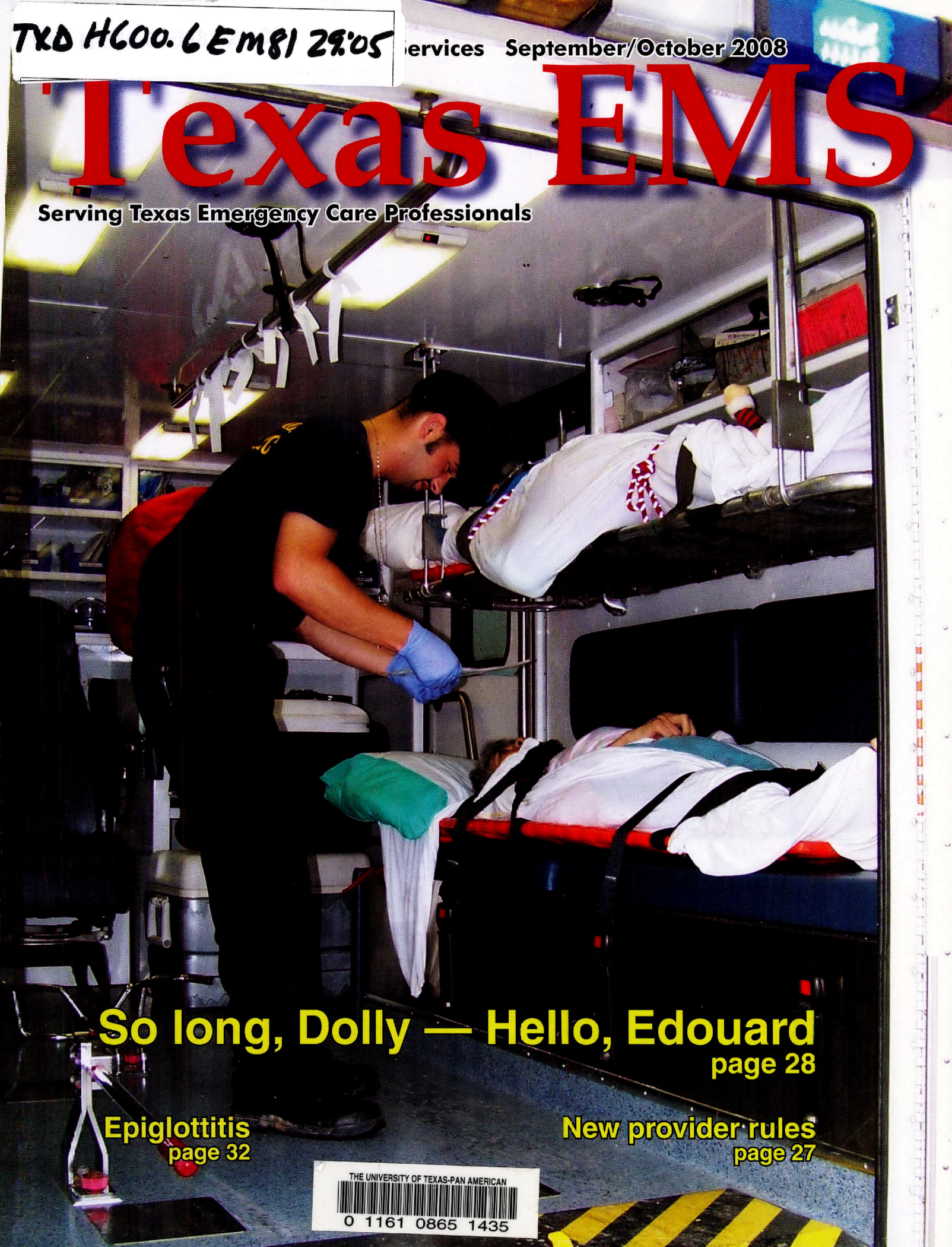


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Services September/October 2008

# Texas EMS

Serving Texas Emergency Care Professionals



**So long, Dolly — Hello, Edouard**  
page 28

**Epiglottitis**  
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**New provider rules**  
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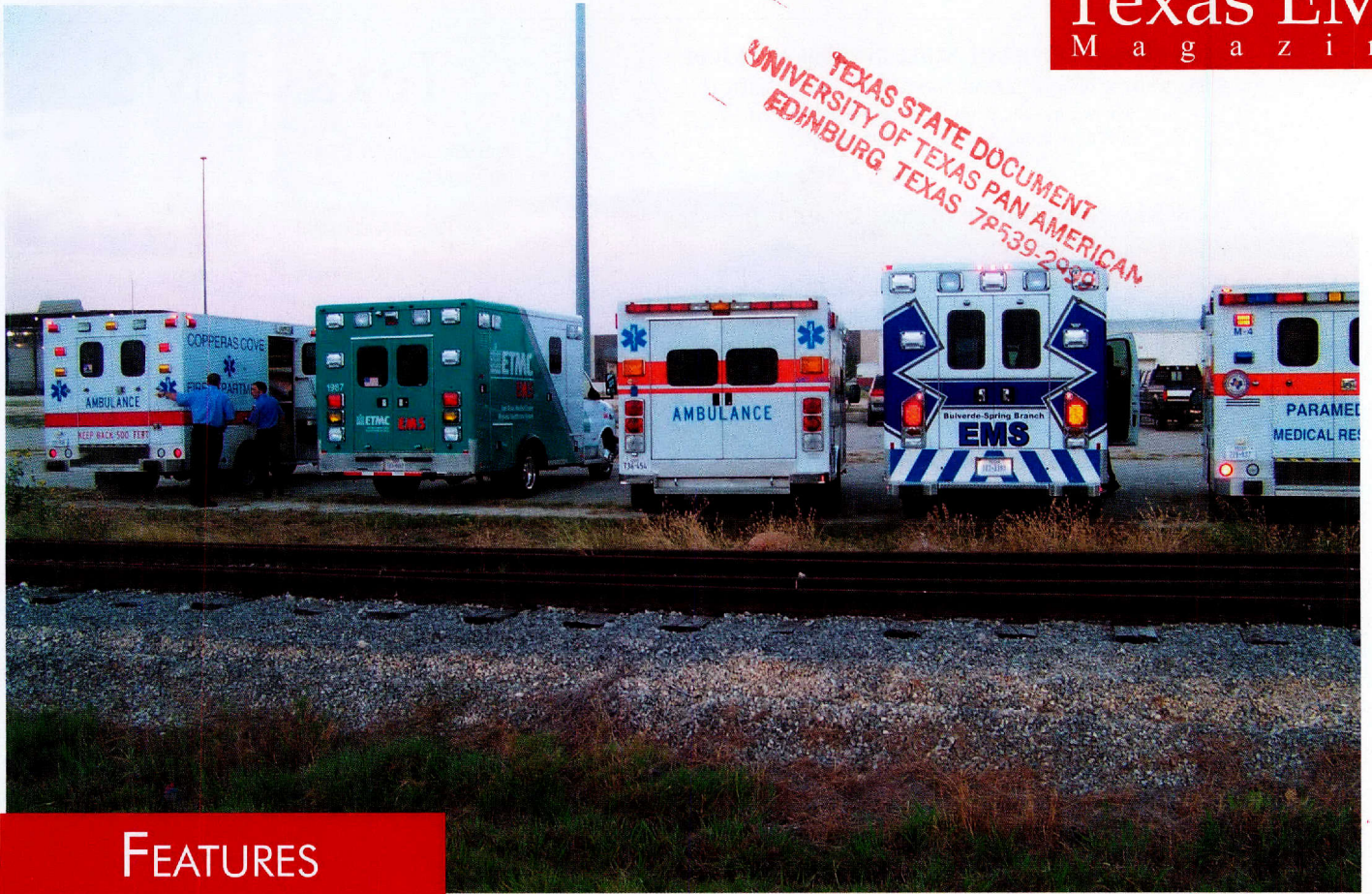
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## FEATURES

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*Kelly Harrell*
- 13 Texas EMS Conference**  
So many classes, so little time! Turn here for a listing of classes and preconference classes. And remember—October 15 is the last day to register for preconference workshops!
- 27 New controlled substance regulations affect EMS providers**  
New rules from DPS affect registration of and responsibility for controlled substances EMS providers carry on ambulances.  
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- 28 So Long, Dolly—Hello, Edouard**  
No rest for the hurricanes or those who respond to them – Texas EMS steps up

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to meet the challenges of Hurricane Dolly and Tropical Storm Edouard in two weeks' time.

*Kelly Harrell*

### **Epiglottitis**

It's not just for kids! Discover how to recognize and treat epiglottitis to earn 1.5 medical CE hours.

*James Shippet, AAS, LP, EMSC*

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### **Changes in Ryan White Care Act bring unwelcome news**

NASEMSO is working to repeal changes in the Ryan White Care Act that removed first responder protections.

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### **Emergency group honors best in Texas**

Meet the eight Texas physicians who were named "Heroes of Emergency Medicine" for their significant contributions to emergency medicine. Some are very familiar to the EMS and trauma community.

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*Above: DSHS deployed five strike teams with five ambulances each during the Hurricane Dolly event. Teams were staged in San Antonio and in Weslaco, closer to where the storm hit.*

*Cover: Paramedic Jared Lee of Washington County EMS checks on a patient evacuated from a nursing home during the Hurricane Dolly deployment. Washington County was one of 15 EMS providers who had a signed MOA with DSHS to respond to disasters. Once deployed, those providers are guaranteed reimbursement through DSHS.*



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(512) 834-6700

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#### North group

PO Box 60968, WTAMU Station  
Canyon, TX 79016  
(806) 655-7151

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

Physical: 6515 Kemp Blvd.  
Bldg. 509

Mailing: EMS Compliance 509  
PO Box 300  
Wichita Falls, TX 76307-0300  
(904) 689-5928

4601 S. First, Suite L  
Abilene, TX 79605  
(325) 795-5859

1517 W. Front St.  
Tyler, TX 75702-7854  
(903) 533-5370

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401 E. Franklin, Suite 200  
PO Box 9428  
El Paso, TX 79901  
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622 S. Oakes St., Suite H  
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7430 Louis Pasteur  
San Antonio, TX 78229  
(210) 949-2050

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Houston, TX 77023  
(713) 767-3333

1233 Agnes  
Corpus Christi, TX 78401  
(361) 889-3481

601 W. Sesame Drive  
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(956) 423-0130

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# Texas EMS

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# Texas EMS Awards honor best in emergency response

Awards – isn't it nice to be recognized for the good work you do? For more than 20 years, the best in EMS and trauma have been honored at Texas EMS Conference during Tuesday's Award Luncheon. Have you nominated anyone or any service for a Texas EMS Award? If you know of someone who is outstanding or of an exemplary organization, please take the time to nominate them for an award. You can find a nomination form at [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems). For more information on the awards, turn to page 10 in this issue.

The deadline for preconference registration is coming up fast – October 15 is the last day you can register for preconference classes. Then after November 1, the price for regular conference registration climbs to \$190. We try very hard to keep the prices low but all our costs are skyrocketing this year, especially food. We are researching ways to help you pinch some pennies while staying in Fort Worth. And if you're wondering where to make reservations, visit our conference page at [www.dshs.state.tx.us/emstraumasystems/08conference.shtm](http://www.dshs.state.tx.us/emstraumasystems/08conference.shtm). Click on Conference Blog for insider information on workshops and hotels, as well as any last-minute changes to the conference schedule.

GETAC is meeting in Austin as this magazine goes to press. The dates for 2009 are posted on our website and on page 26. We could not secure a deal with the Hilton Airport for our meetings next year, so we will be changing locations. The purchase request for the 2009 hotel is in the DSHS requisition pipeline right now. As soon as we get *confirmation* from them that a purchase order number has been assigned, we'll announce the location on our website. We have to operate under Murphy's Law when it comes to purchasing, so I don't want to make the announcement until we are absolutely sure the space is under contract.

*You can't avoid the deer.* I attended a funeral in July for someone who spent a lifetime helping others. Charles "Chuck" Burt, 66, an avid motorcyclist, was killed when he collided with a gravel truck as he returned from a cross-country trip. He was a longtime employee at the Department of Aging and Disability Services in the IT department. But he spent his hours outside the job volunteering for EMS (including Texas EMS Conference for many years) and for other causes he thought important. One of those causes was the Patriot Guard, a volunteer group that escorts funeral processions for our military personnel. With American flags waving from their bikes, these riders make sure that military families know we appreciate their sacrifices.

It was at his funeral that I heard what he had told his daughter many years ago when she warned him about traveling on his motorcycle at night through West Texas. She worried that he might not be able to avoid a deer that might wander onto the dark road. "You can't avoid the deer," he told her. And he was right – you can't avoid all the deer, any more than you can avoid all the risks that come with life and work in emergency response. So thanks to Chuck and everyone else for what you do to help others – and avoid the deer when you can.

Kelly

## FROM THIS SIDE



**Kelly Harrell**  
Editor

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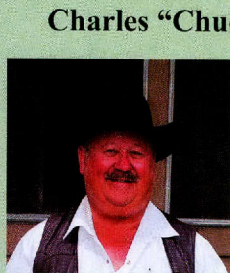
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## EMS Obituaries

**Scott Bolsins**, 73, of Hilltop Lakes, died May 15, 2008, after a long illness. He was an EMT with Hilltop Lakes Volunteer Fire Department for more than ten years.



**Charles "Chuck" Burt**, 66, of Round Rock, died July 22, 2008, in a motorcycle crash. Burt, an EMT, served as treasurer, board director and active volunteer medic for the Motorcycle Special Events Team (MSET) for more than ten years; he was also a longtime volunteer at Texas EMS Conference.

**Benny "B.J." Carnes**, 38, of Brownwood, died July 5, 2008, when the plane he was piloting crashed. Carnes was a firefighter and EMT with the Brownwood Fire Department.

**Chris Carpenter**, 26, of Gladewater, died June 21, 2008, from injuries he received in a boating crash. Carpenter was a firefighter and EMT in Gilmer.

**Debra K. Carroll**, 55, of Highlands, died June 25, 2008, after a long illness. Carroll was an EMT-P and instructor and had served communities including Highlands, Channelview, Mont Belvieu, Galveston County and Liberty County for 30 years.

**Mike Gilbreath**, 63, of Plainview, died July 15, 2008, of injuries received in a motorcycle crash. Gilbreath was a retired firefighter and EMT-P who spent 23 years

with the Fire/EMS Department in Plainview.

**Larry Jones**, 58, of Watauga, died June 25, 2008, after a long illness. Jones was a firefighter and EMT-P for the Watauga Fire Department.

**Mike Keefer**, 54, of Grapevine died July 23, 2008, after a long illness. Keefer, a licensed paramedic, had been the Grapevine fire marshal since 2005 and was with the Grapevine Fire Department for more than 25 years.

**Roy E. Kicklighter**, 65, of Dickinson, died June 20, 2008. Kicklighter was an EMT-P who served the Galveston area for more than 30 years.

**Robert Knight**, 42, of Teague, died July 5, 2008, of injuries received while battling a building fire in downtown Teague. Knight had been the Teague volunteer fire department chief since 1999 and was a licensed paramedic.

**Jess Navarre**, 76, of Baytown, died July 13, 2008, after a long illness. Navarre was central to the Baytown EMS community as owner-operator of Baytown Ambulance Service from 1967 to 1994.

**Mike J. Sebastian**, 49, of El Paso, died August 1, 2008, after a short illness. Sebastian, an EMT-P, was a field supervisor for Life Ambulance Service.

**Blake "Wiggy" Wiggins**, 21, of Beaumont, died June 20, 2008, in a motorcycle crash. Wiggins had been an EMT for a year with Stat Care EMS.

## National EMS Memorial moves to Colorado

The National EMS Memorial Service has selected Colorado Springs as the new home of the memorial service and of the Tree of Life. Colorado Springs will serve as the permanent home of the memorial. The process to find a new home took two years and involved many factors.

"This was not simply a matter of finding a place to erect a memorial," said Kevin Agard, chair of the Site Selection Committee. "Paramount ... is our consideration for the families of the honorees. Our focus has always been on the families and in the end, ... our board members voted the way they did because they believe Colorado Springs is the best option for those families."

The memorial service will move from Roanoke to Colorado Springs in 2010. The organization will now concentrate on the design and fundraising phases of the project. — *Kelly Harrell*





# Letters to the Editor



## To *Texas EMS Magazine*:

On May 14, a hail storm hit Eden. The Eden Police Department had kept the Concho County Hospital staff informed about the dangerous weather approaching. We went into action with our disaster preparedness plan. Staff took patients to a safe place and prepared for evacuation if needed.

When the storm was over and the damage assessed, the hospital had suffered extensive damage on the north and west side of the hospital. All but four windows were broken. Patients were returned to rooms not damaged by the storm. Water was running down the corridors. The staff present — me and Debra Fort — started to clean up. Telephone calls were made, and staff from hospital administration and other areas arrived to help. The Eden Volunteer Fire Department arrived and offered to mop and pick up glass. At approximately 7:30 that evening, Dr. Emmette Flynn, trauma surgeon from Shannon Medical Center (in San Angelo), called to see if we needed assistance. I told him that the storm was over and there were no injuries, just damage to the building and many broken windows.

After making sure that the night shift was settled in, I left at about 8:30. I had not been on the road 15 minutes when the charge nurse called me to let me know that Flynn had arrived with material and equipment to cover the windows. I immediately turned around to go back to the hospital. Upon arriving, I found Flynn unloading sheets of plywood to cover the broken windows. By this time, several men from Eden, Brady and San Angelo showed up to assist in covering the windows. It took three hours to cover all the broken windows. At 12:15 a.m., it was all done, with plenty of help from our friends and neighbors.

Concho County Hospital would like to thank everyone who assisted for their tremendous humanitarian instinct to assist those in need.

*Ram Perez*  
Trauma Coordinator  
Concho County Hospital

**GETAC  
meets  
November 22-24  
Renaissance  
Worthington Hotel  
200 Main Street  
Fort Worth**

## TEXAS EMS CERTIFICATIONS AS OF AUGUST 06, 2008

ECA	3371
EMT	28843
EMT-I	3691
EMT-P	12744
LP	5612
TOTAL	54261
BASIC COORDINATOR	125
ADVANCED COORDINATOR	246
INSTRUCTOR	2094

## New federal rule affects highway response

Effective November 24, 2008, first responders working in the right-of-way on federal highways will have to wear high-visibility clothing that meets certain standards. A federal highway is defined here as one that receives federal aid, such as I-35.

The rule specifies that workers, including emergency responders to incidents within the highway right-of-way,

who are exposed to traffic or construction equipment, must wear high-visibility safety apparel designed to be conspicuous during the day and night and that meets the Performance Class 2 or 3 requirements of American National Standards Institute/International Safety Equipment Association (ANSI/ISEA). The standards are outlined in *American*

*National Standard for High-Visibility Safety Apparel and Headgear*, a publication from the ISEA. The rule did not explain Performance Class standards; instead, it made reference to the book that is available from the ISEA. For more information on the standards, or to purchase a copy of the book that outlines the standards, go to [www.safetyequipment.org](http://www.safetyequipment.org).  
— Kelly Harrell



## Knowledge gaps affect pass rates



What subject areas give EMS personnel the biggest headaches when

taking the NR test? In hopes of helping educators better prepare test-takers, NREMT recently analyzed the 2007 NREMT-Basic examinations and found EMT candidates seem to have the most trouble with the following subject areas:

- Current American Heart Association health care provider guidelines for BLS (2005)
- Types, mechanisms and signs/symptoms of shock
- Managing various types of burns
- Signs and symptoms of head injury
- Managing extremity injuries
- Identifying and distinguishing between respiratory distress and respiratory failure, especially in pediatric patients
- Managing childbirth and pregnancy
- The differences between airway management, oxygenation, ventilation and respiration
- How to assess the effectiveness of ventilation, when to ventilate and by what technique, and how to provide ventilatory support

NR cannot provide more specific details about exam questions as that might compromise the exam.

**Valsalva Bowl  
at Texas  
EMS Conference!  
See page 43.**

## Exam changes along with standards

When the standard of care changes in EMS, exam questions must reflect those changes. NREMT's Standards and Examination Committee advises the NREMT board of directors on issues relating to examinations, which includes types of questions asked. The committee recently reported on three issues affecting cognitive and skills examinations.

