18-month-old Jessica McClure, this issue of the EMS Messenger is dedicated to those ECAs, EMTs, and Paramedics in Texas who perform heroic acts to alleviate suffering and save lives of course.  
*We salute you*

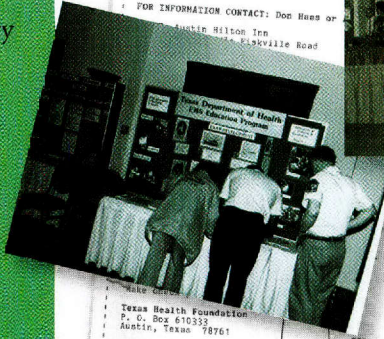


# 1975-1988

Texas EMS Messenger is launched as a newsletter in 1975, then takes a three-year break until it starts up again in 1978. However, no record of the Messenger exists in the files until 1986, when EMS Messenger covered ... EMS Week in September of 1986, including the first Texas EMS Conference, which drew 194 attendees and 15 vendors ... EMS Messenger cost \$15 for a four-year subscription ... new "automatic" defibrillators were coming onto the scene, accompanied by a call for a new EMT-D (Defibrillation) certification ... EMS Messenger predicted the defibrillator was the first of many new technological developments to come ... Texas EMS Advisory Council, made up of 18 members, advised the Texas Board of Health on EMS matters ... a letter writer to the Messenger advocated a simple way to carry the "newest equipment"—gloves—in a clean snuff can for easy access ... there were 37,895 certified personnel in 1987, and the numbers were still written by hand into a ledger ... a new Messenger logo debuted in June of that year ... in 1987, more than half of Texas EMS providers were volunteer, but the number of funeral homes running EMS had dropped to 37 from 364 in 1975 ... 447 people attended the second Texas EMS Conference ... in 1988, Texas EMS Messenger covered the rescue of Jessica McClure from a well in Midland ... and ran the first disciplinary actions, listing six people ... Bureau Chief Gene Weatherall again squashed the rumor that TDH was getting rid of the ECA certification (never was true and still not true) ... the 1988 Texas EMS Conference in September was held in Austin and included an EMS talent show ... no record on how many participated in the talent show, but there were 609 attendees and 45 vendors ...



STATEWIDE EMS CONFERENCE  
 Austin Hilton Inn - Austin, Texas  
 Thursday Sept. 25  
 1:00 p.m. - 6:00 p.m. Pre-conference Golf Tournament  
 8:00 a.m. - 8:30 a.m. Registration



WORKSHOPS \*  
 VENDORS \*  
 \*\* PHOTO CREDIT \*\*  
 Photos representing TEXAS EMS  
 Contact: Debby Hollan  
 (512) 465-2601

Size	Quantity	Price Each	Total
TOTAL			

TEXAS HEALTH FOUNDATION  
 P. O. Box 670333  
 Austin, Texas 78761

MAY/JUNE 1989

# Texas EMS Messenger



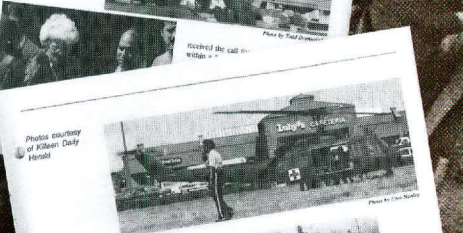
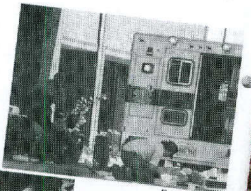
## 1989-1991

Texas EMS Messenger covered ... in **1989**, there were nearly 40,000 EMS personnel in the EMS Registry, including 9891 ECAs, 20,643 EMTs, 1743 EMT-Special Skills (now EMT-I), and 5442 EMT-Paramedics ... the first EMS database for collecting EMS data, called TEXEMS, is in development ... a Messenger subscription cost increases to \$15 for *two* years ... TDH asks for help in designing an EMS memorial to be installed in Austin at TDH's main building ... how one volunteer EMS in West Texas covered its costs by running (legal) bingo games three nights a week ... the Texas Trauma System is created by the Legislature, and Kathy Perkins (now Assistant Commissioner for Regulatory Programs) is hired to develop it from scratch ... 13 members are appointed to the Texas Trauma Advisory Committee to help develop the trauma system ... in **1990**, Texas EMS Hall of Fame is established ... paramedic accreditation is mentioned as an opportunity to advance EMS professionalism ... TDH asked applicants to use black ink on their applications because it was more readable when *microfilmed* for archiving ... Ready Teddy debuts in the coloring book and in the form of a suit ... in **1991**, Operation Desert Shield became Operation Desert Storm, and the Messenger asked EMS providers to attach a yellow ribbon to their units ... Regional Critical Incident Debriefing teams are formed ... Ready Teddy meets Governor Ann Richards when she signs a proclamation for EMS Week ... paramedic accreditation is recommended and there are plans to have it in place by 1996 for programs in counties with populations over 20,000 ... EMS responds to a mass shooting at the Luby's in Killeen, bringing the nation's attention to emergency response ... Texas EMS Conference moves to the larger Palmer Auditorium on the week before Thanksgiving ...

### Killeen, Texas October 16, 1991

- 12:40 pm - First call for assistance at Luby's Cafeteria
- 12:42 pm - First EMS dispatch call to Killeen Fire Department EMS, dispatcher reports 20 dead
- 1:10 pm - Last of 25 injured patients transported to hospitals

In those 25 or 30 minutes between the time the first of Killeen Fire Department's ambulance crews was dispatched and the last of the injured patients was transported to hospital care, every EMS organization in the area responded to what has since become known as the largest mass shooting in this century. Twenty-three died and 25 were injured. Killeen Fire Department EMS



the speed and efficiency with which medical care of the injured. "It's a sad to happen," he said. "I'm glad I was able to help."

Units other than Killeen Fire Department EMS and Harter Maguire EMS not responding to the shooting included Central Texas EMS, Killeen Fire Department EMS, Temple Fire Department, EMS, Lampasas County EMS, Fort Hood MAST unit, Darrall Army Community Hospital ambulance service, and Texas State Troop Corps.



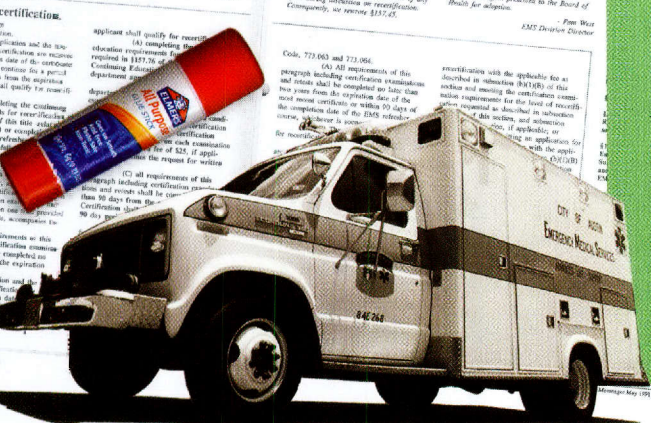
### Certification

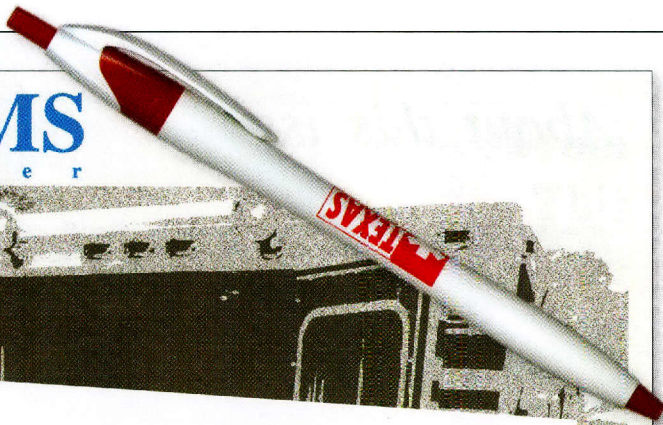
The final adopted certification rules on operations are being approved and will become effective February 27, 1991. Many of the rules will be effective immediately and others will be effective on a date to be determined. There continues to be a problem with the revision of 1975-81 that will be with the revision. At the rate it is now on paper

### rules adopted February 27

17 and 18. EMS personnel could not have the opportunity to finish additional requirements for certification in the 30-day period after the expiration of a certificate. Adverse rules applying late would not have been able to get the CE center they had second time. Clearly, this was not the intent of any Commission, so revise 1975-81.

On April 27, 1991, the Board of Health approved an emergency rule and as a result of these two rules, the revision of 1975-81 you see is in effect immediately. As a proposed rule is subject to public comment for 30 days before it is again presented to the Board of Health for adoption.



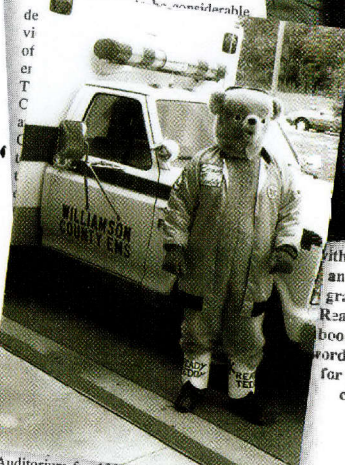


## Ready Teddy meets the Governor

Remember these things in an emergency, kids,  
Stay calm, act fast, get help!



forward by identifying the issues of accreditation and quality control and referring these to various committees. The comments of Dr. Prentice and of our advisory council can be found on pages 6 and 7 of this issue.



**Hmmm....**

Q. Why does the state ask EMS certification applicants to use black ink on their applications?

A. All applications and correspondence are microfilmed because storage space is not available for the 14,000 applications the EMS Registry receives every year. The microfilm records are more legible when there is high contrast between the paper and the writing on the paper.

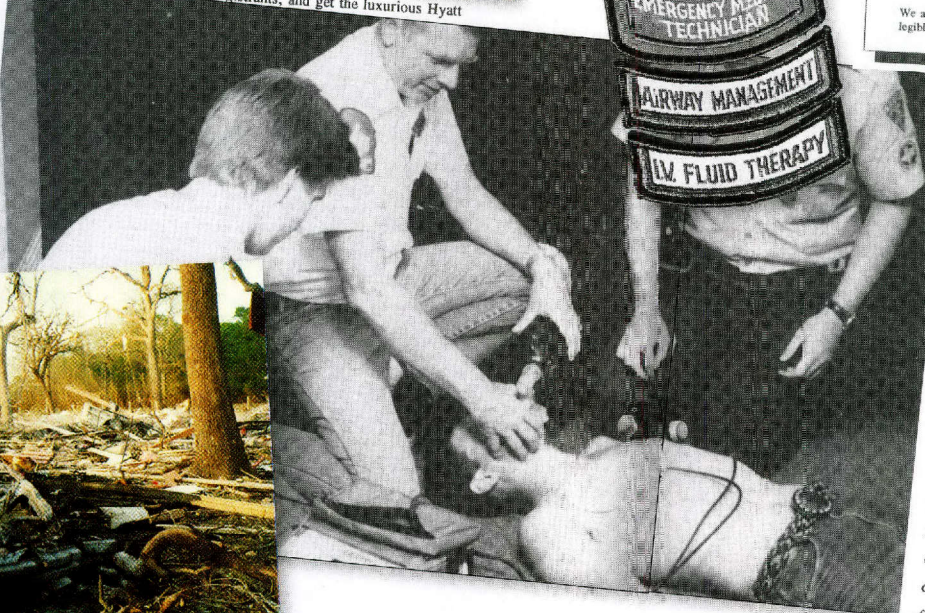
This is also one of the reasons we prefer that you obtain applications from the regional office, instead of making copies. Copied applications have a tendency to become muddy or gray, thus making the application more difficult to microfilm.

We appreciate it when the printing on your applications is legible and dark.

our agency. I was proud to be part of the group.

Several medical services for the Emergency Council received

Auditorium for 100 exhibitors and 1,000 registrants, and get the luxurious Hyatt



*This story is intended to illustrate current philosophy and accurately reflect current AHA protocol with respect to First Responder use of AEDs.*

## Better Living Through Electricity

by Donald J. Gordon, MD, PhD

It was seven o'clock on the evening of January 24, 1991 as 43-year-old Ted Sellars, a moderately overweight trial lawyer, had just finished a big meal of steak and potatoes. It had been an exhausting and stressful day. As he was crushing out his after dinner cigarette, he began to feel a little nauseated, and then for a few seconds experienced a sinking and weak feeling. He

ACCIDENTS DON'T JUST HAPPEN. Earl Campbell and Bum Park Paramedic Ready Teddy in TV spots for child safety.

# Texas EMS Magazine



## Board Adopts Rule to Eliminate Recertification Testing

**I**n a new move to begin to move into a new era for EMS education in Texas. The rules we discussed so many times regarding our certification program have now been approved by the Texas Board of Health and are now in effect. Of course, the real test is in effect. Of course, the real test is in effect. Of course, the real test is in effect.

**FROM THIS SIDE**



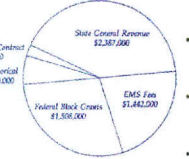
### What the New EMS Rule Means

- Recertification Rule**
  - Effective April 6, 1994
  - All EMS personnel must complete recertification exam
- Certification Rule**
  - Effective April 6, 1994
  - EMS personnel verification
  - EMS personnel skills exam
  - State certified skills exam
  - State skill skills certification

## THE BUREAU OF EMERGENCY MANAGEMENT

Originally established in 1966 as the Division of Disaster Health and Medical Services as Congress appropriated the first ambulance training funding to the states, today's Bureau of Emergency Management oversees diverse programs: emergency medical services, driver safety, sexual assault services, trauma systems development, and public information and education.

### THE FY93 BUDGET OF \$5.8 MILLION CAME FROM THESE SOURCES:



### EMS LEGISLATION HALLMARKS

- 1993 - EMS for Children Program legislation passed
- 1989 - State legislation establishes statewide trauma system
- 1985 - EMS Act requires two certified ambulances to accompany ambulances
- 1980 - State legislation establishes EMS Council, state EMS organization
- 1993 - EMS for Children Program legislation passed
- 1989 - State legislation establishes statewide trauma system
- 1985 - EMS Act requires two certified ambulances to accompany ambulances
- 1980 - State legislation establishes EMS Council, state EMS organization

1943 - Ambulance legislation requires eight hours of first-aid training and a first-aid kit

### FY93 BUREAU HIGHLIGHTS

- Medical Advisory Board trains record 4,211 law enforcement officers and allows to recognize medical conditions that make driving dangerous.
- 73rd Texas Legislature passes EMS for Children legislation, second in the nation.
- Local Projects Grant Program distributes \$50,000 to 77 local EMS organizations for training, equipment, public education.
- EMS for Children Program trains 1,330 EMS personnel, nurses, and physicians; establishes ongoing training programs at community colleges and hospitals.
- Certification Program develops training and testing guidelines based on American with Disabilities Act, federal government rules in our favor in one of the first tests in the nation.
- Bureau certifies 12,505 EMS personnel.
- Texas EMS Conference '92 in Austin attracts 1,200 registrants, 110 exhibitors, 85 faculty.
- Texas EMS Movement dedicated at Texas Department of Health grounds.
- Sexual Assault Program provides educational services to 500,000 citizens and \$790,000 to 51 local sexual assault programs.
- Ten regional advisory councils organized.

## Paramedics Trained to Immunize Littlest Texans

**I**n the land of MOM, APPEX, and HESKON live diseases that threaten America's children. Half of America's children younger than age two do not receive necessary vaccinations. In Texas, we lead all other states in the number of vaccine-preventable cases of childhood death. Texas two-year-olds still need some of their childhood shots.

During the past five years, more than 4,400 children under five years of age living in Texas have contracted measles. Twelve measles cases reported nationally occurred in Texas.

"For years we have been aware of the problem," said Texas Commissioner of Health David R. Smith, MD, a pediatrician. "But, as a society, we have ignored the blinking yellow light."

## A Rural Report

**S**ervices struggle to overcome distance, recruitment, and funding problems in an ever-changing profession.

To CHARLIE BERGMANN, THERE IS NO SUCH THING AS THE GOLDEN HOUR of trauma care. Bergmann, his wife Sharon, and son Dean volunteer over the 2,200 square miles of rugged terrain around the Davis Mountains in Jeff Davis County. Few roads cut through the canyon; the few that do wind repair. The closest rural hospital sits 26 miles away in Stockton, more serious injuries may require transport to Fort Stockton, or even Midland.

