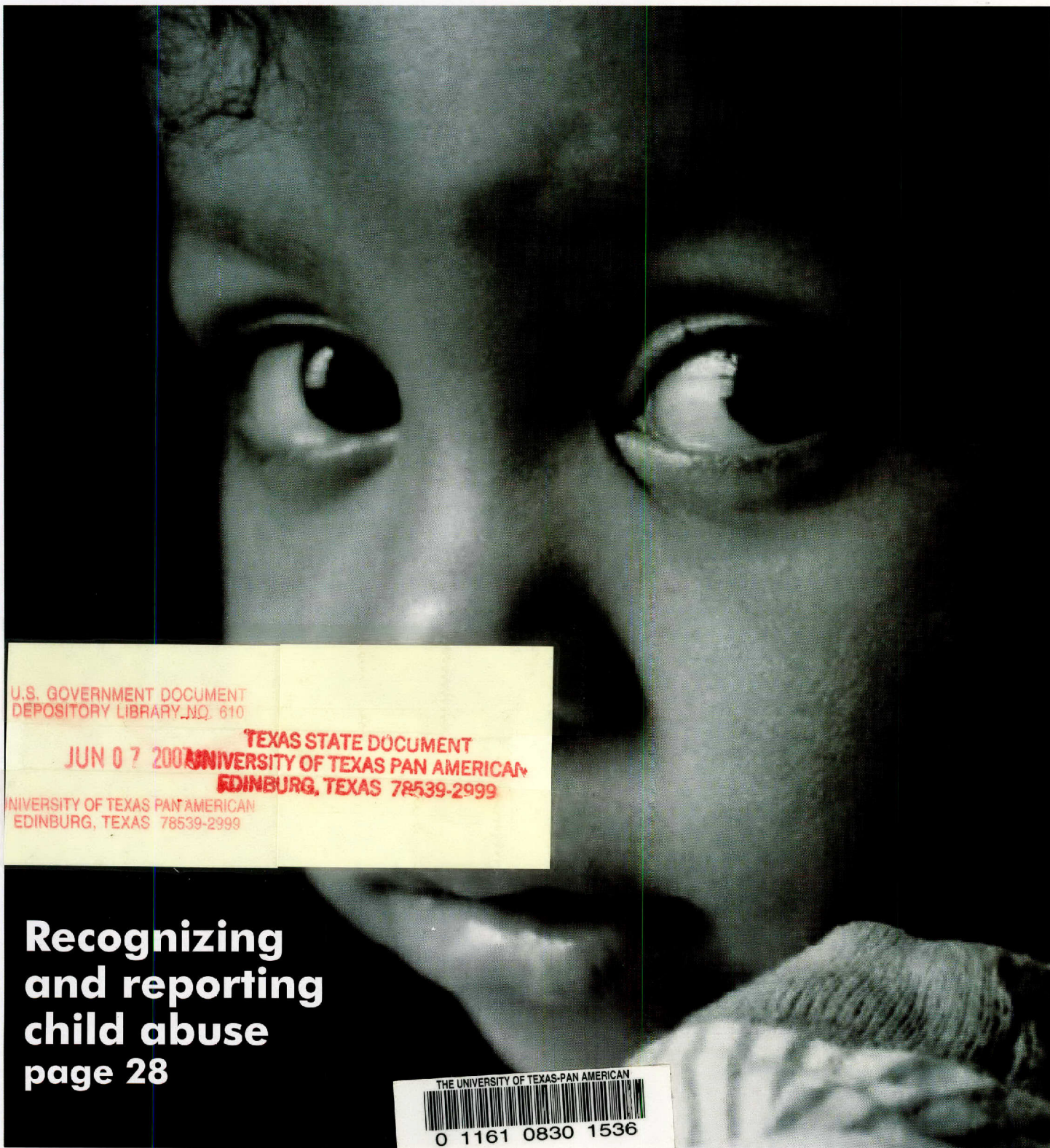


Texas EMS

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**Recognizing
and reporting
child abuse
page 28**

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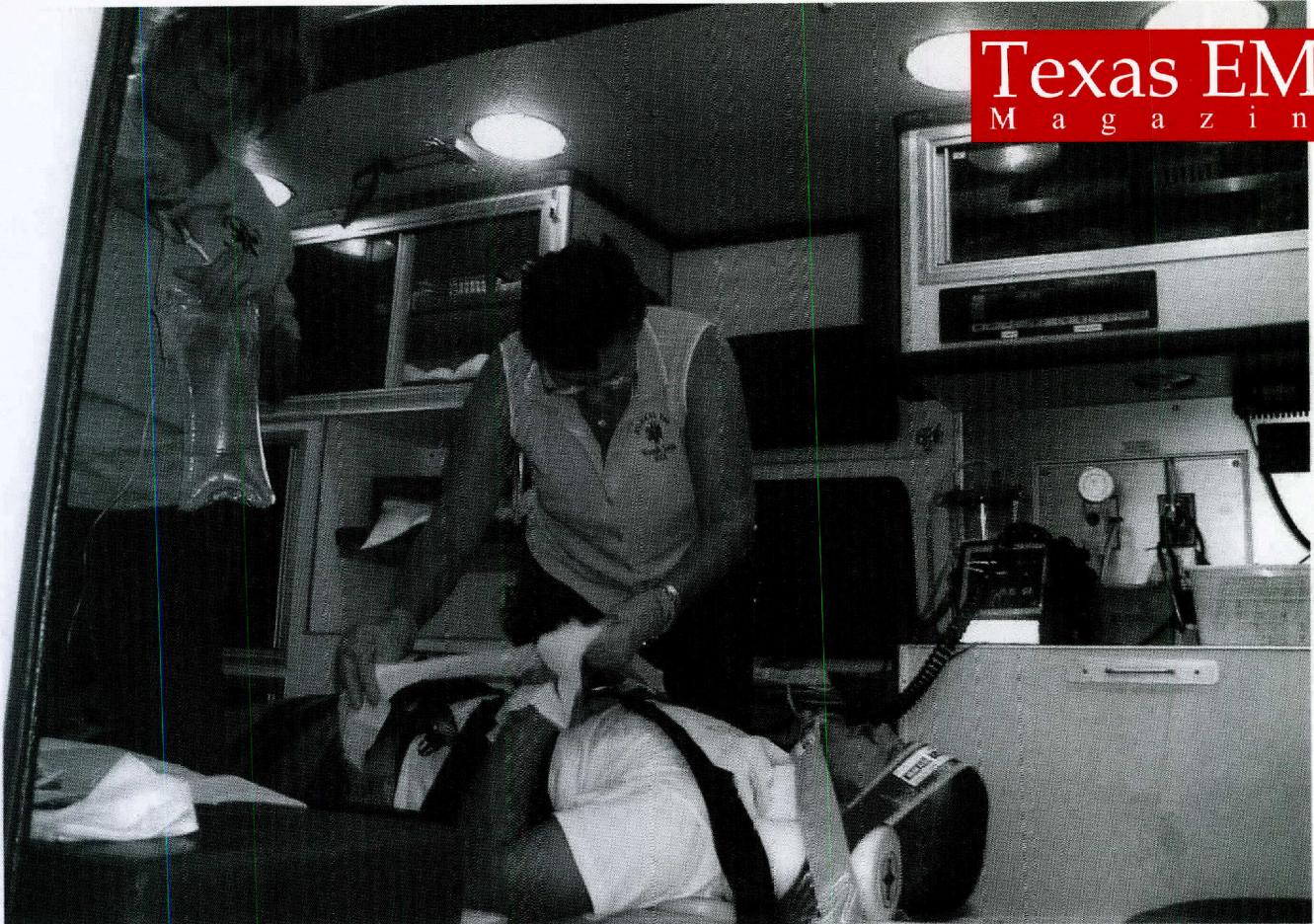
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EMS in January, and some initial results are in.

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**Texas Department of State Health Services
Office of EMS/Trauma Systems Coordination**

www.dshs.state.tx.us/emtraumasystems
1100 W. 49th St., Austin, Texas 78756
(512) 834-6700

**Compliance Service Areas
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Lubbock, TX 79403
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Mailing: EMS Compliance 509
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(956) 423-0130

For a listing of counties in each compliance service area,
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Texas EMS
M a g a z i n e

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

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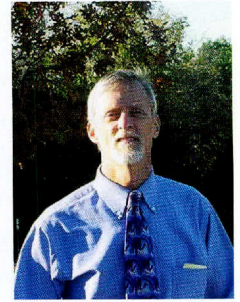
We will accept telephone and mail queries about articles and news items. Manuscript and photograph guidelines available upon request.

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DSHS looking for partners as hurricane season approaches

FROM THIS SIDE

Hurricane season begins in just three short months and we're already gearing up for the annual state hurricane evacuation and sheltering exercise. Texas got a break with a relatively quiet season in the Atlantic. While we can always hope no major hurricanes will churn toward the Texas coast this year, preparations for a worse-case scenario continue unabated. DSHS is looking for additional licensed EMS providers, both ground and air, to sign a memorandum of agreement (MOA) to provide mutual aid in pending or actual disasters after ensuring their own areas are adequately covered. The advantage of the agreement is that it ensures providers will receive prompt reimbursement from DSHS of a predetermined amount, as outlined in the MOA, for costs incurred when dispatched by DSHS to respond to disaster situations. We currently have 71 firms that will provide 90 ground and air ambulances. If you have any questions about the MOA, please contact Maxie Bishop, state EMS director, at (512) 834-6737.



Steve Janda
Office of EMS/Trauma
Systems Coordination

The Lege is in town, and we're about midway through this session. The last day to file most bills is March 9. We've already done analyses on a number of proposed bills and provided information on others. If you want to keep up with the Legislature or a particular bill, turn to page 8 for instructions on how to access the information via the web.

Speaking of computers, we unveiled a new regulatory licensing computer system in late February. EMS/trauma systems staff has been working with system designers for the past year to modify the system to suit our needs and recently went through several months of testing and training. However, as with any new system, there may be challenges in the beginning, which could lead to delays. That said, we commit to working as quickly as we can with the contractor when we identify glitches.

Maxie Bishop recently attended a meeting in Austin that may signal the beginning of a change in the way cardiac patients are transported to hospitals in some regions of the state. Research has shown that direct coronary intervention is the preferred method for perfusion for ST-Elevation Myocardial Infarction (STEMI). As you know, not all hospitals have the capability to perform this procedure. The American Heart Association and the American Association of Cardiology brought together medical professionals from the various state regional emergency healthcare systems to discuss a comprehensive statewide approach to STEMI patients, much like what is being developed for stroke patients and has been developed for trauma patients. We will keep you updated on the progress of this effort.

We just finished our February GETAC meetings. The next series of meetings will be May 23-25 in Austin at the Hilton Austin Airport. As usual, we have reserved as many rooms as possible for attendees but can only get a limited number of rooms at the state rate of \$85. To reserve a room, call (512) 385-6767 and ask for rooms under the name of GETAC. Watch our website for announcements of task force meetings, which sometimes take place between GETAC meetings. We post the information on our website and to our listservs as soon as we have confirmation from the meeting chairs.

On behalf of all of us at DSHS EMS/Trauma Systems, thanks for all you do for the patients of this state...

A handwritten signature in blue ink, appearing to read "Janda".

Initial process for provider licensing changes

Based on feedback we received from providers, a more efficient process is now in place for initial provider licensing. Initial applicants for provider licensing will send a one-page application and the appropriate fees to DSHS. The application is available on our website at www.dshs.state.tx.us/emstraumasystems. Click on provider forms.

EMS Compliance staff will send a letter to the applicant acknowledging receipt of the application and will indicate that a local DSHS field office will be contacting them.

The local DSHS EMS Compliance field staff will contact the applicant and work through the remainder of the more comprehensive provider packet. A checklist of the required items is also available at: www.dshs.state.tx.us/emstraumasystems.

(**Note:** The applicant should be working on completing these requirements prior to submission of the application but should not submit them until contacted by the local field office. Submission of additional documents with the application and fee will only delay the processing of the license.) Once this is completed and any deficiencies are cleared, local staff will set up a time to meet with the applicant for the licensure survey.

The completed packet will be sent to Austin for data entry and filing, and the license and vehicle authorizations will be issued.

This process applies only to initial applications for provider licensure. Providers applying for relicensure still send completed packets to Austin. – *Kelly Harrell*

New computer system at DSHS

The Office of EMS/Trauma Systems Coordination and the rest of the DSHS Regulatory Division got a new computer system in late February that will track EMS certification and licensure for individuals and providers. EMS/trauma systems staffers have been working with system designers for the past year to modify the system to suit our needs and recently went through several months of testing and training. However, as with any new system, there could be challenges in the beginning, which may lead to delays in getting answers for our stakeholders. OEMS/TS will work as quickly as we can to resolve any problems.

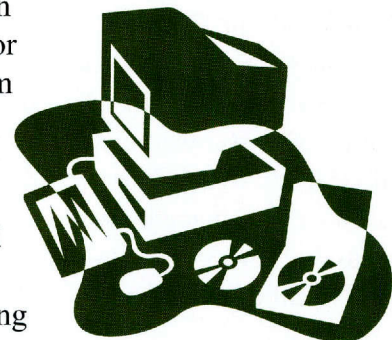
DSHS looking for hurricane responders

DSHS is looking for licensed EMS providers, both ground and air, to sign a memorandum of agreement (MOA) with DSHS to provide mutual aid in a pending or actual disaster. The advantage of the agreement is that it ensures providers will receive prompt reimbursement from DSHS of a predetermined amount, as outlined in the MOA, for costs incurred when asked by DSHS to respond to disaster situations. The MOA also provides a way for DSHS to identify resources to help local communities respond when their own resources are overwhelmed. After several meetings with stakeholders, the MOA was revised to increase the reimbursement amounts to providers. To link to the MOA for ground or air providers, go to the Office of EMS/Trauma Systems website at www.dshs.state.tx.us/emstraumasystems and look for the link under the News/Features heading.

EMS Obituaries

Phillip Townsend, 31, of Denison died December 30 from injuries he suffered while battling a fire. Townsend, an EMT, was a firefighter for the Denison Fire Department.

Earl Hilton, 42, of Copperas Cove died in December of cancer. He was a longtime firefighter and paramedic with the Copperas Cove Fire Department.



A lesson learned: What you should know about reciprocity

By Scott W. Mailhes, EMT-B

When I moved to Houston in January 2001, I was a thousand miles from my hometown, living temporarily with my brother and his wife, and without a job. What I did have was a sense of conviction to join a fire department training class, and a National Registry EMT-basic card.

I began asking how to practice as an EMT in Texas: What do I need? Who is hiring? Does Texas recognize National Registry? It seemed like a million questions and a million answers. I eventually spoke to a staff member with the Texas Department of Health (TDH, now the Texas Department of State Health Services, or DSHS) in Houston to get the answers. I was told to fill out this form and that form, and in a few weeks I would receive a notice saying that I have a year of “reciprocity” to practice in Houston as an EMT.

Jump forward three years. I am done with fire school and riding as an EMT for a private ambulance company to make ends meet while I look to local departments for employment. I am unloading a patient for hemodialysis treatment when I am approached by a representative of the city of Houston’s Department of Health and Human Services. He is doing spot inspections on ambulance crews. He asks for my certifications. I am happy to provide him with my National Registry EMT card. He asks for my

Texas Department of Health EMT card. I do not have one.