- **Current change:** Recommendations for controlling hemorrhage in the out-of-hospital environment. No research has been published that supports elevation of the extremity or the use of pressure points to control hemorrhage. Accordingly, the following recommendation is being implemented:  
    “If external bleeding from an extremity cannot be controlled by pressure, application of a tourniquet is the reasonable next step in hemorrhage control.” (Salomone, J. and Pons, P. (2007). PHTLS: Prehospital Trauma Life Support. Mosby-Elsevier. (St. Louis, MO) pp. 180 – 181).  
    The cognitive and psychomotor exams are being updated to reflect this change.
- **No change:** For the psychomotor exam for NR certification, manual insertion of the intraosseous needle will be the only acceptable method. NR says this recommendation in no way reflects negatively on particular IO insertion devices that have battery-operated drills.
- **Future change:** Currently, candidates for NREMT-Intermediate and paramedic certifications are evaluated on placement of endotracheal tubes and dual lumen airway devices for adult patients in the ventilatory management skills. However, there is growing popularity in the use of single lumen airway devices such as alternative airway devices. The committee recommended that advanced-level candidates for NR certification have the option of using either single or dual lumen airway devices in the adult ventilatory management skills, provided the requirements for state licensure permit their use. A single lumen airway device skill evaluation instrument is being developed and will be posted on the website when approved (nremt.org). New ventilatory management information for skills examiners will include discussion on the use of single lumen airway devices and the appropriate scenario for a skills evaluation.





## Funding available for emergencies

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

The following organizations were awarded Extraordinary Emergency Funding recently:

### **Ropes Volunteer EMS**

Ropesville

\$3,650 to replace transmissions on the ambulance and first responder vehicle

### **Willacy County EMS**

Raymondville

\$103,000 for a new ambulance

### **Brookshire EMS**

Brookshire

\$120,071 for a new ambulance

### **Stephens County EMS**

Breckenridge

\$48,000 for a new ambulance

### **Scurry County EMS**

Snyder

\$102,425 for a new ambulance

## New staff member joins magazine

Kathy Clayton has joined *Texas EMS Magazine* as associate editor. She also will be handling catering and facilities for Texas EMS Conference – and we know how important those duties are! Clayton has many years experience as an editor and a project manager in Austin, Lubbock and Fort Worth. She earned a bachelor's degree in English from the University of Texas – Austin. Clayton replaces Dean Lofton, who left to pursue a career in freelance writing.



## Training available for ECAs

Are you in a rural area that needs more EMS personnel? Emergency Care Attendant Training (ECAT) grant applications are being accepted for fiscal year (FY) 2009. A total of \$50,000 is available for EMS training programs, registered first responder organizations (FROs), coordinators and/or instructors to conduct ECA courses in rural or underserved areas of the state that lack local EMS training resources. Grant funds cover the cost of instruction and textbooks, as well as other expenses such as printing and supplies. Twelve ECAT courses were approved for funding in FY 2008.

OEMS/TS will accept grant applications on a first-come-first-served basis until the funds run out for the fiscal year. All EMS or FRO entities meeting the basic criteria listed below are encouraged to submit an application. Eligibility requirements for ECAT grants: (1) a minimum of three students, (2) students must agree to perform emergency care attendant services for at least one year with a local emergency medical service provider or first responder organization, and (3) services must be provided in a designated rural or underserved area of Texas, as determined by zip code or county. For more information, go to [www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm](http://www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm) or contact Roxanne Cuellar at (512) 834-6700 ext. 2377 or [roxanne.cuellar@dshs.state.tx.us](mailto:roxanne.cuellar@dshs.state.tx.us). Bonham Fire Department and Balmorhea Volunteer Ambulance were recently approved for ECAT courses.

On Duty



	<b>Texas EMS Conference 2008</b> <b>November 23-26</b>
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Bryan Bledsoe

## EMS association honors Bledsoe

The Ohio Association of EMS awarded the Jack Liberator Hall of Fame Award to Bryan Bledsoe, DO, in June. The award honors an individual who has made significant contributions to emergency medical services. Bledsoe, an emergency physician and author of many EMS textbooks, is from Midlothian, Texas. He started his career as a paramedic and went on to become an emergency physician, author and lecturer. And he stays active in Texas EMS: He is a sponsor of EMStock and is presenting two lectures at Texas EMS Conference 2008 in Fort Worth.

## Stats released

The EMS/Trauma Registry released a new publication listing the injuries that most often kill and disable Texans. The Registry staff analyzed 2005 DSHS Vital Statistics data to develop a list of top causes of death due to injuries: motor vehicle incidents (29.3 percent); suicide (19 percent); unintentional poisoning (12.5 percent); homicide (11.8 percent); and unintentional falls (9.3 percent). Staff used 2004 Registry data from hospitals to determine the top five causes of disability due to injury: falls (41.2 percent); motor vehicle incident (29.7 percent); assault (8.1 percent); struck by object (2.8 percent); and cut/pierce (1.9 percent). For a complete listing of the report, including each category broken down by age group, go to [www.dshs.state.tx.us/injury](http://www.dshs.state.tx.us/injury).

## Award nominations due October 1

Know an outstanding medic, provider, RAC or trauma center? Nominate them for a Texas EMS Award. Each category honors a person or organization exemplifying the best EMS/Trauma System has to offer. It's quite an honor to be nominated and to win.



We've posted the award nomination form on our website at [www.dshs.state.tx.us/emstraumasystems/08AwardsIntroduction.shtm](http://www.dshs.state.tx.us/emstraumasystems/08AwardsIntroduction.shtm). Save this Microsoft Word document to your computer and fill it out by clicking in the gray areas beside each question. Include written examples of why this person or organization should win. Please be specific, using examples when possible. Keep in mind that the people who review the nominations most likely won't be as familiar with your nominee as you are.

When you finish, save the file and email it back to [EMSAwards@dshs.state.tx.us](mailto:EMSAwards@dshs.state.tx.us).

Send the file to us by email no later than October 1, 2008. The packets are then distributed to the OEMS/TS programs and sent to each EMS compliance group. Each program and compliance service group ranks the nominations for each category and returns the information to the OEMS/TS, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference in Fort Worth.

### Award Categories 2008

**EMS Educator Award**  
**EMS Medical Director Award**  
**EMS Administrator Award**  
**Public Information/Injury Prevention Award**  
**Citizen Award**  
**Private/Public Provider Award**  
**Volunteer Provider Award**  
**First Responder Award**  
**Air Medical Service Award**  
**Outstanding EMS Person of the Year**  
**Telecommunicator of the Year**  
**Trauma Center Award**  
**Regional Advisory Council Award**

## Valsalva Bowl



The fast-paced quiz show is back for the conference, and this time we've got national competition coming! See page 43 for more details.



**Q: Do owners of EMS providers have to hold Texas EMS certification?**

**A:** There's no requirement that the owner of an EMS provider business must hold Texas or NREMT certification, but it could certainly provide an advantage. In addition, management courses exist that could improve your chances of success. Texas Engineering Extension Service (TEEX) has two management courses available that are specific to EMS. Both courses use lectures, small group activities, individual assignments and realistic exercises that imitate actual supervisory situations.



**EMS Leadership Academy: Basic Supervisory Practices**

Designed as a certification-level program, this course will provide EMS personnel with the knowledge, tools and skills needed to ensure effective and successful introduction into the supervisory ranks of EMS.

**EMS Leadership Academy: EMS System Management**

Designed as the second component of the EMS Leadership Academy Program, this course is designed to provide line EMS supervisory personnel with the knowledge, tools and skills needed to ensure effective and successful integration into mid-level management positions during professional advancement through the ranks of EMS.

For more information on the courses, go to [www.teex.com](http://www.teex.com) and click on emergency medical services from the drop-down menu.

## EMS must report domestic violence

October is National Domestic Violence Awareness Month. Did you know that Texas law requires medical professionals, such as EMS personnel, to tell suspected victims of domestic abuse their legal rights? Chapter 91 of the Texas Family Code requires three things: Immediately provide the person with information regarding the nearest family shelter; document in your patient care report that you gave the patient the information and why you suspect family violence; and give the person a written notice in English and Spanish. The statute provides immunity from civil liability unless the incident is reported by the suspected perpetrator or reported in bad faith. For a list of items that must appear on the form go to [www.dshs.state.tx.us/emstraumasystems/](http://www.dshs.state.tx.us/emstraumasystems/) and click on "Forms and Resources." The Centers for Disease Control and Prevention also has publications that address intimate partner violence. To order or download, go to [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc).



## PHI taking donations for scholarship fund

Last spring, PHI established an endowed scholarship fund for the dependents of air medical transport crews who are killed in the line of duty. The Foundation of Air Medical Research and Education's (FARE) Children Survivors Scholarship Program is self-supporting and provides scholarships for surviving dependents' higher education.

The Children Survivors Scholarship Program is open to any minor dependent of an air medical crew member who loses his or her life in the line of duty. FARE currently is raising funds to endow the program and developing the scholarship criteria.

PHI would like to encourage donations to the survivor fund in honor of Stephanie Waters, EMT-P; Jana Bishop, RN, LP; and Wayne Kirby, pilot; who lost their lives in a June crash while transporting a patient.

To donate, go to [www.fareonline.org](http://www.fareonline.org) and click on the yellow Donate Now button on the left side of the page.

Be sure to select the Children Scholarship Fund from the drop-down menu when you are asked to designate your donation. For more information contact Amber Bullington at [abullington@aams.org](mailto:abullington@aams.org) or (703) 836-8732.

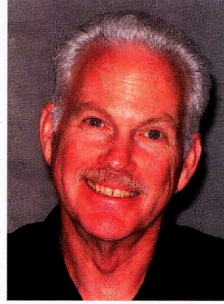


On Duty



## Medical director course offered

North Central Texas Trauma RAC (NCTTRAC) is sponsoring a workshop for physicians designed to prepare them to be EMS medical directors. The EMS Medical Director's course explores the issues and implications that affect decision-making in medical oversight of EMS systems and provides an overview and the tools needed for success as a medical director. The course will be held from 8am to 5pm on Friday, November 21, at the Renaissance Worthington Hotel, 200 Main St., Ft. Worth. The cost is \$100 and registration is through NCTTRAC. For information, call (817) 608-0390.



## Texas EMS Conference

Keynote address

**“Ethics in medicine:  
How does it affect me?”**

**John Griswell**

*Medical Director, MedStar EMS*

## Texas EMS top bargain in conferences

Wondering about the best bargain in EMS conferences? You're looking at it! Compare Texas EMS Conference to the big guys and you'll see – we're closer and less expensive, and we have more workshops. And that includes two-hour hands-on workshops where you get to practice skills like intubation and wilderness rescue. For more information on the conference, go to [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems). See you in Fort Worth!



### Texas EMS Conference

**\$165 for three days**

**Hotel rates: Four at \$85; one at \$129**

**Two lunches and coffee breaks included**

**135 workshops to choose from, including  
hands-on workshops**

**Exhibit hall entrance: Free**

### National Conference #1

**\$355 for three days**

**Hotel rates: One at \$85; 11 starting at \$135**

**Lunches not included**

**89 workshops**

**Exhibit hall entrance: \$10 (free with coupon)**

### National Conference #2

**\$415 for three days**

**Hotels rates: \$116–189**

**Lunches not included**

**95 workshops**

**Exhibit hall entrance: \$20**

## Blog it, conference style

You now have a resource for the latest information about Texas EMS Conference! Go to [www.dshs.state.tx.us/emstraumasystems/confblog](http://www.dshs.state.tx.us/emstraumasystems/confblog) for up-to-date information on hotel availability, insider tips on classes and any changes to the conference schedule.

I'll be updating the blog as often as I have new information. – *Kelly Harrell*





# Texas EMS Conference 2008

## REGISTRATION FORM

### Fort Worth Convention Center

(Please type or print clearly)

You may register online at [www.texasemsconference.com](http://www.texasemsconference.com)

**\$165 until November 1**  
**\$190 after November 1**

Name \_\_\_\_\_  
 Name preferred on badge if different from above (first name only) \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Area Code \_\_\_\_\_ Email address: \_\_\_\_\_  
**Email address required**

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

**General information: (512) 834-6700**  
[www.dshs.state.tx.us/emstraumasystems/08conference.shtm](http://www.dshs.state.tx.us/emstraumasystems/08conference.shtm)

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

### PRECONFERENCE CLASSES

**Preconference registration deadline: October 15, 2008**

If you are taking a preconference class, check the preconference class title

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Emergency Pediatric Care, \$275      | <input type="checkbox"/> Emergency Airway, \$125   | <input type="checkbox"/> Neonatal Resus. Provider Course, \$125 |
| <input type="checkbox"/> EMS Instructor Course, \$350         | <input type="checkbox"/> Street Level Airway Mgt., \$395   | <input type="checkbox"/> Radiological Preparedness, no cost     |
| <input type="checkbox"/> CCMP, \$75                           | <input type="checkbox"/> Cadaver Lab, \$75 <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> Helicopter Operations, \$60            |
| <input type="checkbox"/> Advanced Medical Life Support, \$285 | <input type="checkbox"/> Cardiac Arrest Management, \$125  | <input type="checkbox"/> High Angle Rescue, \$250               |
| <input type="checkbox"/> Defensive Tactics, \$125             | <input type="checkbox"/> Death Notification, \$75  | <input type="checkbox"/> Basic High Angle Rescue, \$125         |
| <input type="checkbox"/> Movie Magic!, \$125                  | <input type="checkbox"/> 12-Lead, \$150  |   |

**Email address required**

Total Preconference Class Fee \$ \_\_\_\_\_

**No refunds after November 1, 2008**

**\$190 registration at the door**

**Sunday, November 23, 2008**

10:00 am - 7:00 pm Registration-Convention Center  
 3:00 pm - 7:00 pm **Exhibit Hall Opens-Welcome Reception**

**Monday, November 24, 2008**

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

**Tuesday, November 25, 2008**

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

Registration Information: (512) 759-1720

Conference Registration Fee	\$ _____
Preconference Class(es) Fee	+ _____
Total Amount enclosed	\$ _____
<b>Make check payable to:</b> Texas EMS Conference	
<b>Mail to:</b> Texas EMS Conference P.O. Box 100 Hutto, Texas 78634	

Registrations by fax will be accepted only if you are using a credit card — a check, money order or credit card number must accompany your mailed registration. No mailed or faxed registrations accepted after 11/1/2008. No refund after 11/1/2008. There is a 20% administration fee if a refund is necessary.

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

**Official Use Only**

- MC  Visa  AmEx  Disc

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

Date Rec'd. \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Type of Pmt. \_\_\_\_\_  
(If check, write #)

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

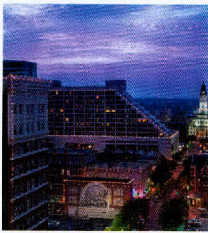
Amt. Rec'd. \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

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

**You may register online at [www.texasemsconference.com](http://www.texasemsconference.com)**





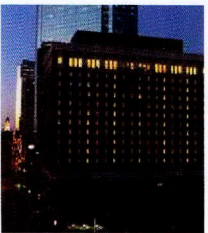
**Renaissance Worthington Hotel**  
 200 Main Street  
 Fort Worth, TX 76102  
 817-870-1000  
[www.marriott.com/hotels/travel/dfwdt-the-worthington-a-renaissance-hotel/](http://www.marriott.com/hotels/travel/dfwdt-the-worthington-a-renaissance-hotel/)  
 \$85/\$85  
 Booking code: EMM

This four-diamond hotel, the conference's host hotel, is only seven short blocks from the convention center. GETAC meetings and many preconference classes will happen here.



**Sheraton Fort Worth**  
 1701 Commerce Street  
 Fort Worth, TX 76102  
 817-335-7000  
[www.sheratonfortworth.com](http://www.sheratonfortworth.com)  
 \$85/\$125  
 Ask for EMS Conference

One of the closest hotels to the convention center, this brand-new hotel opened in April.



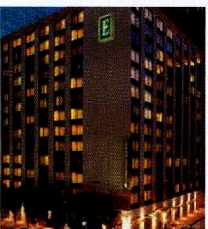
**Hilton Fort Worth**  
 815 Main Street  
 Fort Worth, TX 76102  
 817-870-2100  
[www.fortworth.hilton.com](http://www.fortworth.hilton.com)  
 \$85/\$85  
 Booking code: EMS

This historic hotel sits at the north end of the convention center.



**Courtyard Marriott**  
 601 Main Street  
 Fort Worth, TX 76102  
 817-885-8700  
[www.marriott.com/hotels/travel/dfwms-courtyard-fort-worth-downtown-blackstone](http://www.marriott.com/hotels/travel/dfwms-courtyard-fort-worth-downtown-blackstone)  
 \$85/\$85  
 Booking code: EMSC

Located six blocks from the convention center and near the fun of all of Fort Worth's downtown attractions. This hotel is located between the convention center and Renaissance Worthington Hotel.



**Embassy Suites**  
 600 Commerce Street  
 Fort Worth, TX 76102  
 817-200-2828  
[www.embassysuites1.hilton.com](http://www.embassysuites1.hilton.com)  
 \$129/\$139  
 Booking code: Texas EMS conference

This room rate includes breakfast and happy hour, and the hotel is located between the convention center and Renaissance Worthington Hotel.



November 23-26  
**Texas EMS Conference**  
**Fort Worth**  
 (Exhibit Hall open November 23-25)



Get your boots, your cowboy hats and your stethoscopes. Texas EMS Conference is heading back to Fort Worth after an absence of 12 years!

This year, Texas EMS Conference will set up shop in the spacious and attractive Fort Worth Convention Center, newly remodeled and expanded. Conference 2008 promises to deliver all the goods you've come to expect – top-notch education, speakers and exhibits that will keep you on the cutting edge of emergency medicine.

We'll again have the hugely popular two-hour, hands-on classes in addition to plenty of one-hour lecture sessions with the top names in EMS education. In addition, the exhibit hall is expanding to allow even more exhibits. And, as always, we'll have our annual EMS Awards Luncheon on Tuesday. This year it will be held in the convention center.

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

Special room rates for conference attendees and exhibitors are available at five downtown hotels. The Renaissance Worthington Hotel, our four-diamond host hotel, is seven short blocks away, while the Hilton hotel and Sheraton are just a block from the convention center. The Courtyard Marriott and the Embassy Suites are between the Renaissance Worthington and the Hilton. Don't pass up these great deals – make your reservation now before the hotels are booked.

See you in November!



# Schedule

## Conference At-A-Glance

### Sunday, November 23

10:00 am - 7:00 pm Registration in Convention Center Exhibit Hall  
3:00 pm - 7:00 pm Exhibit Hall opens with Welcome Reception

### Monday, November 24

7:00 am - 6:00 pm Registration in Convention Center Exhibit Hall  
8:15 am - 9:30 am Opening Session - Second Level Convention Center Ballroom ABC  
9:45 am - 10:45 am Workshop Breakouts  
10:00 am - 6:00 pm Exhibit Hall open  
11:00 am - Noon Workshop Breakouts  
12:00 pm - 1:00 pm Lunch in Exhibit Annex  
2:00 pm - 3:00 pm Workshop Breakouts  
3:15 pm - 4:15 pm Workshop Breakouts  
4:30 pm - 5:30 pm Workshop Breakouts

### Tuesday, November 25

7:00 am - 3:00 pm Registration in Convention Center Exhibit Hall  
7:30 am - 8:30 am Early Bird Workshop Breakouts  
8:45 am - 9:45 am Workshop Breakouts  
9:00 am - 11:45 am Exhibit Hall open (closed during Awards Luncheon)  
10:00 am - 11:00 am Workshop Breakouts  
11:45 am - 1:30 pm Awards Luncheon-Exhibit Annex (Exhibit Hall open immediately after Awards Luncheon)  
1:30 pm - 3:00 pm Exhibit Hall open  
2:00 pm - 3:00 pm Workshop Breakouts  
3:00 pm Exhibit Hall closes  
3:15 pm - 4:15 pm Workshop Breakouts  
4:30 pm - 5:30 pm Workshop Breakouts

### Wednesday, November 26

8:30 am - 9:30 am Workshop Breakouts  
9:45 am - 10:45 am Workshop Breakouts  
11:00 am - noon Workshop Breakouts  
Noon Closing Session - Second Level Convention Center Ballroom ABC  
Conference adjourns

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

### 2008 Texas EMS Photography Contest Entry Form

Photographer's name \_\_\_\_\_  
Employed by \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (HM) \_\_\_\_\_ / \_\_\_\_\_ (WK) \_\_\_\_\_ / \_\_\_\_\_  
Email address \_\_\_\_\_

**Mail to:** Texas Department of State Health Services  
Office of EMS/Trauma Systems MC 1876  
PO Box 149347  
Austin, TX 78714-9347

**Deadline for entering: November 10, 2008**

Tape this form to the back of the photo.