"The Golden Hour is not golden to us," Charlie says. "It's the golden whatever they have because you might be two hours from the hospital."

Moreover, the isolation and sparse population of the precincts are a problem.

Are the problems unique to West Texas? Hardly. The 256 counties, 146 are considered rural; another 29 are frontier with less than six people per square mile. Across the state, the 2,600 people who work or volunteer in rural areas make up less than 20 percent of the total number of people certified in EMS. Yet the need for EMS is biggest towns and rural hospitals alike.

"Rural EMS is an integral part of the community," says Ron Hilliard, RN, CEM, EMT-P. "They are becoming a community's primary access to medical care."

Dennis Erskine, a volunteer EMT in Rockspurgers, Texas, treats chest pains or torn ligaments. "If it's trauma or anything, (incident) call us."

But as the role of rural EMS grows, so do the challenges. The sheer number of miles to cover impedes many

## Certification News

- Use new applications after June 1
- Free responder groups register for free
- New EMS personnel certification application
- New EMS personnel application

## How the new OSHA regulations will affect every EMS provider in Texas

### Bloodborne Pathogens

The Occupational Health and Safety Administration, or OSHA, recently published the final version of a set of provisions designed to protect employees from exposure to bloodborne pathogens, the body fluids that could carry the HIV or hepatitis B viruses. The new regulations were developed at the request of health worker unions, who filed grievances with OSHA over perceived safety concerns at their care workplaces.

Final interpretation of these rules - how they will affect violations - will rest with OSHA. Although OSHA officials say their review provided some clarification of the new provisions, nothing in the OSHA office or any other office has any authority to change the new OSHA regulations as they relate to EMS personnel, who must comply with the new rules from around the state.

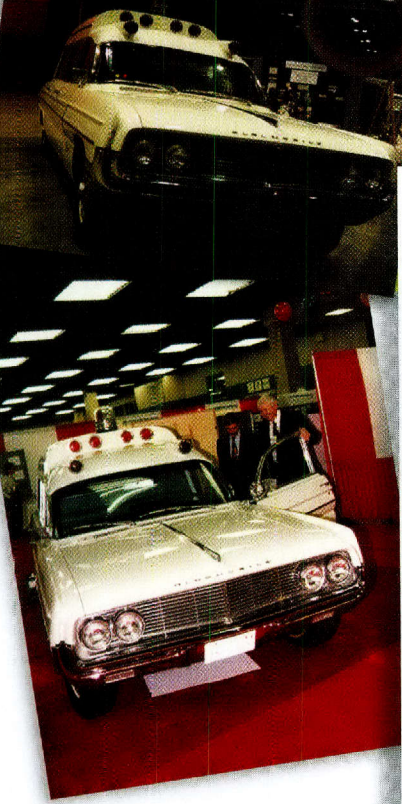
Who must comply?

Because Texas has no state and safety plan, so OSHA officials say, employers must comply with the new OSHA regulations. This includes OSHA's new 29 CFR 1910.1039, which OSHA office in Dallas, however, OSHA has not planned to put pressure on the OSHA regulations in Texas, such as Texas to adopt the OSHA regulations. In fact, Texas has already begun writing regulations similar to OSHA's that will cover employees.

"We think it's good practice to have everyone covered," said Knibbel, "even if they are not under OSHA jurisdiction."

Federal OSHA also lacks jurisdiction over volunteer firefighters who receive any compensation, unless they receive any compensation. "Volunteers are not covered under the provision unless they are paid cash or receive something of cash value."

By Kelly D. Daigle



## SAVING RURAL LIVES

By Eddie Callender, Jr.

"Life ain't always fair" is an ancient tried and true statement. Perhaps no class of people better appreciates this truism than those of us in the medical profession. How many times have we each sought to know why the drunk driver escaped with no injuries while the innocent child or teenager who was hit was maimed for life, or killed? The mind of every experienced health care provider is full of memories which lead to the conclusion that "life ain't always fair."

Rural Texas, rural Texas, and urbanites passing through rural Texas suffer the consequences of delayed EMS responses which often are made with personnel who have not had extensive training or who may have less experience than their urban counterparts. This is not necessarily anyone's fault. What can anyone do about

the vast areas covered by only a few isolated EMS providers? How can the rural providers have as much experience as the metropolitan providers when they have only a small percentage of the call volume the big guys have? Who has the money to make all education opportunities available to rural and urban providers? Life ain't always fair!

Although life may never be "fair" in this or any other regard, things have been happening in EMS to try to help reduce the disparity. Grants have been awarded to take training and equipment to the rural areas. Community colleges have taken EMS training off their campuses and out into the countryside. Educational opportunities have been made available via satellite, and the Texas Department of Health has purchased a tremendous library of videotapes to loan to those who ask.

There is something overlooked that is directly impacting patient care in many rural areas. It is the increasing availability of helicopter services. Many such services are eager to do some work, bringing the training, skill, experience, and expertise of high volume urban paramedics and nurses out into the rural areas to help manage the severely critically patient, thus showing precious hours of the time otherwise required to get the patients to the appropriate facility to manage their special needs.

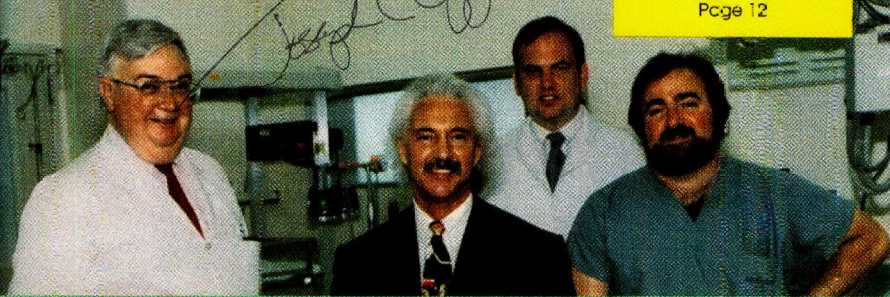
Rural EMS systems, whether providing A1S or BLS, that have aeromedical resources available are really missing the "ship" if they do not utilize them. Having run the gamut from scoop and run to extended field stabilization efforts (even for conditions that we all know cannot be field stabilized), many locations have now come to realize the importance of recognizing road and fly situations, and are

April through June 1993 exam averages on 276 classes.

# Texas EMS Magazine

Ron Philo  
Joseph Coppola  
Matthew Wall  
Paul Pepe

Bringing C.A.R.E. to Texas  
EMS Conference '93.  
Page 12



TEXAS DEPARTMENT OF HEALTH  
**TRAUMA DEVELOPMENTS**  
Quarterly News of Trauma Systems in Texas  
Volume 1 • Issue 1 • March 1993

**Perkins Heads Trauma Program**

Kathy Perkins, RN, MBA, has been named to head the Bureau of Emergency Management's new Middle Training Unit. The recently expanded program oversees the Trauma System Development and the creation of a statewide trauma registry. Perkins formerly worked as program administrator for Trauma Systems Development.

"Every day in Texas, 30 people die from trauma-related injuries, and hundreds more require skilled trauma care and rehabilitation," Perkins said. "It is planned to be a part of this effort to coordinate trauma care that will ultimately save lives in Texas."

The Trauma System Development program guides the creation of Regional Advisory Councils in 22 areas in the state. These councils will plan trauma care in each of these areas.

Continued on next page

Issue	Points
Level IV Criteria	2
Statewide Program	4
Regional Status Report	6
TDH Funds Trauma	8

## 1992-1994

In spring 1992, Texas EMS Messenger becomes Texas EMS Magazine, which covered ... the EMS Local Projects Grants were given out by the Bureau of Emergency Management (now Office of EMS/Trauma Systems Coordination), a total of 14 grants for about \$250,000 ... as of January 1, there were 41,190 certified EMS personnel ... Texas Board of Health adopts first set of trauma rules ... a natural gas explosion rocks Washington County ... federal rules designed to protect employees from blood-borne pathogens go into effect ... the rumor that TDH is eliminating the ECA certification resurfaces again as part of its two-year rumor cycle (still hasn't happened) ... Texas EMS Advisory Council (TEMSAC) mulls paramedic accreditation again ... the EMS monument is delivered and set at the TDH main building ... Texas EMS Magazine produces its first full-color cover ... in 1993, TDH's EMS Mobile Training Unit, a large truck that brought continuing education to EMS personnel around the state, is launched ... the Disciplinary Actions page in the magazine has grown to a shocking two pages in length (in 12-point type) ... Legislators increase the Local Projects funding to \$1.5 million for two years ... Parkland trauma nurse Jerie Klein is appointed to the Trauma Technical Advisory Committee for a six-year term ... Texas EMS Conference takes place in Fort Worth for the first time ... in 1994, Texas Board of Health, acting on legislation, eliminates mandatory retesting for EMS recertification in favor of a continuing education "evaluation," with grades sent to the individual, the medical director and the system manager ... TDH's EMS Management Academy offers word processing classes as a way to make report and letter-writing easier and less time consuming ...

**Mobile Training Unit Debuts in Menard with 22 Students**

Mobile Training Unit: An innovative approach to EMS education in Texas offering increased training in rural areas, low cost continuing education, specialty training requested by local EMS, and improved patient care.

By Dana S. Mallard

MINARD, TEXAS, BECAME THE FIRST COMMUNITY to fall to the Bureau of Emergency Management's new Middle Training Unit. Twenty-two with training and ambulance equipment San Angelo, Junction, Brady, and Menard completed a fundamental and advanced pediatric care training course held at Menard EMS on September 3, 4, and 5.

The Middle Training Unit provides access to rural areas of the state by carrying supplies and equipment needed for training sessions. A paramedic and certified instructor from the Bureau of Emergency Management, staffs the Mobile Training Unit. Andrus directed the session taught on the first ten-week cutting from Ass...

Paramedic course coordinator Anne Andrus carries ambulance equipment to rural locations of the Middle Training Unit to provide free EMS training. (From EMS Magazine, December 1992)

TEXAS DEPARTMENT OF HEALTH  
**TRAUMA DEVELOPMENTS**  
Quarterly News of Trauma Systems in Texas  
Volume 1 • Issue 2 • June 1993

**Trauma Committee Meets**

MD and Russell Thomas, DDC, reported on the actual recommendations for Level IV Trauma Facility criteria. For many people attending the meeting, the Level IV criteria presented a problem. Because anyone receiving federal funding would be required to become a...

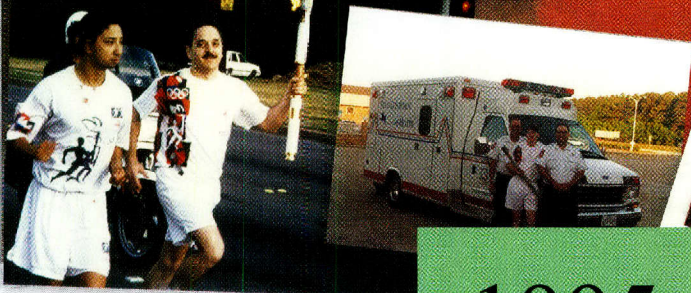
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Issue	Points
TSA Councils	2
State Trauma Coalition	3
Assaults	4
Regional Status Report	6
TDH Facility	8

CE article: Shock by any other name... Earn 1.5 hours of CE. Page

# Texas EMS

M a g a z i n e



## From Texas to the Olympics

Tx-1 Disaster Medical Assistance Team volunteers at Olympic Games

By Sam Wilson



## Texas EMS Conference '94: The best-laid plans of Alana Mallard, Kelly Harrell, Paul Jabor, and Jon Brzudzinski

The 16th annual Texas EMS Conference sponsored by Texas Department of Health has come and it's time to say goodbye to the conference. We will be missing the staff and the...



# 1995-1997

Texas EMS Magazine reports ... in 1995, there are ten designated trauma facilities as the new year begins ... the Texas EMS electronic "bulletin board" is going strong and is available for anyone with a computer and a modem ... Disciplinary Actions is up to three pages and lists 87 personnel out of the 46,500 certified ... all areas of the state now have a Trauma Regional Advisory Council, although some are more active than others ... first responders flock to Oklahoma City in April to do search and rescue on the bombed Alfred P. Murrah Federal Building ... the Local Projects grant application is a one-page form, filled out by hand, and published in Texas EMS Magazine ... the Legislature gives \$3 million for the biennium for Local Projects Grants ... a new technology for locating a scene called GPS is gaining popularity ... the Emergency Health Care Advisory Committee (EHCAC) is created ... Texas EMS Conference uses 80,000 square feet of exhibit space at the Fort Worth Convention Center ... in 1996, the first meeting of EHCAC takes place in February ... an EMS license plate is first mentioned as a possibility (but it will be several years before it exists) ... a few EMS providers and hospitals send in data to the Trauma Registry via special software and a modem ... the TDH ambulance provides medical support to the Olympic Torch entourage as it makes its way across Texas ... EMS rules are changed to allow applicants to submit certification documents prior to taking the exam to speed up the process ... in 1997, Texas EMS Magazine begins listing all the EMS personnel who have not completed continuing education reports, which are due every two years ... for the first time, the Texas Legislature provides funding for EMS and trauma from a statewide source—surplus funds from the "9-1-1" commission ... a new level of EMS personnel, licensed paramedic, is created in statute ... and an EF-5 tornado in Jarrell obliterates an entire subdivision, bringing first responders from several counties to the scene.

## New EMS rules affect providers, coordinators, those recertifying

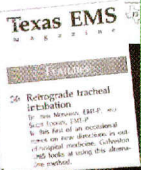
Several changes to the EMS rules become effective in June 1995. As a health care provider, you are responsible for providing input into the legislative and rulemaking process, and then for following those rules. Don't depend on others to tell you...

By Sam West, MEd, MSN, and Mark Huckery, EMT-P

## Project Alpha

TDH is considering rewriting the EMS rules. What does that mean for you? Your input will determine what the new rules will be.

Overview: Project Alpha is the name of a proposal to rewrite the EMS rules based on a comprehensive approach to EMS...



**Profile: Amarillo Medical Services**



Name of Service: Amarillo Medical Services  
 Personnel Statistics: 100 employees  
 Services: 24-hour emergency medical services

# Texas EMS Magazine



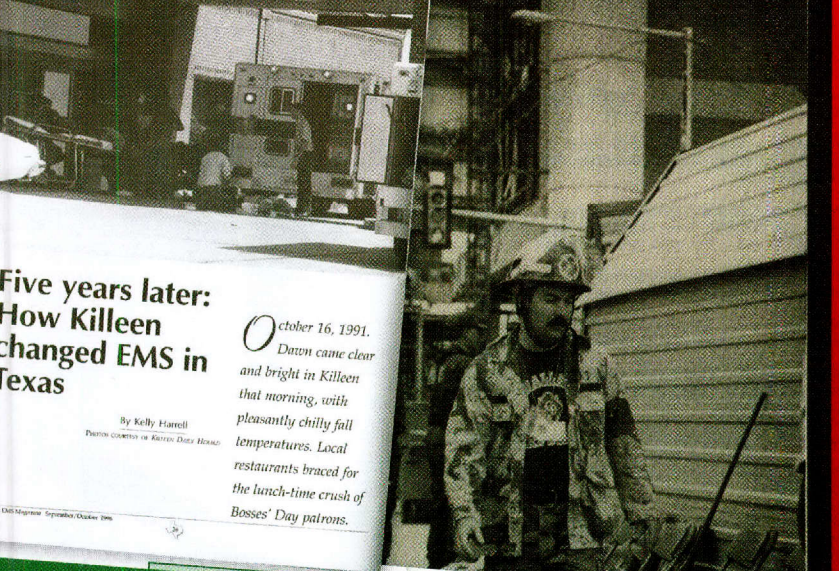
## Texas Board of Health names Emergency Health Care Advisory Committee

A new Texas Department of Health (TDH) advisory committee to replace the previous committee will help guide Texas' emergency medical services in developing national EMS and trauma care systems and in expanding the role of professional emergency medicine.

The 14-member Emergency Health Care Advisory Committee replaces three advisory groups: Texas EMS Advisory Council, Trauma Technical Advisory Committee, and Disaster EMS Advisory Committee. The new group will advise the TDH Bureau of Emergency Management.



The new members of the Emergency Health Care Advisory Committee are: [List of names]



## Five years later: How Killen changed EMS in Texas

October 16, 1991. Dawn came clear and bright in Killen that morning, with pleasantly chilly fall temperatures. Local restaurants braced for the lunch-time crush of Bosses' Day patrons.