Jump forward a few weeks. I am now unable to practice as an EMT. I have no job. The company I was riding with as an EMT is subject to fines because I worked on their ambulance. I cannot apply for a job with the fire department without my EMT certification. My career in Texas is seemingly over.

Jump forward a year. I appear before a committee to defend my case as to why I wasn’t carrying the proper certifications as an EMT-basic in Texas. It is a tale of confusion. It is my tale. I am writing about it because I am not alone in this predicament. For whatever reasons, someone else may find themselves confused as to how to obtain the proper certifications in Texas when moving from out of state. Here is my advice.

Use the internet. I did not (I am technologically challenged). When I moved to Texas, I ended up changing residences three times in the first 18 months. In this nomadic existence, I lost paperwork concerning my “reciprocity” year with DSHS. I therefore never became aware that my certification was no longer valid.

All the information you need is on the DSHS website: (www.dshs.state.tx.us/emstraumasystems). Click on the Certification/Licensure Applications tab. Once there, click on “Reciprocity Certification” to

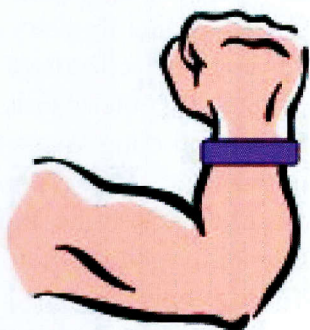
get the information you need to obtain your reciprocity license. The website is easy to navigate and, of course, contact phone numbers are listed in case you have any questions. That was easy, right? It took me two minutes from my first Google search to clicking on the proper information. I accomplished in two minutes what caused me a year of unemployment as an EMT.

Be smart. Ask questions. Use the resources made available by DSHS. And, first and foremost, do not rely on the answers given to you by colleagues or employers. If they do not work for DSHS, don’t take their advice. I was told many different things. I was hired by a company with my National Registry EMT card and was never required to show a Texas EMT card. I was told by fellow EMTs that a National Registry card was all you needed to practice in Houston. In other words, I was told many conflicting things that led to all this mess. The responsibility was ultimately mine, though. I asked the right questions of the wrong people.

I hope this article helps anybody moving to Texas from out of state. This is a great state in which to live, and, after appealing to the DSHS with my story, I am once again working as an EMT in Houston. But don’t take the route I took to get your license. It’s not worth it.

See purple? Think dialysis patient

As we learned during hurricanes Katrina and Rita, getting help to patients with chronic medical conditions can be challenging. This is especially true for kidney dialysis patients, who risk death after a few days if the body's waste products and excess fluid are not eliminated. A project by the Texas End Stage Renal Disease (ESRD) Emergency Coalition hopes to help medical professionals identify dialysis patients quickly. During an emergency, purple wristbands with patients' medical history will be distributed to ESRD patients. Any facility that receives a patient with a purple bracelet should call the command center at (866) 407-ESRD (3773)



for patient information. The toll-free number is also printed on the bracelet. Command center representatives will be able to triage, place or move patients,

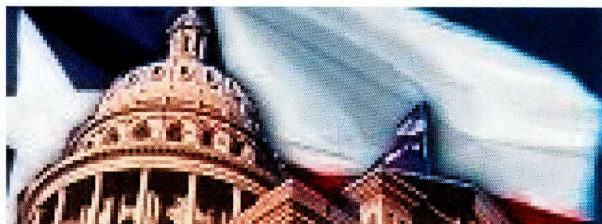
as well as allocate resources and organize supplies.

During a statewide emergency, EMS will have to assess patients to determine the level of care they need using a triage form developed by the Coalition. A copy of the form is on the OEMS/TS website under News/Features.

EMS can use the triage form to help them identify which patients need acute dialysis (i.e., need to be transported to a hospital ED) for dialysis and which could go to a shelter and have dialysis provided in the outpatient unit (i.e., keeping the patients out of the hospital EDs.)

The Coalition, which was formed in 2005 to help dialysis patients during statewide emergencies, developed this system to identify patients and established an emergency command center that is activated during emergencies.

Go online or call for legislative updates



During a legislative session, updated information can go stale before it gets printed. To get the latest on legislation that's been filed, go to www.capitol.state.tx.us. There you can search for specific legislation using text or the number of the bill, find out when hearings are scheduled, and even receive bill or meeting alerts by email.

There is even help if you're not near your computer. Call the bill status hotline at (877) 824-7038 (in Texas). Staff can give you up-to-the-minute status on any bill Monday through Friday from 8 a.m. to 5 p.m., or until the Legislature adjourns for the day. The service will be available through the end of the session.

Information available from the Hotline:

- Current status of Texas legislation
- Legislative processes in Texas
- Contact information for legislative members and other elected officials
- Guidelines on how to obtain a copy of a bill
- Addresses for legislative and governmental websites and toll-free telephone numbers

There are limits. Hotline staff cannot interpret a piece of legislation, transfer a call to a member's office, read the text of a bill to a caller (beyond the caption), or provide information on previous sessions.

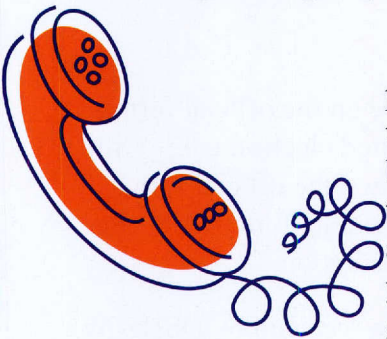
FYI: **What's the difference between a trauma system and trauma systems?**

Q: I thought each state, including Texas, had ONE state trauma system. Why is the name of your department the Office of EMS/Trauma SYSTEMS Coordination?

A: It's true—each state, including Texas, has (or is developing) a state trauma system.

Because Texas is so big, however, it was divided into 22 geographic regions called “trauma service areas” (TSAs) when our state trauma system was being developed. Each of the 22 TSAs has a regional advisory council (RAC) for trauma. The 22 RACs then developed 22 individual regional EMS/trauma systems, which include such things as triage and transport guidelines for their areas. These 22 regional systems make up the Texas trauma system.

Attorney general sues for emergency call access



Subscribers to the telephone service Vonage will be told about critical differences between its service and traditional land-line networks as a result of a lawsuit filed last year by the Texas attorney general. Vonage uses VoIP technology, an internet-based

phone service. According to the attorney general, Vonage failed to disclose or buried in its website important information about the limitations of its 9-1-1 service. For example, at the time of the lawsuit, some 9-1-1 calls made from Vonage lines were not directed to emergency response personnel but to an administrative line that was not answered 24 hours a day. In several highly publicized cases, subscribers claimed that, during emergency, they were unable to reach emergency personnel. In addition, current VoIP technology does not transmit the address or phone number of the Vonage

customer to the call center. Under the terms of a settlement reached in December, Vonage must now inform consumers of the limitations of the 9-1-1 service, including possible loss of access during a power outage or lost broadband connection. Vonage must also inform consumers that since its service is portable, each time users change location they should inform 9-1-1 telecommunicators of their current location.

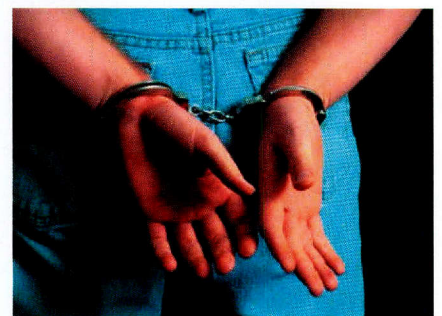
Pop quiz on criminal history

Q: When reporting criminal history for a background check, how far back am I supposed to disclose?

- A.** 3 years
- B.** 7 years
- C.** 10 years
- D.** All since 18 years old.

The correct answer is D.

Unlike some other professions, those applying for EMS certification or licensure must report all criminal history dating back to the age of 18, including any deferred adjudications. Not telling us about a criminal history will only slow your application down – and could mean that you lose your certification or licensure.



On Duty

Two ways to honor emergency responders

Besides the awards given at Texas EMS Conference, DSHS honors individuals in EMS in two other ways. For information about either of the following, contact Kelly Harrell at (512) 834-6743 or at kelly.harrell@dshs.state.tx.us.



EMS Hall of Fame

The Texas Department of State Health Services honors individuals who have made significant contributions to emergency medical services in Texas. This honor is intended to remain a permanent part of the EMS history of this state. Nominations are due June 1. For more information on how to nominate someone for Texas EMS Hall of Fame or to see who is in the Hall of Fame, go the website at www.dshs.state.tx.us/emstraumasystems. Click on EMS, then click on Hall of Fame.

EMS Hall of Honor

The Texas EMS Hall of Honor memorial honors emergency medical services personnel who lost their lives in the line of duty. The plaques hang permanently at the Office of EMS/Trauma Systems Coordination in Austin as a tribute to those



individuals who made the ultimate sacrifice for public safety. Each plaque holds engraved names, along with certification and licensure and date of death. The plaques are also displayed each year at the conference. Find the names of those killed in the line of duty at www.dshs.state.tx.us/emstraumasystems. Click on EMS, then click on Hall of Honor.

Call for presentations online for 2007 conference

Want to present a workshop at Texas EMS Conference 2007? The conference which is accepting submissions



to present until March 15, takes place November 18-21 in Houston. Preconference classes are November 17-18. You can find the forms online at www.dshs.state.tx.us/emstraumasystems. Click on the 2007 Texas EMS Conference Call for Presentations. For more information, email EMSProposals@dshs.state.tx.us.

INSTRUCTIONS:

1. All submissions must be on the official forms. These should be submitted electronically. Only presentations submitted on the official forms will be considered. A separate form **MUST** be submitted for each presentation.
2. All submissions must be received by DSHS by March 15, 2007, for consideration. Speakers whose presentations are accepted will be notified via email as soon as the decisions are made.
3. Handouts are due electronically to conference staff by October 1, 2007. Handouts will be burned on a CD and given to attendees.

Conference Presentations

These are 50-minute lectures that cover a wide variety of subjects. When emailing, put "Call For Presentations 2007" in the message line and attach the

Word form available online.

Hands-on workshops

We would like to expand the number of hands-on workshops during the conference. These will be approximately two hours in length (1 hour, 50 minutes), held in smaller rooms, and will cover a single subject in depth with plenty of opportunity for students to practice skills. These classes will be strictly limited to a small number of students. These classes are included in the conference registration, but students must sign up in advance at registration to control class numbers. Instructors will bring equipment they need to teach the class and will be given a room to use all day to teach three sessions of the workshop. Deadline is March 15. When emailing, put "Call For Workshops 2007" in the message line and attach the Word form available online. Examples: airway management and patient packaging.

Preconference workshops

Preconference workshops happen on the Saturday and Sunday before the conference and range in length from four to 16 hours. Preconference classes must not only have relevant topics, but the costs of these classes, when all the expenses are factored in, must not be so high as to discourage participation. Submissions must be received by March 15, 2007. When emailing, put "Call For Preconference 2007" in the message line and attach the Word form available online.

Honoraria

Unless otherwise specified by written agreement, lead presenters will receive the following compensation/honorarium for their conference presentation(s):

\$175 (no expenses) per 50-minute presentation and complimentary registration for the conference. *

\$400 (no expenses) for teaching three of the two-hour workshops (same subject repeated) and complimentary registration for the conference. Instructors need to furnish any equipment other than audio-visual. (Three workshops per day to be presented in same room.).*

\$300 (no expenses) per preconference workshops of four hours or more (per day) and complimentary registration for the conference. Instructors need to furnish any equipment other than audio-visual.*

*Honoraria paid for additional instructors negotiable but may be lower. All instructors will receive complimentary registration.

GETAC meets in May and August in Austin

GETAC met in February after the magazine went to press, so the GETAC Recap for that meeting will be in the May/June issue of *Texas EMS Magazine*. Remember that GETAC meets again May 23-25 and August 22-24. Both of those meetings are at the Hilton Austin Airport. A limited number of sleeping rooms are available at a rate of \$85 for single or double occupancy. Call (512) 367-8585 and ask for GETAC rooms. GETAC's November meeting will take place November 17-18 in Houston, in conjunction with Texas EMS Conference 2007.

On Duty

Finally ... the new website debuts

The Office of EMS/Trauma Systems Coordination has a new look to comply with new design guidelines set by DSHS.

We tried to convert what we thought you needed – but if you can't find something on our website, just send an email to emsinfo@dshs.state.tx.us. Our new address: www.dshs.state.tx.us/emstraumasystems. For a short time if you log onto our old site, you will be re-directed to the new site.



CMS warns of 'patient parking'

And now, a word from the feds...

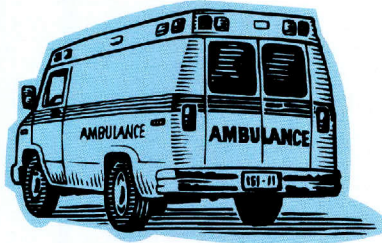
The Centers for Medicare & Medicaid Services (CMS) has learned that several hospitals routinely prevent emergency medical service staff from transferring patients from their ambulance stretchers to a hospital bed or gurney. Reports include patients being left on an EMS stretcher (with EMS staff in attendance) for extended periods of time. Many of the hospital staff engaged in such practice believe that unless the hospital "takes responsibility" for the patient, the hospital is not obligated to provide care or accommodate the patient. Therefore, they will refuse EMS requests to transfer the patient to hospital units.

This practice may result in a violation of the Emergency Medical Treatment and Labor Act (EMTALA) and raises serious concerns for patient care and the provision of emergency services in a community. Additionally, this practice may also result in a violation of 42 CFR 482.55, the Conditions of Participation for Hospitals for Emergency Services, which requires that a hospital meet the emergency needs of patients in accordance with acceptable standards of practice.

A hospital has an EMTALA obligation as soon as a patient "presents" at a hospital's dedicated emergency department, or on hospital property (as defined at 42 CFR 489.24(b)) other than the dedicated emergency department, and a request is made on the individual's behalf for examination or treatment of an emergency medical condition. A patient

who arrives via EMS meets this requirement when EMS personnel request treatment from hospital staff. Therefore, the hospital must provide a screening examination to determine if an emergency medical condition exists and, if so, provide stabilizing treatment to resolve the patient's emergency medical condition. Once a patient presents to the dedicated emergency department of the hospital, whether by EMS or otherwise, the hospital has an obligation to see the patient, as determined by the hospital under the circumstances and in accordance with acceptable standards of care.

EMTALA obligations would also apply to a hospital that has accepted transfer of a patient from another facility, as long as it is an "appropriate transfer" under EMTALA. An appropriate transfer is one in which the transferring hospital provides medical treatment that minimizes risks to an individual's health and the receiving hospital has the capability and capacity to provide appropriate medical treatment and has agreed to accept transfer (42 CFR 489.24(e)(2)).



Therefore, the expectation is that the receiving facility has the capacity to accept the patient at the time the transfer is effectuated. A hospital that delays the medical screening examination or stabilizing treatment of a patient who arrives via transfer from another facility, by not allowing EMS to leave the patient,

could also be in violation of EMTALA.