Brief explanation of scene: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Photo Contest Rules

- **Winning categories and prizes:**  
Grand Prize winner—\$250  
First Place—\$175  
Second Place—\$100  
Third Place—\$75  
Honorable Mention—\$50
- **Deadline:** Entries must be received no later than **November 10, 2008**. All photos will be displayed at Texas EMS Conference, and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmatted prints, in color or black and white (5 X 7 to 9 X 12 are best). Fill out the entry form, tape it to the back of your photograph and mail your entry to: Texas Department of State Health Services, Office of EMS/Trauma Systems MC 1876, PO Box 149347, Austin, TX 78714-9347
- **For digital photos:** Please print out a copy and mail it with the entry form attached. You also may e-mail the photo in .jpg format, using CMYK colors, to: dawn.whitfield@dshs.state.tx.us.
- The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- The ownership of the negative will remain with the photographer.



# Preconference classes

**November 21, 22 and 23 (class registration closes October 15)**

**For registration information or to see whether the class is full, call (512) 759-1720.**

**For information on class content, call the contact listed under each class description.**

## Friday/Saturday/Sunday

### Emergency Pediatric Care Course:

\$275; Friday, 11/21 and Saturday, 11/22; 8a-5:30p with 1½ hours for lunch on own; Sunday, 11/23; 8a-12p, instructor class by invitation for attendees who meet requirements; Fri/Sat at Renaissance Worthington Hotel; Sunday Instructor Course at convention center; CE: Medical or Pediatric. This 16-hour workshop (not including 4-hour instructor portion), developed by NAEMT, instructs prehospital providers in the care of sick and injured children, affords a practical understanding of respiratory, cardiovascular, medical, and traumatic emergencies, and educates about the treatment of children with special health care requirements (such as tracheal ventilation, central venous line management, and gastric feeding tube maintenance). The EPC course expands EMS knowledge of emergent pediatric health care through hands-on instruction using case-based scenarios, thus improving patient outcomes. For more information on course content, contact Chris Cebollero at ccebollero@medstar911.org.

### National Association of EMS Educators Instructor Course:

\$350; Friday, 11/21 and Saturday, 11/22; 8a-5:30p; Sunday, 11/23; 8a-6p with 1½ hours for lunch; Renaissance Worthington Hotel; CE: Additional. NAEMSE presents the EMS Instructor Course, which has been designed and developed

by the same individuals who produced the DOT/NHTSA 2002 National Guidelines for Educating EMS Instructors. The NAEMSE Instructor Course represents the didactic component and practical application of the initial education process to become a certified EMS instructor. The content of this 24-hour course aligns the NAEMSE developed modules with the curriculum objectives of the 2002 National Guidelines. NAEMSE recognizes that the development of a professional EMS educator requires many components including: formalized education in all aspects of the instruction process, practical experience in teaching and mentoring by other members of the educational team to foster personal growth and development. This course does not include all these components, but does include the beginning steps of the process. Enrollment will be limited to 100 participants. Individuals must complete a 24-hour online course BEFORE attending the class. Information about the online course will be sent after registration. Individuals who attend the entire course and pass the post test will receive a Certificate of Course Completion from NAEMSE and will be eligible for Texas instructor certification. Continuing education hours have been applied for through NAEMSE, which is accredited by the Continuing Education Coordinating Board for Emergency Medical Services

(CECBEMS). For more information on course content, contact Joann Freel at joann.freel@naemse.org or (412) 920-4775.

## Saturday/Sunday

### High Angle Rescue: \$250, Saturday,

11/22 and Sunday, 11/23; 8a-5p; Off-site (meet at Renaissance Worthington Hotel at 7:15a for bus transport); CE: 4-Preparatory, 4-Patient Assessment, 8-Trauma. This fun, 16-hour course covers basic equipment used in high-angle rescue, rappelling, belays, simple hauls and lowers, and self-rescue techniques and includes patient assessment

## Back again: two-hour, hands-on classes!

Last year's two-hour classes were a great success! This year, in addition to the one-hour lecture classes at the Texas EMS Conference, we'll offer two-hour classes that will emphasize intense, hands-on experiences in a small classroom. We'll cover topics that you care about, from airway to wilderness rescue.

### Here's the important part:

Because these classes are limited in attendance, you MUST sign up for the class in advance and get a ticket to be admitted to class. Once the tickets for that class are gone, there will be no more issued. Sign-up for the classes at the conference registration desk beginning at 10 am on Sunday, November 23.



# Preconference classes

November 21, 22 and 23 (class registration closes October 15)



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

and patient packaging. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For more information on course content, contact John Green at [john@texasroperescue.com](mailto:john@texasroperescue.com).

## **Advanced Medical Life Support:**

*\$285; Saturday, 11/22 and Sunday, 11/23; 8a-5:30p with 1½ hours for lunch on own; Renaissance Worthington Hotel; CE: Medical.* AMLS is a 16-hour, two-day program with interactive lectures, teaching and evaluation stations. The interactive/case-based lectures include the following topics: patient assessment, airway management, assessment of the shock patient, dyspnea/respiratory failure, chest pain, altered mental status, and abdominal pain. Teaching stations follow the associated lectures each day. For more information on course content, contact Micol L. Konvicka, NREMT-P, coordinator for AMLS Affiliate Faculty at (830) 460-1531, or [micolkonvicka@hotmail.com](mailto:micolkonvicka@hotmail.com).

## **Saturday**

### **Helicopter Operations at EMS**

*Incidents: \$60; Saturday, 11/22; 8a-12p; Off-site to meet at Spinks Airport. Instructions will be sent to each attendee; CE: Clinical Related Operations.* In this class, sponsored by CareFlite and other Texas air

medical programs, participants will be actively involved as they learn the fundamentals of air operations. This 4-hour, hands-on class will cover the factors to consider, both from the ground and air, when air resources will be utilized during an EMS operation. Students will have an opportunity to participate in hands-on exercises. Lunch provided. For more information on course content, contact Scott Lail at [slail@careflite.org](mailto:slail@careflite.org).

*CCMP: \$75; Saturday, 11/22; 8a-5:30p; Renaissance Worthington Hotel; CE: Additional.* This program will fully explain the Comprehensive Clinical Management Program, a pathway to clinical excellence for EMS providers that allows a fifth option of certification and licensure renewal of their employees. The course will cover the CCMP process including preparation for implementation, core components, timelines, submission requirements, site visit experience and so on. It will also provide other tools to assist EMS providers that are essential to full engagement of the CCMP process. For more information on course content, contact Leigh Anne Bedrich at [leigh.bedrich@flowermound.com](mailto:leigh.bedrich@flowermound.com).

### **Emergency Airway Management**

*Course: \$125; Saturday, 11/22; 8a-5:30p with 1½ hours for lunch on own; Renaissance Worthington Hotel; CE: Airway.* This 8-hour

workshop covers essential basic airway management, the difficult airway and rapid sequence intubation. Participants will learn to identify the anatomy and physiology of the airway, explain difficult airway situations and the difficult airway algorithm, and be able to explain the goals of airway management. For more information on course content, contact Jon Clingaman at (409)782-0877 or [ltjon5113@sbcglobal.net](mailto:ltjon5113@sbcglobal.net).

### **Movie Magic! Make Your Own Training Video: \$125;**

*Saturday, 11/22; 8a-5:30p with 1½ hours for lunch on own; Fort Worth Convention Center; CE: Additional.* Tired of the same PowerPoint humdrum? Come and see the magic of movies and how you can direct, film, edit, and produce a simple movie for distribution on CD, DVD, or the web. This 8-hour workshop is designed for those who want to be able to make movies for training, tributes, or just for fun. Learn how make good quality videos on a shoestring budget! Laptop computers are essential to your success in this session. Hand-held, portable video cameras are a plus as well, but not mandatory. Some advance prep is necessary. For more information on course content, contact Bob Page, NREMT-P, CCEMT-P, NCEE, at [edutainment@mac.com](mailto:edutainment@mac.com). Email address required on registration form.



# Preconference classes

November 21, 22 and 23 (class registration closes October 15)

For registration information or to see whether the class is full, call (512) 759-1720.

For information on class content, call the contact listed under each class description.

## Defensive Tactics for Offensive

**Patients:** \$125; *Saturday, 11/22; 8a-5:30p with 1½ hours for lunch on own; Renaissance Worthington Hotel; CE: 2-Medical, 3-Special Considerations, 3-Clinically-related Operations.* Assault-related injuries to medical personnel continue to escalate. Surveys show more than five percent of EMS calls involve some type of violent patient. Managing this type of scene requires techniques specifically designed to protect emergency personnel physically and legally, while maintaining patient safety. This 8-hour hands-on and interactive workshop will provide students with the skills needed to escape a violent act or maintain control of a patient. For more information on course content, contact Shawn Tompkins at (315) 729-8421 or shawn@cnypersonalsafety.com.

## Sunday

**Basic High Angle Rescue:** \$125, *Sunday, 11/23; 8a-5p; Off-site (meet at Renaissance Worthington Hotel at 7:15a for bus transport); CE: 2-Preparatory, 2-Patient Assessment, 4-Trauma.* This 8-hour course focuses on working in a high-angle environment. This course covers description of basic equipment used in high-angle rescue, rappelling, belays, simple hauls and lowers, and self-rescue techniques. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For

more information on course content, contact John Green at john@texasroperescue.com.

## REP—Radiological Emergency

**Preparedness:** *No cost; Sunday, 11/23; 8a-5:30p with 1½ hours for lunch; Ft. Worth Convention Center; CE: 1-Patient Assessment, 2-Medical, 2-Clinically-Related Operations, 3-Special Considerations.* This 8-hour, performance-based course is designed for emergency first responders who may respond to a radiological incident (awareness level). For more information on course content, contact Mike Rutherford at mike.rutherford@dshs.state.tx.us (512)/834-6688 ext. 2021 or Karen Verser at karen.verser@dshs.state.tx.us.

## How Do We Teach Them What To Say? - Death Notification in the Field:

*\$75; Sunday, 11/23; 1p - 5p; Fort Worth Convention Center; CE: Special Considerations.* EMS educators find current textbooks have little information on grief responses to unexpected deaths, and traditional programs do not thoroughly teach skills regarding communication of such news. Inexperienced medics are often on their own in the field to convey death notices to family members at or near the scene. This 4-hour workshop can assist both program faculty and service educators in teaching skills to make death notices more effective and less traumatic for both survivors and EMS personnel. This workshop will be useful to both pre-employee/

student training, and to update experienced staff in skills now being demanded at the scene. For more information on course content, contact Janene Council Jeffery, RN, MSN, CT, at (512) 689-8045 or janene@austin.rr.com.

## Cardiac Arrest Management

**for EMTs:** \$125; *Sunday, 11/23; 8a-5:30p with 1½ hours for lunch on own; Fort Worth Convention Center; CE: 3-Medical, 3-Airway, 2-Patient Assessment.* This 8-hour workshop is designed for all emergency providers who participate in out-of-hospital resuscitation attempts of cardiac arrest patients. 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. Participation in this course will allow EMS personnel at all levels to improve the quality of care provided to adult victims of cardiac arrest. For more information on course content, contact Kenneth Navarro at kenneth.navarro@utsouthwestern.edu.

## Neonatal Resuscitation Program

**Provider Course:** \$125; *Sunday, 11/23; 8a-5:30p with 1½ hours for lunch on own; Fort Worth Convention Center; CE: Special Considerations.* This is the Neonatal Resuscitation Program Provider Course as determined by the American Association of Pediatrics. The 8-hour workshop combines instructional and hands-on training of newborn resuscitation.



# Preconference classes

November 21, 22 and 23 (class registration closes October 15)



For registration information or to see whether the class is full, call (512) 759-1720.

For information on class content, call the contact listed under each class description.

Participants successfully completing all lessons and passing a written exam will be issued a course completion card. For more information on course content, contact Stephen Stephens at (830) 275-1624 or [sstephensmedical@yahoo.com](mailto:ssstephensmedical@yahoo.com).

## **Multi-Lead Medics: 12-Lead ECG Interpretation for Acute and Critical Care Providers: \$150;**

*Sunday, 11/23; 8a-5:30p with 1½ hours for lunch on own; Fort Worth Convention Center; CE: Medical.* Presented by Bob Page, author of the book *12-Lead ECG for Acute and Critical Care Providers*, this 8-hour, highly motivating, non-stop interactive course on 12-Lead ECG includes proper lead placement, axis and hemi-block determination, bundle branch blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG. The course includes a workbook with practice problems and handy charts for rapid use in the field. Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly learned skill. There is also web site support of graduates of the program with continual competency and feedback from the instructor. The seminar is delivered as a state-of-the-art computer presentation enhanced with sound, graphics, animation, music and video clips. This course is the perfect filler to pick up where ACLS and Experienced Provider courses left off. For more information on course content,

contact Bob Page at [edutainment@mac.com](mailto:edutainment@mac.com).

## **SLAM Emergency Airway**

**Provider Course: \$395; Sunday, 11/23; 8a-6p; Fort Worth Convention Center; CE: 2-Trauma, 2-Patient Assessment, 2-Special Considerations, 4-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, advanced 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 course includes four hours of lecture; one hour for the pig cricothyrotomy workshop; and five hours of hands-on instruction. The course includes all airway management updates and recommendations from Guidelines 2005 for the American Heart Association and the International liaison Committee on Resuscitation. No lunch break so bring snacks! The course has been completely updated since the publication of the SLAM textbook in August

2007 to include content, equipment and products. Each participant will also receive a copy of the textbook *SLAM-Street Level Airway Management* by James Michael Rich from Brady Publishing. For more information on course content, contact Sarah Cherrone, the SLAM Conference Coordinator, at (972) 325-4464 or email her at [sarah.slamairway@gmail.com](mailto:sarah.slamairway@gmail.com).

## **Cadaver Lab: Hands on**

**Anatomy: \$75; Sunday, 11/23; two classes to choose from: 8a-12p or 1p-5p; Off-site (meet at medical school approximately 3 miles from the convention center); CE: Preparatory.** 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 4-hour workshop includes reviewing the anatomy of prosected cadavers in small groups, and covers the anatomy of the airway, the respiratory system, the cardiovascular system, the nervous 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 short, five-minute drive from the Fort Worth Convention Center. A maximum of 50 attendees per session will be allowed. The course instructors will be the physicians and staff of the Emergency Physician Advisory Board of MedStar in Fort Worth. For more information on course content, contact Jeff Beeson at (817) 456-6659 or [snerd@earthlink.net](mailto:snerd@earthlink.net).



**Andy Alegria, BS and Veronyca Castanon**  
EMS/Trauma Registry NEMSIS Upgrade

**Jeff Beeson, DO, LP and Jon Puryear, NREMT-P**

1. The Future of Airway Management
2. EKGs You Don't Want to Miss

**Bryan Bledsoe, DO, FACEP, EMT-P**

1. Africanized Honey Bees
2. Neurological Trauma

**Scott Bolleter, EMT-P**

1. Precious Cargo - Pediatric Emergencies
2. The Medical Here and Now

**Ken Bouvier, NREMT-P**

1. America's School Shootings
2. On Scene / Off Scene "You're the EMS Timekeeper"

**Sabina Braithwaite, MD, FACEP, NREMT-P**

1. Break a Leg! Orthopedic Trauma Case Studies
2. Case Studies in Trauma Care

**Bill Brown, RN, MS, NREMT-P**  
NREMT Site Visit & Stakeholder Update

**Suzanne Buchanan, RN, BSN, CCRN**

Pediatric Thermal Injuries: Case Presentations from a Regional Burn Center

**Heather Burton, BS, LP, CHT, NAUI Instructor**

Neurological Assessment in the Field

**Dean Campa, LP, FP-C, WEMT**  
Air Medical: Are We Flying Who Needs to be Flown?

**Jay Cloud, BA, LP**

Saving Paramedic Ryan - Depression in the EMS Profession

**Jason Dush, CCEMT-P, FP-C and Shawn White, NREMT-P, RN**

1. The Pediatric Call
2. OB Trauma Case Studies: My Patient's Pinned and Pregnant!

**Bryan Ericson, NREMT-P, RN, MEd**

Someone Get Me Some New Batteries!! There is Something Wrong with my Patient - The

Traps and Challenges of Patient Assessment Technology

**Jennifer Essman, RN, CNRN, CCRN, CFRN**

1. Grand Mals and Memory Stalls
2. Transport Considerations with the Spinal Cord Injured Patient
3. Mind Over Gray Matter: Preventing Secondary Brain Injury

**Michael Floyd, BS, D-ABMDI, Senior Forensic Investigator**

1. Child Abuse Injuries
2. Forensic Medicine: An Overview for EMS Professionals

**Ray Fowler, MD, FACEP and Jeff Beeson DO, LP**

Critical Decision Making in EMS

**Eric Frost, RN, CCRN, EMT-I**

Pint-Sized Perspectives: Managing the Survivor of Prematurity

**Gene Gandy, LP, JD**

1. Pediatric Hyperthermia
2. Pediatric Toxicological Emergencies
3. Obstetrical Emergencies

**Don Gordon, PhD, MD**

1. Crush Injuries
2. Difficult Airway Management

**Kelly Grayson, CCEMT-P and Gary Saffer, EMT-P**

1. A Jew and a Redneck: The EMS Comedy Tour II
2. Show A Little Restraint

**Russell Griffin, EMT-P, NREMT-P, CCEMT-P, FF**

Controlling Controlled Substances

**Jeff Hayes, BS, LP**

Traumatic Brain Injury, or "What Humpty Dumpty Taught Us....."

**James Jones, EMT-P, CCEMT-P, FP-C**

Small Town EMS: The Good and the Bad and the Stress of Caring for Our Friends and Family

**Rodney Jones, EMT-P, Think Child Safety Coordinator**

Think Child Safety/Think Senior Safety: Circle of Protection

**Robert Knappage, EMT-P**

I Think I'm Having an MI

**Baruch Krauss, MD, EdM, FAAP, FACEP**

Advanced Concepts in Capnography

**Don Lundy, EMT-P**

The Top 6 Things That Have Changed EMS in the Past 10 Years (And What's to Come)

**Michelle Lyn, MD, FAAP**

Hidden Clues to Child Abuse, Signs at the Scene: 1st Responders Recognizing & Responding to Suspected Child Abuse

**Jason Mabbitt, EMT-P**

Understanding ST Elevation: MIs (STEMI) in the Prehospital Setting

**Kevin Madison, JD, EMT-I**

Liability for Negligence of Paramedics and First Responders in Texas

**Alexandre Migala, DO, FAAEM, FACEP**

1. The Traumatized Airway
2. Airway Management Lecture or Skills Workshop

**Laurieann Milligan, EMD, EMT-I**

Getting Along and Playing Well with Others in Public Safety

**Chris Mitcham, AAS, EMT-LP**

Triaging Too Slow, Check Your RPMs

**Kirk Mittelman, BS, NREMT-P**

1. Critical Calls Take Critical Thinking!
2. I am S.O.B. and Can't Figure Out Why

**Kenny Navarro, LP**

1. The ABCs of Cardiac Arrest: Is the "B" Necessary?
2. Bad Bugs: Antibiotic Resistant Bacteria
3. Commotio Cordis - Coming to a Playground Near You

**Wes Ogilvie, JD, LP**

1. Cookie Cutters and Blue Faces
2. Electrophysiology for Dummies

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

Why 12 Leads Are Not Enough!

**Paul Pepe, MD, MPH and Ed Racht, MD**

1. In-Hospital Care Driven by EMS: Reversing the Traditional Paradigm
2. Bringing the War Home: A

Trauma Care Update Including the Iraq Experience

**Timothy Perkins, BS, EMT-P**

1. There's Nothing "Basic" about Me
2. "Tell Me a Story" - The Importance of Good Documentation

**Ed Racht, MD**

1. To be announced
2. To be announced

**John Rinard, BBA**

Pre-eclampsia...Its Not Just for the Pregnant

**Kacey Sammons, LP**

Adolescent Patients

**Jules Scadden, NREMT-P, PS**

1. Pediatric Jeopardy
2. Upside/Down Kids
3. When You're 64!

**Manish Shah, MD**

Bye-Bye to Boo-Boos: Assessment and Management of Pediatric Prehospital Pain

**Maeve Sheehan, MD**

Initial Management of Pediatric Head Injury

**Bernie Stafford, EMT-P**

Broncholitis, Croup or RSV

**Jennifer Story, LP, UVA**

Texas EMS and Sexual Assault

**Leslie Teel, BS, LP, NREMT-P**

MRSA Me!

**Cannon Tubb, RN, MBA, NREMT-P, FP-C, CFRN, CCRN**

Tampering with Evidence-Based Practice

**Roger Turner, BS, LP**

1. Officer Down! How to Respond and How to React When the Call Comes In
2. Consent or Refusal: Two Sides of the Same Coin

**Hemant Vankawala, MD and Greg Hennington**

EMS Operations in Rural and Wilderness

**Dudley Wait, BBA, NREMT-P**

STEMI Care: From 90 to Nothing Through a Systems Response



**Texas EMS Conference Classes**  
**November 23, 24, 25, 26**  
presenters and workshops subject to change

**Shawn White, LP, RN**  
Understanding Pharmacology  
Instead of Memorizing

**Educator Classes**

**Debra Cason, RN, MS, EMT-P**  
Education Standards—What They  
Mean to Me

**Debra Cason, RN, MS, EMT-P**  
and **George W. Hatch, Jr, Ed.D,**  
**LP, EMT-P**  
Accreditation is NOT a Four Letter  
Word!