*For the citizens of Oklahoma City, April 19, 1995, began just like any other day... before the day was over nearly 1,000 rescue workers would see a disaster they would never forget.*

## Board adopts DNR rule

hospital approval with the Texas OCH DNR logo. The patient must also be able to purchase a "Modic Alert" type bracelet or necklace with the Texas OCH DNR logo. A health care provider will recognize a OCH DNR patient by one of the following: 1) the original Texas OCH DNR Order form is presented to the provider; or 2) the patient is wearing either the plastic OCH DNR bracelet or the "Modic Alert" type bracelet or necklace both do not have to be present to identify the patient to the provider.

## Local and Regional EMS News



and services of the DonorsLife Fire Department, 17 Southwest...

coordinator, and Nancy McKinney, secretary/treasurer. Bill...

ment delivery of its new ambulance from...

## Williamson County responds

The tornadoes that left a path of destruction down I-35 seemed to gather fury before swirling through Williamson County, splitting emergency responders between two scenes of major devastation.

The storm that spun the afternoon of May 27 ripping through the middle of Texas came cutting in Williamson County about 3:30 p.m. Just south of the county line, the storm seemed to stall and gather strength as it prepared to strike about 50 families that their homes in the tiny farming community of Farrell, Texas lay in ruins. A 1.5-mile-wide, 100-foot-deep hole was punched through the valley, chewing up all in its path. The powerful winds whirled through the fields, tearing up the crops and leveling the trees.

When the initial impact hit the subdivision, the estimated 300-mile-per-hour winds had swept clean houses, barns, and trees. The storm's fury was not limited to the destruction of buildings. It also tore up cars, trucks, and even people. In the aftermath, the storm's path was a scene of devastation. The storm moved with speed.

## EMS rule requires disaster plan for Texas license

On June 22, 1995, EMS rule 137.11 (2)(M), which requires providers to have a disaster plan, became effective. The rule states in part that with their licensing documentation providers must "submit a copy of a plan which is coordinated with the local emergency management director or coordinator and which specifically addresses professional response in multiple counties, or catastrophic events."

What is required? In order to be licensed, EMS providers in Texas must submit a copy of a disaster plan to TDE. The rule requires coordination of the plan with the local office of emergency management so that local officials know (a) that the EMS provider has a plan and (b) what the plan is. In other words, everyone knows what is supposed to happen in the event of disaster.

What do we do? Give a copy of your plan to your local office of emergency management and enclose a copy of the plan with your provider license application that you return to TDE.

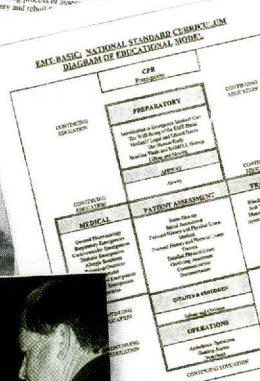
What if we don't have a plan? EMS providers must have a disaster plan in order to receive or renew their provider license, and there are several options available to developing a plan. Ideally, you would form an inter-

## Local projects grant program funds 29 ambulances

During the past session, the state legislature again approved the importance of the Local Projects Grant program by appropriating \$5.0 million for the next two years. As you know, this money is used to fund the needs of EMS agencies throughout the state. Without it many areas could not upgrade their level of service and in some cases would have difficulty maintaining.

This year we received 22 proposals totaling \$2.2 million. Of those, we were able to fund 18 projects at a total of \$1.2 million. Projects funded include:

- Atlanta Volunteer Fire Department, Atlanta, \$150,000 for rehab and repair of ambulance.
- Atlanta Volunteer Fire Department, Atlanta, \$150,000 for rehab and repair of ambulance.
- Atlanta Volunteer Fire Department, Atlanta, \$150,000 for rehab and repair of ambulance.



The new curriculum includes all of the core competencies of the current curriculum except for the removal of the... (text continues)



## Local projects grant program funds 29 ambulances

The following organizations received funding:

- Atlanta Volunteer Fire Department, Atlanta, \$150,000 for rehab and repair of ambulance.
- Atlanta Volunteer Fire Department, Atlanta, \$150,000 for rehab and repair of ambulance.
- Atlanta Volunteer Fire Department, Atlanta, \$150,000 for rehab and repair of ambulance.

# TEAMS

**First annual Texas EMS Salary Survey**  
 You can also mail back your response to: Team EMS Magazine, Box 1000, P.O. Box 1000, Austin, TX 78768-1000.  
 How do you think you'll get paid this year? How does your salary compare to your peers in other parts of the state? How do you rate your own salary? The first step in the survey is to complete the survey card. Then, a copy of the survey results will be sent to you, along with a report on the survey. The survey is free to complete and there is no charge to receive the report. It is only necessary and fast to do so.

## Governor appoints new EMS and trauma council

In the last legislative session, a 15-member EMS advisory council was created by HB 2063 to advise the Texas Board of Health on EMS standards for emergency medical services.  
 Governor George W. Bush announced the appointment of 15 members to the council in January. Still open at press time were the other Texas health advisory committees. The committee will be joined on the 1st of January by the Texas EMS Advisory Council and the EMS and Trauma Council. A graduate of the University of Oklahoma, he will serve as a public member of the EMS and Trauma Council. A member of the EMS and Trauma Council, he will also serve as a public member of the EMS and Trauma Council. A member of the EMS and Trauma Council, he will also serve as a public member of the EMS and Trauma Council.



Gov. George W. Bush  
 (Photo by AP/Wide World)

## The first annual Texas EMS Salary Survey

**Do you think you'll be paid what you're worth?** How does your salary compare to your peers in other parts of the state? How do you rate your own salary? The first step in the survey is to complete the survey card. Then, a copy of the survey results will be sent to you, along with a report on the survey. The survey is free to complete and there is no charge to receive the report. It is only necessary and fast to do so.

## Have you sent in your EMS Week survey?

Has your station opted to be in the survey? Did your respondents complete the survey? If you have, please send your survey card to: Team EMS Magazine, Box 1000, P.O. Box 1000, Austin, TX 78768-1000.

**Recent legislation means a new advisory council for EMS and trauma**  
 In the last session of the Legislature, a new EMS law was passed that requires the appointment of a new advisory council to replace EMSAC. The advisory council is to be composed of 15 members of the EMS and Trauma Council. Some positions will be appointed by the governor from the following list:

- one representative of the general public
- one representative of the EMS industry
- one representative of the public
- one representative of the EMS industry
- one representative of the EMS industry
- one representative of the EMS industry

## Cooling off: Heat-related illnesses

On a mild August Sunday afternoon you and your partner respond to a report of a "generalized seizure." Although you are both paramedics, you are working on a level of service. Upon arrival you find a 67-year-old male on the floor. You find a 67-year-old male on the floor. You find a 67-year-old male on the floor. You find a 67-year-old male on the floor. You find a 67-year-old male on the floor.

## HITTING THE TRAIL

**Gene Weatherall to retire after 14 years as EMS bureau chief**  
 I'm the longest serving... Gene Weatherall is retiring after 14 years as EMS bureau chief. He has been in the position since 1986. He has been in the position since 1986. He has been in the position since 1986.

## Licensed paramedics rules to be finalized

At the time this issue of the Texas EMS Magazine is published you should be aware that the rules regarding the licensure of paramedics are being finalized. This is a major step in the process of professionalizing the EMS industry. The rules will be finalized in the near future. This is a major step in the process of professionalizing the EMS industry.

### Introduction

In a... (text continues)

### Learning Objectives

- Upon completion of this article, the reader should be able to:
  - Identify the mechanisms of heat generation and heat loss in the human body.
  - Identify signs, symptoms and types of heat-related injuries.
  - Identify the most common heat-related injuries.
  - Identify the most common heat-related injuries.
  - Identify the most common heat-related injuries.

**The number of volunteer firms has dropped 35 percent in the last 10 years.**  
 What does the future hold?

## Governor's EMS Council appoints committee chairs

The previously announced council... Governor's EMS Council has appointed committee chairs. The chairs are: Education - Mark Bishop, RN, EMT-P; EMS - Peter Van Dyke, EMT-P; Injury Prevention and Education - [Name redacted].

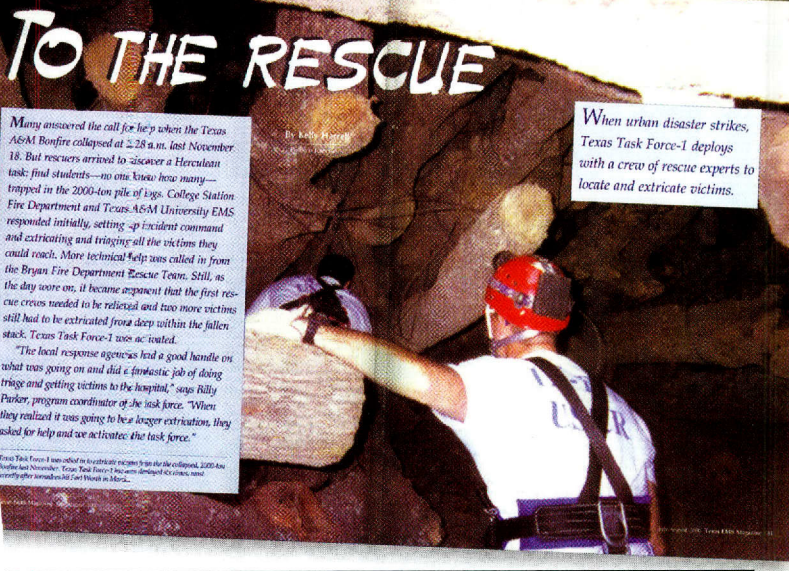
**studies brain injury**  
 TBI offers a... (text continues)

## TDH regional offices hit by tornadoes

Tornadoes hit 15 TDH regional offices... Texas Department of Health regional offices were hit by tornadoes. The damage was extensive. The damage was extensive. The damage was extensive.

## Paramedic testing briefly halted

Paramedic testing... Paramedic testing was briefly halted. The reason was [reason redacted]. The reason was [reason redacted].



## TO THE RESCUE

**Many answered the call for help when the Texas A&M Bonfire collapsed at 2:28 a.m. last November 18. But rescuers arrived to discover a Herculean task: find students—no one knew how many—trapped in the 2000-ton pile of logs.** College Station Fire Department and Texas A&M University EMS responded initially, setting up incident command and extricating and triaging all the victims they could reach. More technical help was called in from the Bryan Fire Department Rescue Team. Still, as the day wore on, it became apparent that the first rescue crews needed to be re-tasked and two more victims still had to be extricated from deep within the fallen stack. Texas Task Force-1 was activated.

"The local response agencies led a good handle on what was going on and did a fantastic job of doing triage and getting victims to the hospital," says Kelly Parker, program coordinator of the task force. "When they realized it was going to be a longer extraction, they asked for help and we activated the task force."

**When urban disaster strikes, Texas Task Force-1 deploys with a crew of rescue experts to locate and extricate victims.**



# Texas EMS

Serving Texas Emergency Care Professionals

## Texas welcomes new state EMS director

Some news said that "the only certainty is change." At the Houston County EMS Director, Jim Arnold, has a new state EMS director. Jim Arnold has 30 years of experience in EMS in both the public and private sectors. He was named as the new state EMS director by the Texas Department of Health.



## Sharp reporting

A law passed by the Texas Legislature in 1999 (HB 2865) directed the Texas Department of Health to create a new reporting requirement for blood pathogens.



New rules mean new reporting requirements for blood pathogens

# 1998-2000

Texas EMS Magazine reports ... in 1998, the magazine runs its first-ever salary survey for EMS professionals—of the 116 who completed the survey, approximately 70 percent made less than 30K per year, and another ten percent were unpaid volunteers ... Project Alpha, a proposal to completely rewrite and restructure EMS rules, is unveiled to heated resistance and is eventually dropped ... on the growing field of distance learning by using technology ... State EMS Director Pam West leaves to take a job in California ... licensed paramedic rules are finalized with a gradual phasing-in of the education requirements over several years ... in 1999, Jim Arnold steps in as the new state EMS director ... Texas Legislature creates a new advisory group, the Governor's EMS and Trauma Advisory Council, and specifies its membership in statute ... Texas' settlement with tobacco companies allows lawmakers to create a \$100 million endowment for EMS and trauma, which will benefit from the interest on that money ... Rescuers respond to the bonfire collapse at Texas A&M in November, which killed 12 and injured 27 ... Long-time bureau chief Gene Weatherall retires to his home state of Arkansas after 14 years at TDH and a total of 27 years in EMS ... in 2000, Local Projects grants award \$1.92 million for 219 projects ... GETAC meets for the first time in January and Ed Racht, MD, is named chair ... there are 2,243 licensed paramedics as of February, out of a total 42,748 EMS personnel ... in March, GETAC establishes six committees: EMS, Education, Injury Prevention and Education, Medical Directors, Pediatric and Trauma ... Kathy Perkins takes over as bureau chief ... and GETAC begins working on five options for recertification that include testing, continuing education, National Registry certification, completion of a refresher course or an in-house recertification program for EMS providers who meet certain criteria.

## Texas EMS Conference 2000

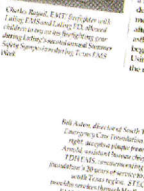
### Registration Form

Registration form fields: First Name, Last Name, Address, City, State, ZIP, Phone, E-mail Address. Includes dates: \$95 before November 1, \$110 after November 1.

## Local and Regional EMS News



During its 10th anniversary, the Texas EMS Association is celebrating its 10th anniversary. The association has been instrumental in the development of the Texas EMS profession. The association has been instrumental in the development of the Texas EMS profession.



South Texas Emergency Care Association, Inc. is providing a 20-year anniversary celebration. The association has been instrumental in the development of the Texas EMS profession.



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# Texas EMS

Serving Texas Emergency Care Professionals

By Kelly Hazzell

## Texas EMS loses a good friend, Gene Weatherall



Gene Weatherall, former Texas EMS Director

Texas EMS lost a good friend on May 11, 2002. Gene Weatherall, once the publisher of *Texas EMS*, passed away due to complications from cancer in an Arkansas hospital.

Gene retired in 2001 after 14 years as publisher and nearly 27 years as editor of *Texas EMS*. He was a well-known figure in the EMS community and a dedicated supporter of the profession.

After Gene graduated from Arkansas Tech, he worked for the Bureau of Emergency Management in the State of Texas. He was a part of the first EMS class in Texas to be certified by the State of Texas.

Gene then worked for the Texas Department of Health, where he served as the Executive Director of the Texas EMS Council. He was instrumental in the development of the Texas EMS Council and the Texas EMS Association.

Gene was a man of many talents. He was a writer, a speaker, and a leader. He was always willing to help others and was a true friend to everyone who knew him.

His passing is a great loss to the Texas EMS community. We will miss his wisdom, his guidance, and his friendship. But his legacy lives on in the work that we do every day.

newly-created position of director of programs.

In 1983, the EMS and public health legislation, the first update since 1964, was passed. The EMS Act provided for the creation of the EMS Act passed. Gene Weatherall was instrumental in the development of the EMS Act.

When Gene started his career in EMS, he was a young man with a lot of energy and a lot of ideas. He was always looking for ways to improve the profession and to help others. He was a true leader and a true friend.

Gene's legacy lives on in the work that we do every day. We will miss his wisdom, his guidance, and his friendship. But his legacy lives on in the work that we do every day.



Gene Weatherall at a conference

Gene was a man of many talents. He was a writer, a speaker, and a leader. He was always willing to help others and was a true friend to everyone who knew him.

His passing is a great loss to the Texas EMS community. We will miss his wisdom, his guidance, and his friendship. But his legacy lives on in the work that we do every day.



Gene Weatherall with family

## What's new? Recertification! New plan gives you four options now and one more to come

After years of discussion, Texas EMS has a new plan.

The new plan gives you four options for recertification. This is a great step forward for the profession and for our patients.

## Legislature, rules and conference planning keep Bureau busy

With all the holidays coming and going, I hope that you all had a very special time.

The Bureau has been busy with legislative, rules, and conference planning. We will continue to work hard to improve the profession and to help our patients.

## GETAC approves recertification options plan

The Governor's EMS and Trauma Advisory Council (GETAC) has approved a new plan for recertification.

This plan gives you four options for recertification. This is a great step forward for the profession and for our patients.



Gene Weatherall

## 2003 Texas EMS Conference

The 2003 Texas EMS Conference will be held in Victoria, Australia.

This conference is a great opportunity for us to learn from our colleagues and to share our experiences. We will have a lot of great speakers and a lot of great activities.