CMS recognizes the enormous strain and crowding many hospital emergency departments face every day. However, this practice is not a solution. "Parking" patients in hospitals and refusing to release EMS equipment or personnel jeopardizes patient health and impacts the ability of the EMS personnel to provide emergency services to the rest of the community. For questions on this memo, please contact Donna Smith at (410) 786-3255 or by email at Donna.Smith@cms.hhs.gov.

Star of Texas Awards nominations due soon

Remember to keep those in EMS who are injured or killed in the line of duty in mind for the Star of Texas Awards. The governor's office will begin accepting nominations later this spring. The first Star of Texas Awards were presented in 2004 to three Texas first responders, one for each category of first responder: emergency medical, fire and law enforcement. The 79th Texas Legislature passed legislation that amended the Star of Texas Awards statute to require awards for every first responder seriously injured or killed after September 1, 2003.



GETAC member resigns

Gary D. Cheek, a Governor's EMS Advisory Council member since 1999, resigned in December. Cheek is a lieutenant in the operations division of the Abilene Fire Department, a nurse and an EMT, a certification he has held since 1984. Cheek represented fire departments that provide EMS in his position with GETAC. He had previously served as chair of the Texas Emergency Health Care Advisory Committee, a predecessor to GETAC.

"It has been my honor to serve the people of Texas and represent Texas professional firefighters on each of these councils over the last 12 years," Cheek wrote in his resignation letter. "The opportunities that I have had to work with the many stakeholders involved in (EMS) and trauma systems is one I will always cherish."

The Texas State Association of Fire Fighters will be submitting names of possible replacements to Governor Rick Perry.

ECAT Funding Update

In fiscal year 2007, \$50,000 is available for Emergency Care Attendant Training (ECAT) in rural and underserved areas. Since September 2006, the following services have received ECAT funding approval and have either completed or are in the progress of completing their programs:

Throckmorton County EMS

Sutton County EMS

Schleicher County EMS

Peoples Volunteer Ambulance Service

Mineral Wells Fire Department

We currently have four ECAT application packages pending final approval, leaving approximately \$10,000 available for additional classes. We strongly encourage interested organizations to apply for the funding now. Application approval is dependent upon submission of all required documents.

If your organization would like to apply for ECAT funding, please visit our website at www.dshs.state.tx.us/emstraumasystems and click on Funding Sources. If you have additional questions, please contact Arlen Bolenbaucher, at (512) 834-6700 ext. 2706; fax: (512) 834-6611; or at arlen.bolenbaucher@dshs.state.tx.us.

Emergency funding available

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

These are the Extraordinary Emergency Fund contracts that have been approved since October 2006:

Hale Center EMS - \$43,986 to assist with operational expenses.

Sabinal EMS Inc. - \$11,000 to assist with operational expenses.

Menard EMS Inc. - \$85,000 to assist in the purchase of a new ambulance to replace the primary unit, which was destroyed by fire in November 2006.

Zavalla Volunteer Fire Department - \$47,401 to assist in the purchase of a first responder rescue vehicle and medical equipment to replace those destroyed by fire in October 2006.

Moore County Hospital District - \$3,724.20 to assist in rebuilding its communication system, which was destroyed by the winter storm in January 2007.

For more information, contact Linda Reyes at (512) 834-6684, or email her at linda.reyes@dshs.state.tx.us.



On Duty

November 18-21, 2007

Texas EMS Conference – Houston

(Exhibit Hall open November 18-20)

It's the biggest city in Texas and the fourth-biggest in the nation. Yet Houston has never hosted the best EMS conference around – that is, until now!

This year, Texas EMS Conference will set up shop in the spacious and attractive George R. Brown Convention Center, on the southern end of Houston's vibrant downtown. Conference 2007 promises to deliver all the goods you've come to expect – top-notch education, speakers and exhibits that will keep you on the cutting edge of emergency medicine.

But, as always, we're not content to rest on our laurels. That's why this year we're expanding the selection of two-hour, hands-on classes, which were hugely popular when introduced in 2006. In addition, the exhibit hall will feature a new layout designed to make browsing as easy as possible, and the annual EMS Awards Luncheon will be held in the stunning Lanier Grand Ballroom of Hilton Americas-Houston.

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

Special room rates for conference attendees and exhibitors are available at three downtown hotels. Hilton Americas-Houston, our host hotel, is connected to the convention center by a skyway, while the Four Seasons Hotel and Doubletree Hotel Houston Downtown are just a short walk away. Don't pass up these great deals – make your reservation now before the hotels are booked.

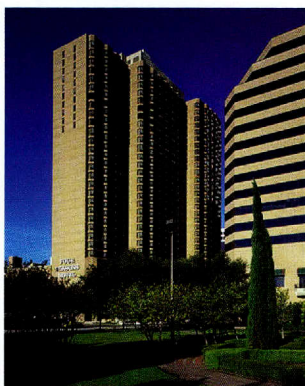
Watch the May/June issue of *Texas EMS Magazine* for more details about preconference classes and your chance to register.

See you in November!

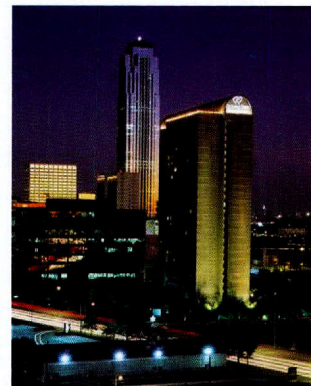
HOTELS



Hilton Americas-Houston
1600 Lamar St.
Houston, TX 77010
713-739-8000
www.hilton.com
\$85/\$125



Four Seasons Hotel
1300 Lamar St.
Houston, TX 77010-3017
713-650-1300
www.fourseasons.com/houston
\$149/\$169



Doubletree Hotel Houston
Downtown
400 Dallas St.
Houston, TX 77002-4777
713-759-0202
www.doubletree.com
\$85/\$110

Schedule

Conference At-A-Glance

Sunday, November 18

1:00 pm - 7:00 pm Registration outside
Exhibit Hall B3
3:00 pm - 7:00 pm Exhibit Hall opens
with Welcome Reception

Monday, November 19

7:00 am - 6:00 pm Registration outside
Exhibit Hall B3
8:15 am - 9:30 am Opening Session
9:45 am - 10:45 am Workshop Breakouts
9:30 am - 3:00 pm Exhibit Hall open
(Exhibit Hall closed 3-5pm)
5:00 pm - 7:00 pm Exhibit Hall open
11:00 am - Noon Workshop Breakouts
12:00 pm - 1:00 pm Lunch in Exhibit Hall
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts

Tuesday, November 20

7:00 am - 3:00 pm Registration outside
Exhibit Hall B3
7:30 am - 8:30 am Early Bird Workshop Breakouts
8:45 am - 9:45 am Workshop Breakouts
9:00 am - 11:45 am Exhibit Hall open
(closed during Awards Luncheon)
Workshop Breakouts
10:00 am - 11:00 am Awards Luncheon-Exhibit Hall
11:45 am - 1:30 pm (Exhibit Hall open immediately after
Awards Luncheon)
Exhibit Hall open
1:30 pm - 3:00 pm Workshop Breakouts
2:00 pm - 3:00 pm Exhibit Hall closes
3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts

Wednesday, November 21

8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - noon Workshop Breakouts
Conference adjourns

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

2007 Texas EMS Photography Contest entry form

Photographer's
Name _____

Employed by _____

Address _____

City _____ State _____ Zip _____

Phone (HM) _____ / _____ (WK) _____ / _____

E-mail Address _____

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

Deadline for entering: November 10, 2007

Tape this form to the back of the photo.

Brief explanation of scene: _____

Photo Contest Rules

- **Winning categories and prizes:**
One Grand Prize winner (either color or black and white)—\$250 and a plaque.
One First Place—\$175 and a ribbon.
One Second Place—\$100 and a ribbon.
One Third Place—\$75 and a ribbon.
One Honorable Mention—\$50 and a ribbon.
- **Deadline:** Entries must be received no later than **November 15, 2007**. All photos will be displayed at Texas EMS Conference, and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmatted prints, in color or black and white (5 X 7 to 9 X 12 is best). Fill out the entry form, tape it to the back of your photograph, and mail your entry to: Texas Department of State Health Services/EMS, 1100 W. 49th St., Austin, TX 78756-3199.
- **For digital photos:** Please print out a copy and mail a printed copy with the entry form attached. You also may e-mail the photo in .jpg format, using CMYK colors, to Dawn.Whitebeld@dshs.state.tx.us.
- The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- The ownership of the negative will remain with the photographer.

**Start planning now for the week and month that honor
emergency responders**

**EMS Week, May 20-26, 2007
Trauma Awareness Month, May 2007**



photo by Sidney Wooten

Have you started planning for EMS Week, May 20-26? What about Trauma Awareness Month in May? EMS Week honors all who work as part of the Texas EMS and trauma network. These two events are the perfect time to tell people in your community about the important role you play in the health of your community. And that's a message you can't emphasize too much as your workload increases and government budgets shrink. It's also a perfect opportunity to bring the message of safety to your community. If you have questions or comments about EMS Week or Trauma Awareness Month, or simply want some help in planning activities, call us at (512) 834-6700.

Here are a few things that might help you plan:

The American College of Emergency Physicians (ACEP) once again has

produced complimentary planning packets to help communities promote EMS Week Activities. The theme of this year is **EMS: Extraordinary People, Extraordinary Service**, which focuses on the commitment and dedication of the EMS providers who provide an essential community service everyday nationwide. ACEP's packet can be ordered online at www.acep.org. Packets can also be ordered directly from ACEP by calling (800) 796-1822, then pressing 6 for publications when prompted by automated voicemail.

Injury prevention brochures and Ready Teddy coloring books and stickers are still available. Please use the order form on page 2 of this issue to order coloring books and other materials you'll need for EMS Week activities. And remember, order early!

For more information, call us at (512) 834-6700.

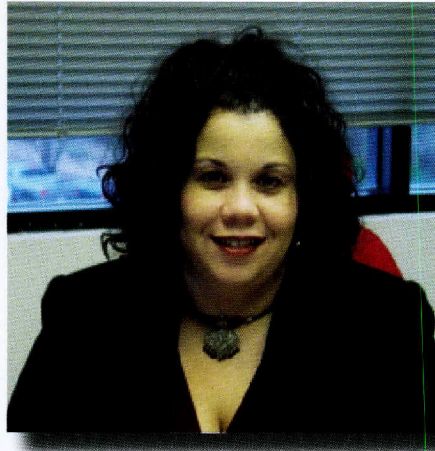
Transitions at DSHS



New DSHS commissioner named

The Department of State Health Services welcomed a new commissioner on January 2. David Lakey, MD, replaces Eduardo Sanchez, MD, who resigned in October to become director of the Institute for Health Policy in The University of Texas School of Public Health at Houston. Dr. Lakey earned his medical degree in 1990 from the Indiana University School of Medicine. He went on to complete four years of internship and residency in internal and pediatric medicine at Vanderbilt University Medical Center in Nashville. He moved to Tyler, Texas, in 1998 to take a position as a professor of medicine at UT Health Center at Tyler. In 2001, he became chief of the Division of Infectious Disease and medical director for the Center for Pulmonary and Infectious Disease Control. In 2004, he went to Houston as associate director for biosecurity and infectious disease at UT's Center for Biosecurity and Public Health Preparedness. That same

year, he joined the Texas Medical Rangers as a lieutenant colonel. In 2006, he became the local health authority for the city of Tyler and Smith County. DSHS has more than 11,500 employees and an annual budget of about \$2.3 billion.



Renee Clack named director of section

Renee Clack was named director of DSHS' Health Care Quality Section in December. She replaces Kathy Perkins, who took the job of assistant commissioner for the Regulatory Services Division. Clack came to DSHS in September of 2004 to manage the Regulatory Licensing Group, which includes EMS certification and licensure. She started her career with the Texas Department of Human Services in 1989 and rose to director of long-term care regulation. She holds a Bachelor of Business Administration from Texas State University. Clack attended her first Texas EMS Conference last fall and wants to learn more about EMS and trauma systems.

"In the two years I've worked with EMS certification, I have been so impressed with the people in EMS and their commitment to patient care," she said. "I am looking forward to learning more about EMS and trauma systems, and to meet those of you who work on the front line of emergency health care. Those in emergency health care make sure Texans get the best care possible, whether on scene or in a trauma center."

Lockwood joins OEMS/TS

Familiar faces return ... Phil Lockwood, a longtime manager of EMS Standards who retired in 2005, is joining the Office of EMS/Trauma Systems Coordination in March as a program specialist. Lockwood began his career at the Texas Department of Health (now DSHS) in 1976 and came to the EMS Registry (as it was then called) in 1978. Over the next 25 years, he worked in EMS regulation, providing technical assistance, teaching EMS classes and inspecting ambulances. His last nine years in EMS were spent as manager of EMS Standards, which oversaw the certification and licensure of Texas EMS personnel, among other programs. After he retired, Lockwood came back to work at DSHS as a manager in the Environmental and Sanitation Licensing Group. In his new position in the OEMS/TS Stakeholder Information Group, Lockwood will be working to develop rules and policy and to coordinate conference education.



National Registry pass rates reported for Texas

National Registry kicked off computer testing on January 1 at Pearson VUE sites across the nation, including 21 in Texas. The passing rates for Texas for January have arrived, but the numbers need to be looked at with a little caution. The number of overall candidates is not large enough for a true analysis of trends. Many of the people taking the tests, especially paramedic, may be retesting after failing previously. We are currently analyzing the data to see if failing applicants are associated with certain schools and, if so, to work with those schools to improve scores. – *Kelly Harrell*

Here are the latest results from the National Registry for Texas, January 1-31, 2007:

Number of Candidates 516
Overall Pass Rate 384 (74%)
Fail 132 (26%)

Paramedics 103
Pass 68 (66%)
Fail 35 (34%)

Intermediate 15
Pass 13 (87%)
Fail 2 (13%)

Basic 383
Pass 291 (76%)
Fail 92 (24%)

First Responder 12
Pass 10 (83%)
Fail 2 (17%)

Assessment Exam 3
Pass 2 (Paramedic)
Fail 1 (Basic)

List of Pearson VUE Professional Testing Centers in Texas

Abilene

500 Chestnut, Suite 856
Abilene 79602
325-675-5694

Amarillo

1616 S. Kentucky, Suite C305
Amarillo 79102
806-463-7465

Austin

301 Congress Ave., Suite 565
Austin 78701
512-469-0276

Beaumont

Lamar Institute of Technology
855 E. Lavaca
Beaumont 77705
409-880-8687

Bellaire (Houston area)

Prosperity Bank Building
6800 West Loop South, Suite 405
Bellaire 77401
713-838-1849

Corpus Christi

Corona South Building
4646 Corona Drive, Suite 175
Corpus Christi 78411
361-814-5872

Dallas

9101 LBJ Freeway, Suite 480
Dallas 75243
214-870-8265

Edinburg

University of Texas
UTPA Annex Room 180
Edinburg 78539
956-292-7583

El Paso

Coventry III Building
4445 N. Mesa St., Suite 119
El Paso 79902
915-351-6733

Fort Hood (Dept. of Defense only)

DANTES 0046
Room D208 Bldg 33009, Tank Battalion Ave
Education Services Division
Fort Hood, Texas 76544
254-287-7605

Harlingen

Texas State Technical College
1902 North Loop 499
Harlingen 78550
956-364-4537

Houston

8876 Gulf Freeway, Suite 220
Houston 77017
713-943-2479

Hurst (Fort Worth)

500 Grapevine Hwy, Suite 401
Hurst 76054-2707
817-427-0960

Laredo

Laredo Community College
West End Washington Street
Laredo 78040
956-721-5245

Lubbock

Wells Fargo Tower
1500 Broadway, Suite 1113
Lubbock 79401
806-744-1697

Midland

3300 N. A St.
Building 4-228
Midland 79705-5457

San Antonio

10000 San Pedro, Suite 175
San Antonio 78216
210-340-3628

Sheppard AFB (Dept. of Defense only)

DANTES 0542
82 MSS DPE
426 5th Ave Suite 4
Sheppard AFB, Texas 76311-2928
940-676-4839

Tyler

One America Center
909 East Southeast Loop 323, Suite 625
Tyler 75701
903-561-5038

Waco

1105 Wooded Acres, Suite 406
Waco 76710
254-751-0483

Wichita Falls

American School of Business
4317 Barnett Rd.
Wichita Falls 76310
940-691-0454

You may take the test at any Pearson VUE testing center that administers National Registry exams, including those testing centers in other states. Go to www.pearsonvue.com for more details.

FAQ

Frequently Asked Questions

By Mattie Mendoza

Q: Will DSHS accept continuing education (CE) hours taken on the internet?

A: Yes. If it is most convenient for you, all of your required CE hours can be obtained via the internet. There are several approved internet providers you can use to obtain your EMS CE hours. They are: CE Solutions at www.ems-ce.com, Emergency Medical Certification Inc. at www.emcert.com, Emergency Medicine Internetwork at www.eminet.com and EGenesis at www.egenesis.cc. Also, more and more colleges are offering courses via the internet. Check with your local college to see if it is an approved EMS education agency and if it has EMS internet courses available. And don't forget to retain your CE documentation for up to five years, as you will need to submit it if you are selected for audit.

Q: Can an EMT-basic receive credit for attending advanced-level CE courses?

A: Yes, EMT-basics can receive credit for attending intermediate- and paramedic-level courses. As long as the CE comes from an approved provider and falls into one of the required content areas, you can count those CEs. In fact, there are definite advantages when EMTs participate in advanced-level CE. First, studying and practicing together improves the ability of EMS personnel to work together on calls. This, of course, leads to better patient care. Second, sitting in on advanced CE may help some EMTs make the decision to pursue intermediate or paramedic

certification. Finally, attending programs which cover intermediate and paramedic content can increase an EMTs chances of success in advanced certification courses. EMS personnel should never be hesitant about pursuing opportunities to further their skills and competence. After all, that's why it's called *continuing education*.

Q: Can I earn CEs on a topic more than once during a certification period?

A: Yes. Instruction in a *topic* – such as EKG interpretation – can be repeated. However, the *content* cannot be exactly the same. For example, courses such as BTLS, PHTLS, ACLS, PALS or CPR cannot be used more than once in the four-year reporting period since the curricula are standardized and participants would simply be repeating material. The intent is to prevent individuals from attending identical courses just to accumulate CE hours. At the same time, as much flexibility as possible is retained to allow instruction in areas where improvement is needed or special interests have developed. Please visit our website for more information about CEs at: <http://www.dshs.state.tx.us/emstraumasystems>.

Q: I've met my CE requirements for the four-year reporting period except for one hour. What is going to happen to my certification?

A: So long as you have met the minimum requirements for your level of certification in each of the content categories and have earned the necessary total number of hours, you have satisfied the CE requirements and

are entitled to renew your certification choosing the CE option. If you have *not* earned the CEs necessary to meet the minimum requirements in each of the content areas, you may *not* renew your certification using the CE option. Your CE accrual has to be complete when you submit your renewal application or you will have to choose another option for renewal. You can find all of your renewal options and minimum content areas for renewal by CEs on our website at: <http://www.dshs.state.tx.us/emstraumasystems>.

Also, if you renew by CEs and have *not* met the full CE requirements at time of renewal application submission, it is considered falsification of documentation. Falsification of documentation shall be cause for reprimand, probation, suspension or revocation of a certificate, license, provider license or EMS program/course approval in accordance with §157.16 (relating to Emergency Suspension, Suspension, Probation, Revocation or Denial of a Provider License); and/or §157.32 (relating to Emergency Medical Services Education Program and Course Approval); and/or §157.34 (relating to Recertification); and/or §157.36 (relating to Criteria for Denial and Disciplinary Actions for EMS Personnel and Voluntary Surrender of a Certificate or License); and/or §157.38 (relating to Continuing Education); and/or §157.43 (relating to Course Coordinator Certification); and/or §157.44 (relating to Emergency Medical Service Instructor Certification). See link to Rules page at: www.dshs.state.tx.us/emstraumasystems. Click on EMS.

by John LeBas

J RAC ushers in a new look

The Midland-based J RAC has unveiled its redesigned website and a stylish Texas-inspired logo to go along with it. The site was designed by webmaster Larea Arnett, who packed the pages with information about the RAC, a calendar of events and meetings, RAC forms, participation records and pictures from various RAC events. Also included are links to DSHS and the Office of EMS/Trauma Systems Coordination.

The new logo features the location of the regional advisory council and a lasso design that captures



the spirit of the Lone Star State. Check out the changes at www.tex-asjrac.org.

In other J RAC news, the organization bought and shipped seven holiday care boxes weighing some 300 pounds to the 332nd Expeditionary Medical Group (EMDG), which is serving in Iraq. The 332nd EMDG is part of the 332nd Air Expeditionary Wing of the U.S. Air Force.

ALS care gets boost from Lions in Del Rio

The Del Rio Host Lions Club recently gave \$4,411 to the Val Verde Regional Medical Center EMS and Emergency Department to help improve ALS care. The money was used to buy three EZ IO drills, which will allow adult CPAP to be implemented during prehospital care. This might reduce the need for endotracheal intubation and, later, days on the ventilator in the hospital for CHF and COPD patients.



Del Rio Host Lions Club President Bill Langford presents the check to Jack Howley, EMS director for Val Verde Regional Medical Center.

Texas pediatric hospitals shine in magazine's rankings

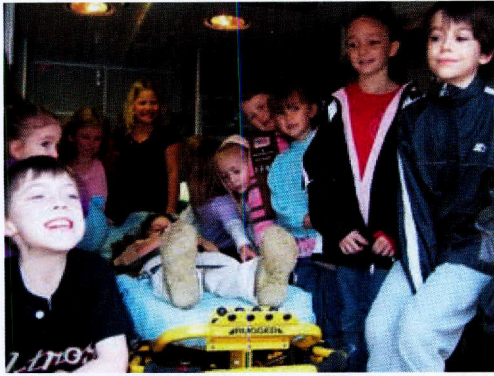
Texas Children's Hospital in Houston recently was named the fourth-best pediatric hospital in the country by *Child* magazine. Two other Texas hospitals were selected as runners-up in the magazine's annual survey of facilities: Children's Medical Center Dallas (No. 25) and Cook Children's Medical Center in Fort Worth (No. 37). Texas Children's also ranked third-best for cancer care, fourth for cardiac care, seventh for neonatal care, 10th for orthopedic care and third for pulmonary care. Children's Medical Center came in

10th for both cancer care and cardiac care.

The magazine applauded Texas Children's for its research, such as identifying all the genes responsible for a drug-resistant staph strain; providing DVD players and other comforts of home for patients; and treating 3,000 child patients in 12 days after they fled Hurricane Katrina to Houston.

The 2007 rankings, released in January, were decided from a survey completed by 76 qualifying hospitals last year, according to the magazine.

Local & Regional EMS News



Girl Scouts and Cub Scouts from Troop 3306 and Pack 290 in Bridge City learn about emergency medical services in the back of a StatCare EMS ambulance.

Orange County scouts learn about EMS from paramedics

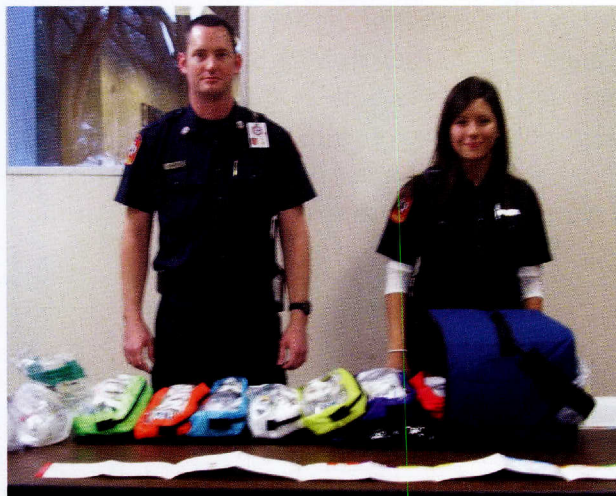
Two paramedics from Stat-Care EMS in Beaumont recently volunteered time to teach a group of scouts about their careers. Terrell Martin, CCEMT-P, and Jamie Landry, EMT-P, explained their first responder responsibilities to Brownies, Daisy Girl Scouts and Webelos 1 Cub Scouts from Bridge City. The children also learned about what EMTs do, felt what it's like to be on a stretcher, and learned about the ambulance and equipment inside. The experience enabled the Brownies to complete part of the Career Try-It program, while the Webelos were able to finish their Scientist requirement.

Hospitals introduce portable surge unit

Harris Methodist Fort Worth Hospital and Harris Methodist Northwest Hospital in Azle are now equipped with an inflatable, portable surge capacity unit. The 2,700-square-foot unit will be used strictly to supplement regular hospital capacity during such emergencies as mass casualty events, infectious agent or communicable disease quarantine, bioterror attack, or pandemic flu outbreak. It is equipped with 26 medical/surgical beds, 10 triage beds, four intensive care beds, negative-pressure airflow, climate control and self-sustaining generators. The two

hospitals, part of the Texas Health Resources System, are the first in the nation to privately own a non-military inflatable, portable surge unit. About \$677,500 in funding for the unit came from federal grants.

“Disasters such as Hurricane Katrina and Rita taught us a tremendous amount about having contingency plans to care for large numbers of patients from neighboring states, as well as how to treat those in our own backyard,” said Barclay E. Berdan, president of Harris Methodist Fort Worth Hospital and executive vice president of Texas Health Resources. “We hope we will never have to use the portable surge capacity unit, but we can take comfort knowing it is here if it is needed.”



Paramedics Justin Knuppel and Wendy Kean of Washington County EMS show off the service's new Broselow/Hinkle pediatric equipment organizer bags. The bags were purchased with a Ronald McDonald House Charities grant written by Knuppel.

Washington County EMS wins grant for pediatric gear

A \$3,000 grant from the Ronald McDonald House Charities has allowed Washington County EMS to buy pediatric equipment for its paramedic crews. The Broselow/Hinkle pediatric equipment organizer bags will help the medics better care for children, which make up about 30 percent of the county's population, according to the EMS service.

Texas EMS Conference

November 18-21, 2007

Houston

Local & Regional EMS News

Air EMS providers treated to a holiday thank-you



Southwest Med Evac



CareFlite



Air Evac Lifeteam

Tech*Star EMS Education and Life Care Plus EMS Education co-sponsored a holiday dinner in December for three air medical EMS providers that serve the Eastland County area. The guests were the crews of CareFlite, Southwest Med Evac and Air Evac Lifeteam. Tech*Star EMS

Education and Life Care Plus EMS Education normally provide a dinner for the services during EMS Week in May but held this first-ever holiday dinner as another way to say thanks, said Wayne Dennis, practices director. The Gorman Fire Department set up the LZ for the event.

Emergency funds helping service get back in shape

When the No. 1 unit of the Marin County Hospital District went up in flames last summer, things did not look good for the volunteer EMS service. Of the service's other three aging units, one had trouble starting and two were unreliable. Fortunately, a replacement ambulance was purchased with money from another hospital department, and now – thanks to EMS/Trauma System Account's Extraordinary Emergency Funding – the situation is looking even better. The \$40,390 in funding has helped offset the cost of the new ambulance. And the fire – which destroyed the engine compartment and cab of the ambulance – didn't damage the box, so the hope is that the box can be removed and put on a new chassis. This would boost the department's vehicle resources to the best level in years.

Extraordinary emergency funding is available to assist licensed EMS providers, hospitals and registered first responder organizations should unforeseeable events cause degradation of services to the communities they serve. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies. For a list of other recent recipients of Extraordinary Emergency Funding, see page 13.

The No. 1 unit of Martin County Hospital District caught fire last summer, leaving the volunteer EMS service without a reliable ambulance. The ambulance has since been replaced, the cost of which was offset by Extraordinary Emergency Funding from the EMS/Trauma System Account.



The EMS experience

Saluting those with 20 years or more in EMS

Capt. Bill Miller

Carrollton Fire Department

What was your first day on the job? My first day on the job was October 1, 1971, at Fire Station No. 1.

Who have you worked for over the years? I have worked for four fire chiefs in my 35 years. The first was F.J. Douglas, who hired me at 18, five months out of high school. I had no formal fire training and was pretty wet behind the ears. Chief Douglas did take it upon himself to set me up with a roommate who would keep an eye on me. Don Wignall, my roommate, and I started work the same day and lived in the same apartment that was right across the street from the station.

My second chief was Harold K. Bessire, who came up through the ranks and was hired as chief when Chief Douglas retired. Chief Bessire retired in 1990. The third chief was Bruce Varner, who hailed from Phoenix Fire Department under the supervision of the famous Alan Brunacini. Chief Varner retired with 10 years of service with the city. The current chief is John Murphy, who hails from

Arlington Fire Department and has been here a little over two years.

Why did you get into EMS?

I got into EMS because that was what we did after we inherited the ambulance service from Rhoton Funeral Service, the local funeral home. The ambulance that they gave us was a 1969 Chevy Suburban that was white with gold letters that read CARROLLTON FIRE DEPT. We were the first fire department in Dallas County to go

paramedic in 1975, and our medics were trained through the UTSW and the Biotel system. We are still in that system

today. Eighty percent of our calls/runs are EMS, so that has been our bread and butter since the mid-1970s.

How has the field changed since you've been in it? When I was an EMT in the 1970s our patient care consisted of O2, bandaging/splinting and CPR. There were times that the medic riding in the back of ambulance did CPR by themselves while the other guy drove to the hospital. Carrollton Fire now sends an engine or a truck on every EMS call, with at least three paramedics on every

call, so the margin for error is very low.

cont. on page 25



Miller



EMTs Graduate from Brookhaven
Three Carrollton firemen graduated recently from emergency medical technician training at Brookhaven General Hospital. The three EMTs are shown above with Fire Chief F. J. Douglas (right). They are, left to right, David Tucker, Bill Miller and Mack Curtis.

Bill Miller graduated as an EMT in 1974 from a program run by Brookhaven General Hospital. From left, EMTs David Tucker, Bill Miller and Mack Curtis. At right is Fire Chief F.J. Douglas. When Miller graduated, there was only a state registry of EMTs at the Texas Department of Health.

Facing disciplinary action? Here's something you might not know

DSHS is required to submit information to federal database

By Joni L. Elliott, Enforcement Specialist

Never heard of the Healthcare Integrity and Protection Data Bank (HIPDB)? Then you'll want to keep reading, particularly if you are the subject of a formal disciplinary action by DSHS.



HIPDB is a national data collection program for the reporting and disclosure of certain final adverse actions taken against health care practitioners, providers and suppliers. EMS personnel and providers (referred to as "subjects") that have a formal disciplinary action enforced by DSHS need to

know that such disciplinary actions are reported, by law, to the HIPDB.

Disciplinary actions that must be reported to the HIPDB within 30 days of the date of the action are reprimand, probation, suspension, denial, revocation and surrender. These are defined by HIPDB as final adverse actions. An assessment of an administrative penalty against an EMS provider is not required to be reported unless one of the previously listed adverse actions has also been taken.

The HIPDB was created through the federal Health Insurance Portability and Accountability Act of 1996, Section 221(a), Public Law 104-191, to combat fraud and abuse in health insurance and health care delivery and to improve the quality of

patient care in the United States. The HIPDB's authorizing statute is more commonly referred to as Section 1128E of the Social Security Act. Final regulations governing the HIPDB are codified at 45 Code of Federal Regulations (CRF) Part 61.

Information reported to the HIPDB is sent electronically and is considered confidential. Section 1128E of the Social Security Act **does not** allow for disclosure of HIPDB information to the general public. In addition, the general public may not request information that identifies a particular subject from the HIPDB.

The following agencies may query the HIPDB for final adverse actions and are required to report to the HIPDB: U.S. Department of Justice; U.S. Department of Health and Human Services; federal agencies that either administer or provide payment for the delivery of health care services; federal and state law enforcement agencies; state Medicaid fraud control units; and federal or state agencies responsible for the licensing or certification of health care practitioners, providers and suppliers.

Entities that report to the HIPDB, such as DSHS, are responsible for the accuracy of the information they report, including the subject's address of record. The document that DSHS sends to the HIPDB is called a "Report Verification Document." After the department submits the document, the subject of the report (EMS personnel or EMS provider) is mailed a document titled "Notification of a Report in the Data Banks." Subjects may not submit changes to reports. If any information in a report is inaccurate, the subject must contact DSHS to request a correction. DSHS can make limited changes to the report.

The HIPDB is prohibited by law from modifying any information submitted in reports. A report is held in the HIPDB system permanently.

However, a subject may submit to HIPDB a 2,000-word statement saying what the subject believed occurred and what the subject considers important about the adverse action taken. The statement must not include any patient names. When a statement is processed, a notification of the statement is sent to all queriers who previously received the report, and the statement will be included with the report when it is released to future queriers. The subject of an action may dispute either the factual accuracy of a report or whether a report was submitted in accordance with the HIPDB reporting requirements, including the eligibility of the entity to report the information to the HIPDB. **A subject may not dispute a report in order to appeal the underlying reasons for an adverse action.**

Failure of DSHS to report final adverse actions to the HIPDB results in the federal secretary of the Health and Human Services publishing the names of government agencies that have failed to report information on adverse actions.

Should you have questions about the HIPDB, you can access frequently asked questions and fact sheets about the HIPDB on its website: <http://www.npdb-hipdb.com>. If you have been a subject of a report and have questions, call DSHS, Division for Regulatory Services, Enforcement Unit at (512) 834-6665.

The EMS Experience cont. from page 23

Was there a particular moment or call that stands out? There were several calls that stand out during my career, and those dealt with very close friends that did not make it to the hospital alive.

What was your favorite part of your career in EMS? My favorite part of my EMS career was the saves. I think everyone works hard on all the calls, but the reward comes when you make a call on someone who is not breathing, and has PEA, and you get those people back to breathing on their own, and have a sinus rhythm.

Any plans for retirement? At the end, I did throw myself a retirement party, and about 260 people attended. My wife planned a program with speakers, great food and a band. We had a great time. We used my retirement party also as a benefit for the Parkland Burn Foundation. Our guests donated to the fund and it was a success. The memories of that night will remain with us forever. My wife, Patty, and I hope to continue helping with the annual Parkland Burn Camp. Additionally, I will make myself available to the department to go back and continue to help in any way I can. That is how much I enjoyed my job!

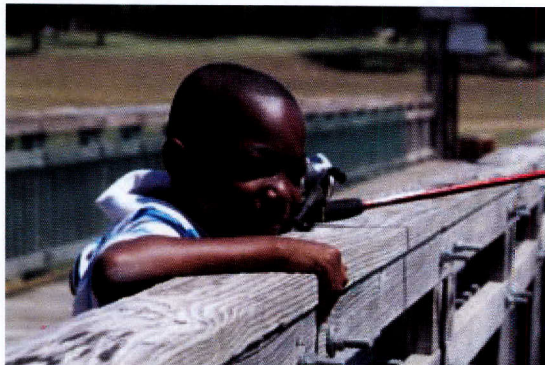
Do you know someone who has been in EMS or trauma systems for 20 years or more? Let *Texas EMS Magazine* profile them. Email Kelly Harrell at kelly.harrell@dshs.state.tx.us for more information.

Office of EMS/Trauma Systems Coordination
Bookmark the new web address:
www.dshs.state.tx.us/emstraumasystems

A special place for special kids

Camp John Marc seeking EMS volunteers for unique summer program

By John LeBas



In his 10 years as a volunteer counselor at Camp John Marc, Maxie Bishop helped kids live life to the fullest when they had very, very few chances to do so.

The children he helped all had sickle-cell anemia – but for one week each summer at Camp John Marc, the blood disorder couldn't keep them down. Under the guidance of caring adults like Bishop, they learned to swim, take pictures and ride horses. They danced the night away and gazed at the stars. No one cared if they wet the bed; no one made fun of their scars.

And that's the beauty of Camp John Marc. The campers come in groups, one week at a time, with children who have exactly the same diagnosis or disability: Some are HIV-positive, others have suffered severe burns, and still others have cancer. But at camp, those differences that set them apart from healthy children simply fade away.

"They just get to be regular kids," said Bishop, state EMS director and a former administrator at Dallas Fire-Rescue. "It's also an opportunity to give the parents a break. Parents know that, for a

week, these kids are going to be under excellent supervision with people who can take care of them."

The experience of work-

cabin counselors. And the staff is looking specifically for EMS personnel to fill some of those slots.

While at camp, kids usually stay seven to a cabin, along with three adult volunteers.

"The counselors are with the kids all the time, really," said Vance Gilmore, executive director/camp director. "They live in the cabin with them, accompany them to activities, eat with them. They're kind of a teacher-parent-friend for the week."

Public safety personnel, including police, fire and EMS professionals, have special historical ties to several of the weeklong programs – those for kids with muscular dystrophy, burns and sickle-cell anemia. It's

the sickle-cell camp, Camp Jubilee, for which EMS volunteers are needed most, Gilmore said.

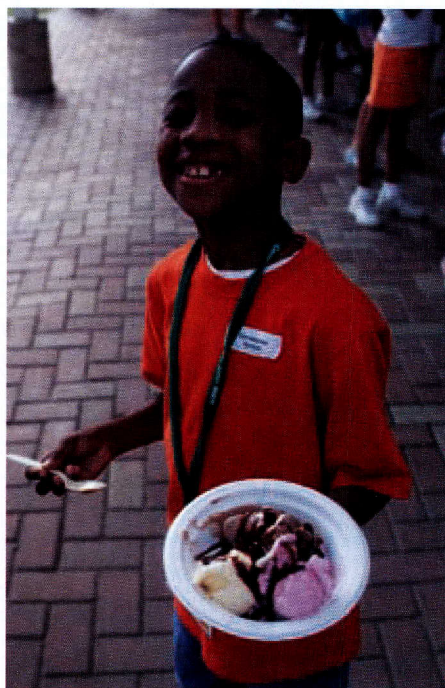


ing with children who were living with an often-fatal blood disorder also had a rewarding impact on Bishop's life.

"It really made you appreciate the kids who were there, because you didn't know which ones would be back the next year," he said.

Camp John Marc is a nonprofit program that serves kids with certain chronic illnesses or physical disabilities.

As the ramp-up to this summer's activities gets under way, the camp is seeking volunteers to serve as



Prospective volunteers for Camp Jubilee must be age 19 or older to apply. Some will be se-



lected for an interview, and those chosen as volunteers will have to pass a background check.

Volunteering is free, as housing and meals for the week are provided. But it is a full-week commitment, starting with a day of training on Saturday (the children arrive Sunday) and continuing through the end of camp on Friday morning.

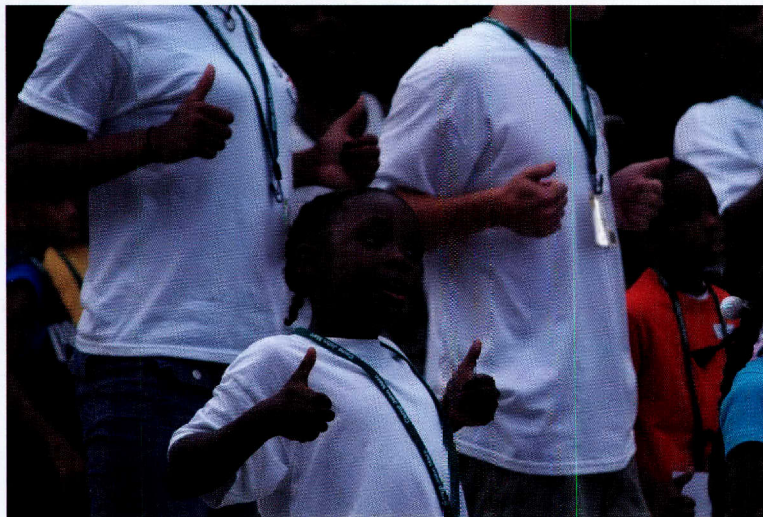
An ideal volunteer, Gilmore said, is someone with energy and the ability to work appropriately with children, someone who values children and someone who is a team player.

EMS personnel often make excellent volunteers because, in addition to these traits, they will have already passed a background check for work. Many will have at least some prior understanding of the children's medical conditions through their EMS training, and they are used to seeing things like scars that might make non-medical types uncomfortable. Also, they know how to respond

should a medical emergency arise.

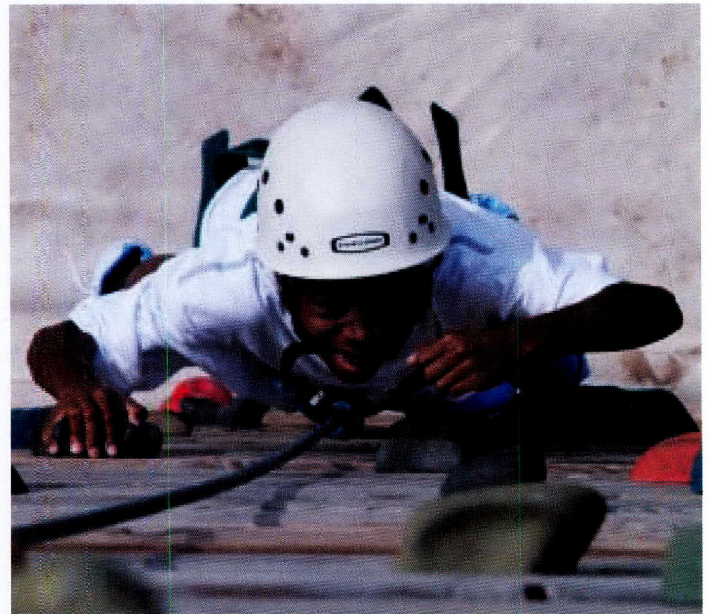
Of course, EMS personnel wouldn't be able to respond to such an emergency in a professional capacity outside the purview of their medical director. But that isn't a problem – the camp keeps a medical team onsite, at the ready.

Life at the camp is much like you'd find at any summer camp. The kids go fishing, take archery



lessons, learn about nature, boat and swim, and more. Often, it's their first time to ever take part in such activities.

The camp, located outside Meridian about one hour and 45 minutes southwest of Dallas, is named for John Marc Meyers, who died of cancer at age 9 in 1987. Of the facility's 170 acres, 135 were donated by John Marc's parents.



This summer will be the camp's 17th in operation. It runs on public support, grants and an annual "campership" drive. The facility's three partner hospitals – Cook Children's Hospital in Fort Worth, Texas Scottish Rite Hospital for Children in Dallas and Children's Medical Center of Dallas – create the specific camping groups that Camp John Marc serves.

Last year, attendance totaled 2,303, with about half of those kids coming in the summertime.

For more information about the camp, including a schedule of this year's programs, visit www.campjohnmarc.org. Those interested in volunteering should contact Annie Shepard at 214-360-0056 or ashepard@campjohnmarc.org.

"There's a great variety of individuals who come together to form a team," Gilmore said, "and that benefits the campers we're serving."

It's up to you

Child abuse prevention starts with awareness

April is Child Abuse Prevention Month. What can you do? In this special package, you'll learn how to recognize cases of abuse and what your responsibilities are should you encounter a suspected case of abuse. Although the focus here is on child abuse, you'll find information about abuse of elderly and disabled adults, as well.

In Texas, nearly 200,000 children are reported as abused or neglected every year, according to Child Protective Services, a division of the Texas Department of Family and Protective Services (DFPS). The most common form of child abuse in those cases is neglect.

To better understand child abuse, it's important to know how the definitions of several key terms (from the DFPS 2006 Child Abuse Prevention Kit, available at www.itsuptoyou.org):

Physical abuse is physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child. The physical injury (ranging from minor bruises to severe fractures or death) can result from punching, beating, shaking, kicking, biting, throwing, stabbing, hitting, burning, choking or otherwise harming a child. Such injury is considered abuse regardless of whether the caretaker intended to hurt the child.

Neglect is failure to provide for a child's basic needs necessary

to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services have been offered and refused.

Sexual abuse includes fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure and exploitation through prostitution or producing pornographic materials.

Emotional abuse is mental or emotional injury that results in an observable and material impairment in a child's growth, development or psychological functioning. It includes extreme forms of punishment such as confining a child in a dark closet, habitual scapegoating, belittling and rejecting treatment for a child.

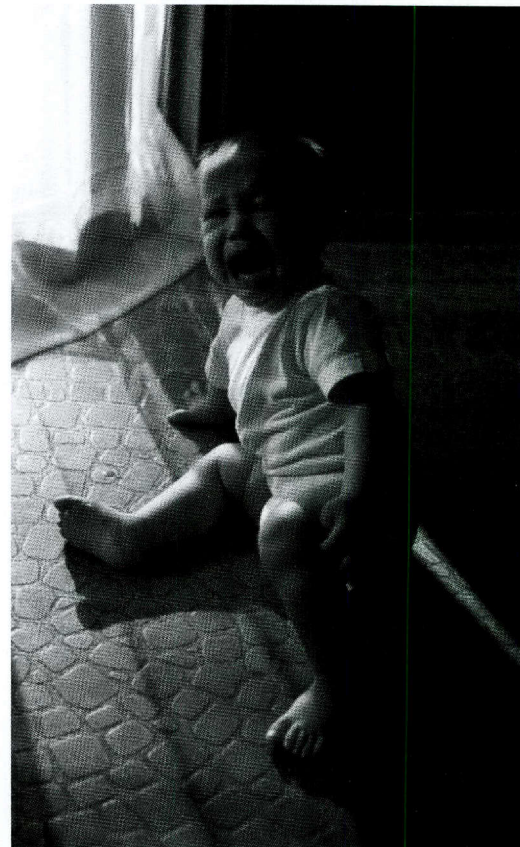


photo from Department of Family and Protective Services Child Abuse Prevention Kit

Child abuse/child abuse prevention resources

It's Up To You

www.itsuptoyou.org

Child Abuse & Neglect Hotline

1-800-252-5400 or www.txabusehotline.org

Prevent Child Abuse Texas

www.preventchildabusetexas.org

Texas Council on Family Violence

1-512-794-1133 or www.tcfv.org

Child Help USA

1-800-4-A-CHILD (422-4453) or www.childhelpusa.org

Kids In Cars

1-636-390-8268 or www.kidsincars.org

National Safe Kids Campaign

1-202-662-0600 or www.safekids.org

National Safety Council

1-630-285-1121 or www.nsc.org

Safe Place Disability Services

1-512-267-7233 or www.austin-safeplace.org

National Domestic Violence Hotline

1-800-799-SAFE (7233) or www.ndvh.org

Baby Moses Hotline

1-877-904-SAVE (7283)

Pediatric Injuries

Do you know what signs to look for in child abuse?

By Erin E. Endom, MD

Have you ever been on a call with pediatric injuries where something just didn't seem right? Did you suspect child abuse but were unsure of the signs? Chapter 261 of the Health and Safety Code requires that health care workers report suspected child abuse to a local law enforcement agency or the Texas Department of Family and Protective Services (1-800-252-5400).

Suspicious factors in the history of an injury

- History that is inconsistent with the severity of the child's condition; that is, a story that doesn't make sense in light of the child's injuries. For example, a caretaker may say that a child fell off a couch, resulting in a broken leg and a skull fracture. Falling off a couch doesn't produce enough force to cause these kinds of injuries.
- History that changes over time and with repetition: The EMT may hear one story, the emergency center nurse a different one, the physician yet another. Alternately, different family members may give different accounts of what happened: the mother says the child was burned while being bathed in the bathtub, while the aunt says it happened in the sink. The parents may seem reluctant to explain what happened, or may not give any history at all: "I don't know what happened. She was just suddenly hurt."
- History inconsistent with child's developmental age: A 4-month-old climbs out of his crib and falls, or turns on the hot water tap by himself – in other words, the child is just not developmentally mature enough to

perform these actions.

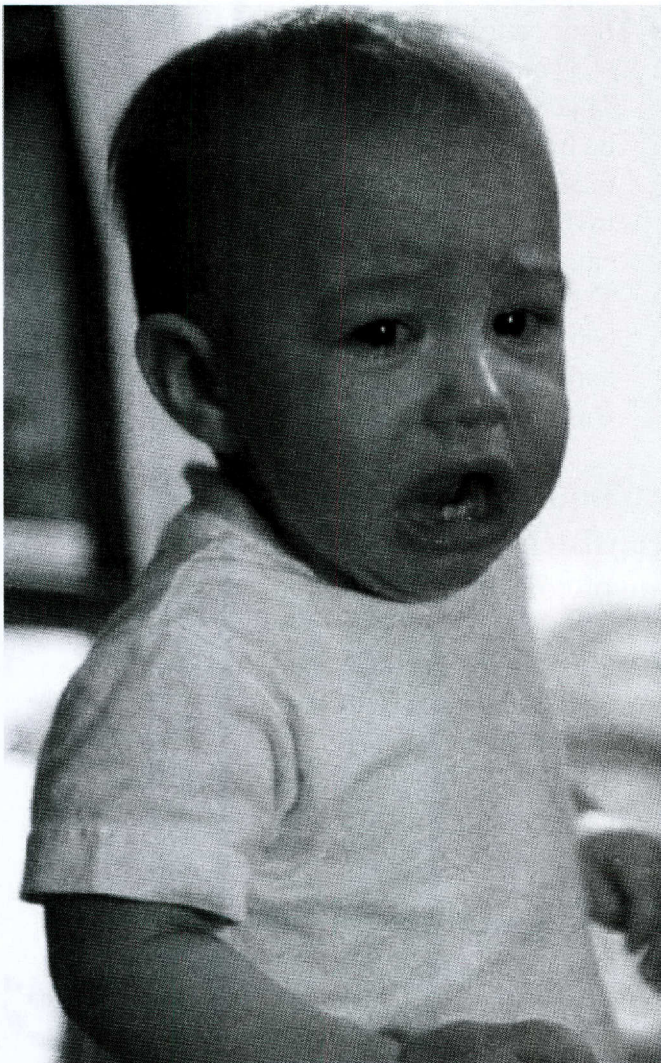
- Delay in seeking medical care is particularly suspicious. In an estimated 30 percent of abuse cases, care is delayed 24 hours, and 30 percent more are delayed one to four days.
- History of prior abuse or repeated injuries in the past: abuse of other children in the family, or "hospital shopping" (going to different doctors or emergency rooms with different injuries to avoid the staff of one ER getting to know them and becoming suspicious).
- Injury attributed to actions of siblings: "His brother hit him with a toy." This may be a cover story, or it may be true and related to sibling rivalry, inadequate supervision, or violence in the home. In any such case, the situation may warrant investigation.
- The parent may make a partial confession ("I hit him, but not that hard.") or may admit frankly that injury was inflicted.

Injuries considered to be consistent with or that may raise suspicion of child abuse:

- Multiple injuries – or more than one type of injury, such as bruises, burns and/or fractures – present at the same time, especially in different stages of healing, imply more than one episode of trauma.
- Injuries to lips or teeth of infants. This area is frequently injured in toddlers due to falls, but in an infant too young to toddle, injury here may be associated with a blow to the mouth, or with forced feeding or "bottle-jamming."
- Any trauma to the genitals without

a clear and convincing history: “Straddle injuries” due to falling on open cupboard doors, the crossbar of a bicycle, etc., are fairly frequent in preadolescent girls, who can say what happened. Injury to the genitals with a vague or unclear history like “She sat down on a toy,” especially in a child too young to talk, should raise suspicion of sexual abuse.

- Suspicious bruising patterns. Accidental bruising tends to occur on the forehead and extremities, especially knees and elbows. Central bruising – to the buttocks, torso, genitals, inner thighs, cheeks, ears or neck – is suggestive of



*photo from Department of Family and Protective Services
Child Abuse Prevention Kit*

abuse. Sometimes actual hand prints or oval finger marks are visible, caused by the child being slapped, pinched, grabbed or shaken.

- Bite marks look like circular or oval-shaped bruises: They may be clear in the center or may show small broken blood vessels. Adult bite marks measure at least 3 centimeters between the canine tooth, which differentiates them from bites by other children. A forensic dentist can match bite marks with the teeth of the abuser, and fresh bites can be swabbed for the assailant’s saliva for identification with blood type and even DNA matching.
- Loop marks are seen after a blow with a doubled-up wire or electric cord; an electric cord leaves characteristic double-track marks.
- Belt marks leave a long, broad band of bruising, often ending in a horseshoe-shaped mark caused by the buckle. The tongue of the buckle may cause puncture wounds.
- Rope burns are usually seen on the neck, around the wrists or on the ankles; gag marks cause bruising at the corners of the mouth.
- Multiple bruises at different stages of healing imply more than one episode of trauma. Fresh bruises progress through several recognizable stages of healing: swollen and red or reddish-blue the first day, then changing from dark purple-blue to greenish, then yellowish-brown, and disappearing. Although the rate at which bruises heal is variable, this progression allows relative dating of injuries and provides evidence of repeated episodes of injury.

Suspicious Burns

- Cigarette burns are circular, about one centimeter in diameter, with a thick, heaped-up edge. A skin infection called impetigo can look very similar to

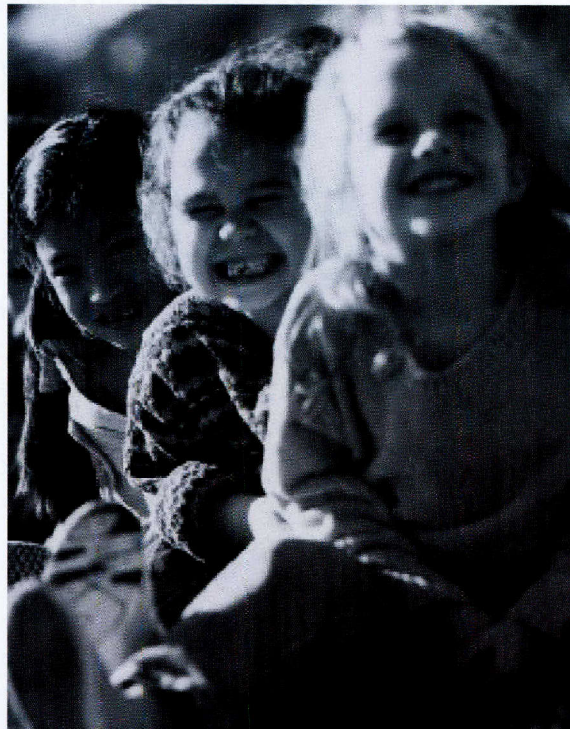
cigarette burns, but impetigo involves only superficial skin layers, while inflicted cigarette burns are usually deeper (third-degree).

- Brands occur when a hot object such as a radiator grill, a clothes or curling iron, or a cigarette lighter is pressed against the skin. The burn is of the same depth throughout, and the outlines of the hot object are clearly visible in the skin.
- Immersion burns occur when a child is forcibly dunked in water or another hot liquid; this is usually found on the buttocks or legs, or in a stocking or glove distribution on the feet or hands. Again, these burns are of uniform depth, with a sharp boundary between burned and normal skin. Drip and splash marks, seen when hot liquid is spilled, are absent in immersion burns. Palms and soles may not appear burned even though they were under the water, because the skin is thicker there and burns more slowly. Other areas that may escape burning even though under the water include the protected skin folds where knees and hips are flexed, and also any skin in contact with the bottom of the tub, which is cooler than the surrounding water.

Conclusion

Be suspicious of an injury that is inconsistent with the history given by the caretaker. This point cannot be stressed too highly. Does the story make sense in light of the child's injuries? Do the child's injuries make sense in light of the story you're hearing?

Erin E. Endom, MD, is an assistant professor of emergency pediatrics at Baylor College of Medicine in Houston. She is interested in the problem of child abuse and has lectured on this subject to medical students, physicians in training, and national audiences.



It's Up To You

Report Child Abuse

1-800-252-5400

Child Abuse and
Neglect Hotline

www.txabusehotline.org

*From Department of Family
and Protective Services Child
Abuse Prevention Kit*

Abuse, Neglect and Exploitation Reporting Requirements

By Wes Ogilvie, MPA, JD, EMT

Objectives

At the end of this CE module, the EMS provider will:

1. Be aware of what incidents are required to be reported under Texas law.
2. Know to whom these reports should be given.
3. Know how to report abuse, neglect or exploitation to the appropriate authorities.

It's 11:30 p.m. at your county EMS station. You've settled into your recliner to watch a few minutes of television and unwind after having been on calls for eight hours. Just as you find a mindless sitcom for distraction, the pager goes off. "Medic 2, assist law enforcement, 1240 West County Road 4112. Time out 2331."

You and your partner climb into the rig and start toward the call. Just then, the dispatcher advises you that you have a pediatric patient. Perhaps subconsciously, your "pucker factor" goes up a notch.

As you park your rig outside the home, you and your partner grab the airway bag, pediatric kit and cardiac monitor. Deputy Randy Kimball from the sheriff's department meets you in front. He and his sergeant were dispatched to a domestic disturbance, and he asks you to "check out" a child they found in a back bedroom.

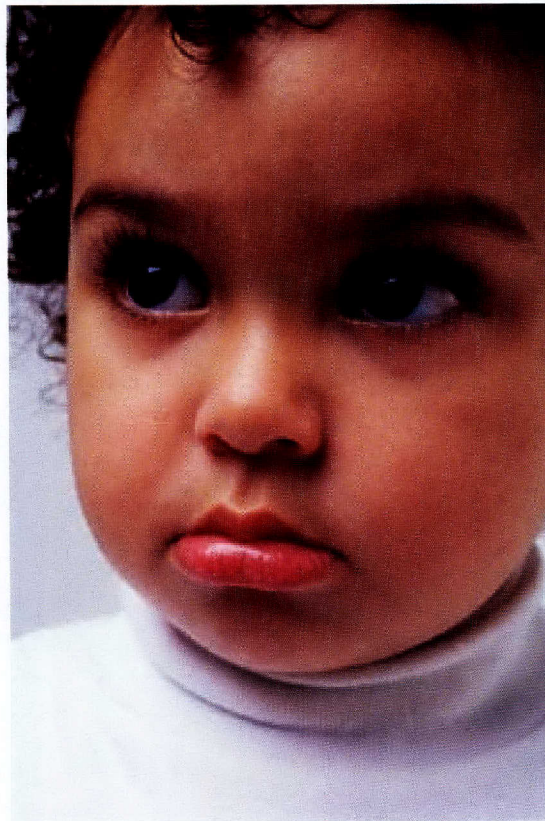
You approach the scene and find Sgt. Tanya Grissom talking to a male child about 6 years old. He seems to be withdrawing from Sgt. Grissom, but your initial impression is that the child is maintaining his airway, breathing and circulation. You thus begin your assessment of the child, having eliminated any imminent life threats.

You introduce yourself to the boy, who seems nervous and apprehensive. Using appropriate communication techniques, you find out the boy is named Tommy and is actually 8 years old. Tommy acts nervous and withdrawn. You notice some old bruises on his arms and some redness around his neck. You ask Tommy what happened, and he shyly tells you that he "fell." Sgt. Grissom asks if you can step into the other room while your partner stays with the patient. You

nod your agreement and introduce Tommy to your partner.

Sgt. Grissom tells you that the boyfriend of Tommy's mother was arrested that evening for domestic violence. The mother is being interviewed by Deputy Kimball, and Sgt.

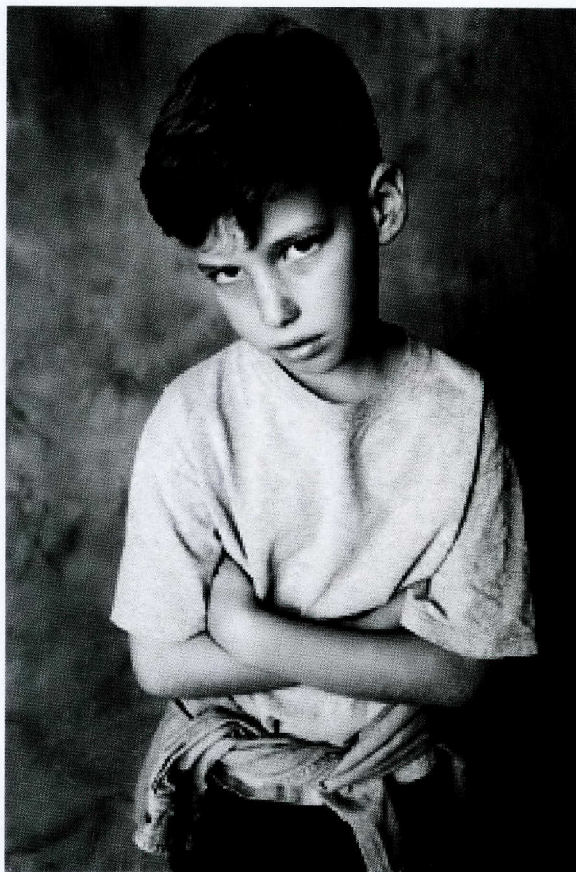
Grissom believes Tommy may have been physically abused. She would like you to transport Tommy to a nearby hospital so he can be examined by a physician and possibly inter-



viewed by the local Texas Ranger.

When you return to your partner and Tommy, you tell the boy that you'd like to take him to the doctor to get a "checkup." Tommy silently gets up, cowering a bit, and walks to the ambulance with you.

After an uneventful trip during which you complete a detailed assessment, thoroughly documenting the old injuries, you arrive at the emergency room. Nurse Sandy Johnson asks you for a patient report and an update on Tommy's condition. You also tell Johnson that both you and Sgt. Grissom suspect child abuse. She tells you, "Don't worry. I'll report it to the hospital's social worker.



You two just go ahead and get back to the station before the drunks get back out on the highway."

Following what seems to be good advice, you and your partner restock the truck and return to your station.

Two weeks later, district attorney investigator Matt Tompkins asks you and your partner to come in for an interview about the call involving Tommy. When you arrive, Tompkins first asks whether you have an attorney and then begins asking questions about whether you reported your suspicions of child abuse to either the sheriff's department or Child

Protective Services. The interview is taking a slightly uncomfortable turn, but you answer his questions as best as you can. He says he needs to get the information to District Attorney Charlie Kincaid, who will decide what's going to happen.

Several days of nervousness fol-

low, and District Attorney Charlie Kincaid calls you, your partner, and your service's director to his office. Kincaid says, "I came very close to filing criminal charges against you and your partner for failing to report child abuse. The only thing that saved you was that Sgt. Grissom and Deputy Kimball were already on the scene. You two messed up big-time, but you lucked out.

I'd encourage you to thank your lucky stars, and you might want to learn what the law requires you to do when you encounter child abuse."

Your service's director is shocked. She asks you to research the law and report back to her within three days with what you've found. She appears to be as surprised by the DA's speech as you are.

As medical professionals committed to patient advocacy, it is our responsibility to protect our patients. At times, we have to balance our duty to maintain patient privacy with our duty to protect our patients

from harm.

Texas law mandates the reporting of suspected abuse of children, the disabled and the elderly.¹ While many of us remember a vague mention of our duty to report child abuse from our ECA or EMT class, most of us don't remember what types of abuse have to be reported or how they are to be reported.

Texas law gives us two options for the reporting of abuse. We are allowed to report the abuse to the appropriate law enforcement

agency or to the Texas Department of Family and Protective Services (TDFPS). For the reporting of immediately life-threatening or emergency situations, TDFPS requests that those reports be made immediately to either local law enforcement or 9-1-1.²

Children

The Texas Family Code addresses the reporting of alleged child abuse or neglect. The law states, "A report should reflect the reporter's belief that a child has been or may be abused or neglected or has died of abuse or neglect."³ The law allows such a report to be made to the following authorities:

1. A local or state law enforcement agency
2. The Texas Department of Family and Protective Services
3. A state agency that operates, licenses,

certifies, or registers the facility where the abuse or neglect is alleged to have occurred (such facilities might include nursing homes or day care centers)

4. An agency designated by the court to be responsible for the protection of children (such as a county's juvenile services department)
5. The Texas Youth Commission, but only if the child abuse was committed by a child under the Youth Commission's supervision

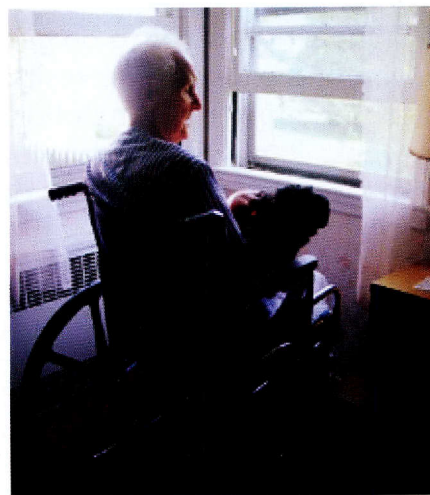
The law also specifies that TDFPS or law enforcement are the only appropriate agencies to receive a report of abuse or neglect committed by a person responsible for the care, custody, or welfare of the child, such as a parent, family member, or legal guardian.

TDFPS defines abuse as mental, emotional, physical, or sexual injury to a child – OR the failure to prevent such injury. Neglect is considered to include:

1. Failure to provide a child with food, clothing, shelter, and/or medical care
2. Leaving a child in a situation where the child is at risk of harm.⁴

The elderly and the disabled

The law defines elderly as a person over 65 years of age. The law prohibits abuse of the elderly and the disabled and requires that a report of abuse, neglect or exploitation be made either to



TDFPS or the state agency that operates, licenses, certifies or registers the facility where the abuse or neglect is alleged to have occurred.⁵ For the elderly and/or disabled, TDFPS considers neglect to result in starvation, dehydration, over or under-medication, unsanitary living conditions, and lack of heat, running water, electricity, medical care, or personal hygiene⁶. Exploitation is considered the misuse of an elderly or disabled person's resources for financial or personal gain. Resources could include Social Security or SSI (Supplemental Security Income) checks, the person's bank accounts, personal property or even a joint checking account.

How to make a report

Most of us know how to make a police report by getting in touch with law enforcement. There are two ways to reach TDFPS to make a required report.

First, TDFPS maintains a 24-hour reporting hotline at 1-800-252-5400. (This may be a good number to store in a cell phone along with other useful EMS numbers.) TDFPS can also be contacted online at <https://www.txabusehotline.org> (please note the "S" in the "https.") Interestingly, making the report online gives you a report number, providing you further evidence that you met your legal reporting obligations.

TDFPS recommends having as much of the following information as possible:

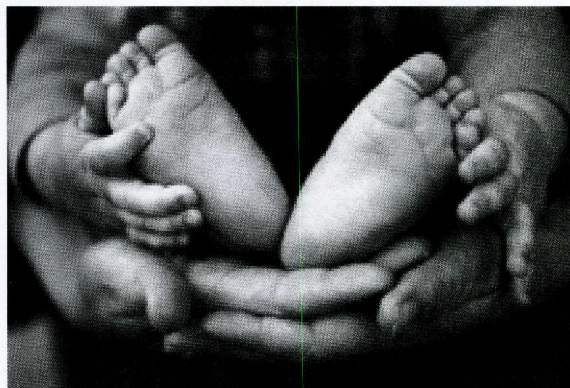
- Name, age, and address of the child or person 65 years or older or an adult with disabilities
- Your name and contact information
- Brief description of the situation and the child or vulnerable adult
- Current injuries, medical problems, or behavioral problems
- For a child: Parents' names and names of siblings in the home
- For an adult: Names of relatives in or

outside the home and name of alleged perpetrator

- Explain how you know about the situation⁷

These reports, whether to law enforcement or TDFPS are confidential by law, and cannot be released outside of the investigative or judicial authorities except in very limited circumstances. Additionally, the law states that a person who made a report is immune from civil or criminal liability, unless the report was made in bad faith or maliciously.

Equally important, the failure to report abuse of children, the elderly, or



the disabled is punished as a Class A Misdemeanor, with a possible sentence of up to one year in the county jail and/or a \$4,000 fine. (And as we all know, we're required to report criminal convictions to DSHS.)

It's appropriate to include in your patient care documentation of your observations and how they caused you to suspect abuse, neglect, or exploitation. You should then document what actions you took to report your suspicions. Of course, since such a report is even more likely to end up in court than the "typical" EMS report, it's imperative to practice thorough documentation, documenting your observations, not your conclusions. For example, instead of saying, "The patient was burned with ciga-

rette burns,” you can write, “The patient exhibited several round, small burn marks on both forearms consistent with cigarette burns.”

Most important, though, it’s our ethical duty as medical professionals to speak up for our patients, especially those least able to speak for themselves.

Reporting myths

Myth: If one of the responding crew reports the suspicion of abuse, neglect or exploitation, that report covers everyone.

Fact: False. State law requires a report from anyone who has encountered the victim of abuse, neglect or exploitation. (Yes, this does mean that multiple reports will be made.)

Myth: I can report the abuse to the doctor.

Fact: While you may well want to report the suspicions to the doctor as part of your patient report, such a report does not meet the statutory requirements for a report to TDFPS or law enforcement.

Myth: The hospital social worker will take care of it.

Fact: Again, such a report does not remove your legal obligation to make a report to law enforcement and/or TDFPS.

Myth: I have to have concrete proof of abuse, neglect or exploitation before I can make a report.

Fact: The law requires a report when the reporter believes that abuse, neglect or exploitation has occurred.⁸

Summary

Our job as health care providers involves interacting with other health care providers. Additionally, we interact with social services and law enforcement as part of our patient care

responsibilities. Following state law to report suspected abuse, neglect or exploitation not only satisfies our legal duties, it is our ethical responsibility to ensure that our patients receive appropriate follow-up care. By following state law when making these reports, we keep ourselves out of trouble (both criminally and with DSHS) and we do the right thing for our patients. Ultimately, there’s no higher duty than to “do the right thing” for our patients.

References

1. *Texas Family Code Chapter 261 and Texas Human Resources Code § 48.051 et. seq.*
2. “Reporting Abuse, Neglect, or Exploitation,” *Texas Department of Family and Protective Services, October 2006*
3. *Texas Family Code § 261.102*
4. “Reporting Abuse, Neglect, or Exploitation,” *Texas Department of Family and Protective Services, October 2006*
5. *Texas Human Resources Code §48.051*
6. “Reporting Abuse, Neglect, or Exploitation,” *Texas Department of Family and Protective Services, October 2006*
7. *Id.*
8. *Texas Family Code Chapter 261 and Texas Human Resources Code § 48.051 et. seq.*



Health and Safety Code

SUBTITLE E. PROTECTION OF THE CHILD
CHAPTER 261. INVESTIGATION OF REPORT OF CHILD ABUSE OR NEGLECT
SUBCHAPTER B. REPORT OF ABUSE OR NEGLECT IMMUNITIES

(b) If a professional has cause to believe that a child has been or may be abused or neglected, the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state, and who, in the normal course of official duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, and day-care employees. (**Ed. Note:** A recent legal opinion includes EMS in this list.)

SEC.261.103. REPORT MADE TO APPROPRIATE AGENCY

A report shall be made to:

- (1) any local or state law enforcement agency;
- (2) the department (Texas Department of Protection and Regulatory Services)
- (3) the state agency that operates, licenses, certifies, or registers the facility in which the alleged abuse or neglect occurred; or
- (4) the agency designated by the court to be responsible for the protection of children.

Call for Presentations



Texas EMS Conference 2007
Deadline: March 15

Go to:
[www.dshs.state.tx.us/
emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems)



GETAC

May 22-25, 2007

Hilton Austin Airport

Limited rooms available for \$85 rate
Call 512-367-8585 and ask for GETAC
block of rooms

Abuse Reporting Quiz

1. Which of the following might NOT be an appropriate person or entity to which you would report suspicion of abuse?

- A. Sheriff's deputy
- B. Police officer
- C. Charge nurse
- D. TDFPS abuse hotline

2. My duty to report abuse can be delegated to hospital staff.

- A. True
- B. False

3. If a person is not elderly or a child, there is no requirement to report abuse, neglect or exploitation.

- A. True
- B. False
- C. False, but only if the suspected victim is male.
- D. False, but only if the suspected victim is not disabled.

4. I can be sued for mistakenly reporting suspected child abuse.

- A. True
- B. False
- C. True, but only if I made the report maliciously or in bad faith.

5. The law requires absolute proof of abuse before reporting.

- A. True
- B. False

6. The law requires reporting of financial exploitation of the elderly or disabled.

- A. True
- B. False

7. You are required to report child abuse committed by a non-family member.

- A. True
- B. False

8. The law requires me to take a statement from the possible victim.

- A. True
- B. False

9. Regardless of the law's requirements to report abuse, patient confidentiality laws override any duty to report suspected abuse.

- A. True
- B. False

10. If my partner reports the abuse, I do not have to file a report as well.

- A. True
- B. False

11. Child abuse can be reported online at the following website:

- A. <http://www.nomoreabuse.com>
- B. <https://www.txabusehotline.org>
- C. <http://www.tdfps.org>
- D. <http://www.tdfps.gov>
- E. None of the above

12. Which of the following might be signs of neglect of the elderly?

- A. An inoperative heater during the winter
- B. An older house
- C. Cereal boxes
- D. Living in a manufactured home

13. Abuse, neglect and exploitation occurring outside the home does not have to be reported.

- A. True
- B. False

14. The same laws that govern reporting of abuse, neglect, and exploitation of children, the elderly, and the disabled also govern reporting of domestic violence.

- A. True
- B. False

15. You are called to a scene for an injured child. You transport a critically burned child to the nearest trauma center, suspecting the burns were not accidental. Which of the following options is the BEST choice for your report of suspected abuse?

- A. TDFPS hotline
- B. Online reporting
- C. Local law enforcement
- D. Hand-off report to the physician

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May 23-25

This answer sheet must be postmarked by April 20, 2007

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 DSHS 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 Blvd.
Dallas, Texas 75390-9134

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

Answer Form

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

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

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

Send in your EMS Awards nominations

Send us your best in EMS and trauma! We've posted the award nomination form on our website at www.dshs.state.tx.us/emstraumasystems/awards2007.doc. Save this Microsoft Word document to your computer and fill it out by clicking in the gray areas beside each question. When you finish, save the file and email it back to emsawards@dshs.state.tx.us.

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

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

Send the file to us by email no later than September 15. The packets are then distributed to the OEMS/TS and sent to each EMS compliance group. Each program and compliance service group ranks the nominations for each category and returns the information to the OEMS/TS, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference in Houston.

Award Categories 2007

EMS Educator Award honors a state-certified EMS instructor or course coordinator who has advanced EMS education in Texas.

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

EMS Administrator Award honors an administrator, researcher or manager on the local, city, county, regional or state level who

has made a positive contribution to EMS.

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

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

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

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

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

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

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

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





Did you read?

Health officials are worried about recent data showing that fewer women are getting mammograms, part of the first line of defense against breast cancer. In 2000, the percentage

Health officials are worried about recent data showing that fewer women are getting mammograms.

of women age 40 and older who reported getting a mammogram in the previous two years was 76.4 percent. By 2005, that figure had fallen to 74.6 percent, according to a study released in January by the Centers for Disease Control and Prevention. The percentage difference means that about 1 million fewer women are getting mammograms, which can help doctors catch cancer early and give women wider treatment options. From Associated Press, "Mammogram rate declines," January 26, 2007.

An overwhelming majority of Texans think health care would improve with more electronic record keeping, according to the results of a recent

Shifting to electronic records would result in major improvement to health care, 43 percent of poll respondents said.

poll. Currently, only 14 to 17 percent of doctors make use of electronic records, relying instead on paper. Shifting to electronic records would result in major improvement to health care, 43 percent of poll respondents said, while 33 percent said they would expect minor improvement. President Bush wants electronic record keeping to be the norm by 2014, and a majority of those polled – 58 percent – said the system should be reformed. While it's estimated that the switch costs about \$25,000 per doctor, the poll indicates that Texans think electronic records will reduce health care costs, improve patient care and make the system more efficient. The online poll was commissioned by Dell Inc. and conducted by Zogby International. From the *Houston Chronicle*, "Texans favor e-tracking in health care," January 19, 2007.

Scientists have honed in on a part of the brain that may help them develop new approaches in the fight

The insula is believed to play a key role in the pleasurable effects of learned behavior.

against cigarette addiction. The finding is based on a study of 32 brain-injured patients who used to smoke. Half of the patients said they had no problems quitting the habit, and scientists found that those patients were likely to have suffered an injury to their insula – a small part of the brain under the frontal lobes. The insula is believed to play a key role in the pleasurable effects of learned behavior. While some skeptics cautioned that little

is known about these interconnections of the brain, other scientists are hopeful that targeting the insula might help them better understand and develop therapies for smoking addiction. From the *New York Times*, “In clue to addiction, a brain injury halts smoking,” January 26, 2007.

Having trouble sticking to your workout routine? The power of positive thinking might help you get healthier anyway. That’s according to recent research that found the belief that you are working out – even if you’re not – might have as much benefit as physical activity itself. A Harvard University researcher studying 84 women housekeepers told some of the women that their jobs provided good exercise, while the rest were told nothing. Those who

Those who believed their work was healthy reported that they felt healthier – and they actually lost weight, reduced their systolic blood pressure and decreased body fat.

believed their work was healthy reported that they felt healthier – and they actually lost weight, reduced their systolic blood pressure and decreased body fat. The others reported no such changes. This placebo effect has its skeptics, who point to the well-documented benefits of regular exercise, but others say there’s no harm in positive thinking if it brings about healthy results along with actually working out.

From the *Wall Street Journal*, “Why thinking you got a workout may make your body healthier,” February 2, 2007.

The Texas Department of Criminal Justice (TDCJ) is authorized to start testing people entering the state prison system for

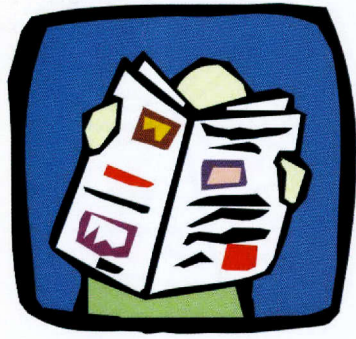
At least 1.6 percent of the state’s prison population was HIV-positive in 2005, though the actual infection rate is believed to be higher.

HIV, according to an opinion issued by Attorney General Greg Abbott said in February. The matter is now up to TDCJ, which hadn’t said whether it will make the change. Currently, incoming prisoners are allowed to opt out of testing, although by law all those leaving the system are required to be tested. At least 1.6 percent of the state’s prison population was HIV-positive in 2005, though the actual infection rate is believed to be higher. The rate in the overall U.S. population was about 0.4 percent last spring. From the *Houston Chronicle*, “HIV testing of inmates clears legal hurdle,” February 2, 2007.

A new set of national guidelines for dealing with a flu pandemic calls for the situation to be graded like hurricanes – from Category 1 for the most mild to Category 5 for the worst. The Centers for Disease Control and Prevention, which issued the guidelines,



Did you read?



Did you read?

The CDC said the new guidelines should give people a more realistic view of a possible pandemic.

also laid out options for stemming the spread of the flu according to each category. In a Category 1 pandemic, people would be advised to wash their hands and stay home if ill. A 2 or 3 would warrant closing schools for up to four weeks, while a 4 or 5 should see schools shut down for up to three months and the cancellation of public events. The CDC said the new guidelines should give people a more realistic view of a possible pandemic – it can take hold in various degrees of severity, not just the worst-case scenario most often discussed. From Associated Press, “CDC issues flu-pandemic guidelines,” February 2, 2007.

A prescription weight-loss drug will soon be available over-the-counter, marking the first time the Food and Drug Administration has approved such a medication. The drug, Alli, could

The drug has proven safe, according to experts, and can help patients lose 5 to 10 percent of their weight.

be on store shelves in the summer. The formula has been around since 1999 in

the drug Xenical, which is available only with a doctor’s approval. The drug has proven safe, according to experts, and can help patients lose 5 to 10 percent of their weight. It works by blocking the absorption of fat and fat calories, and side effects include diarrhea and oily stools. The over-the-counter version is expected to cost \$2 to \$3 per day, and manufacturer GlaxoSmithKline is predicting 5 million to 6 million people a year will use Alli. From the *New York Times*, “Diet pill gets rare OK from the FDA,” February 8, 2007.

Fourteen percent of doctors said they did not feel obligated to discuss with their patients any options that they felt to be morally wrong.

Ethical considerations may be keeping some patients from learning about all health care options from their doctors, the results of a recent study indicate. Twenty-nine percent of 1,144 U.S. physicians interviewed said they would be uncomfortable sending patients to another doctor for controversial but legal options – such as abortion or birth control for minors – if they found such things immoral. Fourteen percent said they did not feel obligated to discuss with their patients any options that they felt to be morally wrong. The results were troubling to the University of Chicago ethics researchers who authored the study, who recommended that patients take a “buyer beware” attitude toward their health care and discuss values with their

doctors to make sure they learn about all their options. From the *Chicago Tribune*, "Not all doctors tell patients all options," February 8, 2007.

By now you're used to no-smoking workplaces, restaurants and even bars. But you may not have heard of a new wave in the anti-smoking movement: smoke-free housing. Observers say senior citizens are behind much of a recent push to ban smoking from at least parts of apartment and condo developments. They cite health concerns, of course, as one reason, along with fire hazard and

Observers say senior citizens are behind much of a recent push to ban smoking from at least parts of apartment and condo developments.

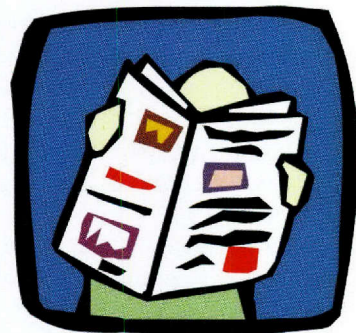
other safety concerns. Some condos and apartments have already taken such steps on their own, while at least one city in California was considering a law to require some smoke-free units in all complexes. Critics of the anti-smoking movement are crying foul, saying banning smoking from private dwellings oversteps the bounds of what the government should be doing to regulate Americans' lives. From *Christian Science Monitor*, "New no-smoking frontier: condos and apartments," February 7, 2007.

Suicide is up among teens after more than a decade of decline, according to recent government figures. Some experts suspect a drop in the use of antidepressant drugs might be the reason. The rate rose 18 percent

Researchers are speculating that the federal government's warnings a few years ago that antidepressants can increase suicide risk among children might have had unintended consequences.

among Americans under age 20 from 2003 to 2004, the Centers for Disease Control and Prevention reported. This followed a decrease in suicides among 15- to 19-year-olds from 1990 to 2003. Researchers are speculating that the federal government's warnings a few years ago that antidepressants can increase suicide risk among children might have had unintended consequences by reducing access to the drugs. Others caution that the spike could just be an anomaly. From Associated Press, "Report shows youth suicides up after decade of decline," February 6, 2007.

**Texas EMS Conference
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Did you read?

Absolute Ambulance Service, Weslaco, TX. June 16, 2006, Administrative penalty in the amount of \$5,950.00, for violating the EMS Rules 157.11 and 157.16.

Alexander, Christofer J., Allen, TX. July 7, 2006, Reprimand, for violating the EMS Rules 157.36.

Alfaro, Carlos M., La Vernia, TX, August 14, 2006, Reprimand, for violating the EMS Rules 157.36.

All Nations Group DBA Ang EMS, Houston, TX. September 30, 2006, assessment of an administrative penalty in the amount of \$9,750.00, for violating the EMS Rules 25 TAC §§ 157.11 and 157.16.

Allen, Roger L., Vernon, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

Anders, Scott W., Ponder, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.36.

Arguello, Luis, San Juan, Texas, December 22, 2005 through December 22, 2007, 24 month probated suspension, for violating the EMS Rules 157.37 and Texas Occupation Code Chapter 53 and the Texas Health and Safety Code § 773.061.

Boddie, Anthony A., Houston, TX, March 31, 2006 through March 31, 2007, 12 month probated suspension, for violating the EMS Rules 157.37.

Baileys, Anson, Arlington, TX. Forty-eight (48) month probated suspension of EMS certification through July 21, 2008, for one (1) misdemeanor conviction, and two (2) felony convictions. EMS Rules 157.37 and 157.36(b) and (c).

Barnes, Thomas E., Kerrville, TX, August 14, 2006, Revoked, for violating the EMS Rules 157.36.

Barrera, Jeremy L., Odessa, TX, April 27, 2006, Reprimand, for violating the EMS Rules 157.36.

Bernal, Luis, Houston, TX, December 4, 2006, Reprimand, for violating the EMS Rules 157.36.

Bishop, Chance C., Lockhart, TX, December 4, 2006, Reprimand, for violating the EMS Rules 157.36.

Bishop, James T., Stephenville, TX, November 20, 2006, Reprimand, for violating the EMS Rules 157.36.

Blanton, Christopher A., Wylie, TX, April 17, 2006, Denied EMT-B, for violating the EMS Rules 157.36, 157.37, and the Texas Occupations Code, Chapter 53.

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

Bonilla, David, Mission, TX. Thirty-six (36) month probated suspension of EMS certification through November 4, 2007, for one (1) felony deferred adjudication, and one (1) misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).

Border Ambulance, Carrizo Springs, TX, October 18, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.

Brasher, Jr., John L., Texas City, TX, August 3, 2006, Reprimand, for violating the EMS Rules 157.36.

Bray, Randall, San Antonio, TX, August 25, 2006, Revoked, for violating the EMS Rules 157.36.

Brookes, Warren P., Vernon, TX, March 29, 2006, Reprimand, for violating the EMS Rules 157.37.

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

Byrd, Michael W., Houston, TX, August 3, 2006, Reprimand, for violating the EMS Rules 157.37.

Caldwell, Kenneth, San Antonio, TX, October 24, 2006, six months suspension from October 24, 2006 through April 24, 2007, for violating the EMS Rules 157.36.

Capehart, Robert, Longview, TX, March 27, 2006, Revocation, for violating the EMS Rules 157.36.

Caraway, Cassie D., Port Lavaca, TX, April 27, 2006, Reprimand, for violating the EMS Rules 157.36.

Careflight Ground, Grand Prairie, TX. June 23, 2006, Administrative penalty in the amount of \$500.00, for violating the EMS Rules 157.11 and 157.16.

Carillo, Tito, El Paso, TX, August 25, 2006, Reprimand, for violating the EMS Rules 157.36.

Castillo, Daniel A., Edinburg, TX, April 13, 2006, Reprimand, for violating the EMS Rules 157.37 and Chapter 773 of the Healthy and Safety Code.

Christus Spohn Brooks EMS, Falfurrias, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.

Clarke, Russell G., Midland, TX. June 5, 2006, 19 month 26 day suspension, for violating the EMS Rules 157.36.

Clear Lake Emergency Medial Corps, Houston, TX, August 25, 2006, Reprimand, for violating the EMS Rules 157.11.

Clements, Elizabeth A., Tyler, TX, July 21, 2006, Revocation, for violating the EMS Rules 157.36.

Cole, Kenneth M., Millsap, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.36.

Cooke County EMS, Gainesville, TX, August 14, 2006, assessed an administrative penalty in the amount of \$890.00 for violating the EMS Rules 157.11 and 157.16.

Cooper, Keith A., El Paso, TX. September 27, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.

Cruz, Ricardo, Harlingen, TX, March 16, 2006 through March 16, 2007, 11 month probated suspension with 1 month actual suspension, for violating the EMS Rules 157.37.

Davis, Richard L., Baytown, TX, October 29, 2006, Reprimand, for violating the EMS Rules 157.36.

Depau, James A., LaPorte, TX. February 21, 2006, 24 months suspension with 18 months probated, for violating the EMS Rules 157.36.

Diaz, Gilbert, Houston, TX, August 9, 2006, Reprimand, for violating the EMS Rules 157.36.

Dunn, Joshua D., Beckville, TX. September 14, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.

Duran, Lisa D., Ferris, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

Enerman EMS, Everman, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.11.

Escamilla, Daniel, Corpus Christi, TX. 48 month probated suspension of EMS certification through September 2007, misdemeanor convictions and misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

Everett, Navada, Roscoe, TX, April 27, 2006, 12 month probated suspension with 6 month actual suspension, for violating

DISCIPLINARY ACTIONS

the EMS Rules 157.36.

Extended Care EMS, Inc., Houston, TX, April 13, 2006, Administrative penalty in the amount of \$3,750.00, for violating the EMS Rules 157.11 and Chapter 773 of the Health and Safety Code.

Feemster, Bobby, Stephenville, TX, October 18, 2006, 24 months suspension with 18 months probated suspension after serving an actual six-month suspension through October 18, 2008, for violating the EMS Rules 157.36.

Fenner, Lisa L., Pasadena, TX, September 30, 2006, 24 months probated suspension, for violating the EMS Rules 25 TAC §§ 157.36 and 157.37.

Fickey, Bobby, College Station, TX, August 25, 2006, Reprimand, for violating the EMS Rules 157.36.

Flower Mound Fire Department, Flower Mound, TX. assessment of an administrative penalty in the amount of \$1,050.00, for violating the EMS Rules 25 TAC § 157.11.

Franks, Steven L., Sherman, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

First Response Medical Services, McAllen, TX, July 21, 2006, assessed an administrative penalty in the amount of \$9,800.00 for violating the EMS Rules 157.11.

Garcia, Adrian J., Brownsville, TX, March 31, 2006, 10 month probated suspension with 2 month actual suspension, for violating the EMS Rules 157.37.

Garcia, Ismael N., Odem, TX, June 5, 2006, 12 month 25 day suspension, for violating the EMS Rules 157.36.

Garcia, Mark A., Houston, TX, June 12, 2006, 11 month 19 day suspension through May 31, 2007, for violating the EMS Rules 157.36.

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

Garza, Diana, Weslaco, TX, August 14, 2006, Reprimand, for violating the EMS Rules 157.36.

Godkin, Gregory W., Deer Park, TX, April 13, 2006, Voluntary Surrender of EMT-B certification in lieu of the Department taking formal disciplinary

action for violating the EMS Rules 157.36.

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

Gonzalez, Fernando, Zapata, Texas, December 22, 2005, 48 months suspension with 45 months probated suspension, for violating the EMS Rules 157.36.

Gonzales, Robert, San Antonio, TX, August 9, 2006, Revocation, for violating the EMS Rules 157.36.

Goodson, Angela R., Amarillo, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

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

Granado, Sammy S., Jr., Midland, TX, August 25, 2006, Reprimand, for violating the EMS Rules 157.36.

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

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

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

Guin, James A., Bloomburg, TX, July 3, 2006, Reprimand, for violating the EMS Rules 157.36.

Guthrie, