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November/December 2000

Texas EMS

Serving Texas Emergency Care Professionals



Texas EMS
Conference

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Investigations

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_____ **"Ready Teddy" coloring book.** 16 pages of injury prevention and EMS awareness tips by the Texas EMS mascot. English-(4-61)

_____ **"When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure.** A foldout first aid guide. Can be personalized by the EMS service. (EMS-014)

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

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

_____ **"Who Who" Coloring Book.** Not available at this time due to budget constraints.

_____ **(Updated) "I'm an EMS Friend" sticker.** Ready Teddy in a 2-1/2 inch, 3-color sticker.

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FEATURES

7 Sharp reporting

New TDH rules increase blood-borne protections for employees of governmental entities. Find out who's affected and what they need to do beginning January 1, 2001.

14 Texas EMS Conference 2000

If you haven't already registered, bring your \$110 to the door beginning on November 19!

28 New guidelines for CPR

The American Heart Association announced new guidelines for CPR, the first in eight years. What does that mean for bystanders and for EMS?

42 Local projects

Who got the money this year from Local Projects grants? A run-down of who got the money and how they are spending it.
By Ed Loomis, LP

48 Stakeholders

Wondering who is speaking for EMS in Texas? GETAC sent a survey to its stakeholders and this is the information received so far. Is your group listed?

CONTINUING EDUCATION

30 Affairs of the heart

Every minute counts in treating a MI. This article, worth 1.5 hours of cardiac CE, explains how the heart works and what the prevalent therapies are in and out of the hospital.

By Jackie Stocking, RN, MSN, EMT-P

Texas EMS

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ABOUT THE COVER: Denton Volunteer Fire Department works on a patient. Kerri Burnside entered this photo in the 1999 Texas EMS Photo Contest.



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

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

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Passing the test only one step toward EMS certification

What does passing the test mean? There seems to be some confusion about this subject. Receiving notice of successfully passing an EMS certification test does **not** mean someone is certified. In many cases, these do happen almost simultaneously because an individual has completed all of the other certification requirements before taking the test. However, if there are any application deficiencies, an individual may get notification of their grade but not be certified until everything is turned in to TDH. When a person is certified, they receive an official certificate signed by the bureau chief and the commissioner of health (see example). It is an EMS provider's responsibility to assure that any person employed to staff an ambulance is currently certified. How can you check an individual's certification? There are a number of ways: require your personnel to bring in their original certificates for verification; call the regional or Austin central office; or go to our website at www.tdh.state.tx.us/hcqs/ems/emshome.htm and click on Certification Query.

Sometimes it's good to get out of Texas to gain perspective on our needs. My husband and I spent two weeks last summer traveling through Utah, Idaho, Montana and Wyoming. We saw some beautiful rugged country, spreading long distances between mostly small towns—stretches of country where we felt very isolated. We were there during the worst of the fires in Montana. Most of the fires we saw were not being fought because the resources were simply not available; concentration had to be on the fires that were a threat to human life.

Reports were that there was one firefighter for every 100 square acres burning!

And we do understand about limited resources. Here at the Bureau, we are facing some challenges related to our own personnel. We have had a turnover rate of about 35 percent in the last year. Most of these people have gone on to better things (retirement and promotions). However, it is challenging to the remaining staff as we try to continue our mandates, fill vacancies and orient new staff. Please be patient as you interact with staff, but also be persistent if your needs aren't being met. You are always welcome to contact me for help.

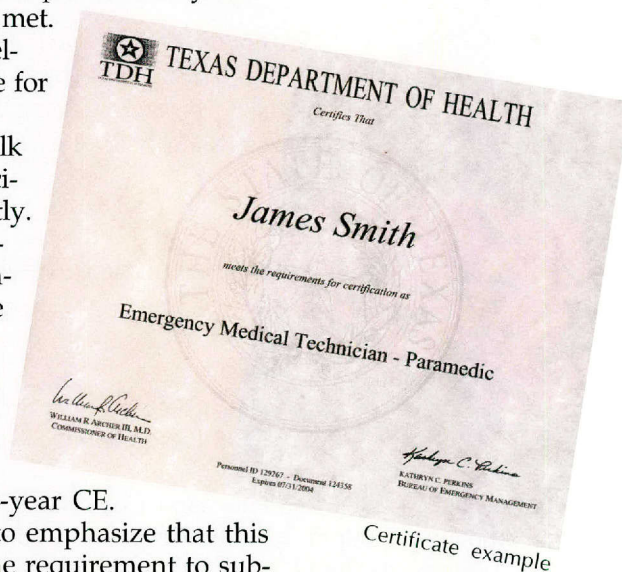
I wanted to talk about a policy decision I made recently. Based on legal advice, I have discontinued the practice of automatically suspending certified/licensed EMS personnel for non-submission of two-year CE.

However, I want to emphasize that this **does not** change the requirement to submit the CE, (see FAQs, page 27) and we can take appropriate disciplinary action if that rule is violated.

And finally, come make your voice heard at the Governor's EMS and Trauma Advisory Council Meeting at Texas EMS Conference. We scheduled this meeting during the conference so that as many people as possible will already be in Austin. See you in November!



KATHY PERKINS, CHIEF
BUREAU OF EMERGENCY
MANAGEMENT



EMS Obituaries

Robert (Bob) Callsen, 42, of Corpus Christi, passed away on September 10, 2000, in a motorcycle crash. Callsen was a paramedic/firefighter and had been with the Corpus Christi Fire Department for 20 years. He was chair of the department's CISM team.

Robert O. Marchan, 28, of Port Isabel, passed away on August 24, 2000, in a car crash. He was finishing fire academy and had recently tested for ECA.

James R. Renfroe, 47, of Dallas, passed away on August 15, 2000, of sudden cardiac arrest while helping to extinguish a fire on a railroad trestle. Renfroe, an EMT, was assistant chief for the Dallas County Fire Department and taught EMT and CPR classes at local businesses and daycare centers.

Ron Thomas, 48, of Boerne, passed away on October 5, 2000, in a car crash. Thomas was an EMT and a 17-year veteran firefighter with Balcones Heights Fire Department.

Albert Voris Jr., 63, of Combine, passed away on September 1, 2000, in a car crash on his way to the fire station to pick up equipment. An EMT, Voris had volunteered for the Combine Volunteer Fire Department for five years.



Letters

We are interested in your questions, opinions or comments. Please send letters to the editor to: Editor, Texas EMS Magazine, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3199.

Make plans to attend the next meetings for the Governor's EMS and Trauma Advisory Council

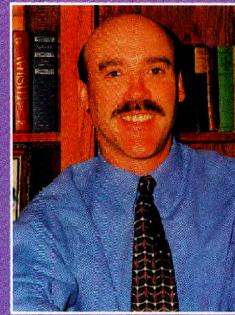
Sunday, November 19, 2000

Hyatt Regency Austin
508 Barton Springs Road, Austin, Texas

- 9:00am - 12:00pm - Education Committee
- 9:00am - 12:00pm - Injury Prevention Committee
- 1:00pm - 4:00pm - EMS Committee
- 1:00pm - 4:00pm - Pediatric Committee
- 4:30pm - 7:00pm - Medical Directors Committee
- 5:30pm - 8:00pm - Trauma Systems Committee

Monday, November 20, 2000

- 1:00pm - Governor's EMS and Trauma Advisory Council
Austin Convention Center, Ballroom B
500 East Cesar Chavez Street



Come
laugh
while
you
learn!

Texas EMS Conference

presents
nationally-known
EMS cartoonist
Steve Berry

Keynote Session
8:15 a.m. November 20
Austin Convention Center



Patch Exchange

Texas EMS Conference
Monday, November 20
1 - 2pm, outside Exhibit Hall

Bring patches for trading!
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at berryj@ci.la-porte.tx.us

Clarification: The photo on page 30 of the September/October issue of *Texas EMS Magazine* was only a photo illustration, and the participants in the picture are actors. Our apologies for any misunderstanding.

Sharp reporting

A law passed by the Texas Legislature in 1999 (HB 2085) directed the Texas Department of Health to write rules to increase protections for public employees from bloodborne pathogens. The rules were approved by the Texas Board of Health on July 25, 2000, and impose new reporting requirements for exposures to contaminated sharps (needles) effective September 1, 2000. The rules are similar to the OSHA Bloodborne Pathogen rules that serve to protect private employees in the state. Compliance with the rules is required by January 1, 2001. This is a brief overview. For a complete copy of the new rules and the reporting form, go to: <http://www.tdh.state.tx.us/ideas/report/sharps.htm>.

Who is affected?

Health care providers who are employed by a governmental unit. The rule specifically includes emergency medical services.

What do those affected need to do?

First, TDH recommends that these systems implement needleless systems and sharps with engineered sharps injury protection for employees. Any provider who feels this is an undue burden may request an annual waiver. Second, the rules require every governmental unit implement an exposure control plan. Third, TDH will compile and maintain a list of needleless system devices with engineered sharps injury protection that are available in the commercial marketplace. This web site will be linked to the TDH website above and is maintained by the TDH Drugs and Medical Devices Division.

There is also a waiver for rural coun-

ties if the implementation would prove burdensome. Last, the chief administrative officer of each facility shall report each employee who sustains a contaminated sharps injury.

Who reports the incident?

The chief administrative officer, or his or her designee of each facility, reports no later than ten calendar days after the end of the month in which the incident occurred.

Who gets the report?

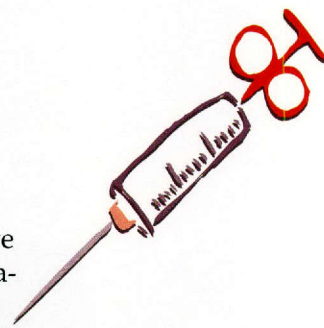
The report goes to the local health authority, who acts as an agent for TDH. That local authority then submits the report to TDH. If there is no local health authority, the report shall be made to the TDH regional director in the region in which the facility is located. The report is then sent to the TDH Infectious Disease Division in Austin.

Where can I get a reporting form?

Go to <http://www.tdh.state.tx.us/ideas/report/sharps.htm> to download a form, or get forms from TDH regional offices.

What else do I need?

An exposure control plan as outlined at <http://www.tdh.state.tx.us/ideas/report/sharps.htm>. Click on Exposure Control Plan. Providers should review the plan for particular requirements as applicable to their specific situation. The plan needs to be reviewed annually by an evaluation committee. At least half of the members of the evaluation committee must be health care workers who have direct contact with patients or provide services on a regular basis.



New rules mean new reporting requirements for bloodborne pathogens

TDH websites: This article is online with links at: www.tdh.state.tx.us/hcqs/ems/sharprept.htm.

Need the rules? Go to www.tdh.state.tx.us/ideas/report/sharps.htm#solid.

For an exposure control plan or a downloadable copy of the reporting form, go to www.tdh.state.tx.us/ideas/report/sharps.htm.

AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell



Breastfeeding may have caused crash

Lucrecia Zuniga Ortuno did what most mothers would do when her son began crying—she began to nurse him. But according to the *Houston Chronicle*, her decision to breastfeed while driving led to a car crash. Ortuno now faces felony charge of injury to a child after her seven-year-old daughter, unrestrained in the front seat, required stitches to close a laceration on her lip. The eight-month-old son remained under observation at Texas Children's Hospital immediately after the incident. Ortuno told deputies that she had just left a friend's house when her baby began to cry. She was nursing him when she drove her car off the road and hit a sign and then an fence.

Banks set for possible bad Laidlaw loans

Canada's bank regulator has told banks to be prepared in the event that loans made to Laidlaw, Inc., aren't paid back. Canada's six largest banks are part of a 16-bank syndicate that lent \$1.2 billion to Laidlaw. Laidlaw, the Ontario-based operator of American Medical Response and the Greyhound Lines, Inc., is continuing to negotiate with creditors.

Luby's in Killeen closes its doors

On August 31, the Killeen Luby's Cafeteria, where 23 people were killed in the largest gunfire murder in U.S. history, closed due to declining business. On October 16, 1991, George Hennard drove his truck through the window of the cafeteria dining room and began shooting. After killing 22 and wounding another 20, Hennard turned the gun on himself. After the incident, the Luby's was remodeled and had opened again.

Mayor's ride-out brings call for more resources

Want to show your city officials what you need? Do what Houston did and have them ride out on a few emergency calls. Houston mayor Les Brown recently rode out with David Perse, medical director for Houston Fire Department, to observe medics in action at emergency scenes. When the mayor met with reporters after his shift, he promised to help alleviate resource problems within EMS. Perse said that from September 1999 to September 2000, EMS transports increased 31 percent, while incident responses increased 13 percent.

Late flu vaccine may affect season

Most people will have to wait for flu vaccines this year due to production delays. Normally, a flu shot in October will kick in before the flu season officially starts in November. Officials don't know whether the delay will affect the number of flu cases. The epidemic usually makes ten to 20 percent of the population ill enough to see a doctor.

Idalou volunteer firefighter dies aiding crash victim

A Panhandle volunteer firefighter died at the scene of a truck crash on September 19. David Butler, 41, a firefighter with the Idalou Volunteer Fire Department for 23 years, collapsed on scene and never regained consciousness. He had no history of cardiac problems. The driver of the truck that crashed had to be extricated but sustained only minor injuries.

CE ANSWERS FOR SEPTEMBER/OCTOBER '00

- | | | |
|------|-------|-------|
| 1. C | 8. E | 15. B |
| 2. D | 9. C | 16. A |
| 3. B | 10. B | 17. B |
| 4. C | 11. B | 18. A |
| 5. A | 12. A | 19. B |
| 6. E | 13. D | 20. B |
| 7. E | 14. B | |

Legislation could restrict required overtime for nurses

A bill was introduced into the U.S. House of Representatives that would limit the number of hours licensed health care workers are required to work. The bill would amend the Fair Labor Standards Act so that no licensed health care worker would be required to work beyond eight hours in any workday or 80 hours in any 14-day work period. Some hospitals require nurses to work up to 16-hour shifts to cover a shortage of nurses. No word on how the bill would affect other licensees such as paramedics and physicians.

Ambulance stolen in Houston



A Houston Fire Department ambulance was stolen in October from the patient unloading area behind Ben Taub Hospital in Houston. Police said a patient in the hospital, apparently unhappy with his treatment, drove away about 1 a.m. while medics were in the hospital with another patient. The patient was spotted driving erratically before crashing the ambulance and getting into another car. Police caught up with the car and arrested both people inside.

Overtime pay earns Denver medic big bucks

No Denver, Colorado, city worker has earned more in overtime than paramedic Jose Bernal, who is on pace to make \$134,000 this year for a job that normally pays \$42,768. Since January of 1999, Bernal has earned \$81,978 in overtime. His colleagues average about \$7,700 a year in overtime. Bernal has worked as many as 46 consecutive days, often working a 15- to 18-hour day. In addition to the ambulance runs, Bernal also works sports events.



Industry directory website

You can now go to the web for a database of emergency care-related resources, including associations and organizations, government agencies, educational programs, degree programs and information clearinghouses. Go to www.merginet.com to find nearly 300 names and addresses of EMS-related organizations.

Paramedic sues for benefits

A female paramedic who's one of 13 cancer victims in the last decade at a Chicago fire station is suing a pension fund after being denied the same disability benefits awarded to her male colleagues with cancer. The Firemen's Annuity and Benefit Fund of Chicago denied the request, even though it had granted disability designation without question to dozens of male firefighters and paramedics diagnosed with cancer, according to a Chicago newspaper. Surgery to remove the cancerous lymph nodes left the female paramedic unable to lift more than 10 pounds, a prerequisite for all paramedics. A judge has ordered that the pension fund hear the matter again. Meanwhile, the firefighters union is asking that the fire station be closed, stating that environmental factors might have caused the 13 emergency personnel to get cancer over the last ten years. Five of them have already died.



Illustration photo by John Nichols

Plano, San Antonio to consider charging rescue fees

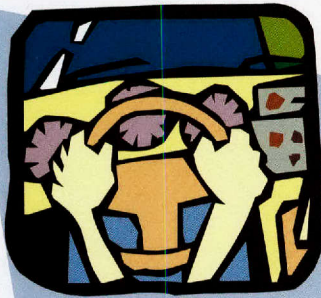
The cities of San Antonio and Plano (near Dallas) are considering charging fees for providing emergency services to crash victims. Plano Fire Chief William Peterson has suggested charging \$250 for response to vehicle crashes, \$500 for vehicle fires and \$1,200 for a crash involving extrication using hydraulic tools. San Antonio proposes charging \$440 for extrication with tools. Officials in both cities say insurance companies would likely pick up the tab.

Website details safety information

A new website has specific information on injury prevention, particularly motor vehicle injuries, including information on graduated licensing. The site, safetytips.com, also offers recall information and news about safety issues around the U.S.

Attorney general's opinion restricts volunteers

A new opinion issued by the Texas Attorney General's office says that elected officials may not function in any additional capacity, volunteer or otherwise, which is subordinate to that elected position. In other words, someone who serves on a city council may not also volunteer for EMS. For a copy of the opinion, go to <http://www.oag.state.tx.us/opinopen/opinions/cp49cornyn/jc-0199.htm>.

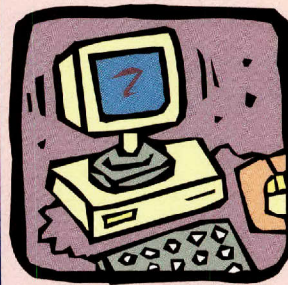
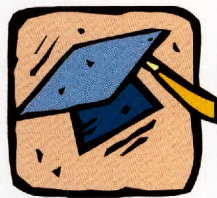


County association offers driving simulator

Everyone in this business knows how tough it can be to drive an emergency vehicle. To help drivers of rescue and other vehicles who are employed by counties, the Texas Association of Counties has purchased a driving simulator. The simulator will be available to counties that participate in the risk management pool at no charge. The association hopes to address the \$1.4 million in claims submitted to its auto liability pool. The simulator can be set up as either a patrol car or a higher-riding fire truck or ambulance, and will be available on a scheduled basis. Those counties with the largest claims will be scheduled first. Non-pooled counties may coordinate use of the simulator when it is stationed in nearby pool member counties. Counties interested in the training should determine the number of drivers to be trained and contact Paul Hoff at (800) 456-5974.

San Antonio offers paramedic degree

Beginning with the fall 2001 semester, currently certified/licensed paramedics will have the opportunity to complete a bachelor of science degree in emergency health sciences at the University of Texas Health Science Center at San Antonio. According to the school, the degree will provide paramedics with expanded medical knowledge and enhanced clinical experiences that will help graduates meet the changing demands of the emergency health care delivery system. After the core curriculum, students may choose from one of the three curriculum tracks: practitioner, education or management. For more information, go to www.uthscsa.edu/sah/emt.html.



U.S. county health info online

The U.S. Department of Health and Human Services announced this week that officials and residents of more than 3,000 counties can now access a "snapshot" of their county's health status at www.communityhealth.hrsa.gov. Counties can compare themselves to others in relation to life expectancy, causes of death—including cancer, heart disease and infectious diseases—and the percentage of adults who report fair or poor health. The website was created to establish a starting point for community health assessment and further data development.

Drug research available online

Are you wondering what kinds of drugs you're going to see on the street on overdose calls? Texas Commission on Alcohol and Drug Abuse publishes reports about the availability and use of drugs in Texas online at www.tcada.state.tx.us. Click on Information and Research. The site also has a wealth of information about where people can receive treatment and prevention ideas.

Paramedic killed in training exercise

A paramedic training to become a police officer was killed in September in Florida after being shot in the head during a training exercise. The 32-year-old medic was wounded by a gun that had been modified for training by plugging the barrel and loading it with blanks. As the gun was discharged, the plug was ejected, ricocheted off a window, and hit the medic in the left eye.

England's fuel woes affecting EMS

Are high gasoline prices putting a dent in your budget? Consider this: in England, a gallon of fuel goes for about \$4.37 a gallon. And although the country's refineries are full, protest blockades have prevented the fuel from being delivered. Consequently, EMS and fire departments are cutting back services, and some hospitals are canceling all but essential procedures. Many EMS firms are handling only emergency calls.

Medicare fee schedule proposed

In January 2001, the Health Care Financing Administration is expected to implement a new national fee schedule for payment of ambulance services for Medicare patients. On September 12, HCFA published in the Federal Register (www.gpo.ucop.edu/search/fedfld.html) the Notice of Proposed Rulemaking, which will be open for comment until November 13. The new fee schedule will be phased in over four years beginning in January. EMS consultant Tom Scott outlines the new fee schedule with some excellent links at <http://members.home.net/tomscott/feesched.htm>.

Illinois ruling may make paramedics liable

The Illinois Supreme Court has ruled that paramedics can be held liable for damages if they fail to locate a patient who calls for help. The court revived a lawsuit against two paramedics that alleges a woman suffering from an asthma attack died after paramedics sent to her apartment left when they got no answer after knocking on the door. The woman's estate claims that the door was unlocked. The lawsuit had been dismissed in two lower courts based on long-standing state immunity provisions granted to public agencies. According to court records, the 28-year-old woman called 9-1-1 in October 1995 to report that she was having an asthma attack and was struggling to breathe. When paramedics knocked on the door, a dog barked but no one answered. The medics called their dispatcher, who had failed to keep the woman on the phone, per department policy. Rescuers went through a neighbor's apartment to knock on the back door. After 15 minutes, they left. The woman's boyfriend came home from work later in the day and found her dead.