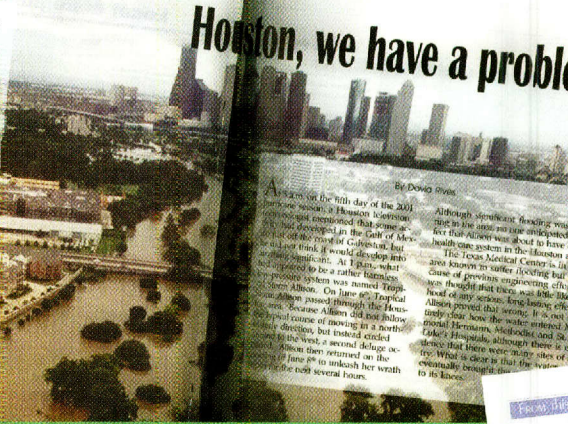
# 2001-2003

Texas EMS Magazine reported ... in 2001, Out-of-Hospital Do-Not-Resuscitate forms, bracelets and necklaces no longer need a red logo to be valid ... GETAC votes to recommend the Board of Health adopt the new certification rule with five options for EMS recertification ... Disciplinary Actions takes up five pages in the magazine, still represents only about one percent of the total number of EMS personnel ... lawmakers direct TDH to set aside funding for grants to provide free ECA classes ... TDH publishes a Request for Proposal (RFP) for a new contractor to develop and administer exams following a series of problems with the exams coupled with state budget cuts—the National Registry for EMTs is the only proposal received ... the legislature directs GETAC to develop a strategic plan for EMS and trauma ... Tropical Storm Allison floods Houston and Texas Medical Center—SETRAC helps coordinate a regional response ... 62 members of Texas Task Force 1 respond to the devastating attack on the World Trade Center, providing search and rescue in the weeks after September 11 ... in October, TX-I DMAT travels to New York to provide medical support to responders working at Ground Zero ... in 2002, NREMT begins providing EMT exams for Texas, with paramedic exams to follow a few months later ... Texas EMS Conference exhibit space grows to 132,000 square feet ... the number of EMS personnel in Texas rose from 32,324 in 1984 to 48,863 in March of 2002, including 5032 licensed paramedics ... Gene Weatherall passed away at his home in Arkansas at age 58 from cancer complications ... TDH budget cuts force the magazine to stop sending free issues to EMS providers ... the Gene Weatherall Memorial EMS Reunion and Chili Cook-off (aka EMStock) debuts in a pasture in Midlothian ... in 2003, HB3588 and SB1131 bring money to EMS and trauma systems through fees added to traffic violations ... HB2292 reorganizes 12 state agencies into four agencies under the Health and Human Services Commission, leading to a major reshuffling of EMS and trauma programs ... State EMS Director Jim Arnold retires ... and Hurricane Claudette hits Calhoun County and rips through Victoria.

Cooperation, Commitment, Concern, Emergency responders, hospital staff and citizens of Houston lived their words in the aftermath of Tropical Storm Allison. The storm's floods left 22 dead and \$5 billion in damage in the Houston area—\$2 billion of that in Houston's medical center area. 8.5 inches of rain fell in two hours on June 20. Some areas received as much as 32 inches of rain within a 24-hour period. In a matter of hours, the medical profession's largest work force was left stranded, and the state responsible for the stranded buildings work. Fortunately, help was quickly mobilized. Emergency medical services from all over Houston and the state responded to the pleas for assistance. Transporting hundreds of patients to other hospitals. Hospitals that escaped the floods opened their doors and sent staff to the flooded hospitals to take jobs in various capacities. The number of nurses, EMTs, paramedics, and other health care professionals who responded to the pleas for assistance, are too numerous to be counted.

In the midst of the devastation, the Southern Texas Trauma Regional Advisory Council (SETRAC) and a group of hospitals for emergency responders established a phone bank and coordinated emergency responders at a temporary hospital, David R. Briley...

## Houston, we have a problem



On the fifth day of the 2001 storm season, a Houston television station reported that some of the city's major hospitals were in danger of being flooded. The Texas Medical Center is a major medical center in Houston. It is a complex of hospitals, clinics, and research facilities. It is one of the largest medical centers in the world. The Texas Medical Center is a major employer in Houston. It is a source of pride for the city. The Texas Medical Center is a source of pride for the city. The Texas Medical Center is a source of pride for the city.

## Texas

I had a lot of fun in the city of Houston in 2001. So many things to see and do. The city is so beautiful. The people are so friendly. The food is so delicious. The weather is so perfect. I had a great time. I will be back soon.



Person in blue uniform



Person in blue uniform



Person in blue uniform



Person in blue uniform



Person in blue uniform

# Texas EMS

Serving Texas Emergency Care Professionals



## EMS Conference 2001 will prize September 11 incident

On September 11, 2001, the world watched in horror as terrorists attacked America's mega-metropolis: New York City and Washington, D.C. Thousands of unsuspecting victims were...



## The Texas Connection

### Texas Task Force 1 responds

On October 26, 2001, the Texas Task Force 1 (TTF1) responded to a major disaster in the state of Texas. The TTF1 is a multi-agency task force...

## Texas DMAT work Ground Zero

On October 26, 2001, the Texas Disaster Medical Assistance Team (DMAT) responded to the World Trade Center site in New York City...

## Hurricane Claudette visits Calhoun County

Hurricane Claudette struck the Texas coast on September 15, 2002. Calhoun County was one of the areas affected by the storm...



The photo above was taken by Mike Ferry. The other photos are used with permission from the Calhoun County Emergency Management Agency...

# September 11, 2001

## Texas EMS Conference The Exhibit Hall filled 132,000 square feet!

Few exhibits to be seen and heard to be forgotten. Actually, the exhibit hall was so big it was displayed in the 9-11 South booth in progress...



## Texas EMS Conference 2003

November 23-26, 2003 San Antonio, Texas

We're heading south to the riverwalk and across moves to San Antonio for Texas EMS Conference 2003...



Hotel information: Marriott Riverwalk Inn, Marriott Residence Inn, and other accommodations in San Antonio.

## National Registry one year later

On August 12, 2003, National Registry and the National Committee of Emergency Medical Technicians (NCEM)...



## Trauma diversion

The when and why for designated trauma facilities

So you got a trauma patient and the local hospital is adding more beds to the emergency department...

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# EMTS

Serving Texas Emergency Care Professionals

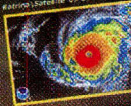
# Hurricane

### Call it trial by water—lots of water

When Hurricanes Katrina and Rita slammed into the coasts of Louisiana and Texas a little more than three weeks apart, the stress displaced millions of people and caused billions of dollars in damage. More importantly, the stress tested the resilience and resourcefulness of Texas emergency responders. We walked away with successes and lessons learned, after experiencing firsthand what worked—and what didn't.

The basic elements of hurricane are the same, which allows us to learn from each hurricane response to inform, as well as to work both in preparation and in response when the next one hits. In Katrina, emergency responders had to react to a catastrophe that unfolded

When Hurricanes Katrina and Rita slammed into the coasts of Louisiana and Texas—the resourcefulness of Texas emergency response was tested.



By Kelly Marshall

### Local Project grants used to upgrade levels of service

The Texas Department of State Health Services recently awarded 107 Local Project Grant applications, with 44 projects approved for funding. Some of the major projects include 26 ambulances, two AEDs, 16 mobile distribution, two educational projects, 11 projects for communication equipment and three rescue vehicles. Employees were placed on grants that would upgrade the level of service available, such as AEDs on BLS units, to improve the level of service to the community.

### As the Texas Department of Health transitions into the State Health Services, we reflect on how for EMS/trauma systems have come.

Health Services, who worked for the Texas Department of Health, are now part of the State Health Services. This transition is a significant step in the history of EMS/trauma systems in Texas. The transition is a result of the Texas Department of Health's decision to merge with the Texas Department of State Health Services. This transition is a significant step in the history of EMS/trauma systems in Texas. The transition is a result of the Texas Department of Health's decision to merge with the Texas Department of State Health Services.

### A brief history of EMS and trauma systems in Texas

The Texas Department of State Health Services (TDSHS) is proud to announce the formation of the Texas EMS and Trauma System. This system is a result of the Texas Department of Health's decision to merge with the Texas Department of State Health Services. This transition is a significant step in the history of EMS/trauma systems in Texas. The transition is a result of the Texas Department of Health's decision to merge with the Texas Department of State Health Services.

### Hurricane Reimbursement Update

The Texas Department of State Health Services (TDSHS) is providing an update on the reimbursement process for emergency services provided during Hurricane Katrina. The reimbursement process is ongoing, and TDSHS is working to ensure that all eligible providers receive their reimbursement as quickly as possible.

Some items that have been identified that would affect the reimbursement process include: 1. Missing or incomplete documentation. 2. Missing or incomplete patient information. 3. Missing or incomplete provider information. 4. Missing or incomplete billing information.

Highlights from the letter from FEMA: 1. FEMA is providing information on the reimbursement process. 2. FEMA is providing information on the documentation requirements. 3. FEMA is providing information on the billing requirements.

1. A sample reimbursement application form. 2. A sample reimbursement application form. 3. A sample reimbursement application form.

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### EMS Profile: Sherman Fire Department

The Sherman Fire Department is a proud member of the Texas EMS and Trauma System. The department provides emergency medical services to the community and is committed to providing the highest quality of care. The department is a member of the Texas EMS and Trauma System and is committed to providing the highest quality of care.



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### NREMT votes to pursue computerized testing

The National Registry of Emergency Medical Technicians (NREMT) has voted to pursue computerized testing for its certification process. This decision is a significant step in the history of the NREMT and is expected to improve the efficiency and accuracy of the certification process.



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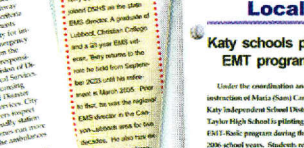
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### Steve Janda takes helm of the Office of EMS/Trauma

Steve Janda has taken the helm of the Office of EMS/Trauma at the Texas Department of State Health Services. Janda is a former EMS professional and has extensive experience in the field of emergency medical services. He is committed to improving the quality of EMS/trauma services in Texas.



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### Local & Regional EMS News

#### Katy schools pilot EMT program

The Katy Independent School District is piloting an EMT program in its schools. This program is a first for the district and is expected to improve the quality of emergency medical services in the community. The program is a pilot program and is expected to be expanded to other schools in the district.

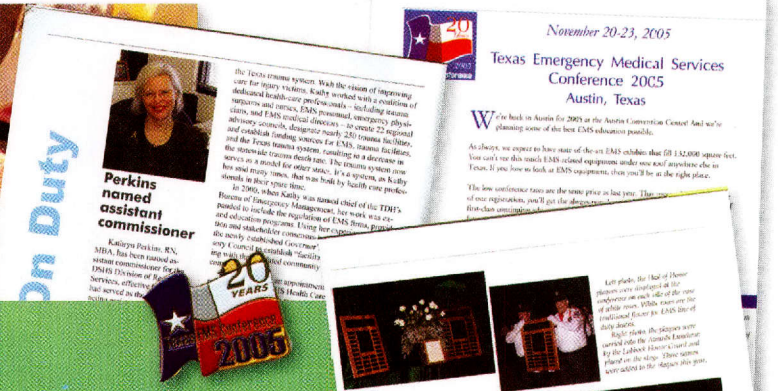
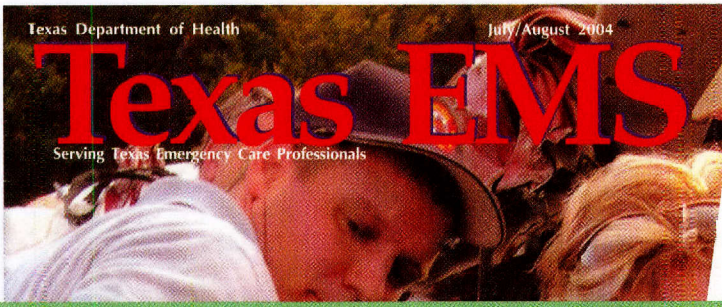


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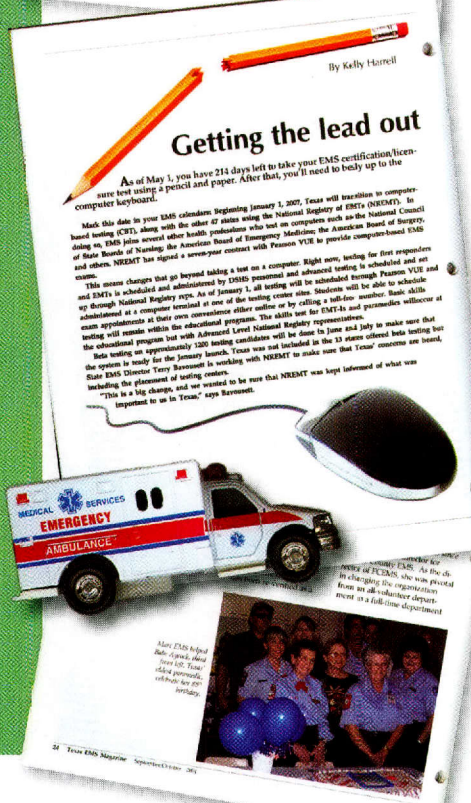
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# 2004-2006

Texas EMS Magazine reported ... in 2004, TDH begins online renewals for EMS certifications and statute requires the agency to charge a fee to every applicant to cover the costs of developing and running the online applications ... NREMT, which administers tests for Texas, votes to pursue computerized testing beginning in 2007 ... specialty license plates for EMS personnel debut ... as of August, there are 51,697 EMS personnel, including 5622 licensed paramedics ... in September, the Texas Department of Health becomes Department of State Health Services with the massive reorganization of health and human services agencies ... the functions of the Bureau of Emergency Management are split into four separate units with one office to coordinate it—the Office of EMS and Trauma Systems Coordination (OEMS/TS) ... Terry Bavousett becomes state EMS director ... DSHS begins criminal background checks on every new applicant ... Steve Janda takes over as director of OEMS/TS when Kathy Perkins is promoted to Health Care Quality section director ... OEMS/TS makes the first disbursement out of the Designated Trauma Facilities and EMS Account (HB 3588 funds) ... new patches with DSHS instead of TDH debut ... in 2005, legislators pass a law directing GETAC to appoint a stroke committee ... with that, GETAC has eight committees: Air Medical, Education, EMS, Injury Prevention, Medical Directors, Pediatric, Trauma and Stroke ... Hurricane Katrina slams into the Louisiana coast in August, followed by Hurricane Rita three weeks later ... Texas emergency responders and RACs respond to the aftermath of both storms and the experience provides valuable lessons for future responses ... in 2006, DSHS works with FEMA to get EMS providers reimbursed, even though there were no agreements in place at the time of the hurricanes ... it's the final year to take an EMS exam using pencil and paper ... NREMT signs a contract with Pearson VUE to administer EMS exams on computers ... DSHS encourages EMS providers to sign an MOA for hurricane response to speed up response and payments ... Terry Bavousett leaves his position as state EMS director and Maxie Bishop steps in ... DSHS begins publishing NR passing rates of education programs ... EMS pioneer Babe Aycock dies in November at age 91 ... and Kathy Perkins is named assistant commissioner for Regulatory Services, where she oversees regulatory programs as diverse as alligator meat, tattoos and EMS.



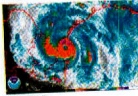
# Texas EMS

Serving Texas Emergency Care Professionals

Eagle Pass tornado response page 30

### So long, Dolly — hello, Edouard Tropics don't give anyone a break this summer

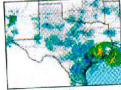
In the 10th and early 11th centuries, tropical weather was known as the Texas Coast and Dolly's leg. We had heard about the power of Dolly's leg when we got the first look at the weather system was headed for the Texas coast. Tropical Storm Dolly was the first of the season to become a threat to our coastline. The State Operations Center (SOC) based at the Department of State Health Services, Center for Emergency Services (CES), located at 2501 West 21st Street, Austin, Texas, is the state's central command center for the Texas Department of State Health Services (DSHS). The SOC is the central command center for the Texas Department of State Health Services (DSHS). The SOC is the central command center for the Texas Department of State Health Services (DSHS).



Hurricane Dolly

### What's in a (hurricane) name?

Ever wonder how we get our hurricane names? Well, it's not as simple as you might think. In 1953, the first hurricane names were listed in the National Hurricane Center (NHC) list. The list was divided into two groups: names for tropical storms and names for hurricanes. The names were chosen by a committee of meteorologists and public officials. The names were chosen by a committee of meteorologists and public officials. The names were chosen by a committee of meteorologists and public officials.