**John Creech, LP**  
Is Your Intern Ready to Take Care  
of You?

**Leslie Hernandez, BS,**  
**NREMT-P, LP**  
E-Learning for the EMS Educator

**Jeff McDonald**  
Accreditation 101: The Self-Study  
and Site Visit Process

**Kenneth Navarro, LP**  
1. Validity and Reliability: What is  
the Difference?  
2. Teaching Evidence-Based  
Medicine

**Kacey Sammons, LP**  
Coaching the EMT Student

**Doug Struckmeyer**  
High School Hysterics: Steps for a  
Successful EMT Program

**Kelly Weller**  
Qualitative Evaluation: When  
Numbers Don't Matter

**Disaster Classes**

**Chris Framsted, NREMT-P, TEEK**  
**WMD EMS Program**  
RAPID Care

**Tony Garcia**  
Mass Fatalities

**Brandon Graham, BS**  
Pandemic Influenza Planning &  
Response

**Paul Pepe, MD, MPH and John**  
**White**  
From Dirty Bombs to Nuclear  
Attacks: A Primer on Radiation-  
Related Incident

**Mike Schuler**  
Preparedness

**Ernie Whitener**  
Managing Incidents and  
Patients Involving Explosives and  
Secondary Devices

**Nursing Classes**

**Belinda Baros, RN, CEN, CCRN,**  
**EMT-P**  
It's Crazy: Emergency Mental  
Health Care

**John Bini**  
Transfusion Therapy

**Cam Brandt, RN, MS, CEN, CPN**  
Hot, Hot, Hot...Pediatric Heat  
Emergencies

**Christi Dutton, RN, ENP, ACNP-  
BC, CEN, CLNC**  
The Eyes of Texas: Non-traumatic  
Ocular Emergencies

**Darren Duvall, MD, DABR**  
Computed Tomography in Trauma

**Lynn Fitzgerald, MD**  
Break It Up! Evaluating C-Spine  
Trauma

**Doug Havron, RN, BSN, MS,**  
**CEN, CEM, Toni Robak, RN, BSN**  
and **Jenny Storm, RN, BSN**  
Texas Emergency Nurses  
Association Emergency  
Preparedness Plan: "People Get  
Ready"

**Jay Marsolan, RN, BS, LP, FP-C**  
Airway Management Strategies

**Lori Muhr, BSN, MHSM/MHA,**  
**RN, CCRN, CEN**  
Sepsis Care in the ER: Rapid  
Response and Care

**Kris Powell, RN, BSN, CEN**  
Through the Ages: Generational  
Diversity in the Workplace

**Sally Snow, RN, BSN, FAEN**  
Is Your ED Prepared to Care for  
Children?

**Sue Vanek, RN**  
Burns

**Chris Windham, RN, BSN, CEN**  
Mentoring the New Meat: How to  
Treat (Not Eat) Your Young

**Administrator Classes**

**Frank Wayne Acosta, BS, MS,**  
**BSIT, MISM, LP**  
Dude, Where's My Chart:  
Information Technology in EMS

**Bill Coll, LP M. Pub Aff**  
EMS Public Health Partnership  
in Addressing Norovirus-like  
Outbreaks

**Brandon Graham, BS**  
EMS Preparedness and Resilience:  
Ready or Not?

**Byron Harrison, LP, BMed, EMS-C**  
CareHouston: A New Approach to  
the Frequent Caller

**Greg LaMay, BS, NREMT-P,**  
**TEEX-ESTI**  
Frontier and Rural Grants

**Timothy Perkins, BS, EMT-P**  
ABCs of EMS Management

**John Rinard**  
Phishing and Worms

**Ernie Rodriguez**  
Leading with Love, Respect &  
Values

**Dave Snavelly, General**  
**Manager**  
What You Don't Know

**Dudley Wait, BBA, NREMT-P**  
1. EMS Vehicle Safety  
2. EMS Law

**Forrest Woods**  
Multigenerational Issues

**Two-Hour Hands-  
On Workshops**

**Julianne Clancy, MS, EMT-P**  
Guts and Gore: Lung Lab

**Tom Clawson**  
Radiation Emergencies for EMS  
Responders

**Quinn Franklin, MS, CCLS**  
Seizing the Moment with Infants,  
Children and Adolescents

**Larry Frye**  
Violent Patient Management

**Gene Gandy, JD, LP**  
Pig Trachea Workshop

**Kelly Grayson, NREMT-P,**  
**CCEMT-P**  
Pediatric ALS Skills Workshop

**John Green, EMT**  
Wilderness Rescue

**Susie Jechow, LP, NREMT-P**  
Math for Medics

**Greg LaMay, BS, NREMT-P,**  
**TEEX-ESTI**  
Grant Writing 101

**Jackie Langford, BFA, LP**  
What Do I Do Now? Fine Tuning  
Your Patient Assessment Skills

**John McManus, MD, MCR,**  
**FACEP, FFAEM**  
1. Advanced Agents and Devices  
for Hemorrhage Control  
2. Tactical Ultrasound

**Ronna Miller, MD**  
MCI Triage: The "Cure" for a  
MASSive Headache

**Kirk Mittelman, BS, NREMT-P**  
Jams and Pretzels: A Look at  
Spine Care

**Bob Page, NREMT-P, CCEMT-P,**  
**NCEE**  
Stethoscopy for Dummies

**Bernie Stafford, EMT-P**  
Moulage

**Detra Stewart, BS, RRT, RCP**  
Effective Communication, Do  
You? What you should know when  
caring for deaf, hard of hearing,  
late deafened, and deaf/blind  
patients

**Roger Turner, BS, LP**  
TASER: Hands-On Exposure and  
Treatment

**Chris Weinzapfel, FF/NREMT-P(T)**  
Advanced Airway Management  
and the Utilization of  
Capnography in the Field

**Karen Yates, RN, BS, CEN, LP**  
I Want a New Drug - Street and  
Club Drugs



# Local & Regional EMS News

by Kathy Clayton



North Central Texas Trauma Regional Advisory Council and CareFlite sponsored the second annual Great First Responders Award Luncheon, which honored 18 North Central Texas emergency responders for exemplary or faithful service.

## North Texas responders honored

In June, North Central Texas Trauma Regional Advisory Council (NCTTRAC) and CareFlite recognized local emergency responders at the second annual Great First Responders Awards Luncheon. The event celebrates responders who go above and beyond the call of duty, perform a particular act of heroism or have given faithful service to their departments. Awards were presented by Leigh Anne Bedrich, chair of the NCTTRAC, and Jan Cody, vice president of clinical services for CareFlite.

The 2008 award winners are Stan Babkowski with Morgan Mill First Responders; Shane Briggs, EMT-P, with Coppell Fire Department; Chief John Burgoyne, EMT, Nancy Burgoyne, EMT, and Luis Ramos, EMT, with Greenwood Rural Volunteer Fire Department; Captain Andrew Economedes, EMT-P, with Ponder Fire Department; Tom Griffin, EMT-I, with Clay County Memorial Hospital EMS; Waylan Langford, EMT-P, with Flower Mound Fire Department; Mikel Moore, EMT-P, with Cleburne Fire Department; Tyler Morris, EMT-

P, with CareFlite 911 EMS; Chad Murray, EMT-P, with Hillsboro Fire Department; Zack Paul, EMT, with Comanche County Medical Center EMS; Sergio Reyes, EMT-P, with Little Elm Fire Department; Shawn Rogers with the Oklahoma State Health Department EMS; Steven Rucker, EMT-P, with North Richland Hills Fire Department; Brad Smith, EMT-P, with Grand Prairie Fire Department; John Sweet with Godley Fire Department; and John Tsakonas, EMT-P, with Pilot Point Fire Department.

## New name: Lake Travis Fire and Rescue

ESD 6, also called the Hudson Bend Fire Department, recently officially changed its name to Lake Travis Fire and Rescue. The board and executive leadership initiated the change so the name would better reflect the department's mission and growing service area.

## HFD meets cardiac save

The Houston Fire Department (HFD) celebrated EMS Week with cardiac arrest survivor Billy Wooldridge, members of his family and the HFD crew members who helped save his life at the Union Station lobby of Astros Minute Maid Park. Following Wooldridge's collapse at the February 2008 Houston Livestock Show and Rodeo, Fire/EMS telecommunicator Leticia Lopez took the 9-1-1 call and dispatched crews from Station 33. Ladder and Engine 33 arrived first, followed by Squad 33, Ambulance 33, and other HFD members. The team administered CPR, applied a defibrillator, administered clot-busting drugs and used other advanced therapies. Wooldridge was revived en route to the hospital and has since fully recovered. The reunion was part of a pregame ceremony for HFD and allowed members of Wooldridge's family to express their gratitude to the individuals who helped save Billy's life.



*During an EMS Week celebration at Astros Minute Maid Park, cardiac arrest survivor Billy Wooldridge and his family met with the Houston Fire Department team that helped save his life. Photo by Diana J. Rodriguez, EMT-B, HFD-EMS.*



## Tree honors crew's memory



ETMC EMS—Crockett planted a tree in honor of the PHI Air Medical 12 crew outside the ETMC EMS—Crockett station in June. ETMC EMS—Crockett personnel had worked with the flight crew.

ETMC EMS—Crockett planted and dedicated a tree in front of the station in June, honoring the memories of the PHI Air Medical 12 crew who perished when their helicopter crashed in the Sam Houston National Forest on June 8. Eric Adams, a paramedic with ETMC EMS—Crockett, spoke at the dedication ceremony, which included crews from PHI Air Medical, ETMC EMS—Crockett and Trinity, ETMC Air 1, Crockett Fire

Department and Houston County Fire Marshal's Office. Joshua Putz, a flight paramedic representing PHI Air Medical 12, was presented with a plaque for the crew's home base in Bryan. ETMC EMS—Crockett Supervisor Roy Langford said, "We work with these flight crews on a daily basis. It really hits close to home when a tragedy like this happens. It's like losing our own brothers and sisters."

## Motorcycle run benefits Teddy Bear Program

The first Bikerz, Bearz, and Dogz Scrabble Scramble Motorcycle Fun Run, benefiting the Teddy Bear Program for Austin-area EMS, police, and fire departments, was held in July. The motorcycle ride, hosted by the Austin Junior Forum, began in Dripping Springs, ran through the Hill Country and ended at Carlos y n Charlies on Lake Travis. Along the way, riders picked up Scrabble pieces at designated stops, hoping to

collect letters that would give them the word worth the most points for prizes that included a Southwest Airlines gift certificate.

In the 1980s, the Austin Junior Forum began a program providing teddy bears and stuffed Dalmatians to local public safety organizations, including Austin-Travis County Emergency Medical Services, the Austin Police Department, the Austin Fire Department,

## Firefighter saves colleague

While playing soccer at the Blue Sky Sports Center, Dallas firefighter Jeff Davis suffered sudden cardiac arrest as a result of a 100 percent blockage of one of his arteries.



Jeff Davis

By chance, fellow Dallas firefighter Ken Ferguson was also playing soccer on June 25, and he stepped in to provide life-saving assistance. Both men live in Frisco and are Dallas firefighters. And both men play soccer at the Blue Sky Sports Center. But, before that day, the two had never met. When Davis lost consciousness, Ferguson immediately administered CPR, which helped Davis survive until the Colony Police department arrived with an AED. According to Dr. Tony Das of Presbyterian Hospital Dallas, if Davis had "not gotten CPR, and if he had not gotten the EMS folks to ... shock ... him, he would not have survived." For his quick action, the American Heart Association will recognize Ferguson with a Heartsaver Hero Award.

**Meet you in Fort Worth  
November 23-26  
Texas EMS Conference  
2008**

and the Travis County Sheriff's Department. In 2007, more than 6,000 stuffed bears and Dalmatians were distributed to help reassure and comfort children in emergency situations, to help children talk about traumatic experiences or to aid in patient assessments. The motorcycle fun run was held to raise funds to allow the Austin Junior Forum to continue providing this valuable service for Austin and the surrounding communities.



# Local & Regional EMS News



Ambulance tours, provided by Austin-Travis County EMS, were part of a day-long health and safety event hosted by Safe Kids Austin in April. The event featured activities and advice on how to stay injury-free.

## Safe Kids Family Extravaganza

Austin-Travis County EMS, a founding member of Safe Kids Austin, provided ambulance tours and educated children on how to properly call 9-1-1 in an emergency on April 26 at the 4th Annual Safe Kids Family Extravaganza. As part of the National Safe Kids Week 2008, the event offered fun-filled educational activities that focus on ways parents and children can stay safe and healthy. The Austin Safe Kids coalition members and partners distributed child health and wellness videos, set up interactive pedestrian safety activities, organized a bicycle rodeo and created an obstacle course that included presentations on helmet safety, fire safety, pedestrian safety and water safety.

## Navasota Fire Department aids EMS

Beginning on May 5, the city of Navasota, Texas, designated its fire department as first responders for medical emergencies. In an agreement between the fire department and St. Joseph Regional Health Center EMS, firefighters will administer medical care as patients await the arrival of EMS personnel. The agreement, developed over the last year, is in response to the need for increased care throughout the county. Currently, two ambulances serve Grimes county,

and if they are both on call at the same time, a third emergency call would be answered by an EMS department from outside the county, sometimes leading to a wait of 20 minutes or more. The change takes advantage of the training Navasota firefighters already have in place: All career firefighters are EMT-certified and Fire Chief Jason Katkoski is a licensed paramedic. The current trial period, with limited hours of operation, will be reviewed in October for possible expansion.

## Children's Dallas conducts disaster drill in July

Children's Medical Center Dallas conducted its annual disaster drill in July. Many EMS disaster experts helped the Level I trauma center's emergency department identify areas that they may not have mastered in past drills. The evaluators included Chief Martin Wade of Plano; Warren Porter, EMS coordinator, Garland Fire Department; Dr. Ira Nemeth, Biotel/UTSW emergency medicine physician and Dallas Medical Operations Center medical director; Dr. Dorothy Lemecha, Biotel/UTSW physician and Irving Fire Department medical director; Chief Tim Mock, Richardson Fire Department; Sergeant Dwaine Sides, Dallas Police Department; Watson Kohankie, Carrollton Fire Department; Claude Causey, EMS coordinator, Murphy Fire Department; Captain Gregory Courson, Dallas Fire Rescue; David Diaz, EMS coordinator, Dallas Fire Rescue; and Chief Michael Price, Dallas Fire Rescue.

In addition to the evaluators, Dallas Fire Rescue personnel John Murray, LP, and Walter Dunnagin, LP, managed scene triage and transport of moulaged patients. Children's Transport team members Marion Kopolous, RN, LP; Jimmy Puga, RT; Sonia Castillo, RN, LP; Tommy Warr, RT; and Tom Chapman, EMT, EVO, provided valuable knowledge in transport of critical pediatric patients from the scene.

Following the drill, EMS evaluators provided valuable critiques. According to Lanie St. Clair, RN, NREMT-P, of the Children's Medical Center of Dallas emergency department, "The information provided from these EMS [evaluators] will definitely shape our future drills, and we will continue to look to these personnel for their valuable expertise."



# Local & Regional EMS News



Mitchell County EMS was recognized by the Air Evac Lifeteam air ambulance service as one of its "Working Together, Saving Lives" EMS partners. The service responds to 1,200 calls a year and covers more than 900 square miles.

## Mitchell County EMS recognized

Mitchell County EMS has been recognized by the Air Evac Lifeteam air ambulance service as one of its "Working Together, Saving Lives" EMS partners. The program was established as a way to recognize EMS agencies that go above and beyond the call of duty to care for the patients and communities in their service areas. Mitchell County EMS has been providing emergency medical services for more than 35 years, covering more than 900 square miles of service and maintaining four MICU ambulances. The service responds to more than 1,200 calls per year and employs 11 paramedics and three EMTs. The "Working Together, Saving Lives" recognition is symbolized by a coin stamped with the Mitchell County EMS logo that will be distributed to individual emergency personnel throughout the Air Evac Lifeteam service area who go above and beyond the call of duty.

## Ground breaking held in May

Bulverde/Spring Branch EMS broke ground on a new facility in May. BSBEMS, in partnership with DJL Ventures, was able to sell its previous property, purchase a new site, and fund construction of a new station. A nonprofit corporation that contracts with the Comal County Emergency Services District 1, BSBEMS was able to manage the upgrades without additional funding from taxpayers. The new location is consistent with the five-year plan crafted by commissioners of the Emergency Services District. The proposed building plans include a total of 16,511 square feet, with space for EMS operations, an educational training center, administrative offices, a conference room, a large training room and four vehicle bays. A separate building will provide living quarters, treatment and decontamination areas. The complete facility will cover five acres and provide ample parking. BSBEMS is beginning talks to possibly share the facilities with other emergency service providers.

**Tell us your EMS news, and we'll share it in Local and Regional EMS News.**

## What's up in your area?

Send your news to:  
Texas EMS Magazine  
Kelly Harrell, Editor  
MC 1876  
P.O. Box 149347  
Austin, Texas 78714-9347

or:  
kelly.harrell@dshs.state.tx.us  
(512) 834-6743  
Fax (512) 834-6736





# Local & Regional EMS News



Eleven students from Garland Fire Department, Highland Park DPS and DFW Airport DPS participated in the EMS course provided by the Garland Fire Department. Pictured from left, practicing skills, are Garrett Evans, Instructor; Tracy Reves; Clifford King; and Justin Davis, on ground.

## Garland FD trains EMTs

Garland Fire Department completed its first EMT course in May at the new Fire Administration, Support Services and Training Building (FASST). Eleven students from Garland Fire Department, Highland Park DPS and DFW Airport DPS participated and had a 90 percent pass rate on the first NREMT exam.

## New regional dispatch center

Leaders for the Mid-Valley cities of Weslaco, Mercedes and Donna have approved a plan to create a regional dispatch center next year. The center will likely be located in Weslaco and will employ emergency dispatchers for all three cities. George Garrett, director of Homeland Security and Emergency Management for Weslaco and Donna, says the regional office could later expand to include Edcouch, Elsa, Progreso, La Villa, Monte Alto, and the Precinct 1 constable's office. Although details have not yet been finalized, 9-1-1 calls would go to designated call-takers, who would then relay information to dispatchers. This arrangement allows dispatchers uninterrupted communication with firefighters and police officers. The new system follows a model used in some municipalities south of Los Angeles.

# GETAC dates for 2009

**February 25-27**  
**May 13-15**  
**August 19-21**  
**November 21-23**

## Nursing homes discuss evacuation

The Garland Fire Department sponsored a Long Term Care Emergency Response Symposium with the Dallas County Department of Health and Human Services in June. This event brought together nursing homes from Garland, Rowlett and Richardson along with the Garland Fire Department EMS Division to go over evacuation plans and other emergency transportation concerns. This forum has grown over the last two years to include most of the nursing homes and assisted living facilities in Garland. Approximately 60 people attended, representing numerous facilities in the area.

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)





# New controlled substance regulations affect EMS providers

By Russell Griffin, NREMT-P, FP-C

Do you know your controlled substance regulations? Many EMS providers never fully understood their responsibilities in registering controlled substances administered to patients. Now is the time to learn. New rules in the Texas Administrative Code have a direct impact on EMS providers' registration of — and responsibility for — controlled substances.

The prescription, purchase and distribution of controlled substances in Texas is regulated and enforced by the Department of Public Safety (DPS). EMS providers that carry controlled medications (Schedule II-IV) have always been required to file a bi-annual registration allowing the medical director to purchase narcotics for the EMS service for patient use. DPS now requires additional information on the registration form.

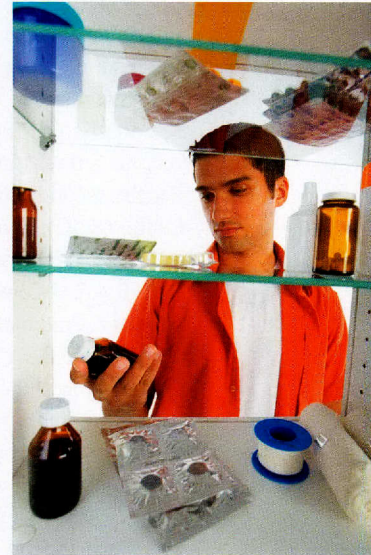
The new registration form has two important differences from the previous registration:

- The EMS system administrator and the medical director will both sign the form and share responsibility for the proper prescription, storage, documentation and use of controlled substances.
- The EMS system will be required to list every location at which controlled substances are stored for distribution or patient use. This includes ambulance substations, fire stations and the base of operations for the service.