Kansas EMS firms report tire problems

A Kansas EMS state coordinator is warning other states of problems his state's EMS firms have had with Firestone tires. In ten incidents, tires on ambulances separated or had a blowout while in service. While none of the tires reported are on the Firestone recall list, NHTSA's website says that the investigation into other types of Firestone tires is continuing, and NHTSA is concerned about the safety of other Firestone tires. NHTSA recommends that people consider replacing the tires in question and retain all documentation. The tires will not be replaced at no charge if the tires are not on the recall list. For the full story from NHTSA, go to www.nhtsa.gov/hot/firestone.

Contact for rural fire prevention districts

Looking for information on rural fire prevention districts? Call Rudy Davila at Texas Department of Housing and Community Affairs at (800) 544-2042 or (512) 475-3845, or email him at rdavila@tdhca.state.tx.us.

Child safety seat trainings set



Looking to get trained as a NHTSA Child Passenger Safety Technician? There are three classes set. Call the site coordinator for more information or Johnnie Humphries at TDH's SafeRiders, (800) 252-8255.

January 9-12, 2001, Humble, Mike Legoudes 281/446-7889
February 27-March 2, 2001, Tyler, Nick Sciarrini 903/535-0031
April 24-27, 2001, Amarillo, Tracy Tellman 806/356-3295

Review team looks at medical direction curriculum

A national review team met in August to look at the newest version of "Medical Direction: National Standard Curriculum," a collaborative effort from National Highway Traffic Safety Administration (NHTSA), the American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAESMP). The purpose of the document is to offer states a national curriculum to "increase its accessibility and implementation" for medical directors in their systems. The project will not compete with any current national or state programs. The course consists of six modules: EMS Overview, EMS Systems, Medical Oversight, EMS as a Community Resource, Personnel and Education, and State-Specific Discussions. —Mike Berg
For more information email Mike Berg at michael.berg@co.travis.tx.us.



Texas EMS Conference 2000

*November 19-22, 2000
Austin Convention Center
Austin, Texas*

- Choose from more than 100 excellent continuing education workshops over three days taught by the leaders in EMS in Texas. You'll learn the latest advances in prehospital care, and have the opportunity to brush up on the basics.
- Your chance to network with 2,500 of your EMS friends!
- Top quality preconference classes such as a two-day search and rescue class and two EMS and terrorism classes, plus many of the favorites from past years.
- Learn about the latest in EMS technology in the 80,000 square feet of exhibit space filled with state-of-the-art information and products.

Agenda

Sunday, November 19, 2000

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

Monday, November 20, 2000

- 7:00 am - 6:00 pm Registration in the Convention Center in Palazzo
- 8:15 am - 9:30 am Opening Session Ballroom A-C with cartoonist/paramedic Steve Berry
- 9:45 am - 10:45 am Workshop Breakouts Ballroom A, Rooms 4-10 (Third floor)
- 10:00 am - 6:00 pm Exhibit Hall Open
- 11:00 am - 12 noon Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor)
- 12 noon - 1:00 pm Lunch on Exhibit Hall
- 1:00 pm - 3:00 pm GETAC, Ballroom B
- 2:00 pm - 3:00 pm Workshop Breakouts Ballroom A and C, Rooms 4-10 (Third floor)
- 3:15 pm - 4:15 pm Workshop Breakouts Ballroom A and C, Rooms 4-10 (Third floor)
- 4:30 pm - 5:30 pm Workshop Breakouts Ballroom A and C, Rooms 4-10 (Third floor)



If you have questions, please call us at (512) 834-6700 or visit our web site at <http://www.tdh.state.tx.us/hcqs/ems/00conf.htm>

Other groups' conference activities:

New Paramedic Curriculum Sponsored by EMS Educators Association of Texas. Call Diane Quintanilla at (254) 298-8562. Begins Friday, November 17.

EMS Educators Association of Texas Meeting. Call Neil Coker at (254) 298-8565.

Texas Ambulance Assoc. Call Ron Beaupre at (972) 417-2878.

EMS Association of Texas. Call Ron Haussecker at (979) 277-6267.

BTLS Board Meeting. Call Nancy Davis, TCEP, at (512) 306-0605.

TCEP's Medical Director's Committee Meeting. Call Nancy Davis, TCEP, at (512) 306-0605.

Texas Association of Air Medical Services. Call Allen Helberg at (214) 956-0707.

Tuesday, November 21, 2000

- 7:00 am - 3:00 pm Registration in the Convention Center in Palazzo
- 7:30 am - 8:30 am Early Bird Workshop Breakouts
Ballroom A-C, Rooms 4 - 10 (Third floor)
- 8:45 am - 9:45 am Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor)
- 9:00 am - 11:45 am Exhibit Hall Open (closed during Awards Luncheon)
- 10:00 am - 11:00 am Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor)
- 11:45 am - 1:15 pm Awards Luncheon Exhibit Hall
(Exhibit Hall open immediately after Awards Luncheon)
- 1:15 pm - 3:00 pm Exhibit Hall Open
- 2:00 pm - 3:00 pm Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor)
- 3:00 pm Exhibit Hall Closes
- 3:15 pm - 4:15 pm Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor)
- 4:30 pm - 5:30 pm Workshop Breakouts Ballroom A-C, Rooms 4- 0 (Third floor)

Wednesday, November 22, 2000

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

Conference Adjourns



Ride out with Austin EMS

Want a chance to ride out with an urban service that responds to about 75,000 calls per year? Austin EMS is offering ride-outs at no charge during the conference. Different times are available. Sign up at the Austin EMS booth beginning Sunday on a first-come, first-served basis. Bring dark pants and shoes and a white, collared shirt. Call Warren Hassinger at (512) 469-2060 or email him at warren.hassinger@ci.austin.tx.us.

Conference hotels

- Hyatt (Host Hotel)..... (512) 477-1234
- Radisson (512) 478-9611
- Four Seasons (512) 478-4500
- Omni Hotel (512) 476-3700
- Sheraton (512) 480-8181
- Embassy Suites (512) 469-9000
- Marriott Capitol (512) 404-6946
- Stephen F. Austin (512) 457-8800
- LaQuinita at Highland Mall (512) 459-4381
- LaQuinta at Oltorf (512) 447-6661

After November 1, rates will vary according to availability.

Texas EMS Conference 2000

Registration Form

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

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

Address _____ City _____

State ____ Zip _____ Phone _____

e-mail address: _____

Registration information (512) 759-1720

For general information call (512) 834-6700
<http://www.tdh.state.tx.us/hcqs/ems/00conf.htm>

Bring this completed registration form to the conference.
You may pay your registration fee of \$110 by check
or credit card at to the conference.
You will be considered a walk-in.
Do not mail or fax after 11/1/00.

No Mailed or faxed registrations will not be accepted after 11/1/2000 **No refund after 11/1/2000**

MC Visa AmExprss Credit Card No. _____
 Card Holder _____ Card Exp. ____ ____
 Signature of Card Holder _____

Conference Registration Fee	Amount \$
Total Amount enclosed	\$

\$110 registration at the door

Sunday, November 19, 2000

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

Monday, November 20, 2000

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

Tuesday, November 21, 2000

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

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

M O N D A Y

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)
8:15 am - 9:30 am										
STEVE BERRY				HUMOR IN YOUR PRACTICE (Additional)				BALLROOMS A—C		
9:45 a.m. - 10:45 a.m.	Van Cleve When Bonfire Collapsed (Trauma)			Nursing Track Eichhorn/ Meyers/ Hott Family Presence (Special Pts)	Educator Track Hill Distance Education & Testing (Additional)	Puryear/ Brackett Biological/ Chemical Warfare Agents (Medical)	Turner Who Can Consent? (Additional)	Dean Crime Scene Smarts & Personal Safety (Additional)	Harmon Implement- ing a Defib Program (Cardio)	Sirbaugh, MD What's New in Prehospital Pediatrics (Special Pts)
11:00 a.m. - 12:00 a.m.	Berry The Hole Story: Implications of Body Piercing (Medical)	Evenbly Critter Catching 101: OB Emergen- cies (Special Pts)	Shook, MD Common Pediatric Illnesses (Special Pts)	Nursing Track Levy, MD Pediatric Head Injuries (Trauma)	Educator Track Villers Teaching Skills in Distance Ed. (Additional)	Gonzalez Diabetic Emergencies (Medical)	Phillips Bondage 101 for EMS Personnel: Use of Restraints (Special Pts)	Mgmt Track Charpentier/ Nelson Management's Commitment to CISM (Special Pts)	Page EMS from Death's Perspective (Additional)	Curry The "Pains" of EMS (Prep)
2 p.m. - 3 p.m.	Bolleter The Medical Here & Now (Medical)		Beeson Back to Basics (Trauma)	Nursing Track Bagshaw Anatomy of an Accident: a Survivor's Tale (Trauma)	Educator Track Drees Predicting Student Success (Additional)	Gordon, MD Guidelines 2000 Rollout: PALS & BLS Update (Special Pts)	Dodson Circle of Protection (Special Pts)	Mgmt Track A. Johnson Creating an Environment for Heroes (Additional)	Wright QI Is Not Related to IQ (Additional)	Salter Thoracic Trauma (Trauma)
3:15 p.m. - 4:15 p.m.	Phillips Alcohol Related Emergencies (Medical)		White Respiratory Distress vs. Failure (Medical)	Nursing Track Brock Abdominal Trauma (Trauma)	Educator Track Hatch/ Nollette Research (Additional)	Continuation of Above (Trauma)	Wynn/Baros Coping and Stress (Special Pts)	Mgmt Track Curry Managing Change (Additional)	Turner Is the Scene Safe? (Prep)	Makris Red Flags in Patient Care (Preparatory)
4:30 p.m. - 5:30 p.m.	Harbert Managing the Geriatric Pt (Special Pts)		Turner Officer Down! (Trauma)	Bakhtiari Health & Fitness for EMS/Fire Personnel (Additional)	Educator Track M. Wright Performance Mgmt (Additional)	Frey Anaphylaxis: More than Just Bugs (Medical)	Phillips Obstructive Pulmonary Disease (Medical)	Mgmt Track Beimer Recipe for Effective Leadership (Additional)	Wolford Congestive Heart Failure (Cardio)	Yates The Expanded Role of Paramedics in the ED (Additional)

T U E S D A Y

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)
7:30 a.m. - 8:30 a.m.	Evenbly Recognizing Cult & Satanic Activity <i>(Additional)</i>	Gonzalez Prehospital Findings <i>(Medical)</i>	Stadthagen Neonatal Resuscitation <i>(Special Pts)</i>	Klaus Effective Communica- tion <i>(Prep)</i>	Educator Track Rinard Simulation in Education <i>(Additional)</i>	Morris MCIs: Before & After <i>(Trauma)</i>	Panel Amiodarone <i>(Cardio)</i>	Mgmt Track Ballard/Laws Customer Service <i>(Additional)</i>	Beeson Platelets: Do They Matter to Me? <i>(Preparatory)</i>	Salter Every Breath You Take <i>(Prep)</i>
8:45 a.m. - 9:45 a.m.	Berry What do you Mean, "He's Dead"? <i>(Preparatory)</i>	Yates Role of EMS in Organ/Tissue Donation <i>(Trauma)</i>	Salter Bless the Little Children of the World <i>(Special Pts)</i>	Klaus The Small Communica- tion Center <i>(Additional)</i>	Educator Track Folden, Edd CE & Improving Performance <i>(Additional)</i>	Genzel, MD EMS at Mass Gatherings [2 hrs] <i>(Trauma)</i>	Racht, MD Why 12- Leads? <i>(Cardio)</i>	Mgmt Track Nelson Mgmt Re- sources & the Internet <i>(Additional)</i>	Harmon Don't Blow Off the Bystander <i>(Trauma)</i>	Bolleter Without Thought <i>(Trauma)</i>
10 a.m. - 11 a.m.	Maj. Bailey, MD Emergency Burn Care <i>(Medical)</i>	Eaddy Brave & Crazy: Street Psychiatry <i>(Special Pts)</i>	Harbert Pearls of Mgmt for the Pediatric Pt <i>(Special Pts)</i>	Frey SCUBA Emergencies <i>(Medical)</i>	Educator Track Folden, Edd Performance Measurement <i>(Additional)</i>	Continuation of Above <i>(Trauma)</i>	Gordon, MD DNR & the Tx Natural Death Laws <i>(Additional)</i>	Mgmt Track Charpentier Emergency Driving <i>(Additional)</i>	Stadthagen Cardiac Pharmacology Review <i>(Cardio)</i>	Rubin, PhD Heat Related Disorders <i>(Medical)</i>
2:00 p.m. - 3:00 p.m.	Racht, MD I'm Scared to get to Heaven <i>(Preparatory)</i>	Rubin, PhD Hypo- thermia and Frostbite <i>(Medical)</i>	McGinley Lessons From Wedgwood <i>(Trauma)</i>	Page Wide & Tachy: Making the Right Call <i>(Cardio)</i>	Educator Track Gonzales Assessing Clinical Research <i>(Additional)</i>	Cooper/ Weeks Surviving the Secondary Device <i>(Trauma)</i>	Hendricks/ Riley Coordinated Continuum of Care <i>(Prep)</i>	Clinchy, PhD Denial Might Kill You! It Almost Killed Me <i>(Additional)</i>	Waites The Scene is Never Safe <i>(Preparatory)</i>	Bolleter Strike a Cord <i>(Trauma)</i>
3:15 p.m. - 4:15 p.m.	Stout, MD Acute Myocardial Infarction <i>(Cardio)</i>	Maj. Bailey, MD Smoke Inhalation <i>(Medical)</i>	Mitchell Mechanism of Injury <i>(Trauma)</i>	Helberg The Role of Athletic Trainers <i>(Additional)</i>	Stadthagen Inferior MI's: How to Treat <i>(Cardio)</i>	Thomas The EMT & the Terminal Patient <i>(Special Pts)</i>	Hinson Concepts in Sedation <i>(Special Pts)</i>	Evenbly Culturally Competent Care <i>(Additional)</i>	Wynn Adulated Drugs: Fact or Fiction? <i>(Preparatory)</i>	Van Cleve When Bonfire Collapsed <i>(Trauma)</i>
4:30 p.m. - 5:30 p.m.	Kesling, PhD Domestic Violence <i>(Additional)</i>	Burns What if Your Patient has Four Legs? <i>(Additional)</i>	Savage Drug Resistant Organisms <i>(Prep)</i>	Poulter The Deaf & Hard of Hearing Patient <i>(Special Pts)</i>	Puryear Right Ventricular AMI <i>(Cardio)</i>	Genzel, MD Really Cool Slides <i>(Trauma)</i>	Lanier Treating Those Left Behind <i>(Special Pts)</i>	Hinson Pitfalls of RSI <i>(Medical)</i>	Spranger Homeostasis: Cells Responding to Illness/Injury <i>(Preparatory)</i>	Villers Pearls & Pitfalls in Cardiac Arrest Mgmt <i>(Cardio)</i>

W E D N E S D A Y

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 6 (322)
8:30 a.m. - 9:30 a.m.	Bolleter A Reason for Being <i>(Additional)</i>	Tapia Adrenalin: Do you Live? Do you Die? <i>(Additional)</i>	Brogan, MD, PhD Problems at the Pump Station: A Detailed Look at CHF <i>(Cardiovascular)</i>	C. Johnson Structural Collapse and the EMS Provider <i>(Trauma)</i>
9:45 a.m. - 10:45 a.m.	Warren The Secret of Life <i>(Additional)</i>	Reiter Strengthening the Chain of Survival: A Community Approach <i>(Cardiovascular)</i>	A. Johnson The Evolving Role of EMS in Reperfusion Therapy <i>(Cardiovascular)</i>	Hudson EMS Involvement in Child Fatality Reviews <i>(Special Pts)</i>
11:00 a.m. - 12:00 p.m.	Bybee Patient Care on Sexual Assault Calls <i>(Special Pts)</i>	Buckley Survey of Ethics: What is the Right Thing to Do? <i>(Preparatory)</i>	Fillip I Still Haven't Found What I'm Looking For <i>(Preparatory)</i>	Eaddy/Etheridge Getting Medics Comfortable with Research <i>(Additional)</i>

Conference attendees: Want to know if we received your registration? Visit the Texas EMS Conference website at www.texasemsconference.com

Directions to the Austin Convention Center

Coming from north on I-35

Exit on 8th Street, turn right on 1st Street (East Cesar Chavez Street); the convention center will be on the right.

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

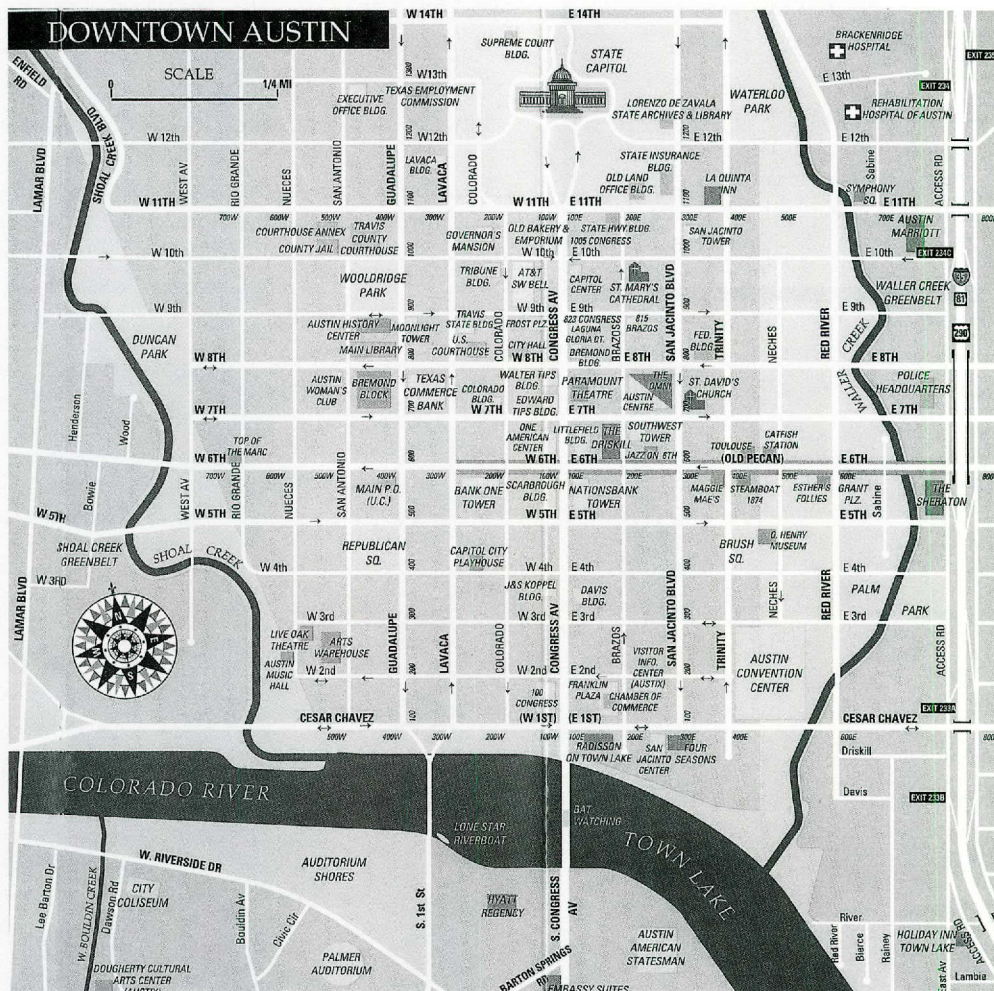
Texas EMS Conference registration area will be in the Austin Convention Center Palazzo at 1st Street and Trinity.

Coming from south on I-35

Exit on 1st Street (East Cesar Chavez Street) and go left across I-35; the convention center will be on the right.

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

Texas EMS Conference registration area will be in the Austin Convention Center Palazzo at 1st Street and Trinity.



Local & Regional EMS News

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

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

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

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

STRAC sets up mobile command/communications trailer

South Texas RAC recently purchased an Emergency Response Unit (ERU), a mobile command and communications trailer. The ERU has desk seating for nine personnel and full running water facilities. The trailer also carries 30 handheld radios, eight mobile radios, satellite radios, a fax machine, an on-board generator and other communications equipment. The ERU is staffed by STRAC member agencies. The ERU has already assisted with communications during fires in Kerr County, with personnel from Leon Valley Fire/EMS,

New Braunfels Fire/EMS, Comal County Sheriff's Office, Canyon Lake Fire/EMS and STRAC. The money for the trailer came from TDH's tobacco endowment.

WCEMS proves chain of survival works

In June, Washington County EMS responded to a man down call. The wife of retired DPS officer Charlie Bell was roused from sleep by their barking dog and found her husband on the bathroom floor, not breathing and with no pulse. Their daughter initiated 9-1-1 and then began rescue breathing. Police officers arrived and began CPR. EMS arrived and applied an AED,

Charlie Bell, center, holding dog, is pictured with several people who responded when he had a heart attack. Pictured from left is David Zeiders, EMT-I; Thomas Thorp, EMT-P; and Beth Novak, EMT-P. Bell's dog alerted his family when Bell had a cardiac incident during the night and family members called 9-1-1, beginning the chain of survival that resulted in Bell's recovery from bypass surgery.