Recent storm activity

The following hurricanes that affected Texas had names used: 2005 Rita 2003 Katrina 2001 Dolly 1989 Andrew 1976 Carla 1961 Dolly 1961 Dolly 1961 Dolly

## 2007-2009

Texas EMS Magazine reports ... in 2007, NREMT begins computerized testing for all EMS exams in Texas on January 1 ... David Lahey, MD, is named DSHS commissioner and Renee Clack takes over as Health Care Quality Section director ... DSHS begins data migration for a new computer system ... by June, 161 EMS providers have signed MOAs for state disaster response ... 98 projects are approved for Local Projects, including the purchase of 28 ambulances ... GETAC and DSHS staff continue to work on Comprehensive Clinical Management Program, the fifth option for recertification ... legislators appropriate about \$50 million per year from HB 3588 funds ... an exploding water main under the DSHS Regulatory Division shuts down the entire building for three weeks, including phones and servers with certification data ... EMS and other regulatory programs set up temporary offices at the DSHS main campus and at the regional offices ... the building is not fully restored for nine months ... Hurricanes Dean and Humberto give Texas a realistic dress rehearsal for a more devastating hurricane, but Dean does cause cancellation of the August GETAC meetings ... in 2008, Steve Janda leaves the OEMS/TS and Jane Guerrero takes the helm as unit director ... Ed Racht resigns as GETAC chair when he takes a job in Georgia ... state response to the Yearning for Zion raid in El Dorado triggers activation of disaster MOAs for ambulances to be part of a bus convoy that takes children to foster homes ... Hurricane Dolly and Tropical Storm Edouard threaten, but powerful Hurricane Ike makes a direct hit on Galveston Island, wiping out some EMS providers' facilities ... former state EMS director Jim Arnold passes away in December ... the state is home to 54,592 EMS personnel, including 5624 licensed paramedics ... in 2009, GETAC meetings were cancelled in May due to H1N1 flu pandemic response ... EMS/Trauma Registry staff begins holding meetings with stakeholders to figure out how to fix the system ... and DSHS begins stroke designation for hospitals in October ...

### Transitions at DSHS



#### New DSHS commissioner named

The Department of State Health Services welcomed a new commissioner on January 2, David Lahey, MD, replaces Eduardo Sanchez, MD, who resigned in October to become director of the Institute for Health Policy at the University of Houston. Dr. Lahey earned his medical degree in 1999 from the Indiana University School of Medicine. He went on to complete residency in internal and pediatric medicine at Vanderbilt University Medical Center in Nashville, Tennessee. He took a position as a professor of medicine at UT Health Center at Tyler in 2001. He became chief of the Division of Infectious Disease and medical director for the Center for Pulmonary and Infectious Disease Control. In 2004, he went to London as associate director for biosecurity center at the University of Oxford.



#### Renee Clack named director of section

Renee Clack was named director of DSHS Health Care Quality Section in December. She replaces Kathy Starnes, who took the job of assistant commissioner for the Regulatory Services Division. Clack came to DSHS in September of 2004 to manage the Regulatory Services Division, which includes EMS certification and licensure. She started her career with Human Services in 1989 and rose to director of long-term care regulation. She holds a Bachelor of Business Administration from Texas State University. Clack attended the first GETAC meeting in 2007.

#### Guerrero takes helm of EMS/Trauma office



Jane Guerrero has been named to take over the helm of the EMS/Trauma office. She replaces Steve Janda. Guerrero has over 20 years of experience in emergency services. She has worked for the State Operations Center and the State Operations Center. She has worked for the State Operations Center and the State Operations Center.



# Texas EMS

Serving Texas Emergency Care Professionals

## SITUATION IN EL DORADO

### EMS providers integral part of state's response

EL DORADO is a small town in the heart of Texas, with a population of approximately 2,000. It is a typical rural community, with a mix of agriculture and small businesses. The town is located in the heart of the state, and is a key transportation hub for the region. The town is a mix of agriculture and small businesses, and is a key transportation hub for the region.

The town is a mix of agriculture and small businesses, and is a key transportation hub for the region. The town is a mix of agriculture and small businesses, and is a key transportation hub for the region.

## Computerized testing: what you need to know

There are two types of testing - taking an EMS exam in Texas now means a written exam on a computer. We've run several articles in this magazine over the past year about computer-based testing (CBT) and what it will mean. We've posted all that information on our website at [www.texasems.org](http://www.texasems.org).

Below are the essentials - what you really need to know about NREMT testing.

**What should everyone know about CBT?**

- All candidates will take an online paper-and-pencil exam at the ECA, EMT, intermediate or paramedic levels on December 31, 2008.
- NREMT will not accept or grade any paper-and-pencil exams given after December 31, 2008.
- All education programs and students must register with NREMT.
- Students begin registering accounts and filing applications after December 15, 2008.
- EMS students taking an EMS instructor course will call a local EMS EMT field office to arrange EMS instructor exams.
- Students taking an EMS instructor course will call a local EMS EMT field office to arrange EMS instructor exams.
- The exam scheduling system and email address used by DHSIS was deactivated and is no longer used as of January 1, 2007.

**What should Texas EMS education programs know about CBT?**

- Every program must go online to the NREMT website and register for page 22. Once your program is registered, a notice will be sent to DHSIS that you have registered your program. Once your program is registered, a notice will be sent to DHSIS that you have registered your program.
- Acknowledgment to be approved program by DHSIS, NREMT will mail you a DVD about the computer-based testing process.
- Once your program is approved by DHSIS, NREMT will mail you a DVD about the computer-based testing process.
- DHSIS will no longer require completion certificates at the ECA and EMT levels. Coordinators should use students on individual course completion certificates. Use students on individual course completion certificates.
- The NREMT computer system will create transcripts that go to NREMT in a variety of formats. National Registry will create transcripts that go to NREMT in a variety of formats.
- Education programs must register through NREMT, and then DHSIS can approve them. National Registry will create transcripts that go to NREMT in a variety of formats.
- The ECA and EMT programs will need to be approved for advanced practical exams. The ECA and EMT programs will need to be approved for advanced practical exams.



## View from El Dorado

page 26

## Ready for action

### Hurricane Dean's threat fizzled, but practice improved process

It seems like a long time ago now that we were worried about Hurricane Dean slamming into the Gulf Coast. But on Wednesday, August 14, at 6:45 p.m., DHSIS received an e-mail from the Governor's Division of Emergency Management that Category 4 storm Dean was about to strike the Texas coast. As a result, we had a few days of preparation. We had a few days of preparation. We had a few days of preparation.

We had a few days of preparation. We had a few days of preparation. We had a few days of preparation. We had a few days of preparation. We had a few days of preparation.



## Flight crew in crash

The flight crew of a small aircraft was killed in a crash near El Dorado, Texas. The crash occurred on August 10, 2008, and resulted in the deaths of all four people on board. The aircraft was a Cessna 441, and was flying from El Dorado to a nearby town. The crash occurred in a wooded area, and the aircraft was destroyed. The flight crew consisted of a pilot, a co-pilot, and two passengers. The pilot and co-pilot were killed, and the two passengers were injured. The crash was caused by a loss of control during a steep climb. The aircraft was flying at a high altitude, and the pilot and co-pilot were unable to maintain control of the aircraft. The crash occurred in a wooded area, and the aircraft was destroyed. The flight crew consisted of a pilot, a co-pilot, and two passengers. The pilot and co-pilot were killed, and the two passengers were injured. The crash was caused by a loss of control during a steep climb.

## Floods shut down EMS/trauma systems

The flooding in the Houston area has caused significant damage to EMS and trauma systems. Several hospitals and EMS agencies have had their facilities flooded, and many services have been shut down. This has caused a significant impact on the ability of EMS agencies to respond to emergencies in the affected areas. The flooding has caused significant damage to EMS and trauma systems. Several hospitals and EMS agencies have had their facilities flooded, and many services have been shut down. This has caused a significant impact on the ability of EMS agencies to respond to emergencies in the affected areas.

## CE: Congestive

### Flu Clues

The Centers for Disease Control and Prevention (CDC) has recommended certain groups be vaccinated first. The CDC has recommended certain groups be vaccinated first. The CDC has recommended certain groups be vaccinated first. The CDC has recommended certain groups be vaccinated first. The CDC has recommended certain groups be vaccinated first.

## Here's the response by the numbers

DHSIS has received numerous requests for assistance from EMS agencies and hospitals in the affected areas. DHSIS has received numerous requests for assistance from EMS agencies and hospitals in the affected areas. DHSIS has received numerous requests for assistance from EMS agencies and hospitals in the affected areas. DHSIS has received numerous requests for assistance from EMS agencies and hospitals in the affected areas. DHSIS has received numerous requests for assistance from EMS agencies and hospitals in the affected areas.

## DSHSIA State Facility

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## DSHSIA State Mission only

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## Why is this flu different?

The flu season is here, and this year's flu is different. It is more contagious and has caused a significant impact on the ability of EMS agencies to respond to emergencies in the affected areas. The flu season is here, and this year's flu is different. It is more contagious and has caused a significant impact on the ability of EMS agencies to respond to emergencies in the affected areas. The flu season is here, and this year's flu is different. It is more contagious and has caused a significant impact on the ability of EMS agencies to respond to emergencies in the affected areas.

## DSHS is working on the response for months

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## In the eye of the storm

The storm has caused significant damage to the area, and EMS agencies are providing assistance to those in need. The storm has caused significant damage to the area, and EMS agencies are providing assistance to those in need. The storm has caused significant damage to the area, and EMS agencies are providing assistance to those in need. The storm has caused significant damage to the area, and EMS agencies are providing assistance to those in need. The storm has caused significant damage to the area, and EMS agencies are providing assistance to those in need.

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# Texas EMS

## Serving Texas Emergency Care Professionals



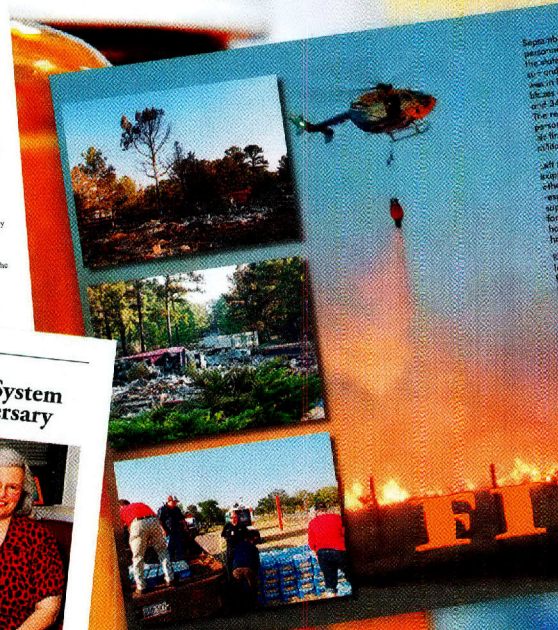
Tropical storm drenches Louisiana

### Drug shortages on the ambulance: What can EMS do?

by Jeff Beason, DO

You've probably heard there is a national shortage for many of the commonly used medications. From an EMS perspective, these medications cost less than a dollar a dose, such as epinephrine, or decrease in a biotransformation—medications essential to treat some of the most common life-threatening conditions. At this writing, the most recent report from a national vendor reveals shortages in morphine, fentanyl, midazolam and propofol with uncertain future delivery dates. There is no easy fix for this problem and the shortages will certainly continue.

- Develop a regional approach by communicating with hospital pharmacists, emergency, EMS agencies, medical directors and others to better understand the issue and impact on patient care. Use that information to develop local physician communication to develop local protocols and guidance. The Southwest Texas RACE (STRAC) has developed a great web-based system of tracking medications on a post storage list that allows agencies to post where they have and stock they are willing to share with others.
- Assign someone to make sure that your "own use" medications are placed so they are used first.
- Consider extending expiration dates, though it is a decision that ultimately falls to the medical director to authorize. Companies can examine your medications for potency, but manufacturers set expiration dates.
- You may be able to find a local compounding pharmacy that can create some of the medications that we're running short on. Use that as a backup plan to find an accredited compounding pharmacy in your area.
- Think outside the box! Look for alternatives that aren't normally utilized by our stumpy chains. Do you have a cache of Valium or injectors that could be utilized?



After their own firefighters and emergency personnel responding to a wildfire in central California, David and I were stuck in a hotel for a week. One of the worst I've ever seen in Ontario, just west of Austin, which became involved more than 1,000 firefighters and 24,000 acres of property. The response to the fire drew emergency personnel from across the state, and the fire suppression from State Flight and the Air Guard.

All signs, log and records, the Bishop fire stopped emergency personnel from leaving the area. Bishop, who was the county fire manager at the time, was not able to coordinate services. Bishop, who was the county fire manager at the time, was not able to coordinate services. Bishop, who was the county fire manager at the time, was not able to coordinate services.

### FEATURES

- 1 On the scene featuring Texas Department of Public Safety in the aftermath of a wildfire in central California. (Page 10)
- 22 The 2011 Bishop Fire: A wildfire in the heart and soul of California. (Page 10)
- 28 The 2011 Bishop Fire: A wildfire in the heart and soul of California. (Page 10)
- 30 The 2011 Bishop Fire: A wildfire in the heart and soul of California. (Page 10)

### DEPARTMENTS

- 10 Editor's Note
- 11 Letters
- 12 Local and Regional News
- 13 The Editor's Perspective
- 14 The Editor's Column
- 15 The Editor's Column
- 16 The Editor's Column
- 17 The Editor's Column
- 18 The Editor's Column
- 19 The Editor's Column
- 20 The Editor's Column
- 21 The Editor's Column
- 22 The Editor's Column
- 23 The Editor's Column
- 24 The Editor's Column
- 25 The Editor's Column
- 26 The Editor's Column
- 27 The Editor's Column
- 28 The Editor's Column
- 29 The Editor's Column
- 30 The Editor's Column
- 31 The Editor's Column
- 32 The Editor's Column

### Texas EMS/Trauma System marks 20-year anniversary

1992 was quite a year.

Hurricane Andrew, a Category 5, hit Florida and caused \$13 billion in damage. In Texas, a major earthquake in the Rio Grande Valley killed 16 people and injured 100. In the U.S., there were 100 deaths in ambulance accidents.

And something else happened: The Texas EMS/Trauma System was born when health care professionals began thinking about providing care in the ambulance. In January, the Texas Department of Health created an advisory committee (AC), marking the Texas EMS/Trauma System's 20th anniversary.

Stacy Lewis and family, especially in rural areas, who initially opposed the 1999 Texas Legislature to pass into law Chapter 773, Rural Healthcare Provider Act which directed the Texas Department of Health to develop a statewide trauma system.



### Drug shortages on the ambulance: What can EMS do?

by Jeff Beason, DO

You've probably heard there is a national shortage for many of the commonly used medications. From an EMS perspective, these medications cost less than a dollar a dose, such as epinephrine, or decrease in a biotransformation—medications essential to treat some of the most common life-threatening conditions. At this writing, the most recent report from a national vendor reveals shortages in morphine, fentanyl, midazolam and propofol with uncertain future delivery dates. There is no easy fix for this problem and the shortages will certainly continue.

### BISHOP accepts new position with TDEM

As a paramedic in 1989, he spent eight years on the ambulance before taking a position as training coordinator for Dallas Fire-Rescue. Bishop held that position for 10 years before moving to TDEM in 2000. He also served as a fire chief in Dallas for 10 years. Bishop has been a paramedic for 20 years and has worked for TDEM for 12 years. Bishop has been a paramedic for 20 years and has worked for TDEM for 12 years. Bishop has been a paramedic for 20 years and has worked for TDEM for 12 years.

### Funding an EMS/Trauma System

In the last issue of Texas EMS Magazine, we ran a long interview with Kathy Perkins, assistant commissioner for Regulatory Services. Perkins has started with DHS as a key landmark legislation was passed in Texas that created the Texas EMS/Trauma System. The interview covered the history of the system from its inception in 1992 to the present day.

### The National Registry of Emergency Medical Technicians

Rocco V. Morante

The National Registry of EMS has selected a new executive director—born right here in Texas. Severo (Se-VER-oh) "The Rodriguez III, MS, NREMT-P" was selected as the new executive director of the National Registry of EMS. He has a master's degree in Public Administration and a Ph.D. in Health Services Administration. He has worked for EMS for 20 years and has a wealth of experience in the field.