Texas currently has 80,000 registered entities who distribute controlled substances; not surprisingly, it was sometimes difficult to identify the exact location of narcotics. With the new requirement to document every location of stored narcotics, DPS is taking a firmer stance in ensuring the proper prescription, storage and use of controlled substances at EMS providers. Shared registration is a big step in requiring EMS agencies to be as equally liable as the physician for following state law on controlled substances. This change is good for EMS. DPS now has better tools for use in inspections and to pursue prosecution for physicians and agencies who knowingly manipulate a controlled substances system.

Most providers will not feel the effect of the changes until it's time to renew their Texas Controlled Substances Registration Certificate. Providers should expect to receive a new registration form in the mail before their controlled substances certificates expire. If you do not receive a new form, contact DPS.

For more information on controlled substance regulations visit Texas Administrative Code : Title 37 – Part 1 – Chapter 13: [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac\\_view=4&ti=37&pt=1&ch=13](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=37&pt=1&ch=13).



*Paramedic Russell Griffin will be teaching "Controlling Controlled Substances" at Texas EMS Conference.*



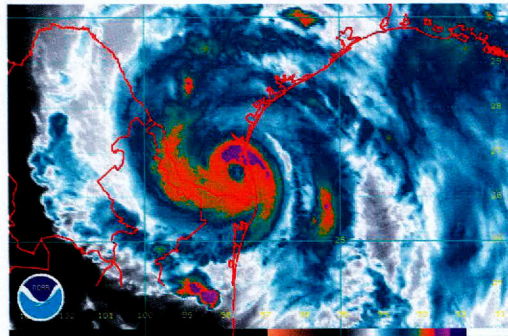
# So long, Dolly — hello, Edouard

## Tropics don't give anyone a break this summer

In late July and early August, tropical weather took aim on the Texas Coast and didn't let up. We had barely tackled the paperwork from Dolly when we got the first calls that another storm was headed for the Texas Coast. Seemingly overnight, Tropical Storm Edouard had become a threat and was heading to the Houston area. For the second time in two weeks, the State Operations Center (SOC), housed deep below the Department of Public Safety headquarters, and the Multi-Agency Coordinating Center (MACC), located at DSHS, were activated. And that meant that the emergency operations center at the DSHS EMS offices also was activated.

Our job at the Exchange Building is to activate our Memorandum of Agreement (MOA) and ask which providers might be available to send units and personnel. When we are asked to deploy ambulances, DSHS EMS staff goes on round-the-clock shifts to make sure the job gets done.

Dolly headed for far South Texas, so staging



Hurricane Dolly

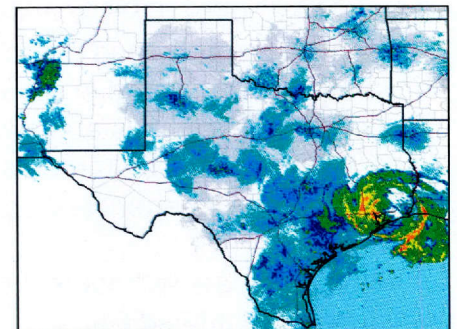
was in San Antonio, coordinated by the Alamo Regional Medical Operations Center (ARMOC). For the first time, DSHS used the strike team leader model. Ambulances and personnel were organized around strike team leaders who were responsible for up to five units and personnel. Regular conference calls kept lines of communication open with DSHS, strike team leaders and providers around the state. A total of 25 units were deployed.

When Edouard churned across the Gulf toward Houston, the process was repeated, this time using the Central Medical Operations Center (CMOC) as the point of contact. Edouard fizzled after it hit landfall, but the process provided a good drill for how things can work. DSHS deployed 15 units and three strike team leaders.

We're very proud of the way Texas EMS stepped up, as usual, to help in a crisis. Has your service signed an MOA to respond during a statewide crisis? Even if called during a crisis, a provider has the option of declining the deployment. And only providers with signed MOAs are guaranteed payment by DSHS instead of having to wait for reimbursement from FEMA. For more information, go to [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems) and click on the picture of the ambulances at the top of the page.

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

Ever wonder how we end up with hurricane names like *Edouard*, a French version of our English *Edward*? The National Hurricane Center did it. In fact, they've got six rotating lists they switch out each year. The naming of hurricanes began in 1953 with lists of female names. Male names were added in 1979 so that successive hurricanes alternate gender. In case you hadn't noticed, there are no names with letters that begin Q, U, X, Y or Z. The lists only change when a hurricane (or tropical storm, as in the case of TS Allison, which devastated Houston in 2001) does so much damage the name is retired. Sixty-two names have been retired since naming began.



Tropical Storm Edouard

### The following hurricanes that affected Texas had names retired:

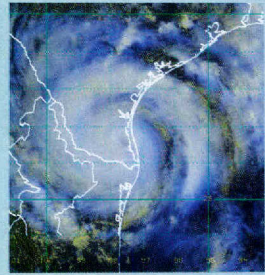
2005 Rita	2005 Katrina
2001 Allison	1983 Alicia
1980 Allen	1970 Celia
1967 Beulah	1961 Carla
1957 Audrey	

Next up for hurricanes this year: Fay, Gustav, Hannah and Ike.



### Memorandums of Agreement for Disaster Response

Interested in responding? Go to [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems) for how to be guaranteed reimbursement for response.



Hurricane Dolly

### List of providers who responded in Dolly:

- American Medical Response of Texas, Inc.
- Angleton Area Emergency Medical Corps
- Bulverde-Spring Branch EMS
- Champion EMS
- Clear Lake Emergency Medical Corp
- Copperas Cove Fire Dept/EMS
- Cypress Creek EMS
- East Texas Medical Center
- Frisco Fire Department
- Kendall County EMS
- Kerrville Fire/EMS
- Northwest Rural EMS
- Roanoke Fire Department
- Transcare EMS
- Washington County EMS
- Wise County EMS

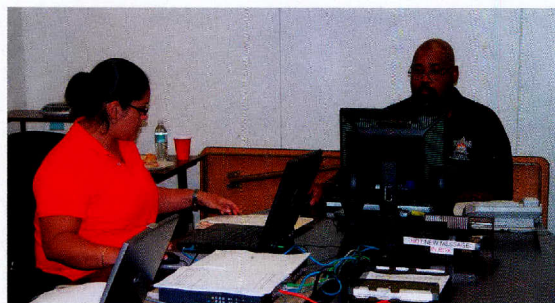
### List of providers who responded in Edouard:

- American Medical Response
- Careflight
- Champion EMS
- First Medical Response
- Frio County EMS
- New Braunfels Fire Department
- Schertz EMS
- St. Joseph Regional EMS
- Texas Vital Care
- Transcare EMS
- Washington County EMS





Above, DSHS deployed strike teams and ambulances to stage in San Antonio in anticipation of Dolly's landfall. More than 25 ambulances from 15 EMS providers responded to the hurricane.



At top, more than 50 patients were evacuated from a flooded nursing home by Texas Task Force 1 and Ambulance Strike Team 1. The strike team leader model was used during Hurricane Dolly and Tropical Storm Edouard, with one leader responsible for five ambulances. Ambulances were deployed from DSHS EMS offices in Austin.

Above, the Hurricane Room in Austin was staffed 24 hours per day as providers responded to Hurricane Dolly and Tropical Storm Edouard. Indra Hernandez (left) updated a database used to track responding providers, while Maxie Bishop (right) oversaw deployment and fielded questions from EMS providers and strike team leaders. Conference calls between DSHS and strike team leaders kept everyone informed of what was going on.



# FAQ

## Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

**Q: Are there EMS rules that protect against worker fatigue? Do the rules regulate the number of hours EMS personnel work in one shift?**

**A:** The Department of State Health Services does not regulate or conspicuously monitor the number of hours worked by EMS technicians. If the emergency medical care provided is substandard because of long work hours, disciplinary action may be taken through our normal compliance process. The Department of Labor standards, as regulated by the Occupational Safety and Health Administration (OSHA), would likely regulate applicable labor laws. For more information, see <http://www.osha.gov>.

**Q: I've seen it before, but now I cannot find the rule that says I must carry my EMS ID card on my person at all times. Where in the rules does that requirement appear?**

**A:** The applicable rule is within the EMS provider rule, and it's the provider's responsibility to ensure you are correctly identified. 25 TAC, Section 157.11(m)(5) reads, "Responsibilities of the EMS provider. During the license period the provider's responsibilities shall include: . . . (5) assuring that all personnel, when on an in-service vehicle or when on the scene of an emergency, are prominently identified by, at least, the last name and the first initial of the first name, the certification or license level and the provider name. A provider may utilize an alternative identification system in incident-specific situations that pose a potential for danger

if the individuals are identified by name." Years ago, all personnel were required to have the card on their person at all times, but certain rescue operations (i.e., water rescue) made that impractical, so the rule was revised. Many providers prepare laminated credentials for employees that include a photo, certification or license number, status and so on. However, it's never a bad idea to take the initiative and have your EMS ID card with you whenever possible. If you lose it, you can get a new one by completing a replacement form (see <http://www.dshs.state.tx.us/emstraumasystems/idcard.pdf>).

**Q: I do not want to be registered through the National Registry and would prefer to sit for the state exam only. How do I do that?**

**A:** Candidates for Texas EMS certification must take and pass the NREMT exam to receive certification because the state no longer develops a separate exam. Generally, the NREMT will not allow a person to sit for the exam unless he or she is eligible for NREMT registration. The assessed fee is for both examination and registration. It is virtually impossible to obtain initial Texas certification without first registering with NREMT.

**Q: In October of 2007, the State EMS Director sent a letter informing us of two bills passed by the 80th Legislature that affected EMS provider licensing rules. What are the provisions, and have they become rule yet?**

**A:** At press time, the new provider rule was on track to become effective in August 2008. The major provisions incorporated into the rule include

both legislative mandates as well as a variety of other revisions. One of the legislative changes mandated that all vehicle transports of stretcher patients be done by licensed EMS providers. Other provider licensing changes include a requirement for all licensed providers' EMS vehicles to be equipped with devices for treatment of anaphylaxis (i.e., epinephrine auto-injector devices), requirements for license numbers to appear on the side of ambulances, a professional liability insurance coverage mandate, new notification requirements (vehicle collisions, administrator changes, etc.), and a requirement for credentialing of staff that includes a policy for new employee internships. Provider name changes will require a new provider license application and prorated fee, if applicable. Vehicle authorization changes during the license period require an additional fee. This space is insufficient to highlight all of the additional changes, so you are advised to look up and review the new rule on the Secretary of State's Texas Register webpage at <http://www.sos.state.tx.us/texreg/index.shtml>, or view it when it becomes available on the Administrative Code webpage at <http://www.sos.state.tx.us/tac/index.shtml> (see Title 25, Part 1, Chapter 157, Subchapter B, Section 11).  
**Q: I've worked with DSHS for many, many years, and one of the constants has been the 1100 West 49th Street address for correspondence going to the central office. Someone told me that's not your address any more. What's your new address and why has it changed?**



# FAQ

## Frequently Asked Questions

**A:** In order to comply with the new contract provider for state mail service, we now use a post office address and separate program mail codes (MC). The post office address is PO Box 149347, and the mail codes for EMS-related functions include Office of EMS/Trauma Systems Coordination – MC 1876, EMS Compliance & QA – MC 1979, EMS Certification & Licensing – MC 2835 and Cash Receipts Branch – MC 2003. For example, mail going to the Office of EMS/Trauma Systems would be addressed in the following manner: Office of EMS/Trauma Systems MC 1876, Texas Department of State Health Services, PO Box 149347, Austin, Texas 78714-9347. **Note:** Any mail that includes payments should be sent to Cash Receipts Branch, not directly to the program. Be sure to use payment forms that correctly designate the program or budget. The 1100 West 49th Street address remains the physical address, and express, parcel or overnight shipments can still be sent to that address. Each of the EMS field offices has a unique mail code, too. For field office mail codes, see <http://www.dshs.state.tx.us/emstraumasystems/regions.shtm>.

**Q: When I try to renew my EMT-B certificate using the TxOnline electronic application system, I get an error message that states my license information does not match the information in the database. Why do I get this error message?**

**A:** This message appears for a few different reasons. Most often, however, applicants assume the system is prompting them to enter a social security and *driver's* license

number. In fact, the system is asking for a social security number and *EMS* license number, not the driver's license number. If the error message continues to appear, verify that these numbers are accurately entered. If you have further questions, please call the EMS Certification department at (512) 834-6700.

**Q: I used the TxOnline electronic application system to submit my EMT-B renewal application. I later realized that I forgot to answer one of the questions. Can I access my application and make changes to it after submission?**

**A:** No. Once you complete and submit your electronic application you *cannot* go back into the application and update or change any of the information. However, at the end of the application process you should have received a trace number (a.k.a., tracking or confirmation number). That trace number is your *only* proof that you submitted your application and payment. After Fiscal processes your application fee (in five to seven business days), they will electronically send the application to EMS Certification for processing. At that point, EMS Certification will be able to access your application with your trace number. Necessary changes to your application can then be made by contacting EMS Certification (five to seven business days after submission) and providing them with your trace number. You can contact EMS Certification at (512) 834-6700.

**Q: I recently received notification that I have passed my National Registry exam, but I have already submitted my EMT-Basic**

**application to the state. Do I need to notify the state that I have passed my National Registry exam?**

**A:** No. The National Registry will submit your exam results electronically to EMS Certification. It typically takes approximately five to seven days for National Registry to notify EMS Certification of your exam results. You can check our website (<http://www.dshs.state.tx.us/emstraumasystems/NewCert.shtm>) to see whether your application has been approved.

**Q: I plan to move to Texas from another state, and I am completing the Reciprocity application. The Reciprocity Verification Form A, which is part of the Reciprocity application, is a little confusing. Do I complete and send that form to Texas EMS Certification or to the EMS certification department that holds my current certification?**

**A:** The Reciprocity Verification Form A should be completed by the EMS certification department(s) with whom you are currently certified or have *ever* been certified. Send a copy of the form to each state agency, who should then fax or mail the completed Reciprocity Verification Form A directly back to Texas EMS Certification. You complete only the top portion of the form, which includes your name, social security number and certification/license number, allowing the other state(s) to verify your certification information. You can find the out-of-state Reciprocity application, including the Reciprocity Verification Form A, on our website at <http://www.dshs.state.tx.us/emstraumasystems/stdrecip.shtm>.



## When Sore Throats Get Serious

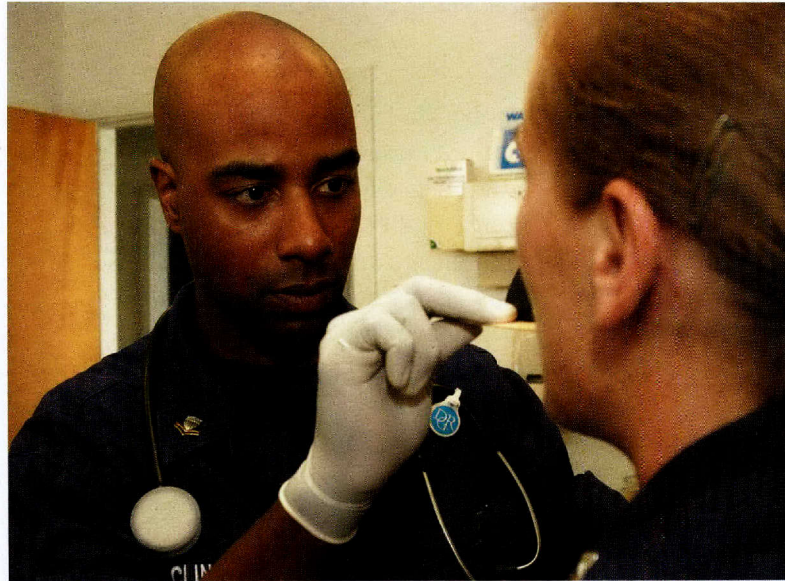
### Epiglottitis: It's not just a childhood condition anymore

By James Shiplet, AAS, LP, EMSC

#### Objectives

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

1. Define epiglottitis.
2. Identify the organisms that can cause epiglottitis.
3. Describe the pathophysiology of epiglottitis.
4. Describe the clinical presentation of a person who you suspect has epiglottitis.
5. List the treatment for a conscious patient with epiglottitis.
6. List the treatment for an unconscious patient with epiglottitis.



**BEEP, BEEP, BEEP, WONK!!!**  
*Medic 18 respond to a difficulty breathing 1632 W. FM 2127, time 2231. After finishing the last few bites of your pizza as you run out the door, you get en route. Medic 18 dispatch, we're en route to 1632 W. FM 2127. Medic 18 responding, time out 2234. Medic 18 you have 32-year-old male difficulty breathing. Fire department responders are en route. Medic 18 received.* On the way to the call you consider the possible causes of difficulty breathing: chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF)/pulmonary edema, acute myocardial infarction (AMI), pulmonary embolus (PE), and so on. As you pull up to the address, you notice a female waving you into the residence. A law enforcement officer on the scene comes out of the residence looking anxious and states, "Your patient isn't doing too hot." Upon entering the doorway you see a very agitated male pacing about and pointing to his throat. He is speaking

in a raspy voice, one word at a time. As you get him on high-flow oxygen, position him on the cot and start your assessment, your EMT partner asks the female (the patient's wife) the SAMPLE history questions. The patient is a volunteer firefighter who has had a sore throat for three days. Yesterday he responded to a structure fire where he only shuttled water out of fear the smoke would aggravate his throat. Tonight he developed a fever that spiked to 104°F, and his sore throat worsened to the point where he has pain upon swallowing, is unable to speak above a whisper and can't seem to catch his breath. He has no known medication allergies, and his current medications include Altace and Allegra. The patient has not eaten in several days and has consumed only fluids; the last being hot herbal tea with honey at approximately 2200 hours. The patient's only significant past history is hypertension. His last visit to his primary care physician was three months ago. Your assessment reveals:



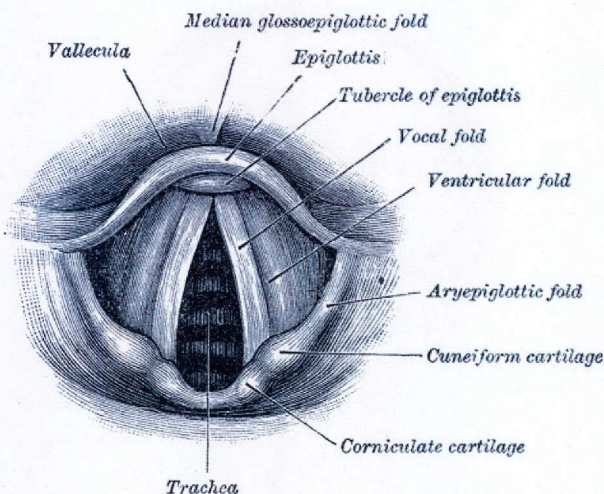
P 144 bounding, R 28 and gapping, stridor (a high-pitched inspiratory noise caused by a partial upper airway obstruction) is heard without the stethoscope, B/P 146/96, SpO<sub>2</sub> 90 percent. Fearing an allergic reaction, you give the patient 0.3 Epi. SubQ.

En route to the hospital you elect to ventilate the patient using bag-valve-mask ventilation (BVM) with 100 percent O<sub>2</sub> and start an IV. Vital signs remain unchanged except for the SpO<sub>2</sub>, which is now 88 percent. The patient soon becomes unresponsive and you attempt intubation. The intubation attempt fails, as does the placement of a Combi-Tube. As you reapply the BVM, you have trouble maintaining a good seal, and it takes you and a firefighter working together to ventilate the patient. Once a good seal is maintained, the patient's SpO<sub>2</sub> rises to 90 percent.

Just prior to arrival at the emergency department (ED) the patient rapidly deteriorates and you reassess the vital signs: P 42 weak, R 8 shallow, B/P 72/40, silent chest, ECG is bradycardia, SpO<sub>2</sub> 80 percent. You remembered to check the EtCO<sub>2</sub> this time and it is 40 percent. In the ED the patient further deteriorates and CPR is begun. After your report, the emergency physician elects to perform a cricothyroidotomy.

### Pathophysiology

Epiglottitis is a true medical emergency that will result in death in both children and adults if not treated quickly. The epiglottis is a flap of cartilage at the base of the tongue that keeps food from going into the trachea during swallowing. When it gets



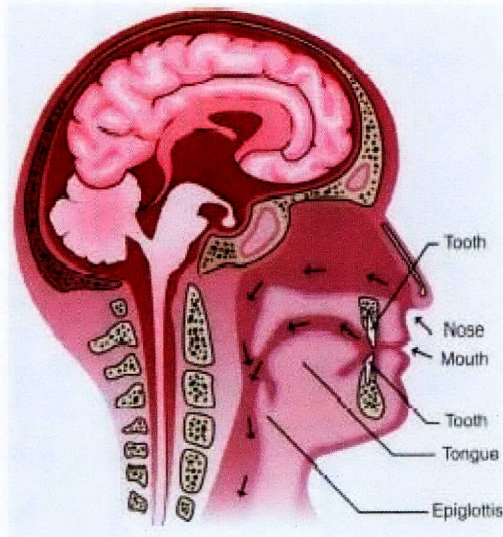
Anatomy of the supraglottic and glottic structures.

infected and inflamed, it can obstruct the larynx, which will be fatal if not promptly treated.

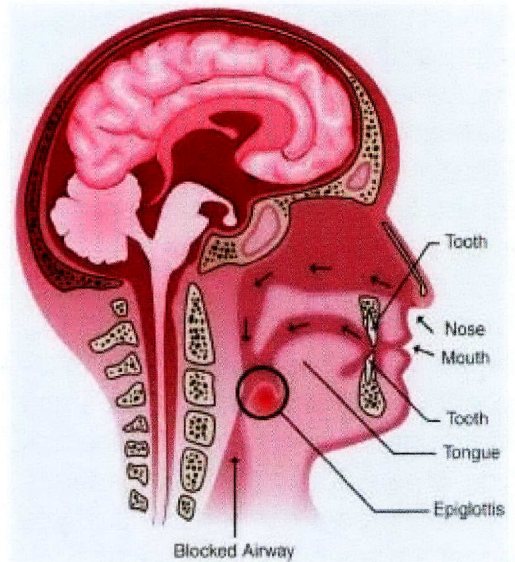
Epiglottitis is an infection that progresses rapidly, causing inflammation of the epiglottis and tissues around the epiglottis that may lead to abrupt blockage of the upper airway and death. (The term *epiglottitis* is often used instead of *supraglottitis* (above the glottis), but the aryepiglottic folds and local soft tissues may be affected as well as the epiglottis.)

Once thought of as only a childhood condition, the majority of acute onset epiglottitis is now most commonly an adult condition. Since 1985, widespread vaccination against *Haemophilus influenzae* type b (or Hib), which is the most common organism related to epiglottitis, has dramatically reduced the overall incidence of the disease among children. Most adults have not received the Hib vaccination and thus remain susceptible to the disease. Peak incidence for epiglottitis in the 35- to 39-year-old age group,





Normal airways allow the free flow of air through the nose and mouth, past the epiglottis and into the lungs.



Bacterial infection may cause inflammation and swelling of the epiglottis, which can quickly bring about narrowing or even closing of the airway and severe breathing problems.

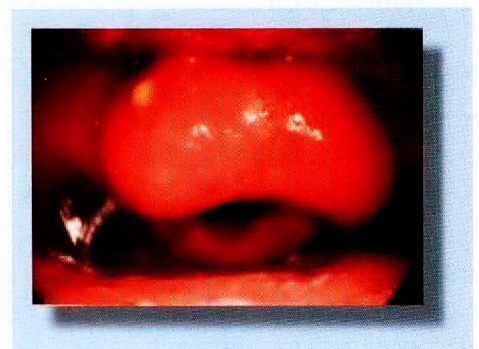
which has an annual incidence of 0.97–1.8/100,000, is approximately 2.5 times the incidence in children.

Other identified epiglottitis causative organisms include:

- *Streptococcus pneumoniae* (pneumococcus)—the bacterium that causes meningitis, pneumonia, ear infections and sepsis.
- *Streptococcus A, B and C*—a group of bacteria that cause diseases ranging from strep throat to blood infections.
- *Candida albicans*—the fungus responsible for vaginal yeast infections, diaper rash and oral thrush.
- *Varicella zoster*—the virus responsible for chickenpox and shingles.

Respiratory infection, environmental

exposure or trauma may result in inflammation and infection of other structures around the throat. This infection and inflammation may spread to involve the epiglottis and other upper airway structures. Epiglottitis usually begins as inflammation and swelling between the base of the tongue and the epiglottis. This may cause the throat structures to push the epiglottis backward. With continued inflammation and swelling of the epiglottis, complete



A red, swollen epiglottis.



blockage of the airway may occur, leading to hypoxia and death.

### **What are the signs and symptoms of epiglottitis?**

Epiglottitis often begins with a sore throat. Other symptoms may come on suddenly and include:

- High fever
- Inability to swallow
- Throat pain
- Drooling (some adults do not have this sign)
- Difficulty breathing
- Muffled voice
- Stridor
- Tripod position

To determine if it is epiglottitis, observe the way the patient is sitting. A patient whose airway is compromised may be sitting upright, leaning forward and propped up on his or her arms in a position known as the tripod position. The patient will have rapid, shallow breathing, will speak in one- or two-word sentences, will appear to be starved for air, will exhibit accessory muscle use and will be very anxious.

As swelling of the epiglottis starts to narrow the airway, the person will begin to have stridor when breathing in, and then he or she will have increasing difficulty breathing. The condition progresses rapidly. It is important to note that because their airways are smaller than those of adults, children with epiglottitis are at higher risk for developing severe breathing problems.

### **Treatment**

Epiglottitis must be treated rapidly. Treatment begins with early recognition of epiglottitis, especially in adults. Approximately 67 percent of adults

are initially misdiagnosed; thus, many patients do not receive appropriate therapy, which has sometimes fatal consequences. You should closely monitor any patient you suspect of having epiglottitis for further airway compromise while en route to the ED. Immediate management of the patient is centered on the airway, breathing, and circulation, using high-flow oxygen and IV access. A complete assessment of the patient is essential to look for other possible causes for the patient's distress. Once airway compromise is determined, the next step depends on the degree of airway compromise. If the patient has stridor and/or drooling, minimal manipulation of the patient's oropharynx is essential. Bag-valve-mask ventilation can worsen or complete the airway blockage and should be avoided in the conscious patient. Rapid sequence intubation (RSI) attempts should be avoided as well. If the patient becomes unconscious, direct visualization of the airway may be performed to confirm a diagnosis of acute epiglottitis. Some literature suggests that one intubation attempt may be made with a small-diameter endotracheal tube. If you compress the chest while visualizing the glottis, you may see a bubble form. This may help to establish upper airway landmarks that are distorted because of the swelling.

A cricothyroidotomy kit or supplies to perform a surgical airway should be within reach, as the patient may deteriorate because of a partial or completely blocked airway. As with any invasive procedure, standard body substance isolation gear should be worn, including gloves, eye protection



and face mask. Once the patient's airway is stabilized, the patient should be closely monitored for vital sign changes, including SpO<sup>2</sup> and EtCO<sup>2</sup>. Supportive care should be continued en route to the ED.

### Wrapping up the case

Almost immediately after the physician performs the cricothyroidotomy the patient starts to improve: SpO<sup>2</sup> rises to above 95 percent, pulse to 122, B/P to 102/66, respirations 12 and shallow. Broad-spectrum IV antibiotics are ordered, and the patient is transferred to the operating room for a tracheotomy. After the successful tracheal tube insertion, the patient is admitted overnight to ICU for observation, where IV antibiotics continue and steroid treatment begins. The next day the patient is transferred to a regular room. After one week the tracheal tube is removed and the patient is discharged to home. After approximately two weeks the tracheotomy incision starts to close, and at week three the patient is talking normally again and is back at work.

### Summary

Although epiglottitis affects only roughly 1 in 100,000 adults, respiratory distress is one of the most common reasons for calling EMS. In some cases the primary survey may reveal life-threatening airway problems, such as epiglottitis, which require rapid intervention prior to your thorough understanding of the illness that is affecting the patient. Determining the underlying cause is not as important as a rapid assessment of the patient's airway and pulmonary status during

a thorough patient assessment and history. From your thorough assessment, decisions regarding the patient's treatment can be made. If you have a high index of suspicion that a patient has epiglottitis, he or she should be assessed quickly, including a SpO<sup>2</sup> reading, and started on high-flow oxygen. EMT-I's and paramedics should place an IV to keep open. Paramedics should monitor the patient's ECG and EtCO<sup>2</sup> readings. The patient should be transported rapidly to the nearest emergency department while being closely monitored for airway compromise. Remember that any stridor and/or drooling should be met with minimal manipulation of the patient's oropharynx. This includes BVM ventilations given to "track" the patient's respiratory rate. If the patient deteriorates, you may then need to perform BVM ventilations and paramedics will possibly need to perform a cricothyrotomy for the patient to have a successful outcome.

### About the author

James Shippet, AAS, LP, EMSC, is the EMS Education Coordinator for Collin College in McKinney, Texas. He has been in EMS since 1978, working as an EMT, EMT-I, Paramedic, EMS director, and educator. He was also employed with the DSHS EMS Compliance office in Arlington. Shippet currently serves on the GETAC Education Committee.

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resuscitated after cricothyrotomy and ACLS were performed in the emergency department.

### Acknowledgements

Special thanks to Lisa Huang, MLS, and Al Cardenas, MD, for their valuable assistance with this article.



**Texas EMS Conference  
Exhibit Hall Hours**

Sunday, November 23  
3 pm - 7 pm

Monday, November 24  
10 am - 6 pm

Tuesday, November 25  
7 am - 11:45 am  
1:30 pm - 3pm

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(not affiliated with Texas EMS Conference)

### Author's Note

The author developed acute epiglottitis at age 32, went into respiratory arrest with a heart rate of 18 and was successfully



# Epiglottitis Quiz

1. A high-pitched inspiratory noise caused by a partial upper airway obstruction is called
  - A. Stridor
  - B. Dysphonia
  - C. Rhonchi
  - D. Wheezing
2. Epiglottitis is defined as
  - A. A slow progressive infection causing inflammation of the epiglottis and sore throat that may lead to blockage of the upper airway and death
  - B. A very rapidly progressive infection causing inflammation of the epiglottis and tissues around the epiglottis that may lead to abrupt blockage of the upper airway and death
  - C. A very rapidly progressive infection causing inflammation of the tongue that may lead to abrupt blockage of the upper airway and death
  - D. A very rapidly progressive infection causing inflammation of the larynx and tissues around the larynx that may lead to abrupt blockage of the lower airway and death
3. The most common organism related to epiglottitis in adults is
  - A. *Varicella zoster*
  - B. *Streptococcus pneumoniae*
  - C. *Hemophilus influenza*
  - D. *Candida albicans*
4. Epiglottitis affects only the epiglottis and **not** adjacent pharyngeal tissue.
  - A. True
  - B. False
5. Epiglottitis causes edema below the glottic opening.
  - A. True
  - B. False
6. The signs and symptoms of epiglottitis include
  - A. Swelling of the tongue, hives, difficulty breathing
  - B. Sits upright, slight difficulty breathing, bounding voice.
  - C. Dry mouth, can't stop talking, swelling
  - D. Stridor, inability to swallow, throat pain.
7. Correct management of epiglottitis in the *conscious* person includes
  - A. Placing oxygen via nasal cannula at six (6) Lpm
  - B. Visualizing the airway with a tongue depressor
  - C. Routine transport to the emergency department
  - D. Not attempting to visualize airway
8. Epiglottitis is an immediate life threat because of the possibility of complete airway obstruction.
  - A. True
  - B. False
9. Epiglottitis affects roughly
  - A. 1 in 10,000 adults
  - B. 1 in 100,000 adults
  - C. 1 in 1,000,000 adults
  - D. 1 in 1,000 adults
10. Correct airway management of the *unconscious* person in whom you suspect epiglottitis is
  - A. BVM ventilations, visualization of the airway, one intubation attempt and cricothyrotomy if needed
  - B. BVM ventilations, visualization of the airway and cricothyrotomy if needed
  - C. No visualization of the airway, one intubation attempt and cricothyrotomy if needed
  - D. High-flow oxygen, no visualization of the airway and routine transport to the emergency department



This answer sheet must be postmarked by October 20, 2008

CE Answer Sheet Texas EMS Magazine  
Epiglottitis: It's not just a childhood condition anymore

Name \_\_\_\_\_ SSN \_\_\_\_\_

Certification Level \_\_\_\_\_ Expiration Date \_\_\_\_\_

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area code

Address \_\_\_\_\_ City \_\_\_\_\_  
street

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
area code

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

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

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

Answer Form

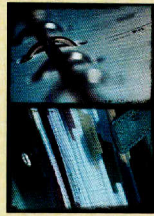
Check the appropriate box for each question. All questions must be answered.

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

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



## Where can I find a refresher course?



Contact your local DSHS EMS field office for direction (see <http://www.dshs.state.tx.us/emtraumasystems/regions.shtm>).

They may be able to connect you with a course coordinator in your area who has a course planned or can put on a course to meet your needs. FYI, Texas EMS rules don't address "refresher" courses by that name, therefore there are no such approved courses in our database. The rules do address what's termed a "remedial" course, specifically designed to remediate those who failed an initial course. Usually, the coordinator of the initial course you completed would be a good contact for such a course. Also, this course most closely meets the NREMT refresher course requirements. If you're inquiring for renewal of your Texas certificate, the "recertification" course is the class that meets requirements for Option 4 recertification specified in the recertification rule, §157.34. Course outlines for the remedial and recertification courses are listed in Appendix K and L of the EMS Education and Training Manual posted at <http://www.dshs.state.tx.us/emtraumasystems/EducTrainManual.PDF>.

## Revised rules bring big changes for providers

Revisions to EMS provider rules (TAC 157.11) brought big changes in August. The changes are extensive, so providers would be wise to read through the entire rule by going to <http://www.dshs.state.tx.us/emtraumasystems/TexAdminCode.shtm> and clicking on TAC 157.11. A few of the rule highlights:

- Only licensed EMS providers may transport patients by stretcher. Even medical vans, if they transport by stretcher, must be licensed by DSHS.
- ECAs may now administer epi pens with the approval of their medical directors. The provision also requires all ambulances to carry epi pens, and DSHS staff will now check for the devices during ambulance inspections. Providers must ensure all EMS personnel receive training in anaphylaxis treatment protocols.
- EMS providers must have on file a copy of a signed agreement with a medical director in good standing with the Texas Medical Board.
- All EMS vehicles need to have the name of the provider and license number displayed on both sides of the ambulance in at least two-inch lettering. Fixed wing aircraft are exempt from this requirement.
- EMS providers responsible for a specific emergency response area must publish public notices in local media, among other requirements, if they are unable to provide continuous coverage.
- Ambulances licensed at a certain level (e.g., MICU) must have all required equipment when in service or response ready.
- Changes to the subscription services, liability insurance coverage provider eligibility and placement of 'no smoking' signs.



TAC 157.38 and TAC 157.44 have also changed; the complete rules are available from the same webpage as listed above. – *Kelly Harrell*

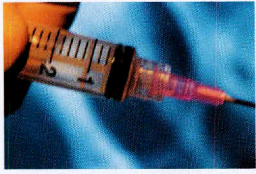
### Remember when . . .

wearing gloves as a safety precaution was a brand-new concept? A lot of us don't, so we thought it would be fun to take a look back at some unique solutions for implementing this new procedure. In a letter to "Texas EMS Messenger" in 1988, Jim Wynn, EMT, of Uvalde County EMS suggested using a snuff can to hold latex gloves when you were off duty or otherwise away from the unit. The can, stripped of its labels and sanitized, could hold one pair of gloves and would be "crush proof, sweat proof, water proof, dirt proof, and dust proof." The can would also fit conveniently into a pocket and was pretty inexpensive. Not a bad idea. The "Messenger" editor, Alana Mallard, also suggested a 35mm film canister. Now, remind me what that looked like. . . .



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## **NASEMSO responds to changes in Ryan White Care Act**



The National Association of State EMS Officials (NASEMSO) is supporting nationwide efforts to restore the emergency response provisions that were a part of the Ryan White Care Act prior to its 2006 reauthorization. This reauthorization eliminated the mandate that source patient test results be provided to the designated infection control officer

(DICO) of the emergency response employee involved in an exposure incident. As it currently stands, EMS personnel have little recourse when seeking information about a person's disease status following exposure to blood or a needle stick. The provision NASEMSO seeks to restore legally requires the medical facility where a source patient was transported to provide test results within 48 hours of notification by the DICO of an exposure incident. This notification helps reduce or eliminate the need to provide expensive preventative medications to exposed EMS personnel.

Although OSHA's Bloodborne Pathogens Standard provides some similar protections, it is not as explicit, and it does not give clear time frames for testing and notification. National EMS organizations are already working together to lobby Congress or find ways to have the Ryan White Care Act emergency response provisions reinstated. According to NASEMSO, the provisions were removed in 2006 because the main focus of the Act is funding for HIV programs, and no one participating in the reauthorization discussions understood the purpose of the emergency response provisions.

For a detailed discussion of the topic, see *NASEMSO Issue Brief on the Repeal of Emergency-Response Provisions Contained in the Ryan White Care Act* at [www.nasemso.org](http://www.nasemso.org). The *Journal of EMS* first broke the story earlier this year. - Kathy Clayton

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## **Emergency responders have option of tracking vaccines**

As a result of 2007 legislation, Texas first responders now have the option of having their immunization records stored in ImmTrac, an immunization registry administered by DSHS. ImmTrac began in 1994 as an effort to increase vaccination coverage for children across Texas using a state-wide immunization tracking system. ImmTrac is a free, confidential system that consolidates immunization records from multiple providers and electronically stores immunization information in one secure central system. Currently, state law calls for all health-care providers to report all vaccines given to any person less than 18 years of age to ImmTrac. First responders will be able to register with ImmTrac by October 1.

In the last Legislative session, Senate Bill (SB) 11 expanded to include ImmTrac for first responders and their immediate families as an *optional benefit*. There are two benefits to ImmTrac. It might be more convenient for some personnel to use ImmTrac as a way to track their vaccines, especially if they move around the state. The other benefit of being included in the immunization registry focuses on ensuring that first responders receive necessary immunizations to prevent the spread of communicable diseases to which

a first responder may be exposed during a public health emergency, declared disaster or terrorist attack. The immunization registry can also help first responders prevent duplication of vaccinations.

According to the new statute, a first responder **may**: "(1) request that a health care provider who administers an immunization to the person provide data elements regarding the immunization to the department for inclusion in the immunization registry; or (2) provide the person's immunization history directly to the department for inclusion in the immunization registry."

Registering with the service is voluntary, and any person's immunization history or data is released only on consent of the person or to any health care provider licensed or otherwise authorized to administer vaccines. Any person whose immunization records are included in the registry can request in writing that the department remove that information from the registry. The website should be operational by October 1. For more information, go to <http://www.dshs.state.tx.us/immunize/immtrac>. Or call the DSHS Immunization program at (512) 458-7111, ext. 6765.





# Emergency group honors best in Texas

The American College of Emergency Physicians (ACEP) has named eight physicians in Texas "Heroes of Emergency Medicine." The campaign, part of ACEP's 40th anniversary, recognizes emergency physicians who have made significant contributions to emergency medicine, their communities and their patients. ACEP is accepting nominations through the end of the year. ACEP, a national medical specialty society, is committed to advancing emergency care through continuing education, research and public education. Several of the physicians honored are well-known in the EMS and trauma communities.



*Edward Racht, MD*

## **Edward Racht, MD**

*Medical Director, City of Austin/Travis County EMS System Austin; Chair, Governor's EMS and Trauma Advisory Council – State of Texas*

As chair of the Governor's EMS and Trauma Advisory Council for nine years, Dr. Racht is well-known to the EMS and trauma communities. He has been actively involved in national initiatives to improve overall morbidity and mortality through development of clinically sophisticated EMS systems. Dr. Racht is best known for his tireless efforts to develop partnerships in the emergency health care system. The Austin/Travis County EMS System was noted as an example of effective

collaboration in the Institute of Medicine report "Emergency Medical Services at the Crossroads." His clinical talks at Texas EMS Conference always draw big crowds..

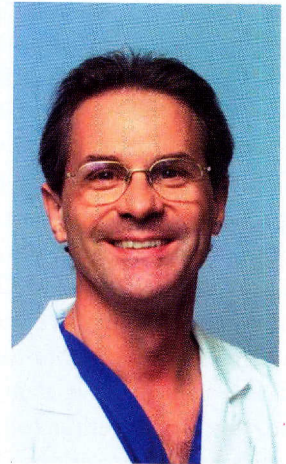


*Paul E. Pepe, MD, MPH, FACEP, MACP, FCCM*

## **Paul E. Pepe, MD, MPH, FACEP, MACP, FCCM**

*Professor of Medicine, Surgery, Pediatrics, Public Health and Chair, Emergency Medicine, University of Texas Southwestern Medical Center and Parkland Memorial Hospital, Dallas; Director, City of Dallas Medical Emergency Services for Public Health, Public Safety and Homeland Security*

Dr. Pepe is a global lecturer and author of hundreds of scientific papers, including landmark studies in multiple disciplines. A leader and innovator in CPR, trauma, emergency ventilation and disaster care, he serves as emergency medicine trauma consultant for many notable entities, including the NIH, White House Medical Unit, U.S. Secret Service and NBA trainers. Dr. Pepe co-founded the EMS State of the Science ("Gathering of Eagles") conference and is a longtime and popular speaker at Texas EMS Conference.



*Raymond L. Fowler, MD, FACEP*

## **Raymond L. Fowler, MD, FACEP**

*Co-Director, University of Texas Southwestern Medical Center Section of EMS, Homeland Security and Disaster Medicine; Associate Professor of Emergency Medicine/Surgery and Allied Health, UT Southwestern and Parkland Emergency Department, Dallas*

Dr. Fowler was named EMS Medical Director of the Year by DSHS in 2006 and received the prestigious national Neely Award from NAEMSP. He helped found the EMS State of the Science ("Gathering of Eagles") conference, and the Eagles group created ACEP's first-ever "Advanced EMS Medical Directors Course." When 40,000 Hurricane Katrina evacuees arrived at the Dallas Convention Center in 2005, Dr. Fowler led the team that created a temporary hospital, pharmacy, eye clinic, mental health sector, rehab center and pediatric care zone. Dr. Fowler gave the closing session talk at Texas EMS Conference 2007 and will be presenting again this year in Fort Worth.

**Student rate:**

**Texas EMS Magazine**

**\$20 for 2 years!**

**Contact: [adrienne.kitchen@dshs.state.tx.us](mailto:adrienne.kitchen@dshs.state.tx.us)**



**Arlo F. Weltge, MD, FACEP**

*Clinical Professor of Emergency Medicine, University of Texas Medical School at Houston; Attending Emergency Physician, Memorial Hermann Hospital, Houston; ACEP Council Vice-Speaker*

Dr. Weltge has tirelessly taught and advocated on behalf of EMS in the Houston area and was selected to establish an emergency medicine residency program at the University of Texas Medical School at Houston. He co-founded the Houston Society of Emergency Medicine in 1986, and established emergency medicine as a recognized specialty in the Texas Medical Association. He is a respected teacher of medical students and residents.

**Juan F. Fitz, MD, FACEP**

*Assistant Director, Emergency Department, Covenant Medical Center, Lubbock; Clinical Faculty, Texas Tech, Lubbock; Medical Director and Chair, EMT Paramedic Program, El Paso Community College, El Paso*

Dr. Fitz serves as medical director and chair of the EMT Paramedic Program at El Paso Community College. He is active in promoting the field of emergency medicine, serving on ACEP's Steering Committee and Air Medical Section and acting as spokesperson of ACEP's Public Relations Committee. He is also a board member of the Texas College of Emergency Physicians.

**Diana L. Fite, MD, FACEP**

*Attending Staff Physician, Methodist Willowbrook Hospital, Houston; Attending Staff Physician, Christus St. Catherine's Hospital, Katy; Clinical Assistant Professor, Department of Emergency Medicine Residency Program, University of Texas Medical School at Houston*

A mother of eight children, Dr. Fite survived a stroke in 2006. She not only returned to work, but has spoken publicly about her experience for the "Give Me 5" stroke campaign.

Dr. Fite has served in many leadership positions in organized medicine, including being the first emergency physician to serve as president of the Harris County Medical

Society, the largest county medical society in the nation, with more than 10,000 members. In the early 1980s, Dr. Fite recognized that a significant number of emergency patients were unrecognized as victims of domestic violence. She became the first physician member of the Houston Area Women's Center board of directors and gave many lectures throughout Texas educating physicians on the subject in the years before awareness grew.

**James M. Williams, MS, DO**

*Staff Emergency Medicine Physician, Methodist Healthcare System; Former Medical Director, Emergency Department, Methodist Specialty and Transplant Hospital; Chief of Staff, Methodist Specialty and Transplant Hospital San Antonio, Texas*

Dr. Williams' passions are quality improvement, process improvement and resuscitation. Throughout Methodist Healthcare System's five hospitals, committees on which Dr. Williams has served have instituted proactive initiatives that significantly benefitted patients, including the implementation of a Rapid Response Team (RRT). During the RRT's first year, code survival increased from 13 percent to 53 percent, while survival to discharge increased from 8 percent to 28 percent.

**Robert L. Levine, MD, FACEP**

*Professor, Neurosurgery and Emergency Medicine, Memorial Hermann Hospital, Houston*

Dr. Levine has worked for more than 20 years to promote emergency medicine. Research published by Dr. Levine and others on cardiac arrest and resuscitation in journals such as *The New England Journal of Medicine* and *JAMA* helped move emergency medicine to the academic forefront. As part of the initial group of Emergency Medicine-Critical Care Medicine specialists, he has worked and continues to work with ACEP and the American Board of Emergency Medicine to advance the case for CCM board eligibility for emergency medicine trainees.

## Valsalva Bowl goes national!

Can Texas show them who's best? This year's Valsalva Bowl will be bringing in teams from all over the nation – teams



that have won their own state's competition. Five teams from outside Texas will be attending, and we have room for 11 Texas teams. This fast-paced quiz show featuring teams of three competing against one another in a contest of speed, luck and, oh yes, medical knowledge. It's fun to play – and watch. Host and all-around amusing guy Bob Page plays emcee.

Let's show them what we can do here in Texas! Sign up your team today by emailing Kelly Weller at [Kelly.e.weller@lonestar.edu](mailto:Kelly.e.weller@lonestar.edu). Sponsored by the EMS Educators Association of Texas, the competition begins with preliminaries Sunday night and ends with finals Monday on stage during the buffet lunch. So sign up your team for the chance at a trophy, some cash prizes and, best of all, bragging rights!





# Did you read?

The University of Massachusetts Medical School recently issued a report claiming 4,600 caffeine-related calls were made to poison control centers in 2005. More than half of those involved people under 19 and about one-half required treatment

## 4,600 caffeine-related calls were made to poison control centers.

or observation in a health care facility. Although reactions to caffeine are typically mild: nausea, headache, heart palpitations or insomnia, more extreme reactions can include intractable vomiting, seizures or abnormal heart rhythms in people already predisposed to those conditions. Some research indicates five to ten grams of caffeine could be a lethal dose.

From CBSNews.com, "Caffeine Intoxication," Cases On Rise, July 17, 2008.

A recent Swiss study shows that CPR for out-of-hospital cardiac arrest is successful even in the very elderly. Dr Eugene Katz and colleagues

## CPR for out-of-hospital cardiac arrest is successful even in the very elderly.

collected data on 124 such arrests among individuals in their 80s and 90s. Twelve victims (9.6 percent) survived to hospital discharge in good neurological condition, which compares with around a seven percent survival rate for out-of-hospital cardiac arrest in the general population. The success rate is encouraging, but the *better* than average survival rate may be explained by the frequent presence of nursing staff and emergency equipment (including alert buttons) in the homes, nursing facilities, and other residences of elderly people.

From TheHeart.Org, CPR in the elderly is very successful, July 15, 2008.

The demographics of illegal drug use continue to change across Texas. A report called Substance Abuse Trends in Texas by the Gulf Coast Addiction Technology Transfer Center and the University of Texas Addiction Research Center compiled data from multiple agencies, law enforcement and drug-treatment centers. In DSHS-funded treatment centers between the years 1996 and

2007, the average age of a heroin user dropped from 37 to 34, and the proportion of Hispanics

## The demographics of illegal drug use continue to change across Texas.

seeking treatment for heroin addiction increased from 23 to 55 percent. The proportion of African Americans seeking treatment for crack cocaine addictions decreased from 75 percent in 1993 to 46 percent in 2007, but the percentages for Anglos (35) and Hispanics (18) showed dramatic increases. Tarrant County trends indicate fewer methamphetamine addictions but increased abuse and misuse of prescription medications, including alprazolam (in Xanax) and the muscle relaxer carisoprodol.

From the *Fort Worth Star-Telegram*, Drug report shows shifting trends in use and abuse in Texas, Alex Branch, July 24, 2008.

Two recent books, *Never Shower in a Thunderstorm* and *Medical Myths That Can Kill You*, and New York Times reporter Jane Brody uncover the truth behind some surprising medical and health myths. . . . Researchers have been unable to support the claim that drinking eight glasses of plain water per day is necessary for hydration. Instead, most beverages (including caffeinated ones) and fruits and vegetables with

## New York Times reporter Jane Brody uncovers the truth behind some surprising medical and health myths.

high water content can help you supply your body with needed water. . . . Poison ivy is not contagious and cannot even be spread from one part of the body to another unless the plant's resin is still on the skin. . . . A leisurely swim after a meal is perfectly okay; *strenuous* exercise of any form might cause the cramps our parents warned us about. . . . Don't take over the counter pain medicine until you really need it—wrong. Author and MD Nancy L. Snyderman says pain medication can be taken *before* engaging in an activity that is likely to cause pain later.

From *The New York Times*, Health "Facts"



You Only Thought You Knew, Jane E. Brody, July 22, 2008.

**A** government report issued in July says more than one in four adults in the United States is obese. According to the CDC, 23.9 percent of adults had a body mass index greater than 30 in 2005, and by 2007 the percentage had grown to 25.6. The South has the highest rates of obesity in the nation—in Alabama, Mississippi and Tennessee the rate of obesity rises to nearly one in three adults. Mississippi has the highest obese population at 32 percent and Colorado had the lowest at 18.7. These statistics are part of a long-term trend according to a report issued in 2007 by the Trust for America's Health,

### **More than one in four adults in the United States is obese.**

which found a 15 percent rate of obesity in 1978–1980 compared to a 32 percent rate in 2003–2004.

From Yahoo! News, Obesity creeps up in US: Report, July 28, 2008.

**L**iz Claiborne Inc. and loveisrespect.org commissioned a recent survey of tweens (ages 11 to 14), parents of tweens, and teenagers that indicates the age groups often experience abuse in dating relationships and parents are frequently unaware of what is going on. Teenage Research Unlimited, who conducted the survey, reports that one in five 13- or 14-year-olds say they know friends or peers who have been “struck in anger” by a boyfriend or girlfriend, and 62 percent have friends who have been called stupid, worthless or ugly by their dates. Sixty-nine percent of teens who had sex by age 14 reported some type of abuse in a relationship. Despite these numbers, only about 51 percent of teens say

### **Only about 51 percent of teens say they are aware of the warning signs of a hurtful dating relationship.**

they are aware of the warning signs of a hurtful dating relationship. The National Association of Attorneys General and other groups agree that tweens and teenagers need educational programs

on how to avoid and remove themselves from abuse in relationships.

From CNN.com, Survey reveals abuse in teen relationships, July 28, 2008.

**A** recent analysis of U.S. death certificates indicates that deaths from medication mistakes at home rose dramatically during the past two decades. The statistics, based on close to 50 million death certificates, show that more than 224,000 deaths involved medication errors. Deaths as a result of medication

### **Deaths from medication mistakes at home rose dramatically during the past two decades.**

mistakes at home increased from 1,132 in 1983 to 12,426 in 2004. The authors of the study believe a dramatic increase in the at-home use of prescription pain killers and other drugs is behind the higher numbers. Abuse of prescription drugs plays a role, as do multiple prescription drugs taken at once and mixing alcohol with prescriptions. The increase in deaths was highest among people in their 40s and 50s. The analysis excluded suicides, homicides, and deaths related to side effects.

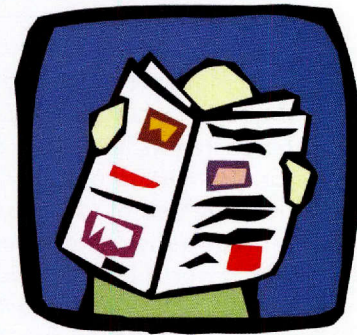
From CNN.com, Home deaths from drug errors soar, July 28, 2008.

**T**he Center for Science in the Public Interest recently reported on the nutritional quality of children's meals at 13 major restaurant chains,

### **Most kid's fast-food meals have too many calories.**

including Taco Bell, Subway, Burger King and Chili's Bar and Grill. The study found that 93 percent of 1,474 possible choices exceeded the recommendation from the National Institute of Medicine of a 430 calorie meal for children ages four through eight. Some meals had more than 1,000 calories. Only Subway had a high number of meals that were at or below the 430 calorie mark, but these meals did not come with soft drinks, which helped lower the calorie count. The findings also indicate that eating out now accounts for about a third of a child's daily caloric intake, twice the amount consumed away from home 30 years ago.

From CNN.com, Study: Most kid's fast-food meals have too many calories, August 4, 2008.



**Did you read?**



## DISCIPLINARY ACTIONS

### FYI

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

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

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

**Access Ambulance**, Houston, TX. January 21, 2008, assessed a \$3,000.00 administrative penalty, for violating HSC §773.041(b) and HSC §773.050(a) and the Department Rules §157.11(l)(1), 157.11(l)(3), and 157.11(l)(5) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

**Allen, James K.**, Parker, TX. November 6, 2007, reprimand for violating the EMS Rule §157.36.

**Air-Evac Lifeteam EMS**, West Plains, MO, June 2, 2008, reprimanded for violating the EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A), and 157.11(l)(1)

related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Amb-Trans Ambulance**, San Antonio, TX. October 26, 2007, assessed an administrative penalty of \$1,500.00, for violating EMS Rule §157.11.

**Americana Ambulance**, San Antonio, TX. September 26, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rule §157.11.

**American Medical Response d/b/a Hunt County EMS**, Greenville, TX. October 24, 2007, assessed an administrative penalty of \$1,000.00, for violating EMS Rule §157.11.

**Armstead, Evelyn S.**, Blanco, TX. May 19, 2008, placed on a eighteen (18) month probated suspension, for violating the EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Balmorhea Volunteer EMS**, Balmorhea, TX. December 13, 2007, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(g), 157.11(i)(1)(B), (L) and (M) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Berniard, Tina**, Brownwood, TX. July 2, 2008, reprimand for violating the EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(22), 157.36(b)(28) and 157.36(b)(29) related to failing to notify the Department within 30 days of final sentencing of any criminal offense which resulted in a final conviction and failing to disclose your complete criminal history on a department application.

**Big Spring Fire Department**, Big Springs, TX. May 9, 2008, reprimanded for violating the EMS Rules §157.11(c), 157.11(d)(1),

157.11(l)(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Billy, Leasa M.**, Waxahachie, TX. September 24, 2007, denial of EMT-Basic application, pursuant to EMS Rule §157.36.

**Blackwell VFD**, Blackwell, TX. January 21, 2008, reprimanded for violating the EMS Rules §157.11(d)(1), 157.11(g), 157.11(i)(1)(A), 157.11(i)(1)(C), 157.11(i)(1)(F), 157.11(i)(1)(L), 157.11(i)(1)(M) and 157.11(i)(4)(A) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Boldra, Michael L.**, San Antonio, TX. September 25, 2007, reprimanded for violating EMS Rule §157.36.

**Boswell, David A.**, Round Rock, TX. April 29, 2008, placed on a forty-eight (48) month probated suspension for violating the EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Brewer, Natalie A.**, Dallas, TX. September 18, 2007, reprimanded for violating EMS Rule §157.36.

**Brunt, Jonathan M.**, League City, TX. October 9, 2007, reprimanded for violating EMS Rule §157.36.

**Carols Ambulance, Inc.**, Odessa, TX. April 24, 2008, assessed a \$3,000.00 administrative penalty, for violating HSC §773.041(b) and HSC §773.050(a) and the EMS Rules §157.11(b)(1), 157.11(d)(1), 157.11(d)(3)(B), 157.11(i)(3)(A), 157.11(l)(1), 157.11(1)(3), 157.11(l)(5) and 157.11(l)(15)(B) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls and failure to have an EMS vehicle adequately



## DISCIPLINARY ACTIONS

equipped and supplied at all times.

**City Of Beaumont**, Beaumont, TX.

March 31, 2008, reprimanded for violating the EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Coleman, Rick E.**, West, TX. May 31, 2007, twenty-four (24) month probated suspension pursuant to EMS Rule §157.36.

**Cornerstone EMS**, Houston, TX. December 20, 2007, assessed a \$2,000.00 administrative penalty, for violating EMS Rules §157.11(d)(1), 157.11(i)(1)(B), (D), (E), (L) and (M), 157.11(i)(3)(A), 157.11(i)(4)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Criswell, John S.**, Forney, TX. May 5, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(23) and 157.36(b)(26) related to failure to notify the Department within 30 days of a misdemeanor conviction.

**Davis, Jessie J.**, San Antonio, TX. April 17, 2007, six (6) month suspension followed by a forty-two (42) month probated suspension through April 16, 2011, for violating EMS Rule §157.36.

**Diaz, Roberto**, Laredo, TX. December 20, 2007, reprimanded for violating EMS Rules §157.36(b)(1), (2) and (28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Encisco, Martiniano**, Baytown, TX. June 23, 2008, reprimanded for violating the EMS Rules §157.36(b)(2), 157.36(b)(3) and 157.36(b)(26) related to failing to properly assess a patient and accurately documenting a patient's condition.

**Experts EMS, Inc.**, Houston, TX. April 24, 2008, assessed a \$750.00 administrative penalty for violating

HSC §773.041(b) and HSC §773.050(a) and the EMS Rules §157.11(d)(1), 157.11(f), 157.11(i)(1)(D) and (K), 157.11(l)(1), 157.11(1)(3) and 157.11(l)(5) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

**Fambro, Tiffany E.**, Odessa, TX. October 9, 2007, reprimanded for violating EMS Rule §157.36.

**Feemster, Bobby D.**, Stephenville, TX. September 25, 2007, surrender of EMT-Basic certification while disciplinary action was pending.

**Fenner, Lisa L.**, Pasadena, TX. September 30, 2006, twenty-four (24) months probated suspension for violating EMS Rules §157.36 and 157.37.

**Ferguson, Martye J.**, Ft. Worth, TX. December 4, 2007, twelve (12) month probated suspension for violating EMS Rules §157.44(j)(2)(B), 157.44(j)(2)(N) and 157.44(j)(2)(R) related to failing to maintain appropriate policies, procedures and safeguards to ensure the safety of fellow instructors or other class participants.

**Gonzales, Mark A.**, San Antonio, TX. April 17, 2007, six (6) month suspension followed by a forty-two (42) month probated suspension for violating EMS Rule §157.36.

**Gonzalez, Fernando**, Zapata, TX. December 22, 2005, forty-eight (48) months suspension with forty-five (45) months probated suspension, for violating EMS Rule §157.36.

**Grabs, Teresa**, Valley Mills, TX. One hundred-eight (108) months probated suspension of LP through September 26, 2010. EMS Rule §157.37(c)(2)(3)(G).

**Grand Saline Fire Department**, Grand Saline, TX. July 14, 2008, assessed a \$500.00 administrative penalty for violating the EMS Rules

§157.11(c), 157.11(d)(l), 157.11(l)(i), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Greene, Anthony E.**, Fairview, TX. November 10, 2007, surrender of EMT-Basic certification while disciplinary action was pending pursuant to EMS Rule §157.36(h).

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

**Holub, Clinton M.**, Palo Pinto, TX. May 8, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(4), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Hughes, Julie A.**, Maybank, TX. May 9, 2008, denial of application for EMT-Basic certification, pursuant to EMS Rules §157.36(c)(1), 157.36(c)(2), 157.36(c)(5) and 157.37(a), the denial is based on felony and misdemeanor convictions that directly relate to the profession of EMS personnel as described in §157.37 of this title.

**Hyde, Susan N.**, Cleburne, TX. April 17, 2008, revocation for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(7), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Integrity EMS, Inc.**, Houston, TX. December 20, 2007, assessed a \$14,000.00 administrative penalty, for violating EMS Rules §157.11(d)(1), 157.11(g), 157.11(i)(1)(B), 157.11(i)(1)(D), 157.11(i)(1)(K), 157.11(i)(1)(M), 157.11(l)(1), 157.11(l)(5), 157.11(l)(9), 157.11(l)(13) and 157.16(d)(12) related to failure to have an EMS



## DISCIPLINARY ACTIONS

vehicle adequately equipped and supplied at all times and failing to respond to Department request for information.

**Kiessling, Joshua**, Friendswood, TX. April 29, 2008, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Knox County EMS**, Knox City, TX. July 24, 2008, assessed a \$1,500.00 administrative penalty, for violating the EMS Rules §157.11(d)(1), 157.11(i)(1)(A), 157.11(i)(1)(D), 157.11(i)(1)(L) and 157.11(i)(3)(A) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Loftin, Sharon K.**, Santo, TX. October 24, 2007, EMT-Paramedic certification placed on a forty-eight (48) month probated suspension for violating EMS Rule §157.36.

**Long, Rhiannon**, Highlands, TX. July 7, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(3) and 157.36(b)(26) related to failing to properly assess a patient and accurately documenting a patient's condition.

**Mansfield Fire Department**, Mansfield, TX. October 24, 2007, assessed an administrative penalty of \$1,300.00, for violating the HSC §773.041, 773.50(a) & EMS Rule §157.11.

**Martello, Joseph**, Cooper, TX. December 22, 2005, thirty-six (36) month probated suspension for violating EMS Rule §157.37.

**Martinez, Oscar M.**, Van, TX. September 14, 2007, reprimanded for violating EMS Rule §157.36.

**Mata, Daniel**, McAllen, TX. December 11, 2006, twenty-four (24) month probated suspension for violating EMS Rule §157.36.

**Maxxim Care EMS**, Spring, TX.

January 21, 2008, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(g), 157.11(i)(1)(A), 157.11(i)(1)(C), 157.11(i)(1)(F), 157.11(i)(1)(L), 157.11(i)(1)(M) and 157.11(i)(4)(A) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Medical Ambulance Service**, Laredo, TX. July 22, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Medxpress EMS**, Kingwood, TX. October 9, 2007, assessed an administrative penalty of \$11,250.00, for violating EMS Rule §157.11.

**Morgan, Sherry L.**, Kennard, TX. September 3, 2007, reprimanded for violating EMS Rule §157.36.

**Munoz, Blanca D.**, Carrizo Springs, TX. October 26, 2007, grant ECA certification with ECA certification placed on a twelve (12) month probationary period, pursuant to EMS Rules §157.36(f) & 157.36(g)(5).

**Murray, Kevin P.**, Wylie, TX. January 21, 2007, twelve (12) month probated suspension, for violating EMS Rules §157.36(b)(7), (26) and (28) related to performing advanced level treatment without medical direction.

**Needham, Christopher**, Troup, TX. Twelve (12) month suspension followed by a thirty-six (36) month probated suspension of EMS certification through November 4, 2008, for EMS rule violations. EMS Rules §157.37 and 157.36(b) (1), (2), (26), (27), (28), and/or (29).

**Nieves, Miguel A.**, Arlington, TX. December 10, 2007, reprimanded for violating EMS Rules §157.36(b)(1) and (28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Olney EMS**, Olney, TX. April 24,

2008, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Pompa, Veronica**, Corpus Christi, TX. December 2, 2005, thirty-six (36) month probated suspension for violating EMS Rule §157.37.

**Powell Professional Services, LLC, dba Guardian EMS**, Columbus, TX. June 30, 2008, assessed a \$500 administrative penalty, for violating the EMS Rules §157.11(l)(3), 157.11(l)(5), and 157.11(l)(13) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

**Preferred Ambulance, Inc.**, Mission, TX. October 24, 2007, assessed an administrative penalty of \$2,800.00, for violating EMS Rules §157.11 & 157.16.

**Ralls Volunteer Ambulance Service**, Ralls, TX. May 9, 2008, reprimanded for violating the EMS Rules §157.11(c), 157.11(d)(1), 157.11(l)(i), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Rushing, Janie M.**, Kennard, TX. September 13, 2007, reprimanded for violating EMS Rule §157.36.

**San Antonio Fire Department EMS**, San Antonio, TX. April 25, 2008, assessed a \$10,500.00 administrative penalty, for violating HSC §773.041(b) and HSC §773.050(a) and EMS Rules §157.11(l)(1), 157.11(l)(3) and 157.11(l)(5) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

**Sanders, Thomas J.**, Lubbock, TX. September 24, 2007, twenty-four (24) month probated suspension for violating EMS Rule §157.36.

**Santos, Victor P.S.**, North Easton,



## DISCIPLINARY ACTIONS

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).

MA. September 24, 2007, reprimanded for violating HSC §773.041(b) & EMS Rule §157.36.  
**Schreiber, Kimberly**, Tomball, TX. October 9, 2007, reprimanded for violating EMS Rule §157.36.  
**Seay, Jerry L.**, San Benito, TX. January 21, 2008, reprimanded for violating EMS Rules §157.36(b)(1), (2), (15), (23), (25) and (26) related to failure to disclose criminal history on a Department application.  
**Simonson, Robert D.**, Houston, TX. January 21, 2008, reprimanded for violating the EMS Rules §157.36(b)(1), 157.36(b)(2) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.  
**Skiles, Billy**, Dallas, TX. A one (1) month suspension followed by a forty-seven (47) month probated suspension through March 28, 2009, for violating EMS Rules §157.36, and/or 157.37. (March 28, 2005)  
**Smith, Jacoby D.**, Odessa, TX. October 26, 2007, reprimanded for violating EMS Rule §157.36.  
**Smith, Steven C.**, Midlothian, TX. October 26, 2007, reprimanded for violating EMS Rule §157.36.  
**St. Anthony's Ambulance Service, Inc.**, Houston, TX. August 29, 2007, eighteen (18) month probated suspension and assessed an administrative penalty of \$10,000.00,

for violating EMS Rules §157.11 and 157.16.

**St. Patrick EMS Ambulance Service**, Houston, TX. September 14, 2007, reprimanded for violating EMS Rules §157.11 & 157.16.

**Stovall, Jerry P.**, Gatesville, TX. November 6, 2007, EMT-Paramedic certification suspended for twelve (12) months for violating EMS Rule §157.36.

**Tonarelli, Cathy M.**, Plano, TX. September 27, 2007, revocation of Paramedic License, for violating EMS Rule §157.36.

**Throckmorton Memorial Hospital EMS**, Throckmorton, TX. June 2, 2008, assessed a \$3,700.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(3)(B), 157.11(i)(3)(A) and 157.11(l)(1) related to failure to have EMS vehicles adequately equipped and supplied at all times.

**Vanderbilt, Brad C.**, Dallas, TX. October 24, 2007, EMT-Paramedic certification placed on a six (6) month probated suspension for violating EMS Rule §157.36.

**Visions EMS**, De Soto, TX. September 14, 2007, assessed an administrative penalty of \$13,600.00, for violating EMS Rule §157.11.

**Wade, Matthew A.**, San Antonio, TX. March 27, 2006, thirty-six (36) month probated suspension for violating EMS Rule §157.37.

**Walker, Johnathan L.**, Lufkin, TX. December 10, 2007, reprimanded for violating EMS Rule §157.36(b)(1), (5) and (28) related to disclosing confidential information or knowledge concerning a patient except where required or allowed by law.

**Walker, Paul E.**, Missouri City, TX. June 2, 2008, reprimanded for violating the EMS Rules §157.36(b)(15), 157.36(b)(22), 157.36(b)(23) and 157.36(b)(26) related to failing to notify the

department within 10 days of an arrest involving alcohol and failing to notify the department within 30 days of final sentencing of any criminal offense which resulted in a final conviction.

**White, Jeffery D.**, Austin, TX. October 26, 2007, surrender of EMT-Basic certification while disciplinary action was pending.

**Wilburn, Eric W.**, Conroe, TX. September 24, 2007, revocation of EMT-Basic certification and denial of renewal for EMT-Basic certification for violating EMS Rule §157.36.

**Wilhite, III, John H.**, Alvin, TX. September 13, 2007, revocation of EMT-Paramedic certification for violating EMS Rule §157.36.

**Wills Point Fire Department/EMS**, Wills Point, TX. June 23, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Wise, Henry J.**, Orange, TX. December 13, 2007, thirty-six (36) month probated suspension for violating the EMS Rule §157.36(b)(2), (26), (27) and (28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Womack, Jason M.**, Joshua, TX. September 24, 2007, revocation of EMT-Intermediate certification and denial of EMT-Paramedic application for violating EMS Rule §157.36.

**Zajicek, Beverly J.**, Ganado, TX. May 9, 2008, placed on a forty-eight (48) month probated suspension, for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Zulyevic, Colleen**, Canyon Lake, TX. September 24, 2007, revocation of EMT-Intermediate certification for violating EMS Rule §157.36.



# Meetings & Notices

## Calendar

September 5-6, 2008. **Texas College of Emergency Physicians 2008 EMS Medical Director's Seminar – Bringing Texans Together to Advance EMS for the Lone Star State.** Sheraton Gunter Hotel, San Antonio, Texas. Register online at [www.texacep.org](http://www.texacep.org) or call Nancy Davis at 800/839-2237 for more information.

September 25-28, 2008. **EMStock 2008.** A unique gathering of EMS and public safety personnel designed to build and strengthen the EMS community by providing a place and time where everyone can meet on an equal basis and share ideas and dreams. Visit [www.emstock.com](http://www.emstock.com) for more information.

October 13-15, 2008. **10th Annual Protecting Texas Children Conference.** Renaissance Houston Hotel Greenway Plaza. Sponsored by the Children's Assessment Center of Houston and the State Child Fatality Review Team Committee. Offers sessions on child protection and child fatality review for multi-disciplinary members ranging from law enforcement to physicians to therapists to first responders. For registration information, contact [karen.kennard@cac.hctx.net](mailto:kennard@cac.hctx.net).

November 17-19, 2008. **2008 Traffic Safety Conference.** Marriott - Houston Hobby Airport, 9100 Gulf Freeway, Houston, Texas.

## Deadlines and information for meetings and advertisements

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

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

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

For more information go to: [http://tti.tamu.edu/conferences/traffic\\_safety/](http://tti.tamu.edu/conferences/traffic_safety/).

December 9-13, 2008. **Texas EMS Rodeo National Refresher and EMS Conference.** For more information visit [www.consurgo.org/rodeo.html](http://www.consurgo.org/rodeo.html).

## Jobs

**Paramedic:** Emergency Services District for North East Gaines County is seeking a full-time paramedic. Must have Texas certification and recent graduates are welcome. Pleasant atmosphere, state-of-the-art equipment and excellent work environment, competitive salary and benefits. Contact Pam Smith, Director, at 806/387-3440 or email [407pss@live.com](mailto:407pss@live.com).

**Faculty Instructor:** University of Texas Health Science Center at San Antonio, Department of Emergency Health Sciences, has an immediate opening for a full-time faculty position, instructor, or assistant professor rank, based on educational background and experience. Responsible for didactic instruction, student advocacy, and as course director. Duties include classroom and web-based instructions, clinical supervision of EMT, paramedic, and EHS degree students; teaching AHA Life Support courses to HSC students; and testing EMS skills using criteria from NREMT. Requires a Bachelor Degree in Education, Health Sciences, or related field. Masters level preferred. Current DSHS and/or NREMT paramedic certification; Texas EMS instructor certification preferred; three years formal teaching experience; two years experience in advanced prehospital emergency care. Send resumes to: Dr. Lance Villers, UTHSCSA/Emergency Health Sciences, 7703 Floyd Curl Drive, Mail Code 7775, San Antonio, TX 78229-3900 or call 210/567-8760.

**EMS Instructor:** University of Texas Health Science Center at San Antonio, Department of Emergency Health Sciences, has an immediate opening for five part-time faculty positions at the rank of instructor. Responsible for clinical preceptor activities and skills lab instruction for all levels of EMT students. Requires current Texas DSHS certification; two years formal teaching experience; two years experience in advanced pre-hospital emergency care. Bachelor degree and Texas EMS instructor certification preferred. Send resumes to: Shawn Komorn, UTHSCSA/Emergency Health Sciences, 7703 Floyd Curl Drive, Mail Code 7775, San Antonio, TX 78229-3900 or call 210/567-8760.

**EMS Coordinator/Instructor:** Hill College has an opening for an EMS Coordinator/

Instructor. Associate degree required. Must be certified as an advanced EMS course coordinator or be qualified to obtain advanced course coordinator certification. Should have knowledge of how to teach via new instructional formats (internet, 2-way video, etc.) or willing to train on new formats.

Responsible for the planning of course materials, preparation of lectures, meeting all scheduled classes, informing students of course requirements, and grading students. Responsibilities also include scheduling, supervising, teaching, and evaluating students in a clinical setting. For more information or to apply contact Human Resources, Hill College, 112 Lamar Drive, Hillsboro, TX 76645, call 254/582-2555, ext. 229 or visit [www.hillcollege.edu/employment](http://www.hillcollege.edu/employment).

**Paramedic:** Graham/Young County EMS is accepting applications for DSHS-certified paramedics. Two full-time positions available. We are a 911 service based at Graham Regional Medical Center serving the city of Graham and Young County. Offering competitive salaries with benefits, sign-on bonus, educational opportunities, and state-of-the-art equipment. For more information or if interested, contact Kelley Hudson, EMS Director, at 940/521-5316, [khudson@grahamrmc.com](mailto:khudson@grahamrmc.com). Applications available online at [www.grahamrmc.com](http://www.grahamrmc.com) under career opportunities.

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

**EMT-I/Paramedic:** Sweeny/West Brazos EMS is hiring EMT-Is and paramedics. Hospital-based 911 service with 24-hour shifts. Free CE and in-house ACLS, PALS, and BTLs. Competitive pay, full benefits, and guaranteed overtime. Contact Mike Nixon, Director, at 979/548-1597 or [mnixon@sweenyhospital.org](mailto:mnixon@sweenyhospital.org) or visit [www.sweenyhospital.org/employment.html](http://www.sweenyhospital.org/employment.html).\*

**EMS Lab Coordinator:** Blinn College is seeking an EMS Lab Coordinator. Responsible for some lecture and skills experience. AAS or better, EMP-P and EMS Instructor certified preferred. Contact Blinn College at [www.blinn.edu](http://www.blinn.edu) or 979/830-4128.\*

**EMS Instructor:** Blinn College is seeking an EMS Instructor. This is a 12-month faculty appointment. Responsible for ensuring course objectives are met in all assigned classes and



# Meetings & Notices

## Miscellaneous

**EMS Instructor:** Blinn College is seeking an EMS Instructor. This is a 12-month faculty appointment. Responsible for ensuring course objectives are met in all assigned classes and assists in skills instruction of the assigned classes where applicable. AAS, EMT-P and EMS Instructor certified preferred. Contact Blinn College at [www.blinn.edu](http://www.blinn.edu) or 979/830-4128.\*

**EMT/EMT-I/Paramedic:** Central Texas Regional EMS is seeking EMT, EMT-I, and paramedics to work Waco, Temple, Williamson County areas. PRN and full-time (with benefits) available, competitive pay and great working conditions. Visit [www.centraltexasems.com](http://www.centraltexasems.com) for an online application or call Stephen Paine at 512/864-9956 or email [Stephen.centraltexasems@gmail.com](mailto:Stephen.centraltexasems@gmail.com) for more information.\*

**Falls Co. EMS, Inc** in Marlin is looking for qualified EMTs, EMT-Is and paramedics (36 hours per week max). Contact Rob at 254/833-5445.\*

**Instructor:** Temple College has an opening for a full time EMS Instructor. Will be teaching at all levels, but primarily at the paramedic level. Paramedic certification/licensure and Associates Degree required. Salary is dependent on education and work experience. For additional information, contact Human Resources at (254) 298-8583. To apply, visit our website at [www.templejc.edu](http://www.templejc.edu).\*

**Assistant/associate professor, non-tenured, clinical - program director, Emergency Medicine Education:** UT Southwestern Medical Center. Qualification: Bachelor's degree in related field, prefer Masters or Doctorate; ten years teaching experience, five in EMS; physician, paramedic certification or Texas Registered Nurse; five years supervisory experience. For more information, visit <http://www8.utsouthwestern.edu/utsw/cda/dept27752/files/241987.html>.+

**Communications Specialist I:** duties include call taking and dispatching for 9-1-1 as well as non-emergency and rotor and fixed wing operations. Must have a high school diploma and pass the pre-employment screening test. Apply online at [www.careflite.org](http://www.careflite.org) or for more information contact Jennifer Griffith at (972) 339-4203 or [jgriffith@careflite.org](mailto:jgriffith@careflite.org).+

## For Sale

**For sale:** CPR manikins, disposable airways, pocket masks, manikin face shields, disposable BVM's, AHA textbooks and DVDs, AED trainers, disposable electrodes, stifneck collars, patient face shields, and many other products. Visit the website at [www.manikinrepaircenter.com](http://www.manikinrepaircenter.com) or call Ron Zaring at 281/484-8382.+

**Paramedic, Intermediate-85, and EMT-B Courses:** Houston Community College EMS Department is currently accepting applications for all levels of EMS courses to meet your educational requirements. Academy style (full-time) and traditional semester course format are designed to meet your schedule. For more information call 713/718-7401 or visit [www.hccs.edu](http://www.hccs.edu) for details on upcoming courses.+

**Health Claims Plus:** EMS and fire department billing. Excellent rates and services. Electronic billing, weekly and monthly reports and educational workshops. Contact 888/483-9893 or visit [www.healthclaimsplus.com](http://www.healthclaimsplus.com).+

**CE Solutions:** [www.ems-cc.com](http://www.ems-cc.com) offers online EMS continuing education that is convenient, cost effective and interesting. Visit [www.ems-cc.com](http://www.ems-cc.com) for a free test-drive or call 1-888-447-1993.+

**Firefighter Continuing Education:** Now 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 or call 1-888-447-1993.+

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

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**Dive Team Training:** Thinking about starting a dive team? Have a loose team in need of training? State of the art procedures, diver rescue scenarios, nationally recognized public safety diver certification. Contact Mark Pavey at 281/813-4421 or email [dive960@aol.com](mailto:dive960@aol.com).+ **Ambulance Supplies:** Basic supplies for ambulance inspections. We have what it takes to pass inspections. Contact us for a list of supplies you need at the prices you will like. Call Ellett Medical at 713/501-3310.\*

**Online Training Program:** Professional Education and Resources Company (PERCOM) is offering affordable online initial training programs for EMS Instructor, ECA/First Responder, and EMT-Basic. Also offer CE opportunities online that are CECBEMS approved. Visit <http://percomonline.com> or email Jane Dinsmore at [programdirector@percomonline.com](mailto:programdirector@percomonline.com) for more information.\*

+ This listing is new to the issue.

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# EMS Profile: CE-Bar Volunteer Fire Department



*CE-Bar Volunteer Fire Department members include: (back row, left to right) Firefighter/EMT-B Jesse Bolles; Firefighter/EMT-B Mark Frost; Driver/Engineer/EMT-I Kevin Coles; Firefighter/EMT-B Aaron Wilson; Firefighter/EMT-B Erin Stephens; Lieutenant/EMT-I Willem Milo; Asst. Chief/EMT-B Jim Behrens; Driver/Engineer/EMT-B Chad Dube; Captain/EMT-B Tristin Wise (front row, left to right) Lieutenant/EMT-B Joe Roddy; Firefighter/EMT-B Derek Beck; Firefighter/EMT-B Zach Bevis; and Paramedic Wes Ogilvie.*

**Number of Personnel:** CE-Bar Volunteer Fire Department has a total of 11 paid full-time employees; six part-time, and approximately 15 volunteers. We operate a minimum staffing level of three firefighters, 24 hours a day, seven days a week. Our standard crew consists of one lieutenant, one engineer and one or two firefighters. The fire chief and station captain are on duty Monday through Friday, 8:00 am to 5:00 pm, and on call as needed. CE-Bar has two volunteer assistant chiefs and a part-time captain on call as well.

## **Years of service and number of units:**

CE-Bar began operations in 1969 and has served the communities that occupy the former CE-Bar Ranch lands for almost 40 years. CE-Bar's full time staff are all certified at the EMT-Basic level. CE-Bar currently has one crew member from each shift in the training process to move up to EMT-Intermediate. CE-Bar volunteer members hold various certification levels from EMT to paramedic. CE-Bar operates a total of eight apparatus that include two engines, two command trucks, one tanker, a squad truck for heavy rescue, one brush truck that holds 1,000 gallons of water and a support air truck to refill SCBA on scene and provide rehab for firefighters.

## **Service area and number of calls:**

After starting out as a service mainly intended to control grass fires on and around the CE-Bar Ranch, we presently run about 400 calls a year, including approximately 220 EMS responses. We provide a comprehensive array of emergency services to an area that includes the central-west Austin neighborhoods of Lake Hills, Barton Creek West, Patterson Lane, Crystal Creek, Crystal Mountain, Dominion Hills, Seven Oaks, Bella Lago and Senna Hills as well as Barton Creek Elementary and West Ridge Middle Schools — ten square miles of residential, commercial and undeveloped properties with approximately 9,000 residents.

## **Current activities:**

CE-Bar is committed to continuing and advancing EMS training, organizing a department-wide training session once a month. That session is repeated six times throughout the month during each of the shifts, allowing a wide range of schedule flexibility and the opportunity to participate in the session more than once. CE-Bar also works closely with Austin-Travis County EMS to maintain our skills and participate in county-wide training.



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