Local & Regional EMS News

which showed the patient in ventricular defibrillation. After being shocked, the patient had a weak carotid pulse and was transported to Trinity Medical Center in Brenham for stabilization, then on to St. Joseph Hospital in Bryan. Bell underwent bypass surgery and was discharged from the hospital within a week.

River City EMS donates shuttle bus to local work center

River City EMS, in San Antonio, recently donated a shuttle bus to Expanded Horizons, Inc., to alleviate a growing transportation problem for the program. Expanded Horizons, Inc., holds workshops and training for Kinney County/Bracketville's mentally and physically challenged population. The bus can



River City EMS recently donated a shuttle bus, equipped with a wheelchair lift, to Bracketville's Expanded Horizons work center. Jaime Castro, regional director for RCEMS, right, hands the shuttle's keys to Herb Senne, Kinney County judge and an Expanded Horizons supporter.

transport individuals to and from the local work center and allows the center to take the individuals on field trips. The bus is equipped with a 1000-pound wheelchair lift for the work center's clients who are wheelchair-bound. The owner of RCEMS is originally from Bracketville.

MedStar adds western flair to EMS

Rural/Metro's MedStar in Fort Worth recently debuted its ten-member Mounted EMS Team at the 24th annual Chisholm Trail Round-Up, a 25-mile ride celebrating Fort Worth's western history. The



Members of Rural/Metro MedStar's Mounted EMS Team respond to an injured individual. Pictured are, from left, Dr. Tommy Thompson, a local veterinarian; Dr. Paul Driver; Ernie Rodriguez, LP; and Roxann Martinez, EMT-P.

Local & Regional EMS News



Carla Armstrong, EMT-P, and Pauline Colbert, TDH nurse, prepare for clients at CCFD's "Shots Through the Fire Station" event in August. Copperas Cove Fire Department has held several immunization clinics on weekends to increase the number of children and adults protected by vaccinations in the Copperas Cove area.

members carry medical supplies, a cardiac monitor and oxygen. The team responded to its first call 45 minutes into the trail ride after a rider was thrown from her horse, and prepared the patient for transport. The team is scheduled to

provide medical support at several trail rides, seasonal events and special events. Team members include Rural/Metro paramedics, volunteers from the Emergency Physicians Advisory Board, a veterinarian and a horse trainer.

Grand Prairie FD recently began operating as the 9-1-1 EMS transport for Grand Prairie. The service purchased seven ambulances and the equipment to operate at an MICU level.



Copperas Cove FD provides immunizations for local children

In August, Copperas Cove FD collaborated with TDH, The Refuge Corporation and Copperas Cove Independent School District school nurses to provide weekend immunizations clinics to local families. A need for shot clinics outside of normal weekday business hours had been identified. The fire department sent several paramedics and EMTs through TDH's eight-hour training class on children's immunizations, with the intent on having all operations personnel qualified to give immunizations. At the August "Shots Through the Fire Station" event, CCFD gave children and adults immunizations while a clown, a climbing wall, games, videos, Ready Fox, Smoky Bear and free drinks and hot dogs kept the crowd entertained. Approximately 250 children and adults received more than 350 immunizations.

Grand Prairie launches new ambulance service

Grand Prairie FD began responding to the 9-1-1 emergency medical calls in its service area in August. The service has five new front-line ambulances and two new reserve ambulances in its force and the equipment to operate at an MICU level. GPFD has nine stations covering an approximate population of 120,000 and employs 30 paramedics.

Local & Regional EMS News

STEC gets local boost for CPR training

The South Texas Emergency Care Foundation Inc., in Harlingen, had set a goal to train at least 600 citizens of Cameron County in CPR during the coming year. The training program recently was greatly enhanced when the National Automobile Dealers Charitable Foundation, Boggus Ford Harlingen, Bert Ogden Dealer Group, Kellogg Auto Group and Knapp Chevrolet presented the organization with a Resusci-Ann training unit. The CPR training unit signals that a trainee is applying the right pressure in the right place and breathing correctly into the victim's mouth.

HCC EMS program receives re-accreditation

Houston Community College's EMS Program has received notification that it has been fully re-accredited for five years by the Committee on the Accreditation of Allied Health Education Professions. HCC EMS Program is one of 17 health career programs based in the HCC-Southeast Health Science Center.

AFD mechanic wins national award

David Williams, a mechanic with Abilene FD, recently received the Certificate of Achievement from the National Association of Emergency Vehicle Technicians. He also re-



South Texas Emergency Care Foundation, Inc. recently received a manikin from local automobile dealers to help reach its goal of training 600 citizens in CPR. Pictured, from left, are Michael Esquivel, Texas Automobile Dealers Association; Greg Quisenberry, Boggus Ford Harlingen; Ray Crum, Bert Ogden Dealer Group; Dennis Hebner, STEC; Resusci Ann; Debbie Gibson, Kellogg Auto Group; and Butch Cooley, Knapp Chevrolet.

ceived a letter of commendation from the White House and the Congressional Fire Services Institute. The awards were presented at NAEVT's Awards Banquet and Annual Membership Meeting in Baltimore, Maryland, in July. Williams has worked with AFD for about 17 years.

AEMS is recognized at national conference

Austin EMS received several recognitions at the National Academy of Emergency Medical Dispatch Educational Conference in Las Vegas in August. AEMS Communications was recognized at the conference's opening session as the 39th Accredited Center of Excellence worldwide and the first one in Texas. AEMS was also spotlight-

ed when an AEMS communications call involving a murder/suicide/hostage situation was featured in a session about telecommunications. Dr. Edward Racht, AEMS medical director, and Beverly Bottorff-Patton, QA/QI specialist, were chosen to present an abstract on the impact of medical alarm activation on an EMS system.

Watauga takes over 9-1-1 service

Watauga, near Fort Worth, announced that the city began operating the ambulance service for its area in September. The city has six paramedics/firefighters and two ambulances. The area had previously been serviced by Rural/Metro.

Local & Regional EMS News



Medcare operates EMS service for several south Texas communities, including Pharr, McAllen and Mission. Pharr officials, pictured from left, are Juan J. Ruiz, fire marshal; Jorge Jalomo, deputy chief; Jaime R. Guzman, fire chief; and Pilar Rodriquez, deputy chief.

Pharr contracts with Medcare EMS

Pharr, in south Texas, contracted in October with Medcare EMS, Inc., for MICU-level 9-1-1 ambulance service. Two Type II ambulances will be used to cover two service districts and to meet the eight-minute response time requirement. Medcare EMS will also provide public education and training assistance. Medcare EMS, Inc. also provides 9-1-1 service in McAllen, Mission, Donna, San Juan, Mercedes, Hidalgo County Precinct 3 and Hidalgo County Rural Fire Prevention District 4.

LES honors personnel in chain of survival

Luling Emergency Services personnel were honored recently for their life-saving actions. In August, a 9-1-1 call alerted telecommunicators that Eddie Gaither was lying unconscious in his front yard. The telecommunicator notified the on-duty police officer who, on arrival at the scene, began basic life support. When

LES arrived, they began advanced life support and transported the patient to the local hospital. Gaither was stabilized at Seton Edgar B. Davis Hospital prior to being transported by Critical Air to Seton Hospital in Austin. Within three weeks of the incident, Gaither was in his home, recovering from quadruple bypass surgery. Those recognized included the neighbor who contacted 9-1-1; Keith Montgomery, the telecommunicator; Randall Davis, the police officer; Tyson Karm, EMT; Janet Gonzales, EMT-P; Paul Royall, EMT; Melanie Tucker-Greeley, LP; Jessica Robinson, EMT-I;

Charlie Royall, EMT-P; Dr. Arjun Mohandas, an emergency physician at Seton Edgar B. Davis Hospital; and Dr. Martin Weiner, the medical/EMS director for LES.

Big Country pulls together to extinguish fatal fire

In September, several emergency agencies in the Abilene area responded to a propane gas line explosion. Agencies from Abilene, Potosi, Tye, Clyde and other areas helped contain the blaze, which consumed a house and a car. Killed in the blaze was Abilene police officer Jay Hatcher. One other seriously injured individual was flown by Aero Care Air Ambulance Services to a burn center. The fire was promptly contained, but still took four days to burn out before repairs could be made.

(Below) Luling EMS recognized, back row from left, Dr. Arjun Mohandas; Luling PD Randall Davis; Tyson Karm, EMT; Paul Royall, EMT; Glen Germer, LES director; Melanie Tucker-Greeley, LP; Janet Gonzales, EMT-P; Charlie Royall, EMT-P; Jessica Robinson, EMT-I; and David Creed, Luling dispatch deputy chief. Seated are, from left, Brenda Sturges, the neighbor; and Eddie Gaither.



Local & Regional EMS News

Texas Department of Health EMS Offices

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

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

Terry Bavousett
 P.O. Box 60968, WTAMU Station
 Canyon, Texas 79016
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Denny Martin
 1109 Kemper
 Lubbock, Texas 79403
 (806) 744-3577

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

Jimmy Dunn
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 1301 South Bowen Road, Suite 200
 Arlington, TX 76013
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Jerry Bradshaw
 4309 Jacksboro Hwy, Suite 101
 Wichita Falls, Texas 76302
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Andrew Cargile
 1290 S. Willis, Suite 100
 Abilene, Texas 79605
 (915) 690-4410

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

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

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

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 Houston, Texas 77023
 (713) 767-3333

Public Health Region 7
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Rod Dennison
 2408 S. 37th St.
 Temple, Texas 76504-7168
 (254) 778-6744

Public Health Region 8
<http://www.r08.tdh.state.tx.us/r8home.html>

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

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

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

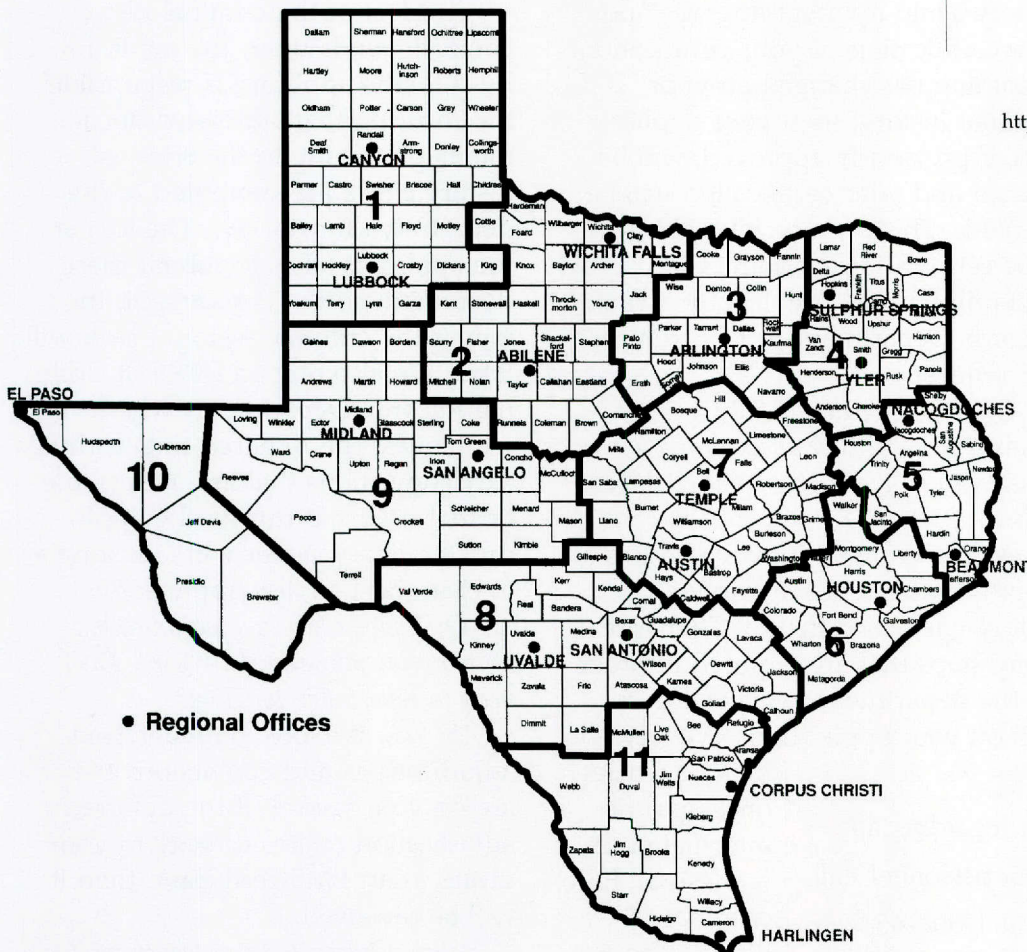
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By
Chris Quiroz, EMT-P

FAQ *Investigations*

Questions regarding this article can be directed to Chris Quiroz at 512/834-6700 or email him at chris.quiroz@tdh.state.tx.us

Q: I just recently became certified as an EMT and my criminal history was checked and cleared. Now I am upgrading my certification. Is it necessary that my criminal history be checked again?

A: Yes. Even though your criminal history was cleared a short time ago, we will check your criminal history again upon an upgrade and/or recertification of your certification. If nothing has changed on your criminal history, then your application, if previously approved, will be cleared and your certification will be granted. This process will hold up your certification for some time, depending upon how fast the Crime Records Department of DPS returns our request.

Q: How long does it take for my criminal history to be checked and a decision to be made about my certification?

A: The criminal history check is a lengthy process. Each criminal history check is different. There are many steps that are required in order for the department to make a decision on your application. We rely on

many agencies once specific information is requested. FBI criminal history checks can take up to eight weeks to get the infor-

mation we requested. We can only make a decision once all of the information that we have requested has been returned to the department and reviewed.

Q: What can I do to help speed up the process of the criminal history checks?

A: Most of the criminal history check depends upon the applicant. By rule, the applicant is responsible for ensuring that all related documents pertaining to the criminal history check are submitted to the department for review. The longer the applicant takes to submit these documents to the department, the longer the criminal history check will take. We also rely on DPS/FBI Criminal Records Departments whenever we request the required fingerprints. Any convictions that are out of state or that occurred during the applicant's military career will take longer to clear. Best advice: apply early!

Q: I have a deferred adjudication sentence on my criminal record. Do I need to report this to TDH?

A: Yes. We look at all deferred adjudications and convictions that are on your record. If the deferred adjudication relates directly to your duties as an EMS certificant, then it will be reviewed.

Chris Quiroz is team leader for the Quality Improvement team. Email him at chris.quiroz@tdh.state.tx.us or call him at (512) 834-6700.

To file a complaint regarding an EMS service or EMS personnel call the complaint line at 1-800-452-6086. Calls can be confidential or anonymous.

By
Linda Reyes

FAQ *EMS Standards*

Q: *Do I need a high school diploma or GED in order to become certified?*

A: The answer depends on whether you are an initial or recertification candidate. If you are an initial candidate and your course started on or after September 1, 2000, new rules require you have a high school diploma or GED. If your course started before September 1, 2000, you do not need a high school diploma or GED. If you are taking a course to upgrade to a higher level of certification, you are considered an initial candidate for the higher level and will be required to have a high school diploma or GED (if your course started September 1, 2000 or after). If you are a recertifying candidate and are simply renewing your certificate, you are not required to have a high school diploma or GED.

Q: *I am scheduled to take the paramedic retest exam next week. My instructor told my class that we have three chances to pass the state exam. Is this right?*

A: EMS rules have always allowed you an initial and retest exam (if needed) to achieve certification. The new rule allows you an extra opportunity to pass the exam, if you complete a refresher course (at the appropriate level) and submit the retest application with the \$25 retest fee. If you do not pass the third exam, you are required to start the certification process again, including repeating the initial course. The new rule allows you one year

from initial course completion date to gain certification.

Q: *I heard we are no longer required to submit the Two-Year CE Summary Report form at two years. Is this true?*

A: No, not true. You are required to report CE at your two-year mark as stated in the Continuing Education Rule 157.38. The rule is undergoing changes. You can keep up with the changes, as well as give your input, from our web page at: <http://www.tdh.state.tx.us/hcqs/ems/rulpend.htm>.

Q: *I am a registered nurse as well as a paramedic. Can I use my nursing continuing education (CE) hours to maintain my paramedic certificate?*

A: Yes, if your nursing CE hours are approved by one of the recognized CE accrediting agencies. The CE you complete and report must meet the content areas required by EMS rules. By policy, we recognize other accrediting agencies as having the authority to accredit CE. Among the list of recognized agencies is American Nurses Credentialing Center, American Nurses Association and American Association for Respiratory Care. Read the complete list at our web site: <http://www.tdh.state.tx.us/hcqs/ems/otherce.htm>.

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

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

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

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

Email:
emscert@tdh.state.tx.us

Looking for TDH EMS rules? Go to www.tdh.state.tx.us and click on Rules.

American Heart Association releases new CPR guidelines

New recommendations from the American Heart Association change the way non-medical personnel will be taught to do CPR. The changes were included in a new set of cardiopulmonary resuscitation guidelines announced in August by the American Heart Association in an effort to speed help for heart attack victims by streamlining emergency procedures. The new procedures, the first change in AHA guidelines since 1992, were developed in 18 months of international scientific consultations.

The new guidelines drop the requirement that the layperson providing emergency CPR check for a pulse. Instead, people assisting victims are urged to check for other signs of circulation such as breathing, coughing or movement when deciding whether to perform CPR.

To treat an unconscious adult choking victim, rescuers who are not medical professionals now begin standard CPR with chest compressions, rather than using abdominal thrusts or blind finger sweeps in the mouth to clear the airway. The use of abdominal thrusts—better known as the Heimlich maneuver—will still be taught for use on conscious victims.

What about EMS? Do they use the new guidelines? The American Heart Association answers:

Do state and/or local EMS offices have to pay the American Heart Association (AHA) for use of Guidelines 2000 for setting standards, guidelines and protocols?

As in the past, EMS, hospitals, ambulance services and government agencies are encouraged to use the Guidelines in setting their regulations, standards, guidelines and protocols. There is no fee for using Guidelines 2000 in this manner.

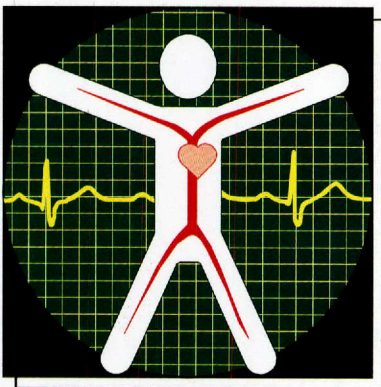
Our EMS system develops its own training materials to supplement its BLS and ACLS training. Do we have to pay a license fee?

As in the past, organizations who want to extract information directly from the Guidelines, e.g., an algorithm, can contact the American Heart Association, Attn: Copyright Specialist, 7272 Greenville Ave, Dallas, TX 75231. Depending on the amount of information and/or the use, there may be a use and/or administrative fee.

Where can I get the official information on changes in Guidelines 2000?

A summary of the changes in the Guidelines is contained in the fall issue of *Currents*. *Currents* can be downloaded online free, via www.cpr-ecc.org. For those who would like a reprint copy, they can be

On the web:
www.cpr-ecc.org



ordered from "Currents on Line " at 800-611-1515 for \$5.00 each.

Why did the AHA copyright the Guidelines?

The AHA copyrighted the Guidelines, first, to protect the integrity of the science and the process for publishing that science and, second, to provide an orderly process for handling copyright questions.

Who is being asked to pay a licensing fee?

The American Heart Association encourages all organizations to use the new guidelines because they provide

the most accurate, scientifically proven information possible to help save more lives during cardiovascular emergencies. Major training organizations who develop training materials based on Guidelines 2000 for the purpose of generating revenue are being asked to assist in defraying the direct costs for development of Guidelines 2005 by paying a licensing fee. These organizations that pay fees for the use of the Guidelines will do so in lieu of investing their own research and development funds to evaluate scientific research for their own training courses.

Other changes to the guidelines included:

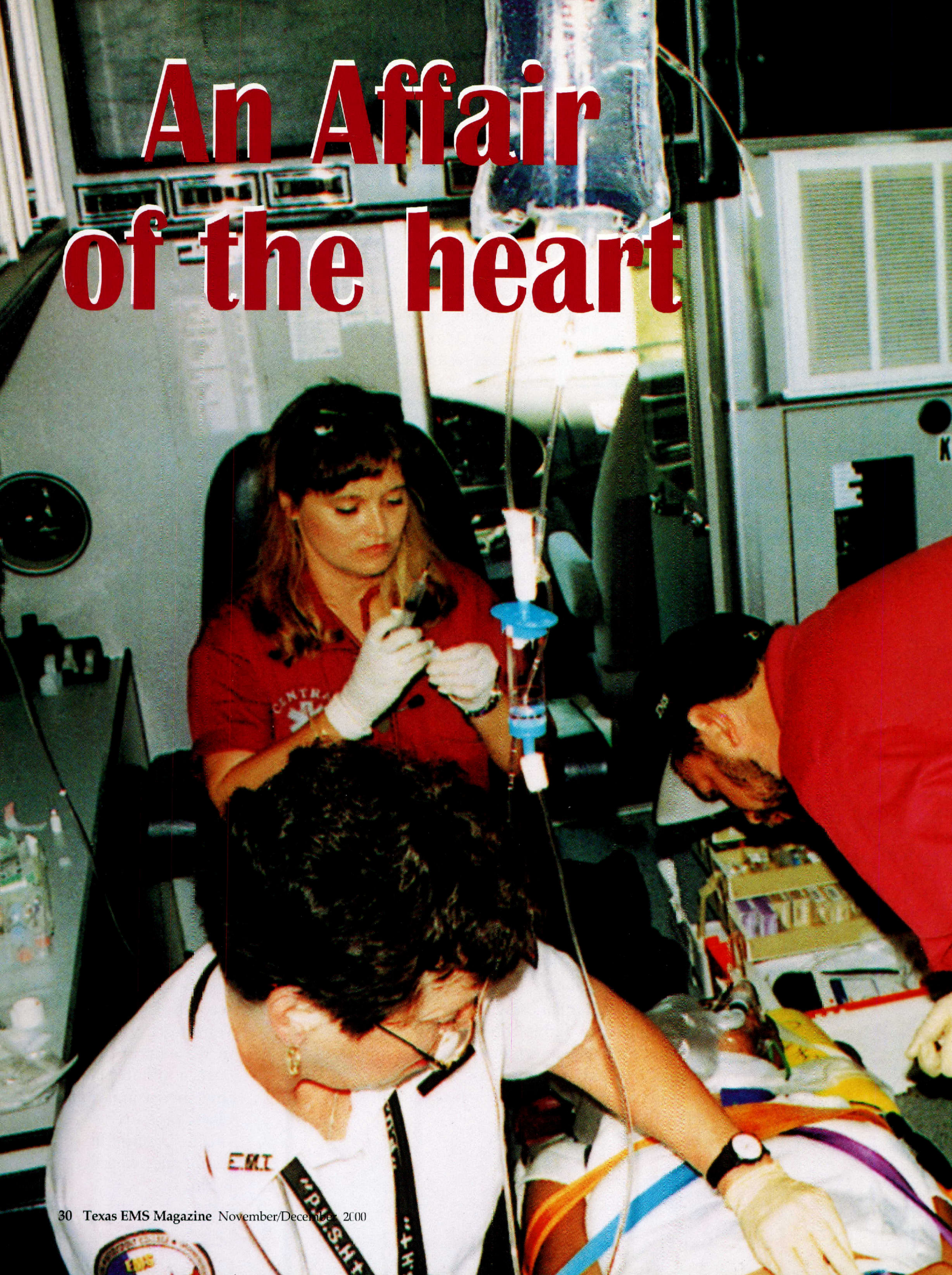
- Lay rescuers giving cardiopulmonary resuscitation should provide 15 chest compressions alternating with two rescue breaths. The old guidelines had differing ratios of breaths and compressions depending on the number of persons assisting in the rescue.
- In giving CPR to an infant, the two-thumb method with the hands encircling the chest is much more effective than the previously suggested two-finger method.
- Use of new clot-busting drugs is recommended once professional medical care is available, including recommendations for which drugs to use. These drugs were not widely available when the guidelines were last updated.
- Setting a goal of cardiac defibrillation within five minutes for persons not in a hospital and within three minutes for victims in a hospital. The old guideline was merely early defibrillation. The American Heart Association is pressing a campaign to get automatic heart defibrillators installed in sports stadiums, airports and other public buildings.

 **EMS Fact:**

Nicotine inhaled deeply reaches the brain in less than 10 seconds. Immediately your heart rate will increase up to 10 beats a minutes faster, thus increasing your blood pressure.

—U.S. Department of Health and Human Services

An Affair of the heart





By
Jacqueline C. Stocking, RN, MSN, EMT-P

ILLUSTRATION PHOTO BY PRESTON CONN

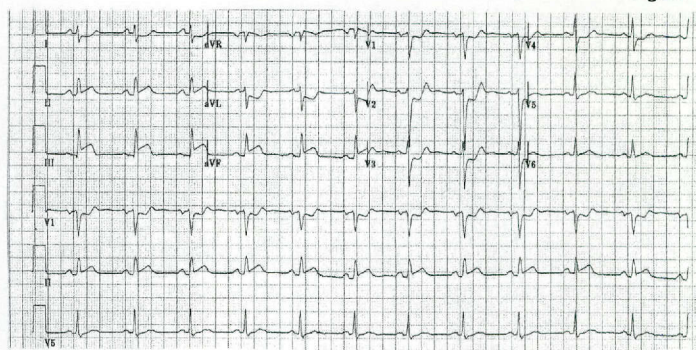
Acute myocardial infarction

Case Presentation

It is five o'clock in the morning and you and your partner have just closed your eyes after restocking your medic unit and completing several charts from what can only be described as a grueling shift. You figure you can at least get a couple hours of sleep before shift change at seven in the morning. No sooner do you drift off into sweet slumber than the tones go out: "Medic 8: Response for a 60 year-old male with chest pain..."

Eight minutes later you and your partner find yourselves in the bedroom of a 60-year-old male patient who appears to be very anxious and in pain. You notice that he is pale and is clutching his chest with his left hand and a bottle of nitroglycerine tablets with his right hand. His wife is beside herself with worry and cannot relay any history to you. The patient reports that he awoke one hour ago with a feeling of indigestion and severe pain in the middle of his chest. He describes the pain as "kinda like an elephant sitting on my chest." On further questioning, you note that his pain radiates into his left jaw and left arm and is "8 to 10" on a 0-10 pain scale (0 means no pain and 10 means the worst pain the patient has ever experienced). The pain has been unrelieved by the three nitroglycerine tablets the patient has taken. The patient's skin is cool and diaphoretic and he is nauseated and slightly short of breath. You and your partner immediately place the patient on oxygen at 4-6 lpm by nasal cannula, start an IV of 1000cc normal saline at a TKO

rate and place the patient on the cardiac monitor. You notice the cardiac monitor shows a sinus rhythm at 77 beats per minute with ST elevation noted in lead III (Figure 1). The patient's blood pressure is 132/72 and his respiratory rate is 18 with clear and effective lung sounds. The pulse oximeter shows an SpO₂ of 98 percent on oxygen. You and your partner quickly contact the receiving hospital, begin to administer treatment, and quickly transport your patient to the closest emergency department.



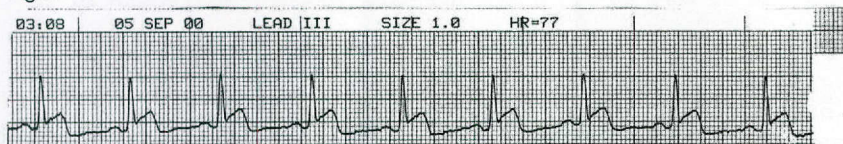
Overview

Despite advances in emergency medical services (EMS) and cardiovascular therapy, AMI, or heart attack remains the leading cause of death in the U.S. It is estimated that 1.25 million persons in the United States experience AMI each year.

Approximately 500,000 of those persons die, half within the first hour after the onset of symptoms and many before ever accessing EMS or reaching a hospital.

Despite these grim statistics, great strides in the treatment of AMI have been made in the past 20 years. Morbidity (disability) and mortality (death) have declined markedly, thanks in part to the development of EMS response teams and their role in early, aggressive treatment aimed at reestablishing blood flow to the heart muscle, or myocardium. The earlier blood flow is reestablished to the myocardium, the better the patient's chances are of avoiding complications or death. To illustrate how deadly any delay in treatment can be, consider this: Each hour of delay to definitive treatment (thrombolytics, PTCA, or CABG) results in a 1 percent increase in mortality. In other words, preventing a one-hour delay in definitive treatment saves 10 lives for every 1,000 patients treated. Therefore, in treating patients with suspected AMI, EMS personnel must act with a sense of urgency.

Figure 1



Learning Objectives

Upon completion of this article the reader should be able to:

1. Describe the pathophysiology of acute myocardial infarction.
2. List the signs and symptoms that may be present with acute myocardial infarction.
3. Describe why acute myocardial infarction is a true medical emergency.
4. List five risk factors of acute myocardial infarction.
5. List three potential complications of acute myocardial infarction.
6. List and describe the treatment goals for acute myocardial infarction.
7. Discuss pharmacological therapy for acute myocardial infarction commonly encountered in the prehospital environment.

Review of Cardiac Anatomy

The human heart sits within the mediastinum and is about the size of the clenched fist of that individual. The heart has four chambers that act as a two-sided pump (Figure 3). The right heart consists of the right atrium and the right ventricle, while the left heart consists of the left atrium and the left ventricle. The right atrium receives oxygen-poor venous blood from the superior and inferior vena cava and pumps it through the tricuspid valve into the right ventricle. The right ventricle then pumps this oxygen-poor blood through the

pulmonic valve and into the pulmonary artery. The pulmonary artery transports the blood to the lungs, where it gets oxygenated. This oxygen-rich blood is then transported via the pulmonary vein to the left atrium. The left atrium pumps the oxygenated blood through the mitral valve and into the left ventricle. The powerful left ventricle then pumps the oxygenated blood through the aortic valve and into systemic circulation via the aorta.

The myocardium receives its blood supply, which carries nutrients and oxygen, from the coronary arteries (Figure 4). The right and left coronary arteries arise at the base of the aorta, just above the aortic valve. After branching out from the base of the aorta, the coronary arteries traverse along the outside of the myocardium in natural grooves (sulci) in the surface. To perfuse the entire myocardium, branches from the main coronary arteries arise at acute angles and penetrate the thick muscular wall, providing the myocardium with needed oxygen and nutrients. The left coronary artery divides into the left anterior descending artery and the circumflex artery. These vessels perfuse the left atrium and most of the left ventricle. The right coronary artery perfuses the right atrium and the right ventricle. In addition, in most people, the right coronary artery perfuses the sinoatrial (SA) node and the atrioventricular (AV) node. In some people, collateral blood vessels may also help to perfuse areas of the myocardium. Collateral vessels are smaller blood vessels that branch off the major coronary vessels. They develop over time to compensate for decreased blood flow from major

coronary arteries, as is seen with coronary artery disease. These collateral vessels help explain why patients who have had long-standing coronary artery disease can suffer much larger AMIs and do better than the younger AMI patient who has not had time to develop sufficient collateral circulation.

Pathophysiology of AMI

A heart attack, or AMI, refers to a process that interferes with, or blocks, blood flow from the coronary arteries to the myocardium. Local myocardial function ceases within seconds after a coronary occlusion, but irreversible necrosis may be delayed for several minutes. The myocardium then begins to develop progressive, irreversible damage over the next several hours, depending on the level of regional collateral circulation.

The area of cellular loss and myocardial death that occurs in AMI is also known as the “zone of infarction.” Cells in this zone are dead and are eventually replaced with scar tissue. The zone of infarction is surrounded by an area called the “zone of injury.” Cells in the zone of injury can potentially be salvaged, but will not recover fully due to the deficient blood supply that occurs in AMI. Immediately surrounding the zone of injury is an area known as the “zone of ischemia.” The zone of ischemia is composed of viable cells that, with aggressive treatment, can resume normal function. Think of these three zones as a bullseye with three concentric circles; the zone of infarction is the center circle, the zone of injury is the middle circle, and the zone of ischemia is the outermost circle.

There are several mechanisms that can be responsible for coronary artery disease and AMI, but the most prevalent is a combination of an atherosclerotic plaque (Figure 5) on the interior of the coronary artery and a clot, or thrombus, that develops on the irregular (rough) edges of the plaque. Once the clot grows to block the artery, blood flow stops and AMI occurs. Throm-

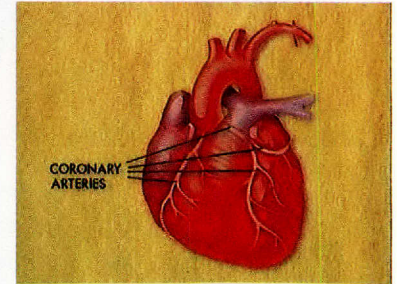
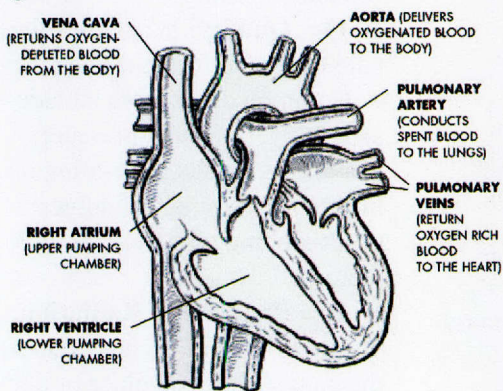


Figure 4

Figure 3



Jacqueline Stocking is a lead flight nurse and nurse educator for Critical Air Medicine in Austin. She has worked in EMS for the past 15 years as an EMT, firefighter, EMT-P, prehospital coordinator, emergency/trauma nurse, critical care nurse, MICN, flight nurse and educator.

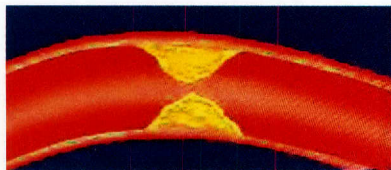


Figure 5

bolytics work by dissolving the clot. Even when thrombolytics are given, however, many patients are still found to have a 70-99 percent occlusion of the coronary artery and PTCA (with or without a stent) or a CABG must be performed. In some cases, the plaque itself will be occluding the coronary artery.

If this is the case, thrombolytics will not be effective and rapid PTCA or CABG will be needed.

Blockage of a coronary artery will cause AMI in the area of the myocardium perfused by the affected coronary artery (Table 1). The location and severity of AMI depends upon several factors, including: (1) the site and severity of coronary artery disease; (2) the presence, site, and severity of coronary artery spasm; (3) the size of the myocardium perfused by the compromised vessels; (4) the oxygen supply and demand of the poorly perfused myocardium; and (5) the extent of collateral vessels, if any.

Several risk factors place a patient at increased likelihood of suffering AMI. These include: age, gender (male > female prior to menopause), race (non-white population > white population), hyperlipidemia, hypertension, smoking, diabetes, obesity, oral contraceptives, physical inactivity, and both stress and personality type. Once AMI has been diagnosed, the goals of treatment include: (1) relief of pain, (2) control of lethal

dysrhythmias, and (3) preservation of myocardium. It is important to remember that, as long as a patient with AMI is experiencing pain, myocardial damage and cell death are occurring. Complications of AMI include: dysrhythmias, ventricular aneurysms, ventricular septal defect, papillary muscle rupture, pericarditis, cardiac rupture, sudden death, heart failure, pulmonary edema and cardiogenic shock.

Assessment

Performing a rapid, accurate field assessment of the patient suspected of AMI is essential. Without any delays in treatment, simultaneously obtain a history of the patient's present illness, determine the patient's previous medical history, medications and allergies, and perform a physical exam.

Many health care providers find a PQRST format helpful in obtaining a rapid, thorough assessment of the patient experiencing chest pain. Factors to consider when using this format include:

- ◆ **P = Precipitating, Provocative and Palliative Factors:** What was the patient doing when the pain started? What, if anything, makes the pain worse? What, if anything, makes the pain better?
- It is interesting to note that most episodes of AMI occur at rest or with modest daily activity. In addition, there is a daily peak incidence

from six in the morning to noon and a weekly peak incidence on Monday mornings.

- ◆ **Q = Quality:** What does the pain or discomfort feel like?
- Common descriptors include: squeezing, crushing, pressure, heaviness, "something sitting on my chest," burning or indigestion, stabbing, or a general ill feeling.

- ◆ **R = Region and Radiation:** Where is the pain located? Does the pain stay in one place or does

Type of AMI	Leads to look at on the 12-Lead ECG	Coronary Artery Affected
Inferior Wall	II, III, aVF	Right Coronary Artery
Lateral Wall	I, aVL, V5, V6	Left Circumflex
Anterior Wall	V3, V4	Left Anterior Descending
Right Ventricular Wall	V4R	Right Coronary Artery (proximal)
Septal Wall	V1, V2	Left Anterior Descending
Posterior Wall	V1, V2 (reciprocal changes)	Left Circumflex
Apical	V5, V6	Left Anterior Descending

Table 1: Relationship between type of AMI, 12-lead ECG changes and coronary arteries most commonly affected in the setting of AMI

it go anywhere (radiate)?

- Common regions of pain and radiation include: chest, substernal or retrosternal, epigastric, neck, between the shoulder blades, jaw, or the ulnar aspect of one or both arms.
- ◆ **S = Severity:** How severe is the pain?
 - Common descriptors include: vague, severe, “worst pain ever,” etc. The most objective way to quantify the patient’s pain (and whether or not your treatment is helping) is by using the “0 to 10” pain scale described at the start of this article.
- ◆ **T = Timing:** How long has the pain lasted? Has it been constant? Has it intensified or abated at all?

It is also important to determine if there are any associated signs and symptoms. Common associated signs and symptoms of AMI include: weakness, dizziness, syncope, altered mental status, pallor, cool and clammy skin, apprehension, palpitations, tachycardia, bradycardia, hypotension, hypertension, shortness of breath, pulmonary edema, dyspnea, orthopnea, diaphoresis, nausea and vomiting, and a feeling of impending doom (take this complaint very seriously). Although the most common presentation of AMI is chest pain, it is important to remember that certain patient populations, such as women, diabetics and the elderly may not have the “typical” signs and symptoms of AMI. A high index of suspicion, coupled with a rapid, accurate history and physical exam is key.

Prehospital Treatment

Prehospital treatment of the patient with AMI occurs simultaneously with obtaining a history and transporting the patient to a hospital. It is important to remember that the treatment of AMI is a complex and constantly evolving science. The purpose of this article is to merely provide the reader with a brief overview of several of the more com-

mon treatments one will initiate or encounter in caring for a patient during the acute phase of the AMI. Local variations in treatment do exist, so always follow your agency’s policies and procedures.

Calm Environment

Although this may sound odd in an emergency situation, it is a very important aspect of patient care for the patient experiencing an AMI. A calm environment and trust in one’s caregiver can help reduce catecholamine release in the AMI patient. As a result, myocardial oxygen demand will be decreased and, potentially, myocardium will be salvaged.

Oxygen

The patient experiencing AMI has pain because there is inadequate blood flow to the myocardial tissue, which means inadequate oxygen and nutrient supply to the tissue. The goal is to increase oxygen delivery to the tissues with supplemental oxygen. It has become common practice to place all suspected AMI patients on oxygen, usually by nasal cannula at 4-6 lpm. In patients with complications from AMI, such as pulmonary edema or heart failure, more oxygen may be needed. In some instances, endotracheal intubation will be necessary to decrease the work of breathing, improve oxygenation, and decrease myocardial workload.

IV Access

Preferably, two to three IV lines will be established in the AMI patient. However, once the first IV is established, do not delay medications such as nitroglycerine and morphine while initiating the second and third IV. It is also important to assess the patient’s fluid status – certain types of AMIs may need small fluid boluses and other types may need fluid restriction, depending on the underlying pathophysiology. Normal saline is typically the IVF of choice during the initial resuscitation phase.

Nitroglycerine

The primary action of nitrates such as nitroglycerine (NTG) is to vasodi-

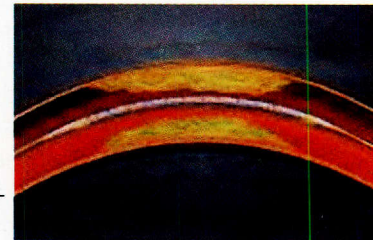


Figure 6



Figure 7

late. The effect is twofold. First, NTG helps to dilate the coronary arteries, which increases blood flow to the myocardium. Second, NTG increases venous capacity. This decreases preload and results in decreased blood pressure and decreased workload of the left ventricle. This makes it easier for the left ventricle to pump blood forward, which further decreases workload of the heart. As a result, myocardial ischemia is alleviated. In the prehospital environment, NTG is typically given sublingual (SL) as either a tablet or a spray. When given SL, the typical dose is 1/150 grain (or 400 micrograms, which is the same as 0.04 milligrams). During the acute phase of AMI treatment in the hospital setting, NTG is typically administered as a continuous infusion and titrated to effect. In some cases, NTG is given as a paste or as a transdermal patch.

Morphine

Morphine is the most commonly used analgesic in the setting of AMI. It is an opiate pain medication that helps to decrease both pain and anxiety in the AMI patient. The importance of attempting to alleviate pain and anxiety cannot be overemphasized. In short, pain in the setting of AMI means there is myocardial ischemia. Pain and anxiety also cause increased heart rate, increased myocardial force of contraction, increased oxygen demand and vasoconstriction - all of which can have a

detrimental effect on the patient with AMI. Morphine also has a secondary effect of venous vasodilatation, which can further decrease myocardial oxygen demand and myocardial workload by decreasing preload. Morphine is typically given in 2 - 4 mg increments every five minutes, titrated to effect.

Atropine

Atropine is a parasympatholytic medication, which means it works by reducing vagal tone, en-

hancing the rate of discharge from the sinoatrial (SA) node, and facilitating atrioventricular (AV) conduction. In the setting of AMI, atropine may be indicated in symptomatic bradycardias (absolute or relative) and in symptomatic high AV blocks. In some cases atropine may be ineffective or may not be indicated. In these instances, prehospital personnel may be called upon to initiate transcutaneous pacing.

Lidocaine

Lidocaine is a local anesthetic with antiarrhythmic properties. It may be indicated in the setting of AMI if the patient is experiencing ventricular tachycardia, ventricular fibrillation or premature ventricular complexes that result in hemodynamic compromise. Lidocaine is typically not indicated for transient reperfusion dysrhythmias. In addition, routine, or prophylactic, use of lidocaine in the setting of AMI is no longer recommended.

Dopamine

Dopamine, a chemical precursor of norepinephrine, has dose-dependent effects. At low doses (1-2 mcg/kg/min) the effects of dopamine are dopaminergic and act to increase cerebral, mesenteric and renal perfusion. At 2-10 mcg/kg/minute dopamine primarily causes beta stimulation and results in increased heart rate, contractility and cardiac output. At higher doses (>10 mcg/kg/minute) dopamine has alpha-adrenergic effects that result in increased systemic and pulmonary vascular resistance. In the setting of AMI, dopamine is indicated for hemodynamically significant hypotension in the absence of hypovolemia. While dopamine may be necessary in some AMI patients, keep in mind that its use can exacerbate pulmonary edema and increase myocardial oxygen demand.

Aspirin

Some prehospital agencies administer aspirin when AMI is suspected. Aspirin halts platelet aggregation (clumping) and reduces the release of platelet-derived vasoconstricting substances. The result is prevention of further clot formation. There is controversy over the optimal dose, but the American Heart Association recommends

TEXAS EMS CERTIFICATIONS AS OF
OCTOBER 12, 2000

ECA	5,010
EMT	22,120
EMT-I	3,796
EMT-P	9,930
LIC-P	3,434
TOTAL	44,290
COORDINATOR	294
INSTRUCTOR	2,102
EXAMINER	2,312

160–325 mg. According to one study, when used alone, aspirin reduced 35-day mortality from AMI by 23 percent. When used together with thrombolytic therapy, aspirin reduced 35-day mortality from AMI by 42 percent.

Hospital Treatment

In addition to the above, patients diagnosed with AMI may receive any combination of the following medications and/or procedures during the acute phase of AMI treatment. The information contained in this article is merely meant to provide the reader with a brief overview of the many facets of AMI treatment that may be observed in the hospital environment.

Heparin

Heparin is an anticoagulant that can be administered by the subcutaneous route or as an intravenous bolus and continuous infusion. In the setting of AMI, IV administration is more common. Typically, this involves an IV bolus followed by a continuous IV infusion. The dose may either be a 5,000 unit bolus followed by an infusion of 1,000 units per hour or a bolus of 70 units/kg followed by an infusion of 15 units/kg/hour. Expect the patient's activated partial thromboplastin time (APTT) to be monitored – the goal is 1.5 to 2.0 times the control value. While heparin does not dissolve clots, it does help prevent the formation of additional clots. In general, heparin is recommended for the first 24 - 48 hours post-AMI.

Thrombolytics

Thrombolytics are used to dissolve clots in coronary arteries. Ideally, treatment should be initiated within six hours of the onset of symptoms. Because "time is muscle", initiation as soon as possible, preferably within 1-2 hours after the onset of symptoms, is the current recommendation. On the average, thrombolytics are 85 percent effective at re-establishing coronary artery patency. While thrombolytics play an important role in decreasing morbidity and mortality from AMI, it is important to remember that thrombolytics are not 100 percent effective. Rapid transport to a facility with the capabilities for PTCA and CABG may be necessary. Studies show that myocardial tissue can be salvaged for at least 2

to 3 hours after the onset of symptoms. In some patients this period may extend up to 6 hours.

Indications for treating AMI patients with thrombolytic agents include: (1) continuous chest pain of greater than 30 minutes duration with an onset of less than six hours, and (2) ST segment elevation in two contiguous (adjacent leads that look at the same area of the heart) leads of a 12-lead ECG. The most common thrombolytic agents in use today include tPA, Retavase and Streptokinase. Dosing and administration guidelines differ with each, so consider familiarizing yourself with the agents used in your area. The use of thrombolytic therapy within six hours of the onset of signs and symptoms of AMI has been shown to reduce mortality by 25-30 percent. The most common side effect of thrombolytic therapy is bleeding, including hemorrhagic stroke.

Beta-Blockers

Beta-blockers have antiarrhythmic, anti-ischemic and antihypertensive properties. In the setting of AMI, beta-blockers such as metoprolol work to decrease heart rate, contractility, blood pressure and left ventricular wall stress. In addition, beta-blockers help to antagonize the excess catecholamine state common in AMI patients. The net effect is a decrease in myocardial workload and myocardial oxygen demand and a resultant decrease in infarct size. Several studies show that beta-blockers reduce overall mortality from AMI.

Anxiolytics

Anxiolytics (such as Versed and Valium) may be administered to decrease patient anxiety and also to decrease the amount of circulating catecholamines in the setting of AMI. The net result of a decrease in anxiety is a decrease in myocardial oxygen demand. It is thought that this helps preserve myocardium.

Low Molecular Weight Heparin

Low molecular weight heparins (such as Enoxaparin and Dalteparin) are isolated from standard heparin preparations and have a similar mechanism of action. However, they have some advantages over unfractionated heparin including lower risk of bleeding and

ease of administration because they are administered subcutaneously. Several studies are currently evaluating the efficacy of combination therapy with low molecular weight heparin and GPIIb/IIIa antagonists.

Glycoprotein IIb/IIIa Antagonists

Glycoprotein IIb/IIIa (GP IIb/IIIa) antagonists are antiplatelet drugs that work by inhibiting platelet aggregation. In effect, the result is slippery platelets. While these medications do not break up existing clots, they do help prevent the formation of future clots, which helps prevent reocclusion and reinfarction. In the acute phase of AMI treatment, you may see these drugs administered IV (examples include Integrelin, Aggrastat and ReoPro). Several studies show treatment with GPIIb/IIIa antagonists was associated with a 19-60 percent reduction in death or AMI at 30 days. Use of these agents with PTCA and stenting (Figure 6 and Figure 7) has been shown to have a 52 percent reduction in death. In addition, studies indicate that thrombolytic doses may be decreased by 25-50 percent when administered with GPIIb/IIIa antagonists. In general, expect to see more "combination" drug therapies on AMI patients.

Dobutamine

Dobutamine is titrated as an IV infusion. It exerts potent inotropic effects. The net effect is increased force of cardiac contraction and increased cardiac output. For these reasons, one may see a patient with AMI and pulmonary edema on a dobutamine infusion. It is thought that dobutamine does not increase infarct size or cause arrhythmias when it is titrated to avoid increases in heart rate. Higher doses of dobutamine, however, can cause increases in heart rate. Dobutamine also has a mild vasodilatory effect, which can result in slight lowering of a patient's blood pressure.

Nitroprusside

Nitroprusside is a potent peripheral vasodilator that is administered and titrated as an IV infusion. It has effects on both arterial and venous blood vessels. It is used in the treatment of hypertension and heart failure in the setting of AMI. In general, nitroprusside increases cardiac output by decreasing afterload. This decreases the force

which the left ventricle must pump against to circulate blood through the aorta and peripheral circulation. The net result is a reduction in myocardial workload and, possibly, myocardial ischemia.

Percutaneous Transluminal Coronary Angioplasty (PTCA)

PTCA involves the use of a balloon-tipped catheter that, when advanced through a diseased coronary artery, can be inflated in order to dilate the narrowed artery and improve blood flow. PTCA may be necessary if thrombolytic therapy fails to restore adequate myocardial perfusion (rescue PTCA). In addition, under certain circumstances, PTCA can be used as an alternative to thrombolytic therapy, but only if performed within 60 – 90 minutes by skilled practitioners (referred to as primary PTCA). The advantages of primary PTCA over thrombolytic therapy include: (1) higher reperfusion rates (>90 percent), (2) improved blood flow through the affected vessel, (3) lower incidence of stroke, (4) improved left ventricular function, and (5) lower in-hospital mortality rates due to less chance of re-infarction. These benefits only hold true if the time to PTCA and the time to thrombolytic therapy are equal.

Coronary Artery Bypass Grafting (CABG)

In CABG, the occluded coronary artery is "bypassed" using a graft from either the saphenous vein or the internal mammary artery. CABG may be indicated in failed PTCA if the patient demonstrates persistent pain or hemodynamic instability. In addition, some patients have coronary anatomy that is not conducive to PTCA. Last, patients in whom surgical intervention is also needed (ventricular septal defect or mitral valve insufficiency) may be candidates for CABG.

Summary

AMI is a true medical emergency. The time elapsed from onset of symptoms to initiation of definitive treatment is crucial. The longer a patient goes without treatment, the more myocardium will be lost due to irreversible cell death. In AMI, there are three major areas responsible for the delay of definitive care: (1) patient

delay in accessing the EMS system following the onset of symptoms, (2) EMS delays due to long response times, long scene times or long travel time to the local hospital, and (3) delays in “door to drug” time or “door to PTCA” time at the hospital once the patient arrives. Patient reluctance to seek medical care after the onset of symptoms accounts for the largest delay. However, as prehospital providers, we can all do our part to reduce further delays by expediting our response, initiation of treatment, and transport to definitive care—keeping safety first and foremost, of course. We can also begin to identify patients with probable AMI who may benefit from early thrombolytic therapy or PTCA. Prehospital identification of patients eligible for thrombolytic therapy has been associated with shorter “door to drug” time in the hospital. In addition, we can educate the public on cardiac risk factors as well as the signs and symptoms of AMI and the need to access the EMS system early. Our challenge, as prehospital care providers, is to develop protocols and treatment strategies with our receiving facilities while collaborating with cardiologists at tertiary care facilities to optimize patient outcomes.

Conclusion

Twenty-two minutes after receiving the initial call, you, your partner, and your patient arrive at the local emergency department. En route, you were able to administer three sublingual nitroglycerine tablets and 6 mg of IV morphine. On admission to the emergency department your patient reports that his chest pain is now 4 to 10 on the 0-10 pain scale. His skin looks a little less pale and sweaty, but the nausea, left arm pain and left jaw pain are still present. The hospital staff quickly perform a 12-lead ECG (Figure 2), a chest x-ray, and draw labs as they discuss the patient’s medical history and perform a physical exam.

Based on the history, physical exam,

ECG, and lab results, the physician diagnoses the patient with an acute myocardial infarction (AMI) affecting the inferior wall of the heart. The decision is made to continue treatment of the patient’s pain with morphine and a nitroglycerine infusion while initiating aspirin, heparin and thrombolytic therapy. In addition, the decision is made to transfer the patient to a facility that has the ability to perform percutaneous transluminal coronary angioplasty (PTCA) and coronary artery bypass grafting (CABG).

All goes as hoped and, thanks to the early, aggressive treatment of all parties involved, the patient experiences a full recovery with no complications. He walks into your station two weeks later to thank you for all of your help. Good job!

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1.5 hours of CE/Cardiac Emergencies

Questions

- BLS**
- The leading cause of death in the United States is:
 - Heart attack
 - Trauma
 - Cancer
 - Hypertension
 - What is the most common reason for delays in treatment of AMI?
 - In-hospital delays
 - Pre-hospital delays
 - Patient delay in seeking care
 - Delay in diagnosis
 - The term “acute myocardial infarction” refers to a process that interferes with, or blocks, blood flow from the coronary arteries to the myocardium.
 - True
 - False
 - Risk factors for AMI include:
 - Age
 - Gender
 - Personality type
 - All of the above
 - Complications of AMI include:
 - Dysrhythmias
 - Sudden death
 - Heart failure
 - All of the above
 - It is not important to have the AMI patient grade his or her pain on the “0-to 10” pain scale.
 - True
 - False
 - The presumption of AMI is made easier by the fact that all AMI patients experience classic signs and symptoms.
 - True
 - False
 - BLS-level prehospital treatment of the AMI patient should include:
 - Calm environment
 - Oxygen
 - Rapid, accurate assessment
 - All of the above
- ALS**
- Myocardial cells in the “zone of ischemia” are dead and will eventually be replaced with scar tissue.
 - True
 - False
 - On a 12-lead ECG, the patient with an acute inferior wall infarction would be expected to have ECG changes, such as ST elevation, in which of the following leads?
 - V1, V2
 - I, aVL, V5, V6
 - II, III, aVF
 - None of the above
 - In the above patient, the coronary artery affected would most likely be the:
 - Right coronary artery
 - Left anterior descending artery
 - Circumflex artery
 - None of the above
 - Using a weight-based heparin dosing protocol, an 85 kg patient would be expected to require which bolus dose of heparin?
 - 5,000 units
 - 5,950 units
 - 1,275 units
 - 1,500 units
 - The primary action of nitroglycerine is to:
 - Provide analgesic pain relief
 - Mitigate the catecholamine response
 - Vasodilate
 - Produce “slippery platelets”
 - Morphine has which of the following mechanisms of action?
 - Analgesic pain relief
 - Venous vasodilatation
 - Decrease in anxiety
 - All of the above
 - The prophylactic use of Lidocaine in the setting of AMI has been shown to reduce morbidity and mortality by 21 percent.
 - True
 - False
 - Thrombolytic therapy is most effective when administered within six hours from the onset of symptoms, but administration within 1-2 hours is preferable to ensure optimum patient outcome.
 - True
 - False
 - Anxiolytics have no role in the initial treatment of the AMI patient.
 - True
 - False
 - The treatment goals in AMI include which of the following?
 - Relief of pain
 - Control of lethal dysrhythmias
 - Preservation of myocardium
 - All of the above
 - All patients with AMI can benefit from small, frequent fluid boluses, especially if nitroglycerine and morphine will be administered.
 - True
 - False
 - EMS personnel can play a role in decreasing delays to definitive care in which of the following time segments?
 - Patient delay in seeking treatment
 - Prehospital delays
 - Delays in “door to drug” time
 - All of the above

This answer sheet must be postmarked by December 19, 2000.

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

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

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

Debra Cason, RN, MS
EMS Training Coordinator
The University of Texas
Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75390-8890

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

Answer Form

(EMTs answer questions 1-13;
EMT-Is and paramedics answer
all questions.)

Check the appropriate box for each question.

- | | | | | | | | | | |
|---------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 11. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 2. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 12. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 3. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 13. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 4. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 14. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 5. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 15. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 6. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 16. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 7. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 17. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 8. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 18. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 9. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 19. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |
| 10. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> | 20. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | E. <input type="checkbox"/> |

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

*TDH Local Projects gives millions of dollars
each year to local EMS agencies*



Photo by David Luther

We're the government... and We're here to fund local projects grants

If you've ever laughed after the punchline "We're the government and we're here to help," you were forgetting about EMS Local Projects, which gives more than a million dollars each year in grants to local EMS agencies. Fortunately, Texas recognizes that the Local Projects Grant Program continues to be a highly effective program for local EMS providers. Without these grants many services would find it difficult to maintain even basic service in rural and frontier regions.

We had a record number of applications for the Local Projects grants this year (FY01). There were 290 pro-

posals totaling more than \$5.6 million dollars. We were able to fund 138 projects for \$1.6 million. These projects include 24 ambulances, 44 AEDs, 22 monitor defibrillators and nine global positioning systems, as well as training programs, communication equipment and medical equipment.

Local Projects grants are available to all licensed providers, Texas Department of Health (TDH) registered first responders, EMS education agencies, injury prevention organizations and other EMS support agencies. We are anticipating next year's (FY02) Local Projects to have an even greater

number of applicants.

Funds may be requested to purchase vehicles, durable medical equipment, training, and prevention projects. The anticipated *Texas Register* publication date for the Request for Proposal is January 2001. The proposed due date for proposals is April 13, 2000. Look on our website for the latest information.

If you have any questions contact Al Lewis or Ed Loomis at 512/834-6700 or e-mail al.lewis@tdh.state.tx.us or ed.loomis@tdh.state.tx.us.—Ed Loomis

356 Volunteer Fire Department

Trinity Trinity \$6,863

Project: automated external defibrillator, a Kendrick extrication device, a backboard, oxygen equipment and extrication equipment

84 East Volunteer Fire Department

Palestine Anderson \$2,190

Project: radios

Alamo Heights Fire/EMS

San Antonio Bexar \$35,000

Project: an ambulance

Aspermont Ambulance

Aspermont Stonewall \$35,000

Project: an ambulance

Associated Ambulance Authority

Clarendon Donley \$3,650

Project: a 12-lead cardiac monitor, oxygen equipment, a Kendrick extrication device, backboards, an ambulance cot and medical equipment

Austin / Travis EMS

Austin Travis \$4,500

Project: hosting EMS seminar

Austin County EMS

Bellville Austin \$18,050

Project: Emergency Medical Technician training

Avery VFD First Responders

Avery Red River \$2,610

Project: an oxygen tank and regulator, blood pressure cuffs and an automated external defibrillator

Bagwell Volunteer Fire and First Responders

Bagwell Red River \$4,843

Project: radios, an automated external defibrillator, splints, backboard and oxygen equipment

Bailey County EMS Organization

Muleshoe Bailey \$1,161

Project: backboards and a stretcher

Balcones Heights

San Antonio Bexar \$2,070

Project: an automated external defibrillator

Balmoreha Volunteer EMS

Balmoreha Reeves \$999

Project: a spinal immobilization device

Bandera County Emergency Medical Service

Bandera Bandera \$3,398

Project: an IV trainer, audio/visual equipment, an intubation head, a suction unit and oxygen equipment

Beach City Volunteer Ambulance Service

Baytown Chambers \$35,000

Project: an ambulance

Bellmead Volunteer Fire Department

Waco McLennan \$10,990

Project: extrication equipment

Big Country EMS Provider Organization

Abilene Taylor \$42,018

Project: Kendrick extrication devices, suction unit, backboards, oxygen equipment, splints, blood pressure kits, radios, pulse oximeter, stair chair, laryngoscope kits, glucose monitor, pedi seat, heart monitor and automatic external defibrillator

Blue Ridge Volunteer Fire Dept.

Blue Ridge Collin \$2,899

Project: training equipment, oxygen equipment, CPR mannequins and a basket stretcher

Boxelder Volunteer Fire Department

Annona Red River \$1,900

Project: automated external defibrillator

Brazos Valley RAC

Bryan Brazos \$34,752

Project: suction kits, a pulse oximeter, splints, automated external defibrillator, backboards, blood pressure kit

Brownsville EMS, City of

Brownsville Cameron \$4,820

Project: computer equipment

Burleson County

Caldwell Burleson \$33,250

Project: an ambulance

Byers Volunteer Fire Dept.

Byers Clay \$2,675

Project: pagers, radios and a scoop stretcher

C-5 Red Lick - Leary VFD

Nash Bowie \$1,770

Project: radios

Centerville First Responders

Centerville Leon \$2,708

Project: radios, backboards, oxygen equipment and a blood pressure kit

Central Texas Trauma Council

Belton Bell \$23,092

Project: backboards, oxygen equipment, global positioning systems, training classes, a cardiac monitor, splints, laryngoscopes, CPR mannequins and medical equipment

Charlie Thornberry Volunteer Fire Department

Wichita Falls Clay \$2,190

Project: medical bags, backboards, suction units, splints and pagers

Childress Regional Medical Center

Childress Childress \$1,066

Project: radios

Clay County Memorial Hospital EMS

Henrietta Clay \$20,234

Project: a LifePak 12 and automated external defibrillator

**Coastal Bend Regional Advisory Council
Trauma**

Corpus Christi Nueces \$49,861
Project: computer equipment, a 12-lead cardiac monitors, automated external defibrillator, radios, a suction unit, splints, a Kendrick extrication device, backboards and medical equipment

**Coleman County First Responders
Organization**

Coleman Coleman \$2,665
Project: oxygen equipment, pagers, a blood pressure set and splints

Comanche County Hospital District

Comanche Comanche \$18,450
Project: an ambulance

**Community Four Volunteer Fire
Department**

Panola Panola \$2,252
Project: an automated external defibrillator, a Kendrick extrication device and oxygen equipment

Cross Plains, City of

Cross Plains Callahan \$3,829
Project: backboards, pediatric seats and a blood pressure machine

DCBE/Acton Volunteer Fire Department

Granbury Hood \$600
Project: a suction device

Dickens County Ambulance Service

Dickens Dickens \$10,000
Project: automated external defibrillators

Douglasville Volunteer Fire Department

Douglasville Cass \$575
Project: a suction unit

Dumas Fire Department

Dumas Moore \$1,500
Project: automated external defibrillators

Eagle Pass, City of

Eagle Pass Maverick \$12,279
Project: CPR mannequins, training equipment, automated external defibrillators, splints, Kendrick extrication device, stretchers and a stair chair

Elm Creek Citizens Association

Tuscola Taylor \$950
Project: radios

Fairchilds Fire Dept

Richmond Fort Bend \$678
Project: educational material and a suction device

**Faught Volunteer Fire Dept. First
Responders**

Paris Lamar \$942
Project: radios

Fayette County EMS

La Grange Fayette \$17,625
Project: a stretcher and 12-lead cardiac monitors

Frio County EMS

Pearsall Frio \$35,000
Project: an ambulance

Gonzales County EMS

Gonzales Gonzales \$19,970
Project: remounting an ambulance

Graham Regional Medical Center

Graham Young \$5,621
Project: automated external defibrillator, AED trainers, splints, oxygen equipment and a laryngoscope set

Grand Falls Volunteer Fire Department

Grand Falls Ward \$2,339
Project: computer equipment and an ambulance cot

Grand Saline Fire & EMS Dept

Grand Saline Van Zandt \$7,040
Project: a cardiac monitor

Hall County EMS

Memphis Hall \$4,000
Project: Emergency Medical Technician - Basic course

Hamilton EMS

Hamilton Hamilton \$35,000
Project: an ambulance

Happy, City of

Happy Swisher \$2,108
Project: splints and radios

Harrison County First Responders

Marshall Harrison \$3,790
Project: automated external defibrillator batteries, oxygen equipment, splints, a Kendrick extrication device, a blood pressure kit and medical equipment

Harrold First Responders

Harrold Wilbarger \$3,456
Project: an automated external defibrillator, splints, suction units, a blood pressure set and radios

Heart of Texas Regional Advisory Council

Waco McLennan \$40,899
Project: cardiac monitors, AEDs, pulse oximeters, ACLS training, blood pressure monitors, ambulance stretchers and auto ventilators

Hereford Emergency Medical Service

Hereford Deaf Smith \$3,381
Project: backboards, oxygen equipment and automated external defibrillator batteries

Highway 321 Volunteer Fire Dept.

Dayton Liberty \$1,208
Project: pagers, a medical bag, backboards, a blood sugar monitor and a global positioning system

Hughes Springs EMS

Hughes Cass \$3,105
Project: CPR mannequins and a stair chair

Organization, City, County, Amount approved, Project

Huntsville-Walker County EMS

Huntsville Walker \$46,067
Project: an ambulance and a 12-lead cardiac monitor

Indian Springs Volunteer Fire Dept.

Livingston Polk \$690
Project: a radio and a global positioning system

Iraan Volunteer Fire and EMS

Iraan Pecos \$6,375
Project: an Emergency Medical Technician class

Jacksonville, City of

Jacksonville Cherokee \$13,149
Project: a 12-lead cardiac monitor

Jolly Volunteer Fire Department

Wichita Falls Clay \$6,871
Project: extrication equipment

Kendall County EMS

Boerne Kendall \$35,000
Project: an ambulance

Kenefick Volunteer Fire Department

Dayton Liberty \$2,115
Project: radios

Kennedale Fire Department

Kennedale Tarrant \$13,000
Project: an automated external defibrillator and a 12-lead cardiac monitor

Kimble County EMS

Junction Kimble \$1,500
Project: a suction unit

Kinney County

Brackettville Kinney \$10,963
Project: CPR mannequins, a projector and training material, computer equipment, automated external defibrillators, an airway trainer, a mega code trainer, a laryngoscope set, a Kendrick extrication device, Stokes litter basket and an In-terosseous training leg

Kopperl VFD EMS

Kopperl Bosque \$250
Project: a traction splint

Lake Whitney Medical Center

Whitney Hill \$8,566
Project: radios

Lee County First Responders

Giddings Lee \$2,385
Project: an automated external defibrillator

Life Ambulance Service, Inc.

Canutillo El Paso \$4,500
Project: oxygen equipment

Littlefield EMS

Littlefield Lamb \$9,000
Project: a 12-lead cardiac monitor

Lumberton Emergency Medical Services, Inc.

Lumberton Hardin \$35,000
 an ambulance

Lynn County Hospital District EMS

Tahoka Lynn \$35,000
Project: an ambulance

Marble Falls Area EMS

Marble Falls Burnet \$35,000
Project: an ambulance

Martin County Emergency Medical Service

Stanton Martin \$35,000
Project: an ambulance

Mason Ambulance Service

Mason Mason \$1,185
Project: a scoop stretcher and a portable resuscitation device

McGregor Volunteer Emergency Medical Services

McGregor McLennan \$9,299
Project: a cardiac monitor and medical equipment

Medilife of Houston, Inc.

Houston Harris \$1,065
Project: DWI Awareness program

Medina Valley EMS, Inc.

Castroville Medina \$6,250
Project: an Emergency Medical Technician - Intermediate course

MEDPRO Medical Services, Inc.

Tyler Madison \$3,285
Project: a LifePak 10

Merit Volunteer Fire Department

Merit Hunt \$1,545
Project: a global positioning system and radios

Milford Volunteer Fire Department

Milford Ellis \$8,127
Project: an Emergency Medical Technician class, an extrication class, an automated external defibrillator, a Kendrick extrication device, extrication equipment and pagers

Montalba Volunteer Fire Dept. 1st Responders

Montalba Anderson \$1,612
Project: a blood pressure kit, oxygen equipment, a scoop stretcher and a Stokes stretcher

Nacogdoches Memorial Hospital

Nacogdoches Nacogdoches \$12,388
Project: automated external defibrillators, a stair chair, a scoop stretcher, a Kendrick extrication device and radios

NCRFD #4 EMS

Robstown Nueces \$22,500
Project: a refurbished ambulance

Neches Volunteer Fire Dept.

Neches Anderson \$1,169
Project: a scoop stretcher and oxygen equipment

Nocona General Hospital

Nocona Montague \$35,000
Project: an ambulance

NORTEX Regional EMS Provider's Association

Wichita Falls Wichita \$10,075
Project: backboards, an automated external defibrillator trainer and EMT training, 12-lead training video and CD-ROMs

Northwoods Volunteer Fire Department

Clarksville Red River \$768
Project: oxygen equipment

Ogburn Volunteer Fire Dept

Winnsboro Wood \$3,799
Project: extrication equipment, a blood pressure kit, automated external defibrillators and radios

Olton Volunteer Ambulance Association, Inc.

Olton Lamb \$1,884
Project: education equipment

Omaha Volunteer Fire Dept.

Omaha Morris \$7,071
Project: extrication equipment

Ora VFD & EMS

Huntington Angelina \$2,995
Project: suction units, an automated external defibrillator trainer with spare battery and an EMS field guide

Osage Fire - Rescue Dept Inc.

Amarillo Randall \$5,668
Project: extrication equipment

Peoples Volunteer Ambulance Service, Inc.

Deweyville Newton \$4,614
Project: CPR mannequins, intubation training heads, a Kendrick Extrication Device, backboards, a laryngoscope set and a casualty simulator

Pilot Point EMS

Pilot Point Denton \$1,666
Project: computer equipment

Plainview Fire/EMS

Plainview Hale \$1,770
Project: an automated external defibrillator

Port Bolivar Volunteer Fire Department and EMS

Port Bolivar Galveston \$35,000
Project: an ambulance

Possum Kingdom Westlake Vol. EMS

Graham Palo Pinto \$35,000
Project: an ambulance

Punkin Center VFD First Responders

Electra Wichita \$4,613
Project: radios, pagers, Stokes basket, pulse oximeter, and backboards

Reagan County

Big Lake Reagan \$4,768
Project: a repeater

Refugio Memorial Hospital District EMS

Refugio Refugio \$7,993
Project: a communication tower

Rendon Fire Department

Burleson Tarrant \$36,250
Project: ambulance; cardiac monitor

Rio Hondo Fire Dept., City of

Rio Hondo Cameron \$4,465
Project: an automated external defibrillator, oxygen equipment, backboards and suction kits

Roberson EMS

Alice Jim Wells \$21,588
Project: an ambulance

Ropes Volunteer EMS Service

Ropesville Hockley \$8,150
Project: EMT course, training materials and other training classes

SAFES EMS

Schertz Guadalupe \$11,250
Project: an Emergency Medical Technician class

Sanger Volunteer Fire Department

Sanger Denton \$6,474
Project: an Emergency Medical Technician class and automated external defibrillators

Saragosa Mission Volunteer Ambulance Service

Saragosa Reeves \$3,150
Project: an Emergency Medical Technician class

Seguin Fire/EMS Department, City of

Seguin Guadalupe \$35,000
Project: an ambulance

Shackelford County Hospital District

Albany Shackelford \$5,000
Project: an automated external defibrillator

Shepherd EMS

Shepherd San Jacinto \$31,500
Project: an ambulance

Sinton, City of

Sinton San Patricio \$28,859
Project: an ambulance

Southwest Texas Regional Advisory Council (TSA-P)

San Antonio Bexar \$45,000
Project: training classes

Spearman EMS Association

Spearman Hansford \$10,178
Project: a 12-lead cardiac monitor

SPEMS RRAMS Team

Lubbock Lubbock \$4,820
Project: emergency warning equipment, splints, a backboard, a Kendrick extrication device and a suction unit

Starr County Memorial Hospital

Rio Grande City Starr \$47,833
Project: an ambulance, a 12-lead cardiac monitor, radios and an ambulance cot

Stinnett EMS

Stinnett Hutchinson \$12,568
Project: an automated external defibrillator and a 12-lead cardiac monitor

Stockdale Volunteer Ambulance Service

Stockdale Wilson \$35,000
Project: an ambulance

Sudan EMS

Sudan Lamb \$7,220
Project: computer equipment, radios and pagers

Sutton County EMS

Sonora Sutton \$5,590
Project: an IV pump and radios

Taft Volunteer EMS, Inc.

Taft San Patricio \$35,000
Project: an ambulance

Texoma CISM Team

Wichita Falls Sherman \$4,500
Project: Emergency Medical Technician classes

Trauma Service Area H Regional Advisory Council

Lufkin Lufkin \$2,123
Project: child safety seats, computer software/printer and fax machine

Tri-City Emergency Medical Services

Gordon Palo Pinto \$3,036
Project: CPR mannequins and intubation training equipment

Val Verde Regional Medical Center EMS

Del Rio Val Verde \$3,960
Project: computer equipment

Valley Mills Volunteer EMS

Valley Mills Bosque \$1,150
Project: backboards and pediatric seats

Venus Volunteer Fire Department

Venus Johnson \$2,695
Project: a suction unit and automated external defibrillators

Washington County EMS

Brenham Washington \$960
Project: CPR mannequins and a projector

Waskom VFD/EMS, Inc.

Waskom Harrison \$11,514
Project: extrication equipment and water rescue equipment

Wayside Emergency Team, Inc.

Wayside Armstrong \$8,222
Project: training equipment, automated external defibrillator charger, battery & electrodes, and medical equipment

Wellington EMS, Inc.

Wellington Collingsworth \$5,905
Project: an Emergency Medical Technician class and an automated external defibrillator

Westlake EMS

Dayton Liberty \$8,532
Project: an emergency medical technician class, a prehospital advanced life support class, a basic trauma life support class and splints

Westside Volunteer Fire Department/1st Responder

Palestine Anderson \$1,398
Project: rescue equipment and radios

Wheeler County Vol. Amb. Serv.

Wheeler Wheeler \$3,500
Project: automated external defibrillators

Wilson County Volunteer Ambulance Association

Floresville Wilson \$9,000
Project: an Emergency Medical Technician course

Woden VFD

Woden Nacogdoches \$806
Project: backboards and a Kendrick extrication device

Wylie Fire Department EMS

Wylie Collin \$2,100
Project: a global positioning system and CPR mannequins

Total Funded

Services:138 Amount: \$1,624,657

Watch our web site for information on the next request for proposal (RFP).

EMS stakeholder groups

*Who represents EMS in Texas?
Groups tell GETAC who they are and what they want.*

We know Texas is big. We know Texas EMS is diverse. But who are all the groups who act in the interest of emergency medical care in Texas? The Governor's EMS and Trauma Advisory Council invited groups to fill out a questionnaire about who they are, what they want from GETAC, and what they want to see in the future. The groups below are the ten who responded and spoke at the GETAC meeting in July. *Texas EMS Magazine* will publish other group profiles as they come in.

Organization Name/Contact Information:

Emergency Medical Services Association of Texas Inc., PO Box 920952, Suite 402, Houston, Texas 77292 (979) 277-6267

Website Address: www.emsatoftx.com

Membership Requirements: 1. Voting membership must be Texas EMS Certified/ or Licensed 2. Associate Member, non-voting 3. Affiliate Member, non-voting 4. Honorary Member, non-voting 5. Founding Member, voting.

Current President/Chair: Ron Haussecker

Mission Statement: EMSAT shall promote EMS as a recognized healthcare profession and actively participate in the future direction of EMS through legislative efforts for the wellbeing of the public and its membership.

Meetings (How often? Open to the public? Method of notification?):

Four regular meetings a year. One annual meeting at the Texas EMS Conference. Special called meetings and emergency meetings. Notified by email, e-groups, newsletter, telephone, faxes, paper, cell phone and magazine. Members only, unless invited or on the meeting agenda.

Current priorities: Current rules before

GETAC, EMS licensure, EMS education, EMS funding, EMS salaries, to name a few.

Organization Name/Contact Information:

EMS Educators Association of Texas (EMSEAT), P.O. Box 3954, Victoria, TX 77903

Website: www.emseat.org

General Information: info@emseat.org

Current President/Chair:

Neil Coker, Temple College

Telephone: (254) 298-8565

E-mail: neilcoker@templejc.edu

Membership Requirements

Voting: Open to all individuals with involvement in the education of EMS personnel.

Non-voting: Open to all individuals interested in the education of EMS personnel.

Current membership: 87

Meetings: The general membership meets once a year. This meeting is held concurrently with Texas EMS Conference in November. Meetings are open to anyone who wishes to attend.

The association is currently sponsoring a preconference workshop related to EMS education at Texas EMS Conference and coordinates the agenda and speakers for the education track at the main conference.

Mission: The mission of EMSEAT is to improve EMS education through sharing of sound education concepts

Goals: 1. Assist programs and instructors implement the 1998 Paramedic National Standard Curriculum. 2. Support and encourage the development of valid, reliable credentialing exams. 3. Promote the availability of professional development opportunities for EMS educators.

Organization Name/Contact Information:

The EMS Physicians of Texas, 2525 Wallingwood, Building 13A, Aus-

tin, TX 78746, (512) 306-0605, FAX (512) 306-0599

Email: tcep@aol.com,

Current Chair: David Persse, MD, FACEP

Membership Requirement: A physician in Texas who is interested in EMS issues.

Current Membership: 111

Meetings: There are 3 meetings a year – notified by mail.

Current Priorities: Amicable resolution of the conflict of the recertification rule.

Organization Name/Contact Information:

MADD-Heart of Texas Chapter

Rena Dietrich, Chapter Administrator

611 S. Congress, Suite 505, Austin,

Texas 78704, (512) 442-6441

Email: maddhrt@eden.com

Current President/Chair: Vicki Paris-Bradley

Membership Requirements: Yearly dues (not applicable to victims and their immediate families)

Current membership: 200

Meetings (How often? Open to the public?

Method of notification?): Monthly board meetings held on the second Thursday of each month. Always open to the public. Members notified through newsletter, or newspaper.

Mission: The mission of Mothers Against Drunk Driving is to stop drunk driving, support the victims of this violent crime, and prevent underage drinking.

Current Priorities (top 3): See mission statement

Organization Name/Contact Information:

State Fireman's & Fire Marshals As-

soc., 807 Stark St, Austin, TX 78756

(512) 454-3473, FAX (512) 453-1876

Website: www.sffma.org

Email: hcampbell@sffma.org

Current President/Chair:

Mike Looney, 903 Shannon Creek Dr.,

Mansfield, TX 76063, (817) 473-4294

mwooney@swbell.net

Membership Requirements:

Fire departments, individual firefighters, industrial companies.

Current Membership: 18,635

Meetings (How often? Open to the public?

Method of Notification?): Quarterly board meetings, annual convention.

Mission: To Promote, Unify, Represent, and Educate the fire service in the State of Texas

Current Priorities (top 3): Recruitment and retention of the volunteers training opportunities for members.

Organization Name/Contact Information:

Texas College of Emergency

Physicians, 2525 Wallingwood, Bldg. 13A, Austin, TX 78746
(512) 306-0605, FAX (512) 306-0599

Email: tcep@aol.com

Current President: Robert Greenberg, MD, FACEP

Membership Requirements: Board Certified, residency-trained emergency physician.

Current membership: 1,012

Meetings (How often? Open to the public?

Method of Notification?): There are four board of directors meetings a year and three educational meetings. All are open to the public. Notification is by mail.

Mission: The Texas College of Emergency Physicians exists to promote quality emergency care for all patients and to represent the professional interests of our members.

Organization Name/Contact Information:

Texas Fire Chiefs Association

Dr. James M. Gaston, Executive Director, P.O. Box 200700, Austin, TX 78720-0700

Current President/Chair: Chief Bill Shanklin, Richardson Fire Department

Membership Requirements: Fire officers in Texas

Current Membership: 400+ members

Meetings (How often? Open to the public?

Method of notification): Annual Conference, April 2-6, 2001 Kerrville

Mission: To improve fire and life safety.

Current Priorities (top 3):

1. Improving fire and EMS services.
2. Professional development for fire officers
3. Reducing line of duty deaths

Organization Name/Contact Information:

Texas Higher Education Coordinator

Board, Dr. Camille Pridgen

pridgen@theccb.state.tx.us

P.O. Box 12788, Austin, TX 78711

(512) 427-6240

Website: www.theccb.state.tx.tu

Current President/Chair: Pamela P. Willeford

Membership Requirements

Board of 18 members appointed by the governor.

Meetings (How often? Open to the public?

Method of notification?)

One per quarter

Open meetings

Notification – Internet

Mission: To provide leadership and coordination for the Texas higher education system; to achieve excellence for the college education of Texas students.

Current Priorities (top 3):

Participation, success, workforce needs, and technology

Organization Name/Contact Information:

Texas Trauma Coordinators Forum

P.O. Box 35814, Dallas, TX 75235

Website: www.ttct.org

Current President/Chair: Maggie Crawford,

RN, MS, CCRN, and CEN, Trauma

Program Manager, University Medical

Center, 602 Indiana Ave, Lubbock, TX

79408, (806) 743-3415

(806) 743-4838 FAX

mccrawford@teamumc.com

Current membership: 123 paid members.

Meetings (How often? Open to the public?

Method of notification?): Quarterly – open to all interested parties but have meeting fee to cover cost of room and food. Notification goes out on e-groups listserver and via mail to current members.

Mission: To provide a forum to address all aspects of trauma care including all phases of the continuum. To disseminate information regarding national, state, and local concerns regarding trauma care.

Current Priorities (top 3):

1. Promote injury prevention issues.
2. Interact with legislators in preparation for 2001 session to promote trauma-related issues.
3. Trauma care reimbursement issues in hospitals.

Organization Name/Contact Information:

Texas Hospital Association

Dinah Welsh, Director, State Affairs

P.O. Box 15587

Austin, TX 78761-5587

(512) 465-1043

(512) 380-7400

Email: d.welsh@tha.org

Current President/Chair:

Terry Townsend, FACHE, CAE

President/CEO

THA

Elmer G. Ellis, FACHE

Chairman – THA

East Texas Medical Center

Jorie Klein, RN

Chair – THA, EMS, and Trauma

Technical Advisory Group

Parkland Memorial Hospital

Membership Requirements: TDH licensed hospitals plus independent clinics, day surgery centers, emergency care centers, skilled nursing facilities, home health agencies, and other similar ambulatory care institutions.

Current membership: 577

Meetings (How often? Open to the public?

Method of notification?):

Board of directors meets quarterly and are generally not open to the public.

Council on Policy Development meets quarterly and are generally not open to the public.

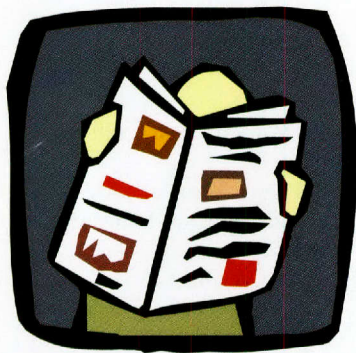
EMS and Trauma Technical Advisory Group meets quarterly and are generally not open to the public. Guests are welcome for certain discussions.

THA Annual Conference takes place in June; broad notification.

Mission: THA provides leadership in advocacy, information and evacuation to enable hospitals and integrated delivery systems to deliver superior, cost-effective care which enhances the health care of individuals and their communications.

Current Priorities (top 3): Regarding trauma systems

1. Funding
2. Disconnecting trauma- DSH tie
3. Funding!



Did you read?

Using magnetic resonance imaging, science has proven what parents have known for years: teen brains just aren't as mature as teen bodies. The prefrontal cortex of the teenage brain, the section responsible for self control, judgment, emotional regulation, organization and planning, is the last part of the human brain to reach maturation, still developing well into the 20s for most people. Researchers state that this could be one of the reasons why intelligent teenagers will take dangerous, and sometimes deadly, chances. From *San Antonio Express-News*, "Study says teen brains incomplete," by Mara Rose Williams, September 25, 2000.

Pediatricians and the Centers for Disease Control and Prevention are advising parents of breast-fed babies that, while breast milk is optimal for infants, a daily supplement of vitamin D is needed to prevent rickets. Rickets, a condition in which bones don't mineralize properly, was common and deadly before the 1960s, when vitamin D fortified milk and foods became readily available. Left untreated, the disease can lead to malformation of bones and internal organs and other long-term health consequences. While reporting rickets is not required, the CDC has received several dozen anecdotal reports of rickets in California, Connecticut, Minnesota, New York, North Carolina, Tennessee and Texas. From *Houston Chronicle*, "Breast-fed babies need vitamin D," by Sally Squires, September 15, 2000.

A few cigarettes may be all it takes for some people to become addicted. Scientists have found that one-quarter of the 681 12- and 13-year-olds surveyed reported symptoms of addiction

within two weeks of starting to smoke and 63 percent said they had one or more symptoms of addiction when they were only occasional smokers (at least one cigarette a month). Symptoms that indicated addiction included cravings, withdrawal symptoms, feeling addicted to tobacco, needing more cigarettes to get the same buzz, and loss of control of the number of cigarette smoked or the duration of smoking. Researchers were studying the biology of nicotine addiction, lending more plausibility to the theory that some people may be more

A few cigarettes may be all it takes for some people to become addicted—scientists have found that one-quarter of the 681 12- and 13-year-olds surveyed reported symptoms of addiction within two weeks of starting to smoke.

genetically susceptible to nicotine than others. From *Dallas Morning News*, "A few cigarettes may launch habit," September 12, 2000.

Many people report washing hands after using the bathroom, but one in three doesn't actually wash. Researchers hung out in bathrooms in New York train stations, San Francisco's Golden Gate Park, Chicago's Navy Pier, an Atlanta Braves game and a New Orleans casino and found that overall 67 percent of people washed with soap and water and dried their hands, with women being more likely to wash. The cleanest people were in Chicago, where 83

percent washed, while New York commuters were the least likely to wash their hands. In a random phone survey conducted at the same time, 95 percent of respondents claimed they wash after using public restrooms. From *San Antonio Express-News*, "Survey says 1 in 3 doesn't wash," by Daniel Q. Haney, September 19, 2000.

According to a recent study, chronic fatigue syndrome might actually be heart muscle damage caused by viruses, such as Epstein-Barr virus or cytomegalovirus, and thus could be treated by potent antiviral drugs. An infectious disease expert began the study when he came down with the condition himself and was found to have a weakened heart. Samples of patients' heart tissues showed that the viruses had weakened their hearts by scrambling the muscle fibers. Researchers now theorize CFS could be the result of the immune system holding the virus partially in check, but the parts that were being reproduced were causing heart damage. Pharmaceutical companies have now begun clinical antiviral treatment for CFS studies. From *The Wall Street Journal*, "New Theory Emerges on Fatigue Ailment," by Scott Hensley, September 19, 2000.

Researchers at the Molecular Immunology Foundation are investigating a new way to vaccinate people against diseases such as cancer, hepatitis, multiple sclerosis and other autoimmune diseases by training the immune system to watch more closely for disease markers. An infant's DNA will be examined for disease susceptibility and, based on that information, the child will be given a thymic vaccination that trains T-cells,

housed in the thalamus gland, to watch for certain types of proteins produced by diseases and infections for the person's life span. The thymic vaccination makes use of the 99 percent of T-cells that the human body produces but normally doesn't use. This principle has already been shown to work in mice; researchers are predicting at least a decade before this work would be used in humans. From *USA TODAY*, "Cracking the code of immunity," by Steve Sternberg, September 14, 2000.

Up to 25 percent of depressed elderly people are taking antidepressants not recommended for people over the age of 65, according to a recent study. Many seniors have prob-

According to a study of the teenage brain, the section responsible for self control, judgement, organization, planning and emotional regulation is the last part of the human brain to mature.

lems processing some drugs as efficiently, causing the drugs to build up in the body. This can cause serious side effects, from chronic fatigue to urinary tract infections. Researchers are recommending that doctors and patients be more aware that there are separate guidelines concerning drug dosage for seniors. From *USA TODAY*, "Depressed elderly often given wrong drugs," October 5, 2000.

Between 1998 and 1999, obesity in Americans went up by almost six

percent and if this had happened with an infectious disease, drastic measures would have been taken, according to researchers at the CDC. They recently found that, overall, obesity in adults has increased by 60 percent since 1991. More than half of Americans are obese or overweight, with 18.9 percent of Americans being clinically obese. More than 300,000 premature deaths a year can be attributed to obesity, making it the second highest factor in premature death (the first is tobacco)

By hanging out in bathrooms in New York train stations, San Francisco's Golden Gate Park, Chicago's Navy Pier, and an Atlanta Braves game, researchers found that 67 percent of people washed their hands after going to the bathroom—which means 1 in 3 doesn't.

and the overall occurrence of adult-onset diabetes, associated with being overweight, has increased by 33 percent. Researchers are seeing the greatest increases in obesity in adults ages 30-39 and in individuals with some college education, along with a 70 percent increase of adult-onset diabetes. Obesity is defined as a body mass index of 30 or higher and in most cases means a person is at least 30 pounds overweight. Overweight is defined as a BMI of 25 to 29.8. BMI can be figured by taking weight in kilograms divided by height in meters squared. (To calculate your BMI, go to <http://uhs.bsd.uchicago.edu/dr-bob/tips/bmi.html>) From

San Antonio Express-News, "Obesity goes up another 6 percent," by Ridgeley Ochs, October 4, 2000.

The first human testing of a HIV vaccine recently began in England and Thailand. In England, the vaccine being tested is the first specifically designed to combat the most prevalent strain of HIV in many parts of Africa. If these tests are successful, trials could begin in Nairobi, Kenya, in about six months. Researchers are projecting that it would take three to five years to know if the vaccine was working and another five years to complete development. Sponsored by the International AIDS Vaccine Initiative, more information on England's tests can be found at www.oxavi.org. In Thailand, scientists have recruited 2,500 volunteers to test an AIDS vaccine, the first large trial in a developing country. From *The New York Times*, "British Begin Human Testing of H.I.V. Vaccine," September 1, 2000.

Protect your joints when you're young, or arthritis could develop earlier. Scientists at John Hopkins University studied 1,337 graduates and found that those who had suffered a knee injury prior to age 22 had a threefold increased risk of getting arthritis by the mid-50s. The risk increased to fivefold when the injuries were suffered later in life. Nearly 21 million Americans suffer from osteoarthritis, arthritis caused by wear on the joint over time. Scientists are searching for better treatment methods for knee injuries in younger patients to stave off the rising increase in osteoarthritis. From *San Antonio Express-News*, "Teen knee injuries, arthritis linked," by Lauran Neergaard, September 12, 2000.

Disciplinary Actions

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

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

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

***A Ambulance Service, formerly known as Laredo "A" Ambulance, Laredo, Texas.** Ninety day suspension of EMS provider license followed by twenty-four months probation and a \$5,000 administrative penalty effective September 15, 2000. EMS rules 157.11(d)(1)(A) and 157.11(m)(13), a BLS provider shall staff BLS vehicle(s), when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, 7 days a week; assuring that a vehicle, when response ready, is staffed and equipped in accordance with the Health and Safety Code, Chapter 773, and this section for each level of care provided.

***ABC Emergency Medical & Transfer Service, Houston, Texas.** Twelve months probation of EMS provider license through August 31, 2001. EMS Rules 157.19(c)(1)(A), (K), (T) and (U), 157.11(e), 157.12(c), 157.13(c), 157.11(d)(1)(A) and 157.11(k)(1), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; provides false or misleading advertising; fails to maintain confidentiality of patient records; violates any Texas Code, including but not limited to, the operation of an emergency vehicle; violates any rule or standard that has a potential negative effect on the health or safety of a patient; provider shall only advertise at the level of care which can be provided in the service area 24 hours a day, 7 days a week.

Abbema, Ashley Christian, Houston, Texas Twelve months probation of EMT certification through March 10, 2001. EMS Rules 157.44(c)(2)(B)(vi)(IV), offenses against public health, safety and morals.

Aleman, Gabriel, Beeville, Texas. Suspension of EMS Coordinator certification through July 31, 2001 and twelve months probation of EMS Instructor certification through May 31, 2001. EMS Rules 157.64(a)(2)(H), (J), (M), (N), (P), (R) and (T), fails to maintain the integrity of the course; fails to maintain sponsorship with an EMS provider/training entity; repeatedly allows inadequate class presentations; demonstrates a lack of supervision of program instructors, guest instructors, and/or examiners; fails to maintain professionalism in the department approved course; fails to comply with responsibilities of a course coordinator, program instructor, or examiner as specified in 157.61-157.63 of this title; fails to maintain records as specified in 157.61-157.63 and 157.38 of this title.

Aleman, Pablo Jr., Lewisville, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor/felony conviction.

AM Care Ambulance Service, Laredo, Texas. Twelve months probation through February 28, 2001. EMS Rules 157.19(c)(1)(A) and (I), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title, and continues to disregard violations noted on unannounced inspections and/or has not corrected deficiencies noted on unannounced inspections as required in 157.18 of this title.

Amb-Trans Ambulance Service, San Antonio, Texas. 24 months probated suspension of EMS providers license and a \$2,500 administrative penalty through June 30, 2002.

*** AMR San Antonio, San Antonio, Texas.** Twelve months probation of EMS provider license through July 31, 2001. EMS Rules 157.19(c)(1)(A) and (U), fails to comply with any of the provider licensure requirements; violates any rule or standard that has a potential negative effect on the health or safety of a patient.

Andrews, Wanda, Pasadena, Texas. Six months suspension followed by twelve months probation of EMT certification through November 30, 2001. EMS Rules 157.5(b)(8) and (25) and (28), is under the influence of alcohol or is using a controlled substance, as defined by the Health and Safety Code, Chapter 481 and/or Chapter 483, which affects the certificant's ability to render aid according to accepted procedures or protocol; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public or other EMS personnel; and abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Arredondo, David, Rio Grande City, Texas. Twenty-four months probation of EMT certification through June 30, 2002. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Baes, David Heredia, Midland, TX. Denial of recertification application for EMT-P effective June 2, 2000. EMS Rules 157.44, 157.51(b)(16), (24) and (26) and 157.53(3), has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44 of this title; fails to give department/representative complete information regarding an alleged or confirmed violation of Health and Safety Code, Chapter 773, or rules adopted thereunder; falsifies an application for certification or recertification.

Baird, Robert Wesley, Brownfield, Texas. Decertification of EMT certificate effective June 2, 2000. EMS Rules 57.44(c)(2)(B)(vii)(I) and 157.51(b)(16), criminal convictions which directly relate to the profession of EMS personnel; has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44 of this title.

*** Barefield, Shannan, Henderson, Texas.** Twelve months probation of EMT-P certification through October 31, 2001. EMS Rules 157.51(b)(1), (2), (10) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or

treatments in a responsible manner in accordance with the medical director's orders or protocols; abandon a patient; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

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

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

*** Boldware, James L., Houston, Texas.** Twelve months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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

*** Bradshaw, Billy, College Station, Texas.** Twenty-four months probation of EMS Coordinator and EMS Examiner certifications through September 2002. EMS Rules 157.64(2)(a)(G), (H), (P) and (R), compromises the department approved course examination process; fails to maintain the integrity of the course; fails to maintain professionalism in the department approved course; fails to comply with the responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63 of this title.

Brooke, Brian, Waco, Texas. Decertification of EMT-P certification effective March 27, 2000. EMS Rules 157.51(b)(13) and (28), repeats an offense which resulted in suspension and /or probation of the certificate or has a history of two or more offenses within a two-year period; and abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

Brooks, Gary Lee, Springtown, Texas. Twelve months probation of EMT certification through March 2, 2001. EMS Rules 157.44, 157.51(b) and (c), 157.53, misdemeanor conviction.

Brown, Kelly James, Kilgore, Texas. Suspension of EMT-I certification through November 22, 2002. EMS Rules 157.51(b)(5) and (24), failure to comply with the terms of a probation and failure to give the department full and complete information upon request.

Bullion, Edgar P., Trinity, Texas. Twelve months probation of EMT certification through July 28, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the

department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Caddel, Brian, Lago Vista, Texas. Twelve months probation of EMT certification through July 28, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Canales, Adrian, Rio Grande City, Texas. Twelve months probation of EMT-I certification through August 1, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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

Centerville Emergency Ambulance Service, Centerville, Texas. Emergency suspension of EMS provider license effective April 19, 2000. EMS Rules 157.19(a)(1), reasonable cause to believe that the conduct of license holder creates an imminent danger to the public health or safety.

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

Clear Lake Emergency Medical Corps., Houston, Texas. Nine months probation of EMS provider license through February 28, 2001. EMS Rules 157.19(c)(1)(A) and (U), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that would jeopardize the health or safety of a patient.

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

* **Crawley, Kevin D.**, Baytown, Texas. Twelve months probation of EMT certification through August 22, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* **Culter, Steven**, Lewisville, Texas. Voluntarily surrendered EMT-Paramedic certification in lieu of proposal for decertification effective September 29, 2000. EMS Rules 157.36(b)(1), (2), (6), (18), (23), (26) and (28), any conduct with is criminal in nature and/or any conduct which is in violation of any criminal, civil and/or administrative code or statute; causing or permitting physical or emotional abuse or injury to a patient or the public, and/or failing to report such abuse or injury to the employer,

appropriate legal authority and/or the department; obtaining or attempting to obtain and/or assisting another in obtaining and advantage, benefit, favor or gain by fraud, forgery deception, misrepresentation, untruth or subterfuge; having been convicted of and misdemeanor or felony in accordance with the provisions of 157.37 of this title; engaging in any conduct that has potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

Day, Christopher, La Pryor, Texas. Twelve months probation of EMT-P certificate through June 30, 2001. EMS Rules 157.51(b)(1), (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; violates any rule or standard that would jeopardize the health or safety of a patient, the public, or other EMS personnel.

* **Day, Jeri L.**, College Station, Texas. Twelve months probation of EMT certification through August 8, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

De La Garza, Diane, Pleasanton, Texas. Twenty-four months probation of EMT certification through October 15, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Delgado, Robert, Lockney, Texas. Twelve months probation of ECA certification through February 18, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions.

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

* **Douglas, Randall**, Avinger, TX. Twelve months probation for EMT-I certification through September 2001. EMS Rules 157.51(b)(1), (2), (10) and (25), fails to follow EMS standards of care in patient management; fails to administer medications and/or treatments in a responsible manner according to medical director's orders or protocols; abandons a patient; violates any rule or standard that has a potential negative effect on the health or safety of a patient.

* **Dunagan, Kenneth A.**, Corsicana, Texas. Twelve months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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

Enterprise Ambulance, Webster, Texas. \$1000

administrative penalty and twelve months probation through December 2000 of EMS provider license. EMS Rules 157.11(m)(13) and 157.14(c), assuring that a vehicle, when response ready, is staffed and equipped in accordance with the Health and Safety Code, Chapter 773, and this section for each level of care provided; and required equipment as provided in 157.12 of this title and 157.13 of this title.

* **Estes, Phillip**, Chilton, Texas. Twenty-four months probation of EMT certification through July 31, 2002. EMS Rules 157.51(b)(8), (25) and (28), is under the influence of alcohol or is using a controlled substance which affects the certificant's ability to render aid; violates any rule or standard that has a potential negative effect on the health or safety of a patient; abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

* **Evans, Krystal S.**, Taylor, Texas. Twenty-four months probation of EMT certification through August 8, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Garza, Roberto, Mission, Texas. Twenty-four months probation of EMT certification through December 22, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Garza, Rodolfo, Mercedes, Texas. Two years probation of EMT recertification through February 11, 2002. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor convictions while certified.

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

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

Gilcrease, Shawn, Rosharon, Texas. Twenty-four months probation of EMT-P certification through December 31, 2001. EMS Rules 157.51(b)(2), fails to administer medication and/or treatments in a responsible manner in accordance with the medical director's orders or protocols.

* **Giles, Jason**, College Station, Texas. Voluntarily surrendered EMS Instructor certification in lieu of a proposal for decertification of EMS-I certification effective August 7, 2000. EMS Rules 157.63(2)(a)(G), (H), (P) and (R), compromises the department approved course examination process; fails to maintain the integrity of the course; fails to maintain professionalism in the department approved course; fails to comply with responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63 of this title.

Goldstar EMS, Beaumont, TX. \$5,000 administrative penalty and six months probation of EMS providers license through December 31, 2000. EMS Rules 157.19(c)(1)(A) and (U) and 157.11(d)(2)(A), fails to comply with any of the provider licensure requirements as defined in

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157.11 of this title; violates any rule or standard that would jeopardize the health or safety of a patient; an ALS provider shall staff ALS vehicle(s), when in service, with at least one EMT and one EMT-I who have active status certification, 24-hours, seven days per week.

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

Hackbart, Kevin, Plano, Texas. Twelve months probation of EMT-P certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor/felony conviction.

Harris, Kevin L., McAllen, Texas. Four years probation of EMT certification through July 5, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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

* **Hernandez, Roberto**, Powderly, Texas. Twelve months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Higgins EMS, Higgins, Texas. Twelve months probation of EMS provider license through November 30, 2000. EMS Rules 157.19(c)(1)(A), fails to comply with any of the provider licensure requirements in 157.11 of this title.

* **Houston Community College**, Houston, Texas. Letter of reprimand on EMS Education Program certification effective August 29, 2000. EMS Rules 157.35(a)(8), a student shall successfully complete all course requirements as defined by the course coordinator including at a minimum course written examinations, skills proficiency verification, clinical training, and EMS field internship before receiving a Course Completion Certificate and becoming eligible to take the state certification examination. The skills verification process shall be supervised by a state certified course coordinator and shall be administered by state certified examiners using state approved skills criteria.

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

Hurst, Richard Ashley, Temple, Texas. Twenty-four months probation of EMT-P certificate through June 30, 2002. EMS Rules 157.44, 157.51(b)(16), misdemeanor/felony conviction.

Jackson, Jody Leon, Dayton, Texas. Twenty-four months probation of EMT certification through January 10, 2002. EMS Rules 157.44,

157.51(b) and (c) and 157.53, misdemeanor convictions and a felony conviction.

* **Jewett EMS, Inc.**, Jewett, Texas. Twenty-four months probation and a \$1,500 administrative penalty probated of their EMS provider license through September 2002. EMS Rules 157.19(c)(1)(A) and (U) and 157.13(c), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that has a potential negative effect on the health or safety of a patient; and required equipment.

* **Jordan, Colby R.**, Combine, Texas. Twelve months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Kellar, Shanna, Terrel, Texas. Four years probation of EMT certification through June 30, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Keller, Charles Eugene, Houston, Texas. Twelve months probation of EMT certification through March 10, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Key, Roland B., Gail, Texas. Twelve months probation of EMT-I certification through July 28, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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

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

* **Layton, Mary**, Missouri City, Texas. Letter of reprimand against EMT-P certification effective September 22, 2000. EMS Rules 157.36(b)(2) and (14), any conduct which is in violation of any criminal, civil, and/or administrative code or statute; misappropriating medications, supplies, equipment, personal items, or money belonging to the patient, employer or any other person or entity or failing to take reasonable precautions to prevent such misappropriations.

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

Leos, Joel, Monahans, Texas. Twelve months probation of EMT certification through June 20, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act

and these sections.

Lester, Patsy, Spicewood, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(1), (2), (17) and (25), fails to follow EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; practices beyond the scope of certification without medical direction; violates any rule or standard that would jeopardize the health or safety of a patient, the public or other EMS personnel.

Leverentz, Thomas Gordan, Ovilla, Texas. Twelve months probation of EMT certification through January 19, 2001. EMS Rules 157.44, 157.51(b) and (c), misdemeanor conviction.

Little Elm VFD & EMS, Little Elm, Texas. Twenty-four months probated suspension of EMS providers license through March 31, 2002 and a \$5,000 administrative penalty. EMS Rules §157.19(b), 157.19(c)(1)(A) and (U), administrative penalty assessed due to violation of the provisions of the Health and Safety Code, §773.065-773.066; fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that would jeopardize the health or safety of a patient.

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

McCabe, William Eric, Houston, TX. Six months probation of LP license through November 30, 2000. EMS Rules 157.51(1); (2) and (25), fails to follow the EMS standards of care in management of a patient; fails to administer medications/treatments in a responsible manner with medical director's order/protocols; violates any rule/standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

McCoy, Marion, Seminole, Texas. Twelve months probation of EMT-P certification through May 31, 2001. EMS Rules 157.51(b)(1) and (25), fails to follow the EMS standards of care in the management of a patient; and violates any rule or standard that would jeopardize or have negative effects on the health or safety of the patient, the public or other EMS personnel.

McEntire, Jeremy, Boyd, Texas. Decertification of EMT-P certification effective May 8, 2000. EMS Rules 157.51(b)(11)... appropriates and/or possess without authorization medications, supplies, equipment or personal items inappropriately acquired in the course of duty.

McInerney, Brian Michael, Lewisville, Texas. Twenty-four months probation of EMT-P certification through February 24, 2002. EMS Rules 157.44, 157.51(b)(16) and (26) and 157.53(3), misdemeanor conviction while certified and falsification of EMS personnel applications.

Med-Star Ambulance Service, San Antonio, TX. Revocation of EMS providers license and \$5,000 administrative penalty effective June 1, 2000. EMS Rules 157.19(c)(1)(A) and (U), fails to comply with any of the provider licensure requirements as defined in §157.11 of this title; violates rule/standard jeopardizing the health

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or safety of a patient.

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

Melvin, Robert, Houston, Texas. Twelve months probation of EMT certification through November 30, 2000. Health and Safety Code, Chapter 773.041(b), covering not practicing as any type of EMS personnel unless the person is certified.

Miller, Cinda Lee, Kilgore, Texas. Twelve months probation of EMT certification through March 7, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Miller, Megan Michelle, McKinney, Texas. Forty months probation of EMT-P certification through August 31, 2003. EMS Rules 157.51(b)(25) and (28), violates any rule or standard that would jeopardize the health or safety of a patient, the public or other EMS personnel; abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

* **Moore, Frank E.**, Overton, Texas. Twelve months probation of EMT certification through August 8, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* **Morgan, Russell**, Bullard, Texas. Three months suspension of EMT certification followed by twelve months probation through December 31, 2001. H&SC 773.041(b), EMS Rules 157.51(b)(23) and (25), a person may not practice as any type of emergency medical personnel unless the person is certified under this chapter and rules adopted under this chapter; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Morin, Philip, Houston, Texas. Twelve months probation of EMT certification through June 29, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Newsom, Frank, Abilene, Texas. Letter of reprimand against EMT-P certification effective May 22, 2000. EMS Rules 157.51(b)(20)... intentionally falsifies a patient record.

Oliver, Leon Matthew, Houston, Texas. Eighteen months probation of EMT certification through May 19, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Paramore, Jason Wesley, Brenham, Texas. Twelve months probation of EMT certification through December 30, 2000. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Parker, Michael Ray, Clifton, Texas. Twenty-four months probation of EMT certification through November 4, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Perdue, Guy Ray, Chandler, Texas. Denial of recertification application for EMT effective June 2, 2000. EMS Rules 157.44, 157.51(b)(16), (24), and

157.53(3), has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44 of this title; fails to give the department or its authorized representative full and complete information, upon request, regarding an alleged or confirmed violation of Health and Safety Code, Chapter 773, or rules adopted thereunder.

Pinedo, Marisela, Los Fresnos, New Mexico. Probation of EMT-I certification through June 1, 2006. EMS Rules 157.44, 157.51(b)(16) and (c), felony conviction while certified.

Pirtle, Kristopher L., Odessa, Texas. Twelve months probation of EMT certification through July 13, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Powell, Cynthia, Vidor, TX. Twelve months probation of EMT-P certification through December 31, 2000. EMS Rules 157.51(b)(9), (20), and (23), represents that he/she is qualified at any level other than current certification; intentionally falsifies a patient record; fails to comply with Health and Safety Code, Chapter 773, and adopted rules.

Pulido, Gilberto, Laredo, Texas. Twenty-four months probation of EMT certification through October 15, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

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

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

* **Rayo, Mauricio**, Laredo, Texas. Decertification of EMT certification effective October 2, 2000. H&SC 773.041(b), EMS Rules 157.51(b)(4), (9), (12), (17), (19), (22) and (25), a person may not practice as any type of emergency medical services personnel unless the person is certified under this chapter and rules adopted under this chapter; performs advance level treatment without medical direction or supervision; represents that he or she is qualified at any level other than his or her current certification; materially alters any department EMS certificate, or uses and/or possesses any such altered certificate; practices beyond the scope of certification with medical direction; performs medical acts beyond those permitted by the medical director; intentionally falsifies a patient record; obtains or attempts to obtain any benefit to which not otherwise entitled by duress, coercion, fraud, or misrepresentation while in the course of duties as an EMS certificant; violates any rule or standard that has a potential negative effect on the health or safety of a patient.

Remling, William Joseph, San Antonio, Texas. Twelve months probation of EMT certification through December 17, 2000. EMS Rules 157.44, 157.51(b) and (c) and 157.53,

misdemeanor conviction.

Roberts, Tammy, Cedar Hill, Texas. Twenty-four months probation of EMT certification through October 28, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Renick, John, College Station, Texas. Twelve months probation of EMT-P certification through March 31, 2001. EMS Rules 157.51(b)(1) and (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

* **River City Ambulance**, San Antonio, Texas. Twelve months probation of EMS provider license through July 31, 2001. EMS Rules 157.19(c)(1)(A) and (U), fails to comply with any of the provider licensure requirements; violates any rule or standard that has a potential negative effect on the health or safety of a patient.

* **Robertson County EMS**, Franklin, Texas. Twenty-four months probation and a \$1,600 administrative penalty of the EMS provider license through September 2002. EMS Rules 157.19(c)(1)(A) and (U), 157.11(d)(1)(A), 157.13(c)(3), (5) and (6), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that has a potential negative effect on the health or safety of a patient; a BLS provider shall staff BLS vehicle(s), when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, seven days per week; and required equipment.

Rural Metro Ambulance Service-Dallas, Dallas, Texas. Twenty-four months probation of EMS provider license through May 31, 2002. EMS Rules 157.19(c)(1)(A) and (U), and 157.11(d)(1)(A), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient; and a BLS provider shall staff BLS vehicle(s), when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, seven days per week.

Rural Metro-Pasadena, Pasadena, Texas. Letter of reprimand against EMS provider license effective April 26, 2000. EMS Rules 157.19(c)(1)(A) fails to comply with any of the provider licensure requirements as defined in 157.11 of this title.

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

Schlicke, Craig, Spicewood, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(1), (2), (17) and (25), fails to follow EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; practices beyond the scope of certification without medical direction; violates any rule or standard that would jeopardize the health or safety of a

patient, the public or other EMS personnel.

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

* **Sheppard, Jude J.**, Vidor, Texas. Twenty-four months probation of EMT certification through September 25, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Shipp, Patrick L., Laneville, Texas. Four years probation of EMT-I certification through July 28, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Sistrunk, Robert, New Waverly, Texas. Twenty-four months probation of EMT-P certification through March 31, 2002. EMS Rules 157.51(b)(11) and (22), appropriates and/or possesses without authorization medications, supplies, equipment or personal items inappropriately acquired in the course of duty; obtains or attempts to obtain any benefit to which not otherwise entitled by duress, coercion, fraud or misrepresentation while in the course of duties as an EMS certificant.

Smith, Coby A., Arlington, Texas. Twelve months probation of EMT certification through July 13, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Smith, Linda Michelle, Willow Park, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor/felony conviction.

Smith-Green, Tonya Sue, Burleson, Texas. Forty-eight months probation of EMT certification through October 15, 2003. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

* **South Texas Rural Health Services, Inc.**, Cotulla, TX. Twenty-four months probation through May 31, 2002. EMS Rules 157.19(c)(1)(A), (B) and (U), fails to comply with provider licensure requirements 157.11; repeats or commits an offense of a different nature within 12 months of a previous probation; violates any rule or standard that has a potential negative effect on the health or safety of a patient.

Spicewood VFD & EMS, Spicewood, Texas. Twenty-four months probation of the provider license through February 28, 2002. EMS Rules 157.19(c)(1)(A) and (U), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title, and violates any rule or standard that would jeopardize or has a

potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Stark, Casey, Austin, Texas. Twelve month probation of ECA certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor or felony convictions in accordance with the provisions of 157.44 of this title.

* **Stevenson, Douglas**, Katy, Texas. Letter of reprimand on EMS Coordinator certification effective August 29, 2000. EMS Rules 157.35(a)(8), a student shall successfully complete all course requirements as defined by the course coordinator including at a minimum course written examinations, skills proficiency verification, clinical training, and EMS field internship before receiving a Course Completion Certificate and becoming eligible to take the state certification examination. The skills verification process shall be supervised by a state certified course coordinator and shall be administered by state certified examiners using state approved skills criteria.

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

* **Taylor, Fred**, Bryan Texas. Twelve months probation of EMT-Paramedic license through September 2001. EMS Rules 157.51(b)(25), violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Thomas, Jeremy, Port Arthur, TX. Letter of reprimand against EMS-E certification effective May 22, 2000. EMS Rules 157.64(a)(2)(D) and (R) and (S), and 157.63(d), falsifies the course completion certificate or any other document that records or verifies course activity and/or is a part of the course record; fails to comply with responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63 of this title; compromises or falsifies the department's skills verification process and/or standards; and relating to criteria for suspension, probation and decertification of course coordinator, program instructor and/or examiner certification.

Treadway, Roy Gene, Nash, Texas. Eighteen months probation of EMT certification through September 2, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, conviction under the federal code of criminal procedure while certified.

Trevino Sr., Frank, Beaumont, Texas. Letter of reprimand against EMS-E certification effective May 22, 2000. EMS Rules 157.64(a)(2)(R) and (S), fails to comply with responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63 of this title; and compromises or falsifies the department's skills verification process and/or standards.

* **Tyson, Josiah**, Beaumont, Texas. Letter of reprimand on EMS Coordinator certification effective August 29, 2000. EMS Rules 157.35(a)(8), a student shall successfully complete all course requirements as defined by the course coordinator including at a minimum course written examinations, skills proficiency verification, clinical training, and EMS field internship before receiving a Course Completion Certificate and becoming eligible to take the state certification examination. The skills verification process shall be supervised by a state certified course coordinator and shall be administered by state certified examiners using state approved skills criteria.

Valdez, Mindi Rene, Odessa, Texas. Decertification of EMT certificate effective June 2, 2000. EMS Rules

157.51(b)(16), misdemeanor/felony conviction.

* **Van Burskirk, Michael**, McKinney, Texas. Twelve months probation of EMT-Instructor certification through September 2001. EMS Rules 157.64(2)(a)(G) and (R), compromises the department approved course examination process; fails to comply with the responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63 of this title.

Vasquez, Eduardo, Brownsville, Texas. Twelve months probation of EMT certification through November 24, 2000. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

Verona, Arthur, Pflugerville, Texas. Voluntarily surrender of EMT certification effective March 13, 2000. EMS Rules 157.51(b)(1) and (2) and (23) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and /or treatments in a responsible manner in accordance with the medical director's orders or protocols; fails to comply with HSC, Chapter 773, and rules adopted thereunder; and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Walker, Shane Anthony, Buffalo, Texas. Twelve months probation of EMT certification through January 25, 2001. EMS Rules 157.44, 157.51(b) and (c), conviction through military justice.

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

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

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

Wheless, Clinton D., Diana, Texas. Twelve months probation of ET certification through July 28, 2001. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

White, Lynne, Brady, Texas. Twelve months probation of EMT-P certification through March 31, 2001. EMS Rules 157.51(b)(1) and (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Willhite, Robert D., Jr., Odessa, Texas. Twelve months probation of EMT certification through March 31, 2001. EMS Rules 157.51(b)(16), misdemeanor/felony conviction.

Wolfe, Jon Vincent, Austin, Texas. Twelve months probation of EMT certification through March 10, 2001. EMS Rules 157.44(c)(2)(B)(vi)(II), offenses against property.

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

Meetings & Notices

Calendar

November 11 and December 2. **Outdoor Challenges: Processes to Strengthen the EMS Peer Support Community**, San Antonio. 8 hours CE; \$90. Call 210/822-1542 or email thr@worldnet.net or visit www.team-leadership.com.+

November 7-9, 2000. **Public Service Safety Conference**. Over 70 workshops for people who work in public service. Contact Conference Management Services at 979/ 693-6000, fax 979/ 693-6600, safety@cmsworldwide.com, www.emsworldwide.com/safety.

November 11-12, 2000. **Advanced Cardiac Life Support Course (ACLS)**. \$175. Textbook included. For more information call Alvin Community College, 281/388-4697 or 281/388-4904.

November 19-22, 2000. **Texas EMS Conference 2000**. Austin, TX. For information, call 512/ 834-6700.

December 2, 3, 4 and 9, 10, 11, 2000. **Level 1 and Level 2 NCRRC**. Location is Colorado Bend State Park - near San Saba, Texas. For information e-mail John Green at john@texasroperescue.com.

Deadlines and information for meetings and advertisements

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

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

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

Jobs

Paramedic/EMT-I: Relocate to Ruidoso, NM, and work for the #1 service in state in premier mountain community. Family-oriented, excellent schools. NREMT-I/P or able to obtain New Mexico license. Call 505/257-8290 or fax to 505/257-3617 or send to Ruidoso EMS, Attn: Jim Stover, PO Box 8000, Ruidoso, NM 88355.+

Paramedics, EMT-Is, EMTs, dispatchers: Full or part-time positions available. Paid continuing education hours and training. Call Walter, Life Line Universal Transport, Inc., at 281/970-2273 or fax resume to 281/477-0419.+

EMT-Is: Transfer service in southwest Houston. \$12/hr. Call 713/724-4357 or 713/774-4729 or fax to 713/772-2605.+

Paramedics, EMTs: Assured Ambulance hiring paramedics and EMTs for full and part-time positions. Competitive pay plus benefits. Call 281/879-7988 or fax to 281/879-9378 or email assuredambulance@aol.com.+

EMS Program Director/Instructor for Kilgore College. See job announcement at www.kilgore.cc.tx.us/campus/personnel.html.+

Firefighter/paramedic: Kerrville, \$2409/mo. City pays 75 % of family health insurance. Apply at or send resume to City of Kerrville, Personnel Dept., 800 Junction Hwy., Kerrville, TX 78028 or call 830/792-8300 or fax to 830/792-3850.*

EMS Instructor: Central Texas College in Corinth. Qualifications: EMT-P with 3-5 years experience, TDH instructor 2 years, instructor for ACLS, BTLs or PHTLS, PEPP or PALS. AAS degree preferred. Top pay. Send resume to: NCTC, c/o S. Stiles, 1500 N. Corinth St., Corinth, TX 76208.+

Authors: EMCert, Inc., is accepting material that will address pertinent issues that directly affect EMS. Call 877/367-4376 for author guidelines.+

Paramedics/EMTs: Naval Reserve is hiring, up to age 37. No boot camp or diploma required. Call 713/896-7111.+

EMT/Clerk II: Kinney County, a frontier EMS in Bracketville. Application deadline 11/15. Call Carolyn at 830/563-9090.*

EMT-P, EMT-I, EMT: MetroCare EMS, Inc., Beaumont/Port Arthur area hiring full and part-time. Also hiring ATS van drivers. Private organization providing 9-1-1 and transfer, all MICU. Send resumes or apply at 770 Washington

Blvd., Beaumont, TX 77707, or call 409/842-5675.+

EMT-Is and EMTs: Quality Ambulance Service-Pleasanton/Victoria has immediate openings for full and part-time positions. Competitive wages. Must be willing to relocate. For information call 361/582-0116 or fax resume to 361/570-5100.*

Paramedics: Beaumont EMS. Full-time and part-time. 13,000 calls per year. 9-1-1 responses only. Free in-house CE. State-of-the art protocols. Starting salary for full-time \$29,500. Excellent benefits, must have 2 years full-time paramedic experience. Part-time must have 1 year paramedic experience or 4 years EMT experience, \$9.25/per hour. Call Rosa Thomas, Human Resources 409/880-3777.*

EMTs: Metro Ambulance is hiring (San Antonio area) EMT-Basic, \$8; intermediates, \$9; paramedics, \$11. All benefits, vacation, 401k, dental, medical. Call 210/945-9852.*

EMT-Ps, EMT-Bs, dispatchers, non-medical drivers: Texas Lifeline Corp. New company seeking professional quality employees. 2000 model type I ambulances. Competitive pay, health insurance. 24hr and 9hr shifts. 12hr school schedule available. Contact Marcus Smith at 214/327-8100.*

Paramedics: Childress Medical Center has an opening for a field paramedic. Full-time with benefits, progressive protocols. City/county 9-1-1 EMS, hospital based. Send resume to: Human Resources, PO Box 1030, Childress, TX 79201. 940/937-9218.*

Paramedics, EMTs, wheelchair van/dispatcher, billing positions: LoneStar Ambulance has immediate openings. Shifts and times vary. Call Gayla Parker at 972/231-8040.*

Paramedics and EMTs: Basic-\$9/hr., Intermediate-\$10, Paramedic-\$12. Flexible hours. Fax resume to 713/981-4929 or call Unique Ambulance Service at 713/981-4113 for questions.*

Paramedics, EMT-Is, EMTs: Calhoun County EMS, a MICU 9-1-1 provider, is currently taking applications. For information contact Henry Barber at 361/ 552-1140 or go to www.tisd.net/cal-ems. *

EMT or Nurse: Russell Stover Candies, industrial-type environment. Experience in OSHA, accident investigation, plant safety and health programs. Competitive hourly rate and benefits package. Send resume/salary history to Russell Stover, Personnel Manager, 1997 Pecan Delight Ave, Corsicana, TX 75110.

Meetings & Notices

For Sale

For Sale: New and used ambulances, remounts, rescues, wheelchair vans. Immediate delivery. Financing WAC. Emergency Vehicle Service, 214/706-3622 or e-mail www.emergencyvehicle.service.com.

For Sale: 2 Michigan Instrument Thumpers, both in mint condition with nylon cases, in Dallas. E-mail ddodson@yahoo.com or call 214/543-9340. +

For Sale: 2000 F-350 Type I, \$54,000. 2 1994 Type IIIs, 1 1992 Type I refurbished. Remounts from \$45,000, 15 units in stock. 100% finance WAC. Reliable Emergency Vehicles. 800/460-VALU or fax 915/356-2517. +

For Sale: 5 wheelchairs. Call 281/759-2273. +

For Sale: 110V Essential Air Systems installed to control ambulance climate. Mounted under squad bench, provides A/C and heating. For information, contact Mike Preston, Essential Air, Post Office Box 885, Denton, TX 76202, or call 800/969-0911. +

For Sale: 1991 Type III Ford with diesel engine. 83,000 miles. All stainless steel box, excellent condition. All lights and sirens included. \$8,000 or best offer. Yorktown, TX. Contact J. Oliver at 361/564-2321.

For Sale: New and used Type I, II and III ambulances, different manufacturers. First response and rescue units of all sizes. For information, contact Art Seely, R.Ph., Regional Sales Manager, Rescue Safety Products, 220 West Parkway, Denton, Texas 76201, or call our toll free number 800/481-4490. +

For Sale: 1992 Type I Frazer/Ford diesel. Excellent condition, maintenance records available, \$26,000. Call Westlake VFD (Katy/Houston) at 281/492-0560, P.O. Box 5007, Katy, TX 77491. *

For Sale: 1993 Type I F350 XLT, diesel engine. 47,772 miles. \$18,000 with stretcher OBO. Call Walter Oliver at 940/538-5621 ext. 266. *

For Sale: (2) Michigan Instruments thumpers. Perfect condition with CPR board and soft cases. Contact Terry at 214/543-9340, tmcg@dfw.com. *

For Sale: 1990 Ford E350, 138" WB Collins Type III modular ambulance and a 1991 Ford E350, 138" WB National Type III modular ambulance. Call Mike Scudder at 915/837-1119 for information and prices. *

Miscellaneous

Angelina College Fire Academy/Lufkin conducts three basic recruit fire academies per year plus fire and arson investigator, fire inspector certification and others. Contact 936/633-5362. +

EMCert provides online CE for EMS professionals. Individual and group subscriptions with customized features. Call toll-free 877/EMS-HERO or go to www.emcert.com. +

EMS/Fire Billing: Electronic, standard and individualized reports, education on billing guidelines for federal and state billing. Contact Health Claims Plus at 888/483-9893 or visit www.healthclaimsplus.com or hcp@imsday.com.

CE Solutions EMS Continuing Education is accepted in more than 40 states. Internet, software and workbook formats. Click on www.ems-ce.com for 2 free CE hours (first visit) or call toll-free 1-888/447-1993. +

Fax items for this section to 512/834-6736

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

+ This listing is new to this issue.

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

DriveCam Digital Video Systems, a tool to insure safe driving. DriveCam continuously monitors audio, visual and G-force inside the vehicle. Brent Haywood, 619/282-8777. Web site: www.drivecam.com.

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

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

Texas EMS Consulting Service. Evaluation of EMS/site review, advanced medical life support, QA/QI services, prep class for TDH paramedic exam. Extensive mgmt exp as FD lieutenant/EMS director. Contact Max A. Smith, LP, pager with voice mail, 254/918-9033, texasems@hotmail.com, www.maxpages.com/emsservices. +

Electronic Billing: Including Medicare, Medicaid and commercial insurance. Medicare electronic remittance downloaded for accurate posting. Custom reports, consultation for EMS office and field employees and HCFA guidelines. Competitive rates. Express Billing 877/521-6111, 713/484-5700, Fax 713/484-5777, EEXPRESSBILL@AOL.COM.

Billing and coding: Private, full-time, independent, billing and coding agent for an ambulance service company. For information, please call 713/774-4729. +

Placing an ad? Moving? Renewing your subscription?

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

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

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

EMS Profile: *Laredo Fire Department EMS*



Representing Laredo Fire Department EMS are, from left, Eric Rendon, EMT-P; R. Esparza, LP; Elizabeth "Betty" Flores, mayor; Dennis D. Cantu, MD, medical director; Tomas Ramirez, fire chief; R. Rangel, EMT-P, district chief EMS; R. Soto, EMT-P; and M. Meza, LP.

Name of service: Laredo Fire Department/EMS

Number of personnel: The Laredo Fire Department has grown to a total of 12 stations with the addition of two new fire stations and a proposed training facility scheduled to be built within the next two years. There are 269 firefighters; 160 are paramedics.

How many years in service: The Laredo Fire Department began providing basic level of care in 1981 and four years later began advanced-level MICU response.

Number of units and capabilities: Laredo Fire Department/EMS operates six MICUs and one reserve ambulance with the support of 12 fire engines, two aerial trucks and one ARF truck.

Number of calls: In 1999, the Laredo Fire Department re-

sponded to 14,107 EMS calls and 8,400 fire calls covering 61.1 square city miles and 3,342 square county miles. The area has a combined population of 200,000.

Current projects: The City of Laredo's growth, including the addition of a fourth international bridge, has increased demand on the EMS system. Under the direction of Fire Chief Tomas Ramirez, LP, and with the support of Laredo's Mayor, Elizabeth "Betty" Flores, the number of units and personnel has grown in response to the rapid growth and influx of people from our neighbors across the river in Nuevo Laredo, Mexico, which has a population of 650,000. The two cities (Los Dos Laredos) have a combined population of 850,000 and are expected soon to grow to 1,000,000. The Laredo Fire Department, along with our medical director, Dennis D. Cantu, MD, are actively involved with the Seven Flags RAC, TSA-T. We have also added an 18-member EMS Paramedics on Bikes Program for quick response at special events. 🚒

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

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