### NREMT names new executive director — a native Texan

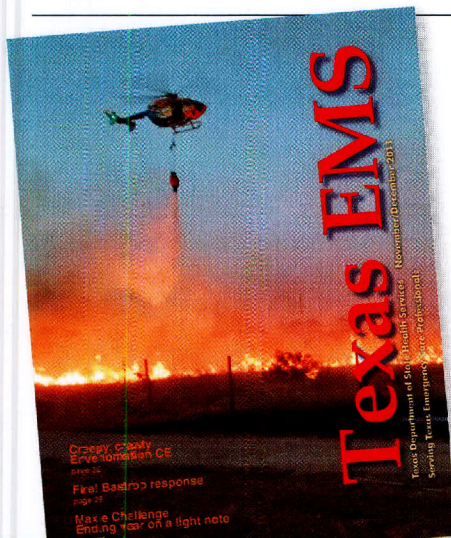
The National Registry of EMS has selected a new executive director—born right here in Texas. Severo (Se-VER-oh) "The Rodriguez III, MS, NREMT-P" was selected as the new executive director of the National Registry of EMS. He has a master's degree in Public Administration and a Ph.D. in Health Services Administration. He has worked for EMS for 20 years and has a wealth of experience in the field.

### Local and Regional News

What's happening where you hang your hat? Send your news to: Texas EMS Magazine, 1400 West Loop South, Suite 1000, Houston, TX 77027. Phone: 281-485-4400. Fax: 281-485-4401. Email: texasems@texasems.org







### Fingerprinting now required for initial applicants

As of January 1, 2010, all initial EMS applicants are required to submit fingerprints for an FBI criminal history check. This is a big change, and judging by the calls and emails, there are a lot of questions. We try to answer the most common ones below. If you've got another, please drop us a line at EMS@tdhs.texas.gov.

#### 1. I heard fingerprints are now required for EMS. Should I file the fingerprints or the DSHS EMS application first?

A: Please submit the DSHS EMS application first. Having your application on file with DSHS before doing the fingerprints will assist us in matching up the background check results and will shorten your EMS application processing time.

#### 2. What is the procedure for submitting fingerprints?

A: Initial applicants (those not holding a Texas EMS certification) are required to submit fingerprints for a criminal background check. Applicants are first required to complete the "FAST" fingerprint form and then follow the steps on that form to schedule a fingerprinting session through the contracted service, L1 Identity Solutions. The DSHS EMS FAST form must be used when submitting fingerprints for EMS certification. Go to [www.dshs.state.tx.us/contestsystems/FBIFAST.PDF](http://www.dshs.state.tx.us/contestsystems/FBIFAST.PDF) to view the form.

#### 3. Is there an additional cost to DSHS applicants?

A: The DSHS application fees have not increased. There is a separate charge of \$44.20 for the fingerprinting and background check. This charge is paid when the fingerprints are taken. (Fee breakdown: \$9.00 for fingerprinting and \$34.20 for the DPS and FBI background check.) If you pay by credit card, there is an extra charge—the total cost would be \$45.45.

#### 4. Where can I find the forms that must be completed?

A: The fingerprint/background check form is attached to the paper certification application. The online application for certification will direct the applicant to a link to the FAST form. The EMS paper certification application can be found at [www.dshs.state.tx.us/contestsystems/FBIApplication.pdf](http://www.dshs.state.tx.us/contestsystems/FBIApplication.pdf). The address for the online application is [www.dshs.state.tx.us/contestsystems/Towmindex.htm](http://www.dshs.state.tx.us/contestsystems/Towmindex.htm).

### NREMT outlines recertification changes

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

#### Online NREMT recertification

The NREMT launched online recertification as an option for NREMTs two years ago. In 2012 more than 56 percent of all NREMTs recertified online. But by 2015 all NREMTs will be required to recertify online. Anyone seeking assistance with online recertification (or other certification issues) can receive



#### Recertification hours reduced for 2016

The hours of continuing education required to recertify at NREMT will be reduced (in most cases) from the old 22 hours every two years. Each level of EMS provider will have a different number of continuing competency hours required.

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

#### Mark King Initiative for NREMT

NREMT is rolling out a system that allows providers to request their NR certification criteria be updated by NREMT. Called the Mark King Initiative, the system is already being tested in Alabama, Vermont and South Carolina.



### GETAC's May meeting

The Governor's EMS and Trauma Advisory Council met Friday, May 11, 2012, in Austin. Following the meeting, staff standing committees and other groups reported on their most recent activities. The complete minutes will be posted on the website ([www.dshs.state.tx.us/contestsystems/govadvisory](http://www.dshs.state.tx.us/contestsystems/govadvisory)) before the next GETAC meeting.

#### Action Items

A motion was made by Robert D. Greer, MD, and seconded by Mike Chick, RN, to endorse the Statewide EMT Governance and Operations Structure, as presented by the Disaster/Emergency Preparedness Committee. The motion passed.

A motion was made by Luis G. Fernandez, MD, and seconded by Mike Chick, RN, for the Council to endorse the Trauma Committee to have a mission to prevent DVA, and to support relationship building between the Committee and these agencies. The motion passed.

### EMS Obituaries

**Michael Lee O'Brien, Jr.**, of Houston, TX, died June 1, 2012, from complications in an AIV cardiac arrest in Houston. He was a member of the Medical Director's Council, Texas, and the American EMS and Trauma Society (AEMTS).

**John Lee Cook, Jr.**, of Georgetown, TX, died May 5, 2012. Cook made his career as a firefighter and paramedic, serving as the chief for the City of Houston, the Houston Fire Department, and as a member of the Houston Fire Academy.

**Richard Anthony, Jr.**, of San Antonio, TX, died December 4, 2011. Anthony was a member of the American EMS and Trauma Society (AEMTS) and a member of the Texas EMS and Trauma Society (TETS).

**Vernon E. Wade, Jr.**, of Houston, TX, died May 11, 2012. Wade was a former Texas EMS and Trauma Society (TETS) member, a former instructor for EMS with Texas Tech University, and a member of the Houston Fire Department.

TEXAS EMS CERTIFICATIONS	
as of June 4, 2012	
ECA	2,932
EMT	32,285
EMT-I	3,911
LP	6,122
EMT-CP	2,038
Basic Counts:	

# 2010-2013

Texas EMS Magazine reports ... in 2010, the deadline for getting paramedic programs accredited is three years away, giving programs plenty of notice to work on accreditation ... Vance Riley is appointed chair of GETAC, and Pete Wolf steps down as interim chair ... DSHS begins requiring fingerprints from all initial applicants ... the American College of Surgeons sends a team to survey the Texas EMS/Trauma System ... the ACS team meets for a week, spending the last three days with stakeholders at GETAC Maxe & Challenge Ending Year of a light note

... in 2011, the Registry Solution Work Group continues to seek and implement suggestions for improving the EMS/Trauma Registry ... DSHS enters a contract in February with a software vendor to begin implementing a brand new Registry ... Wildfires tear through Texas during a brutal summer with no rain, but Bastrop get the worst of it—34,000 acres and 1500 homes are lost, and responders descend upon the area from across Texas and the nation ... in 2012, State EMS Director Maxie Bishop holds a series of Town Hall meetings around the state ... Texas marks the twentieth anniversary of the Texas EMS/Trauma System—the first trauma system rules were approved in 1992 ... a national drug shortage hits Texas EMS providers and Texas EMS Magazine lists ideas for coping with the problem ... paramedic education accreditation rule becomes effective in August ... as of October, there are 61,477 EMS personnel in Texas, including 6196 licensed paramedics ... After a national search, NREMT names Texan Severo "Tre" Rodriguez as executive director ... in 2013, accreditation for paramedic education becomes a reality in Texas ... in March, Maxie Bishop leaves his position as state EMS director for a position at Texas Division of Emergency Management ... and Joe Schmider, former state EMS director in Pennsylvania, steps in as the new state EMS director.

### Texas Trauma System set to get report card

In the last legislative session, lawmakers directed DSHS to conduct a study of the state's trauma facilities to assess the need for additional Level I and Level II trauma facilities. GETAC and DSHS is expected to submit a report to the Governor and the Legislature in the next few months. The report will include an overall assessment of the current system and recommendations for improvement. The report will be presented to the Governor and the Legislature in the next few months.

### Town hall meetings bring DSHS to you

Wondering about how recent legislation will affect you? Have a question about the new Registry? The Office of EMS/Trauma Systems is holding a series of town hall meetings to answer any questions you have. The dates and cities have been set and will be added, including one during Texas EMS Week. If you have any questions you've ever had, please come to one of these meetings.

2012 EMS Town Hall Meetings

Presented by the Texas Department of State Health Services

**San Antonio Area**

Monday, May 14, 2012

11:00 AM - 1:00 PM

San Antonio Convention Center

**El Paso Area**

Monday, May 14, 2012

11:00 AM - 1:00 PM

El Paso Convention Center

**Corpus Christi Area**

Monday, May 14, 2012

11:00 AM - 1:00 PM

Corpus Christi Convention Center

**Fort Worth Area**

Monday, May 14, 2012

11:00 AM - 1:00 PM

Fort Worth Convention Center

**Harlingen Area**

Monday, May 14, 2012

11:00 AM - 1:00 PM

Harlingen Convention Center

**Midland Area**

Monday, May 14, 2012

11:00 AM - 1:00 PM

Midland Convention Center

**Waco Area**

Monday, May 14, 2012

11:00 AM - 1:00 PM

Waco Convention Center

**Victoria Area**

Monday, May 14, 2012

11:00 AM - 1:00 PM

Victoria Convention Center

**El Paso Area**

Monday, May 14, 2012

11:00 AM - 1:00 PM

El Paso Convention Center

Map and directions available at [www.dshs.state.tx.us/contestsystems/townhall](http://www.dshs.state.tx.us/contestsystems/townhall)

# Asthma exacerbations

By Jolene E. Cormier, EMT-P, CHT



Photo from iStockphotos.

## Objectives

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

1. Describe different causes/stimuli and the pathophysiology behind an asthma exacerbation.
2. Recognize the different severity levels of an asthma exacerbation.
3. Recognize the risk factors that increase the chance of death.
4. List the drugs commonly used to treat this disease in the prehospital emergency field.

## The call

*It is one o'clock in the afternoon on a weekday; you and your paramedic partner are responding to a shortness of breath call. You just pull up at the two-story house on a cul-de-sac when a thin, middle-aged male runs out the front door toward your ambulance, flailing his arms wildly. He appears pale and terrified. When he gets very close to you, you can hear a short, high-pitched inspiratory and expiratory wheeze with every breath. His mouth is wide open as he gasps for air and every accessory respiratory muscle appears to be in use.*

## Introduction

Asthma is a chronic inflammatory pulmonary disease affecting approximately 25 million Americans—8.2 percent of adults and 9.4 percent of children nationwide.<sup>1</sup> The acute asthma exacerbation, also called an episode or attack, accounts for around 1.7 million emergency room visits and more than 3000 deaths per year.<sup>1,2</sup> Considering these statistics, it is no surprise the “shortness of breath” call is commonplace in the prehospital setting, and most EMS systems carry numerous drugs to treat asthma-related symptoms.

## The basic anatomy review

The respiratory system is divided into two basic units—the upper and lower respiratory tracts. The separation occurs at the level of the larynx, with the larynx being in the upper tract and the trachea belonging to the lower. Asthma is a lower respiratory disease; therefore, the anatomy and physiology of this tract will be the focus of this review. The trachea is a tube between 12 to 15 centimeters in length consisting of smooth muscle and cartilage. Due to the ability of smooth muscle to contract, the trachea has nearly 20 C-shaped cartilage pieces spaced out along its entire length that provide a framework to hold the trachea open. The esophagus is posterior to the trachea along the opening of the “C”, this arrangement allows for expansion of the esophagus when food is swallowed.

The inferior end of the trachea divides into the left and right primary bronchi. This bifurcation occurs at a cartilage section called the carina. The primary bronchi then divide into secondary bronchi. Each secondary bronchus supports a lobe of the lungs, the right lung has three lobes and the left lung is divided into two. This discrepancy is because the left lung has a section missing on its

medial side to accommodate the heart, called the cardiac notch, making it smaller than the right lung. Every bronchus continues branching and getting smaller; from the secondary bronchi to tertiary bronchi, then bronchioles, and then the smallest tubes called terminal bronchioles. This entire system resembles an inverted tree and is often called the bronchial tree. There are two structural aspects of the bronchial tree that play a significant role in the symptoms associated with an asthma exacerbation. As the diameter of the bronchial tube decreases the amount of cartilage decreases, and there is an increase in smooth muscle. The number of goblet cells also decreases.

The majority of the thoracic cavity is occupied by the right and left lungs, which are separated by the mediastinum. Each lung is cone-shaped and rests on the diaphragm with its apex near the level of the clavicle. The lungs are soft and spongy because they are composed of millions of tiny air sacs called alveoli. The bronchial tree's terminal bronchioles continue dividing into alveolar ducts; the ducts lead into clusters of alveoli. If the bronchial system can be described as a tree, the alveoli clusters resemble bunches of grapes at the ends of the tree branches. Each alveolar sac is surrounded by pulmonary capillaries where gas exchange takes place. The thin respiratory membrane between the alveoli and the pulmonary capillaries allows for quick and efficient gas exchange, and this is the only area in the pulmonary system where gas exchange occurs. That means all other space in the respiratory tree is dead space. Oxygenated blood leaves the pulmonary capillaries and travels throughout the body dispensing oxygen and picking up carbon dioxide. This deoxygenated blood makes its way back to the pulmonary capillaries where it diffuses into the alveoli and is exhaled. This continuous cycle of internal and external respiration is dependent on three variables: effective ventilation, adequate circulation (perfusion) and no impedance to diffusion or gas exchange. Asthma is considered a defect in ventilation.

### The stimulus

Asthma is a chronic condition that can become a life-threatening emergency due to an acute exacerbation, or attack. These episodes are inflammatory responses to various stimuli, sometimes referred to as triggers. The stimulus causing an asthma exacerbation can be classified

as either intrinsic or extrinsic. Extrinsic stimuli are antigens that lead to an allergic response and cause an asthma exacerbation. These patients would show a positive skin test for the stimuli. Examples of extrinsic stimuli include cats, insects, peanuts and mold. Intrinsic stimuli are those not associated with a known antigen; these include a viral infection, exercise, cold weather and stress. Viral infection is a common cause of asthma exacerbation and may also be related to the development of asthma.<sup>3</sup> Aspirin is a common intrinsic trigger; one in five asthmatic adults can suffer an exacerbation from aspirin.<sup>2</sup> There is a positive correlation between asthma, aspirin sensitivity and nasal polyps, called Samter's Triad, and patients with all three conditions are more likely to trigger an asthma attack with aspirin administration. This condition is found in females more often than in males.<sup>4</sup> Previously asthma, and not just the stimulus, has been classified using the immune response associated with different triggers; extrinsic asthma and intrinsic asthma. Extrinsic asthma was related to an immune response while intrinsic asthma was not. However, research has shown similar immune-related responses associated with both extrinsic and intrinsic triggers; supporting the argument that the allergy / non-allergy classification may be too simplistic.<sup>4</sup> Triggers are individual and vary between each asthmatic; while extensive, this list is not all-inclusive.

### The call

*When you open the doors to the back of the ambulance the patient is right behind you and climbs in. While you are preparing your equipment for your continued assessment and treatment, a woman claiming to be the patient's girlfriend comes to the back of the truck. She tells you he has been feeling sick for a few days with a productive cough and a fever. He is a pack a day smoker but hasn't been smoking for a couple days. He has a long history of asthma and ran out of his emergency inhaler a couple weeks ago. The previous year, on two separate occasions, he was admitted to the hospital after going to the ER for severe asthma exacerbation. He has no other medical history.*

### Asthma pathophysiology

Asthma is a complex disease that can entail chronic inflammation, airway remodeling, bronchial smooth muscle hypertrophy, chronic increased mucous production and epithelium cell



injury. Many cells associated with the immune system have a role, including histamine containing mast cells, macrophages and eosinophils. Asthma is a chronic condition but, when an asthmatic is exposed to a trigger, they can suffer an acute asthma exacerbation and the lungs of an asthmatic are excessively responsive to triggers. An exposure causes an increased inflammatory response that leads to edema formation, increased mucous production, tissue swelling and constriction of bronchial smooth muscle. The increased production of mucous leads to the formation of mucous plugs and subsequent bronchial plugging. As the bronchial tree divides and narrows, the amount of smooth muscle available to constrict increases; this causes an increased resistance to airflow in the smaller airways. The lungs of asthmatics have altered elastic recoil and, possibly, more collapsible airways than non-asthmatics.<sup>5</sup> Structural changes seen in asthmatics do not only occur in the lungs but also stretch into the peripheral areas outside of the reach of inhaled medications.<sup>5</sup> Air trapping, and hyperinflation of the thoracic cavity, can occur due to airway obstruction from bronchoconstriction, airway remodeling and mucous plugging. Besides hyperinflation, this also results in the longer inspiratory phase than expiratory phase sometimes seen in these patients. Air trapping and hyperinflation are more common in a severe asthma exacerbation than mild or moderate one.<sup>6</sup>

### The call

*Your patient appears alert and terrified. He is unable to speak and is gesturing wildly to keep your attention. His respiratory rate is 38 breaths per minute. He has a palpable and regular radial pulse and is tachycardic at a rate of 136 bpm. There is sinus tachycardia on the monitor without ectopy. The patient's skin is pale and diaphoretic. There is no evidence of fever. When you auscultate the chest you hear a slight wheeze in both apexes during inspiration and expiration and the bases are both silent. The pulse oximetry value is 88 percent on room air.*

### Classifying the asthma exacerbation

An acute asthma exacerbation can be categorized as mild, moderate or severe depending on the presenting signs and symptoms.

**Mild:** A patient who is able to speak in full sentences, walk around and is able to lie down. She may experience shortness of breath when walking, have no accessory muscle use and no wheezing or only slight expiratory wheezes will be present

during auscultation. This patient can be tachypneic with a normal heart rate (60 to 100 beats per minute in an adult).<sup>6</sup>

**Moderate:** A patient who speaks in phrases and prefers to sit. He is often breathless while sitting and may engage accessory muscles while breathing. During a moderate attack the wheezing may be audible without the aid of a stethoscope and is usually noted through the expiratory phase. Respiratory rates are increased and he is tachycardic but the rate, for an adult, is usually less than 120 bpm.<sup>6</sup> Infants may have trouble feeding. Mild or moderate acute asthma attacks can dissipate without medication or progress to a severe attack.

**Severe:** This is a true medical emergency requiring immediate medical treatment. These patients will often be agitated or confused, due to hypoxia, and they may be fighting with responders. Typically they have audible wheezing on inspiration and expiration or they may have progressed to the "silent chest" stage. Due to mucous plugging, bronchial constriction and air trapping ventilation is compromised; patients may pass little or no air through their lungs. These patients will have a remarkably increased work of breathing, noticeable accessory muscle use and will only speak in one or two word sentences. Skin will often be diaphoretic and pale. Cyanosis is an ominous sign. In an attempt to facilitate ventilations, these patients will often be sitting in the tripod position. The increased energy these patients must expend in order to breathe will cause them to fatigue quickly; this is especially true in pediatrics. Adult patients experiencing a severe exacerbation will usually have respiratory rates greater than 30 and a heart rate greater than 120 bpm.<sup>6</sup> Infants having a severe exacerbation will be unable to feed.

Pulsus paradoxus, an abnormally large drop in systolic pressure during inspiration, is another indicator of a severe asthma exacerbation. In healthy patients systolic pressure normally falls less than 10 mm Hg during inspiration; however, adults suffering from a severe attack may experience a systolic pressure drop of more than 25 mm Hg. In children this number typically falls between 20 to 40 mm Hg. Pulsus paradoxus is caused by decreased ventricular preload. There is increased pressure in the thoracic cavity due to air trapping; this impedes blood flow back to the heart from the low-pressure venous system.

Status asthmaticus is a severe asthma exacerbation that does not respond to initial standard treatment.

## The physical examination

As with every call, the paramedic's physical exam will start prior to ever touching the patient by evaluating level of consciousness, airway patency and work of breathing. Take notice of whether the patient is able to speak in full sentences, his posture and any accessory muscle use. Patients who exhibit somnolence, an inability to speak, a decreased reaction to painful stimuli and have a PCO<sub>2</sub> greater than or equal to 42 mm Hg are in impending danger of complete respiratory failure.<sup>6</sup>

Follow the standard head-to-toe physical examination given to every medical patient, taking special care to evaluate breath sounds and look for the presence of subcutaneous emphysema. Due to air trapping, the asthmatic has an increased risk for a pneumothorax. Evaluate all vital signs, including oxygen saturation and ECG monitoring; Supraventricular tachycardia is the most common arrhythmia seen during an asthma exacerbation, all other arrhythmias are rare.<sup>7</sup> A pulse oximetry reading of less than 92 percent (or less than 90 percent depending on source) is indicative of a severe asthma attack.<sup>6,7</sup>

## Medical history

Most of these patients are aware of their asthma and recognize the symptoms of an asthma exacerbation; if able to speak they will likely tell you they are having an attack. If the patient is able to communicate, or if a family member is present, certain historical events will aid in patient assessment and help the paramedic prepare for further treatment. It is important to ask about previous intubations, hospitalization and ICU stays. A patient history that includes recent exposure to a known trigger will help confirm the diagnosis of asthma. Inquire about medications, compliance with medications and stimulus exposure. It will also be helpful to note whether the patient has self-administered an emergency short-acting beta agonist (SABA) since the onset of symptoms and whether any relief was obtained. Find out the duration of the present symptoms, any concomitant medical history, allergies and social history (including smoking). Has the patient recently been ill, had any incident of fever or increased temperature, had a productive cough or change in sputum color? A positive answer to any of these questions may indicate pneumonia or a viral infection, which are both common intrinsic stimuli. It may be helpful to find out if the patient has an at-home asthma action plan, which helps track symptoms, pulmonary function tests and treatment medications.

## Important risk factors

Being familiar with the risk factors that are associated with an increased chance of death in the patient with a severe asthma exacerbation may help guide the patient's treatment. The Expert Panel Report 3 issued by the National Asthma Education and Prevention Program (NAEPP) and the National Heart Lung and Blood Institute (NHLBI) provide an detailed list of identifiable risk factors.<sup>6</sup> Besides previous intubations, ICU admissions and emergency rooms visits, other factors include another chronic pulmonary, cardiovascular disease, illicit drug use and a history of using more than two SABA canisters per month. Another factor that increases the risk of death due to an asthma exacerbation is the inability to recognize the symptoms associated with a worsening of the disease. Patients who may be unable to realize the severity of their symptoms include those with a psychiatric illness or those under the influence of drugs (legal or illicit) or alcohol.

## The drugs

All drugs and dosages discussed are based on the NAEPP and the NHLBI recommendations in their Expert Panel Report 3, Section 5, Managing Exacerbations of Asthma.<sup>6</sup> Emergency medical technicians and paramedics should follow their local protocols.

In the emergency medical field oxygen is the first drug indicated for any patient with a patent airway in respiratory distress who displays signs of hypoxia. The asthmatic is no exception to this rule. In the dyspneic patient presenting with any signs indicative of hypoxia, 100 percent oxygen is appropriate.

After supplemental oxygen, standard treatment for an acute asthma exacerbation is the short-acting beta agonist. In most EMS systems paramedics administer the bronchodilator albuterol. Albuterol is a beta-2 agonist, meaning it binds with beta-2 receptors in the lungs. This leads to decreased pulmonary resistance through smooth muscle relaxation and bronchodilation. Albuterol is selective for beta-2, so it has only minimal effect on heart rate (which contains beta 1 receptors). Usually, it is given prehospitally in two forms: the metered dose inhaler (MDI) and nebulized. For patients having a severe exacerbation nebulized is the most appropriate route. This may be true depending on the severity of the moderate attack as well, the age of the patient and the patient's ability to follow directions. The adult dose for albuterol is 2.5mg to 5mg in 3cc normal saline administered via a nebulizer mask with 6 to 8 lpm



(liters per minute) oxygen. If the oxygen flow is too high the medication droplets will be too small, if the rate is too slow they will not reach their target. The rate of 6 to 8 lpm has been determined to provide the best albuterol droplet size.<sup>6</sup> The pediatric dose is 0.15mg/kg with a minimum dose of 2.5 mg. In both adults and pediatrics, albuterol can be repeated every twenty minutes to a maximum of three times in one hour. Albuterol's onset of action is quick (less than five minutes) and peak effects occur 30 to 60 minutes post administration. It is only contraindicated in patients with a known hypersensitivity. Adverse side effects may include anxiety, nervousness, tremors and tachycardia; however, patients in respiratory distress will usually demonstrate a paradoxical bradycardia when albuterol is administered. This occurs because with bronchial dilation the patient experiences a decrease in their work of breathing, their heart rate slows down as they are able to ventilate better and they become less anxious. Albuterol also causes a decrease in serum potassium levels of 0.4mEq/L; however, the benefits of treatment far outweigh the slight risk of arrhythmia due to the decrease potassium.<sup>7</sup>

If administering albuterol with an MDI, the dose is 90mcg per puff with a recommended four to eight puffs every 20 minutes up to four hours in adults. In pediatrics the four to eight puffs can be repeated every 20 minutes to a maximum of three doses. Albuterol delivered via MDI has been shown to be just as effective as nebulized albuterol when administered for a mild or moderate exacerbation as long as the patient is properly coached on proper administration techniques. A spacer or valve-holding chamber may help ensure the MDI is used correctly.

After the first dose of albuterol, many systems will move on to a nebulized mixture of albuterol and atrovent, often referred to as an A&A. Atrovent (ipratropium bromide) is an anticholinergic, it works to dry secretions in the airway and possesses bronchodilating effects. Atrovent will increase the effectiveness of albuterol. The nebulized adult dose for atrovent is 0.5mg and the pediatric dose is 0.25mg to 0.5mg. Like albuterol, atrovent can be repeated every 20 minutes to a maximum of three doses in one hour; however, it is not recommended as a front-line treatment because its onset of action time of 20 minutes is not as fast-acting as albuterol.<sup>8</sup> Also, atrovent should not be considered appropriate therapy with in every asthma exacerbation; the administration of atrovent is only indicated in patients suffering a severe asthma exacerbation.<sup>6,7</sup> Depending on patient status, it is

appropriate to repeat the albuterol without atrovent.

Terbutaline (Brethine) is another bronchodilator and beta-2 agonist used in some EMS systems. Terbutaline has a slower onset of action than albuterol and is indicated after the administration of albuterol. The adult dose is 0.25mg given as a subcutaneous injection; this may be repeated in 20 minutes and administered a total of three times. The pediatric dose is 0.01mg/kg and this may be repeated every 20 minutes to a maximum of three doses. Terbutaline is contraindicated in patients with a known hypersensitivity to the drug.

The expert panel recommends oral systemic corticosteroids for moderate to severe exacerbations that do not respond to initial treatments with a short-acting beta agonist. If gastrointestinal absorption is not adversely affected parenteral administration offers no known benefits over oral therapy.<sup>6,8</sup> If respiratory arrest is imminent intravenous corticosteroids would be appropriate. Corticosteroids are anti-inflammatory drugs that mimic the corticosteroid hormones naturally secreted by the adrenal cortex. These stress hormones suppress inflammation, which works to relieve asthma symptoms by reducing swelling in the airway and decreasing edema formation. Inhaled or systemic glucocorticoids have been shown to decrease hospitalization rates and increase pulmonary function when administered to treat an acute asthma exacerbation.<sup>9</sup> Due to a delayed onset of action time paramedics will not see the beneficial effects offered by this drug in the field; corticosteroids produce their anti-inflammatory effects six to 12 hours post administration.<sup>8</sup> There are a number of steroid drugs used in the treatment of asthma, including prednisone, methylprednisolone and dexamethasone. Paramedics should follow local protocols and drug dosage for the corticosteroid administered in their system.

Epinephrine is a sympathomimetic with bronchodilating effects. It is indicated for severe asthma exacerbations which do not respond appropriately to albuterol and atrovent. The adult dose for epinephrine is 0.3mg to 0.5mg IM given subcutaneously. The pediatric dose for epinephrine is 0.01mg/kg not to exceed 0.5mg.<sup>6</sup> Unlike albuterol, epinephrine is a non-selective beta agonist—it will affect beta receptors in the lungs and the heart so side effects may include cardiac irritability, tachycardia and nervousness.

The Expert Panel 3 report recommends considering magnesium sulfate and/or heliox for severe exacerbations that do not respond to the previously listed treatments. Magnesium is believed to have a desirable effect due to its smooth-muscle

relaxant properties and by reducing histamine release; the recommended adult dose is 2 grams intravenously. The pediatric dose is 25 to 75mg/kg to a maximum of 2 grams. Heliox is not typically administered by prehospital responders and will not be reviewed in this article.

### Mechanical ventilation

Due to an increased risk of nosocomial infections, barotrauma and other complications, intubation should be used as a last resort for these patients. Intubation is not considered a treatment for a severe asthma exacerbation—it only allows a means of ventilation until the disease process is resolved through medication. There have been some reports supporting the use of noninvasive ventilation techniques, such as CPAP, to treat asthma exacerbation, however this is still considered an experimental treatment due to the paucity of data.<sup>6,10,11</sup> When mechanically ventilating these patients, either by intubation or by bag-valve mask assisted ventilations, hypoventilation is recommended.<sup>6</sup> A slow ventilation rate may help minimize airway pressures.

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

### About the author

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# Asthma Exacerbations Quiz

- The point where the trachea divides into right and left primary bronchi is called
  - alveoli
  - carina
  - pericardium
- All of the following are considered extrinsic stimuli except
  - cats
  - aspirin
  - peanuts
  - mold
- Wheezing is usually indicative of an upper airway obstruction.
  - true
  - false
- Samter's Triad includes all of the following except
  - nasal polyps
  - a history of aspirin sensitivity
  - a history of exposure to cigarette smoke
  - asthma-related
- In asthmatics, two factors that play a significant role in airway obstruction are bronchial constriction and mucous production. As we move down the bronchial tree into narrow passages
  - smooth muscle increases and mucous-producing goblet cells decrease
  - goblet cells increase and cartilage increase
  - smooth muscle and goblet cells increase
  - smooth muscle and goblet cells both decrease
- Using the call presented in throughout this article, your patient's stimulus is most likely
  - intrinsic
  - extrinsic
- The initial treatment for a dyspneic patient showing signs of hypoxia is
  - high flow oxygen via non-rebreather
  - albuterol 2.5 mg
  - oxygen via nasal cannula at 3 lpm
- Asthma is considered a defect in
  - circulation / perfusion
  - gas exchange / diffusion
  - ventilation
- Pulmonary changes in the asthmatic include all of the following except
  - increased mucous production
  - airway remodeling
  - non-collapsible airways
  - epithelial cell injury
- In the call presented throughout this article, the patient's asthma exacerbation would be classified as
  - mild
  - moderate
  - severe
  - intermittent
- Which one of the following patients has pulsus paradoxus?
  - a 25-year-old male with SOB; systolic pressure increases by 22 mm Hg on inspiration
  - a 68-year-old female with SOB; systolic pressure decreases by 8 mm Hg on inspiration
  - a 9-year-old male with SOB; systolic pressure decreases by 22 mm Hg on inspiration
  - a 43-year-old male with SOB; systolic pressure decreases by 22 mm Hg on inspiration
- According to the NAEPP and NHLBI all of the following risk factors are associated with an increased risk of death in the patient with a severe asthma exacerbation except
  - ICU admissions
  - using SABA twice a month
  - previous intubations
  - smoking cigarettes and marijuana
- The first drug, after supplemental oxygen, recommended for the patient presented in this article's call is
  - nebulized albuterol 2.5mg and atrovent 250mcg
  - epinephrine administered IM 0.3mg
  - nebulized albuterol 2.5mg
  - albuterol via MDI and spacer
- You reassess this patient five minutes after starting treatment to evaluate his response. Upon auscultation you hear increased wheezing in all pulmonary fields; you heard no wheezing or air entry in the bases on initial assessment. This is most likely due to
  - the patient's status is getting worse with increase construction and mucous production decreasing air entry
  - you probably missed them the first time
  - smooth muscle relaxation is allowing air entry where there was only a silent chest before
- If this patient needs ventilation assistance with the bag-valve mask he should be ventilated at a rate of
  - less than 12 breaths per minute
  - 12 to 20 breaths per minute
  - greater than 20 breaths per minute
  - at a rate matching their respiratory rate when first assessed
- According to the NAEPP and NHLBI, nebulized atrovent and albuterol are always indicated after the first nebulized albuterol 2.5mg has been administered.
  - true
  - false
- After a patient has been treated with albuterol his or her heart rate may decrease. This is because
  - bradycardia is a side effect of albuterol administration
  - the patient is likely to be experiencing a cardiac arrhythmia concurrently with the asthma exacerbation
  - reduced dyspnea often results in reduced anxiety
- The onset of action for the anti-inflammatory effects of corticosteroids is
  - less than 5 minutes
  - 30 to 60 minutes
  - 2 to 3 hours
  - 6 hours or more
- In the scenario albuterol would be contraindicated in this patient if
  - the patient had chest pain
  - the patient's heart rate was greater than 140 beats per minute
  - the patient had a history of hypersensitivity to albuterol
  - there are no contraindications for albuterol
- Asthma exacerbation caused by a reaction to aspirin is more common in
  - females
  - males
- The patient in the scenario has the following risk factor that increases his chance of death due to his disease
  - congestive heart failure
  - COPD
  - previous emergency room visits for asthma-related illness
  - psychiatric illness



This answer sheet must be postmarked by August 20, 2013

CE Answer Sheet Texas EMS Magazine  
Asthma Exacerbations  
CE: Medical

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| 3.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> |    |                          |    |                          | 14. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> |    |                          |
| 4.  | 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"/> |
| 5.  | 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"/> |    |                          |    |                          |
| 6.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> |    |                          |    |                          | 17. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> |    |                          |
| 7.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> |    |                          | 18. | 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"/> |    |                          | 19. | 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"/> | 20. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> |    |                          |    |                          |
| 10. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 21. | 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"/> |     |    |                          |    |                          |    |                          |    |                          |

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

## FYI

Final enforcement actions and court orders shall continue to be posted in Texas EMS Magazine for a minimum of one year or until the end of any probationary term or period of deferment, whichever is longer. This policy mirrors TAC, Title 25, Part 1, Chapter 1, Subchapter X, Sections 1.551 and 1.552, Posting Final Enforcement Actions.

If a complaint has been self-reported, i.e., an individual or organization reported the violation to DSHS before DSHS became aware of it and that act was taken into consideration by the Enforcement Review Committee, then the magazine shall denote that the violation was self-reported by printing the phrase 'self-reported' at the end of the entry.

DSHS encourages individuals and organizations to self-report rule violations to DSHS. When the case is reviewed by the Enforcement Review Committee, the fact that an individual or organization self-reported a violation can be seen as a mitigating circumstance.

**Agustin Manuel Martinez, dba Fidelis EMS,** Houston, TX. March 3, 2013, revocation for violating EMS Rule §157.16(d)(12) related to failing to respond to department request for information.

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

**American Medical Response, dba Hunt County EMS,** Waco, TX. May 23, 2013, assessed a \$7,000.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate. This violation was self-reported.

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

**Anahuac Emergency Corps, dba Anahuac**

**Volunteer Emergency Corps.,** Anahuac, TX. March 20, 2013, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to assure current protocols, equipment, supply and medication lists are maintained on each vehicle.

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

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

**Appeal Byers, dba Atlantis EMS,** Houston, TX. May 21, 2013, assessed a \$600.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(1) and 157.16(d)(19) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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

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

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

**Barron, Rudolfo,** Forney, TX. January 18, 2013, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to failing to follow medical director's protocols by transporting a patient without a second attendant to provide care in the ambulance.

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

within 10 days; one arrest for failure to stop/give information and possession of dangerous drug, failure to notify the Department within 10 days and failure to respond to the Department's request for information.

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

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

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

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

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

**City of Lufkin Fire Department,** Lufkin, TX. March 9, 2013, assessed a \$4,000.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate. These violations were self-reported.

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

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

**Craft USA EMS Inc.,** Houston, TX. December 14, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(c)(2)(D),

## DISCIPLINARY ACTIONS

157.11(d)(1), 157.11(i)(2), 157.11(i)(3), and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to display vehicle authorization in patient compartment, failing to assure critical patient care equipment has spare batteries or an alternative power source, and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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

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

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

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

**Espinoza, Paul Jr.**, San Antonio, TX. July 17, 2012, reprimanded for violating EMS Rules §157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

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

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

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

clinical rotations for students.

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

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

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

**Goffney, Joey, dba Southern Care EMS**, Houston, TX. May 6, 2013, assessed a \$4,500.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(12), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate and failing to respond to department request for information.

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

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

**Guerra, Marte A.**, Rio Grande City, TX. December 17, 2012, twelve (12) month probated suspension for violating EMS Rules 25 TAC §§157.36(b)(2), 157.36(b)(19), 157.36(b)(22), 157.36(b)(23), 157.36(b)(25), and 157.36(b)(28) related to conviction of felony offense of possession of cocaine, and failing to notify the Department of arrest and conviction.

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

and pharmaceuticals in accordance with FDA recommendations.

**Hefner, Whitney**, McKinney, TX. March 3, 2013, revocation for violating EMS Rules §157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24) and 157.36(b)(25) related to misdemeanor offense of driving while intoxicated, failing to notify the department and failing to respond to department request for information.

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

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

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

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

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

**Hou-Tex EMS, Inc.**, Houston, TX. March 4, 2013, revocation for violating EMS Rule §157.16(d)(12) related to failing to respond to department request for information.

**Irving Fire Department**, Irving, TX. September 24, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(3) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

**James, Alan C.**, Buda, TX. July 17, 2012, reprimanded for violating EMS Rules §157.36(b)(22), 157.36(b)(24), 157.36(b)(25) and 157.36(b)(28) related to receiving deferred adjudication and

## DISCIPLINARY ACTIONS

a conviction for two misdemeanor obstruction of a highway and failure to notify the within 10 days of being arrested for driving while intoxicated on two occasions.

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

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

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

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

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

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

**Lucille Miller, dba 1 Heartbeat Transport Service**, San Antonio, TX. February 21, 2013, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to display provider license number on both sides of vehicle; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

**Medico Enterprises, Inc., dba Medi Swat EMS**, Houston, TX. July 31, 2012, assessed a \$1,001.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(1) related to failing to

have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

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

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

**Nichols, James J.**, Lavon, TX. November 2, 2010, eight (8) month suspension followed by a forty (40) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(29) related to utilizing fraudulent prescriptions for controlled substances while on duty and pleading guilty to a felony deferred adjudication for fraudulent possession of a controlled substance/prescription.

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

**Oscar De Los Santos, dba Express Care Ambulance Service**, San Antonio, TX. March 18, 2013, assessed a \$1,000.00 administrative penalty for violating EMS §157.11(d)(1), 157.11(d)(7), 157.11(j)(1), 157.11(j)(4) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to display provider license number on both sides of vehicle; and failure to assure current protocols, equipment, supply and medication lists are maintained on each vehicle.

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

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

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

**Pro Med EMS, LLC, dba Pro Medic EMS, Alamo, TX.** March 20, 2013, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

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

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

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

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

**Rapid Medical Transportation Corporation**, Houston, TX. May 21, 2013, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(j)(1) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to assure current protocols, equipment, supply and medication lists are maintained on each vehicle; and failing to assure critical patient care equipment has spare batteries or an alternative power source.

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

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

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

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

**Scott, Eva Jo**, Sour Lake, TX. February 5, 2013,

## DISCIPLINARY ACTIONS

reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to failing to follow medical director's protocols.

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

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

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

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

**South Taylor EMS**, Tuscola, TX. February 14, 2013, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(4) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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

**Spiller, Ahmad**, Houston, TX. March 4, 2013, reprimanded for violating EMS Rules §157.36(b)(15), 157.36(b)(19), 157.36(b)(22), 157.36(b)(23) and 157.36(b)(25) related to third-degree felony offense for possession of a controlled substance (cocaine), conviction for class B misdemeanor offense for prostitution, failing to notify the department of arrest and final sentencing, and failing to disclose on EMT renewal application.

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

**Starlight EMS, Inc.**, Houston, TX. July 31, 2012, assessed a \$250.00 administrative penalty for

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

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

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

**Sundown EMS**, Sundown, TX. September 19, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

**Three Rivers Ambulance Service, Inc.**, Crowell, TX. March 12, 2013, assessed a \$750.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

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

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

**Timely Medical Response, Inc.**, Houston, TX. March 18, 2013, assessed a \$5,000.00 administrative penalty for violating EMS §157.11(d)(1), 157.11(d)(4), 157.11(d)(7), 157.11(i)(2) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to display provider license number on both sides of vehicle, and failing to assure critical patient care equipment has spare batteries or an alternative power source.

All postings will remain on the website and in the Texas EMS Magazine listing:

- Until the suspension or probation expires; or,
- For one year after final action is taken (for decertifications, denials, revocations and administrative penalties).

**Transtec EMS, Inc.**, Houston, TX. February 3, 2013, revocation for violating EMS Rule §157.16(d)(12) related to failing to respond to department request for information.

**Triax EMS, Inc.**, Houston, TX. March 18, 2013, assessed a \$1,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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

**Union EMS, LLC, dba All Life EMS**, Houston, TX. July 17, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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

**Ventura, Jesus H.**, Irving, TX. May 6, 2013, revocation pursuant to Chapter 53 of the Texas Occupations Code, Section 53.021(b), related to felony conviction and imprisonment for bank robbery.

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

# Meetings & Notices

## Jobs

**Hooks N Irons Training, LLC:** is looking for a certified coordinator for initial ECA and EMT-B classes in the Dallas/Fort Worth area. If interested, send resume to [HooksNIrons@yahoo.com](mailto:HooksNIrons@yahoo.com).

**Paramedics:** Southern Ambulance and Southern Care, Inc., a privately held, community-based EMS organization located in east-central Arkansas is hiring immediately for paramedics with National Registry. No experience required; will train you. We are a primary 9-1-1 provider for dozens of small cities and towns. At SCI you are a name, not a number. We have LP12s, EtCO<sub>2</sub>, wireless internet and PCs in the trucks. New protocols, turkel needles, and Impact 731 vents are just the beginning. Go to [www.southernparamedic.com](http://www.southernparamedic.com) and fill

## Deadlines and information for meetings and advertisements

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

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

**Fax or mail:** Calendar items can be faxed to 512/834-6736 or mailed to Texas EMS Magazine, Texas Department of State Health Services, MC0285, PO Box 149347, Austin, TX 78714-9347. Call 512/834-6700 if you have a question about the meetings and notices section.

out an application, or email [info@southernparamedic.com](mailto:info@southernparamedic.com) for more info.

### Williamson County EMS:

County-run 9-1-1 service just north of Austin, Texas, is hiring for the position of field paramedic. Our paramedics operate under a set of evidence-based protocols and are trained to perform an array of advanced procedures. Williamson County offers excellent benefits and retirement, and a starting pay of \$55,000/yr (approx.). Please visit [www.wilco.org/hr](http://www.wilco.org/hr) to apply. Contact [jfishel@wilco.org](mailto:jfishel@wilco.org) or call the recruitment line at 512-801-8700 with any questions.

**EMSpursuit:** Your source for EMT, paramedic and fire jobs in Texas. Updated daily, only the most recent and active positions are posted. These are clearly subdivided by EMS qualifications and/or locations. Find your next job at [www.EMSpursuit.com](http://www.EMSpursuit.com). +

**Terrell County:** is accepting applications for EMT-Intermediate and EMT-Paramedic. These are full-time positions paying a salary of \$34,000 plus benefits for EMT-I and \$44,000 for EMT-P. We are located in Sanderson, Texas, and have low call volume. This is an opportunity for you to attain rural EMS experience. For more information contact Gina Roberts at 432-345-2727 or [gina.roberts@co.terrell.tx.us](mailto:gina.roberts@co.terrell.tx.us). Terrell County is an equal opportunity employer. \*

**Harris Health System:** is seeking EMTs and PRN EMS dispatchers in Houston, Texas. Interested candidates should email resumes to [Yesmid.luviano@harrishealth.org](mailto:Yesmid.luviano@harrishealth.org)

or visit our website for additional requirements [www.harrishealth.org](http://www.harrishealth.org). \*

## Miscellaneous

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

**Formal refresher/recertification courses:** EMR (ECA) and EMT-B National Registry and Texas DSHS courses available. LifeStart Training & Consulting, LLC, offers DSHS-approved formal recertification courses twice a month in our school in Austin, Texas. In just a few days of class you can meet all the requirements for either Texas or National Registry recertification. Classes include lecture, skills, scenarios and discussion. Sample the Austin night-life while meeting your certification requirements. Visit [www.lifestart.us](http://www.lifestart.us) for more details or call 512-614-7556. +

**Specialized Billing and Collection Systems of Texas:** Provides EMS and fire billing services throughout the state of Texas. With over 25 years' experience, we are able to approach any situation and reach a viable solution to your specific problem areas. We keep you informed on

# Meetings & Notices

state and federal reporting and filing requirements and utilize the latest computer hardware and software technologies, providing higher rates of returns. For more information contact Bruce Glover at 800-999-2417 ext. 214 or visit [www.specializedbilling.com](http://www.specializedbilling.com). +

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

**Firefighter continuing education:** is available online at [www.FirefighterCE.com](http://www.FirefighterCE.com). FirefighterCE is accepted by the Texas Commission on Fire Protection. Visit [www.FirefighterCE.com](http://www.FirefighterCE.com) for a free test-drive today or call toll free at 888-447-1993. +

**Audio-Visual Training Materials:** The Texas Commission on Fire provides materials for fire protection professionals, as well as EMS professionals. Topics include airway management, spinal injuries, triage and more. They can be borrowed for free by any Texas resident. Visit the TCFP library website for more information at [www.tcfp.state.tx.us/library.asp](http://www.tcfp.state.tx.us/library.asp). +

**Looking for an EMS billing company?** Health Claims Plus is an EMS/fire billing company located in Liberty, Texas. Health Claims Plus performs all levels of EMS/fire billing from the small to the large. Excellent rates, unmatched service and training to enhance revenue and build sound business practices. ePCR and manual PCR accepted. Contact

Rodney Reed at 888-483-9893 ext. 234 or [Rodney@healthclaimsplus.com](mailto:Rodney@healthclaimsplus.com). Visit our website at [www.HealthClaimsPlus.com](http://www.HealthClaimsPlus.com). +

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

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

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

**TEEX Training:** TEEEX offers

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

+ This listing is new to the issue.

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

Do you take EMS photos?

**WIN MONEY!**

Enter the EMS photo contest - deadline November 10.

For more info go to [/www.dshs.state.tx.us/emstraumasystems/photocontest.pdf](http://www.dshs.state.tx.us/emstraumasystems/photocontest.pdf)



## Placing an ad? Renewing your subscription?

**Placing an ad?** To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: Texas EMS Magazine, 512/834-6736 or send to Texas EMS Magazine, MC0285, PO Box 149347, Austin, TX 78714-9347. Ads will run in two issues and then be removed. Texas EMS Magazine reserves the right to refuse any ad.

**Moving?** Let us know your new address—the post office may not forward this magazine to your new address. Use the subscription form on page 2 to change your address, just mark the change of address box and mail it to us or fax your new address to 512/834-6736. We don't want you to miss an issue!

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Office of Emergency Management  
October 1997

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Office of Emergency Management  
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Volume 9 Issue 3 May/June 1998

**Texas EMS Messenger**  
November/December 1998

**Texas EMS Messenger**  
February 1998

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Texas EMS Conference  
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**Texas EMS**  
December 1997  
Texas EMS Conference  
If you aren't there, here's what you missed.

**Texas EMS**  
December 1997  
How to teach kids about EMS  
Page 20

**Texas EMS**  
December 1997  
TORNADO!  
Emergency response to killer storms  
Page 30

**Texas EMS**  
December 1997  
Project Alpha: What do the new rules mean for EMS?  
Page 26

**Texas EMS**  
December 1997  
EMS photo contest  
Winners on display

**Texas EMS**  
January 1998  
Into the future...  
2000  
Page 30

**Texas EMS**  
January 1998  
Is there a baby in your future? Maybe.  
Page 12

**Texas EMS**  
January 1998  
Are medics eligible for line of duty death benefits?  
Page 28

**Texas EMS**  
January 1998  
And the rains came: Houston goes underwater  
Page 38

**Texas EMS**  
January 1998  
Texas EMS Conference  
Special delivery: Learn about labor and delivery in this CE article.

**Texas EMS**  
February 1998  
Why report deferred adjudication?  
Page 26

**Texas EMS**  
February 1998  
Hurricane Dean threatens Texas  
Page 30  
CE: Diabetic Emergencies  
Page 24

**Texas EMS**  
February 1998  
CE: Emergency Childbirth  
page 32  
Victoria Bus Crash  
page 26

**Texas EMS**  
February 1998  
Hurricane Dean threatens Texas  
Page 30  
CE: Diabetic Emergencies  
Page 24

**Texas EMS**  
February 1998  
Hurricane Dean threatens Texas  
Page 30  
CE: Diabetic Emergencies  
Page 24

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Office of EMS Trauma/Systems MC 1876  
PO Box 149347  
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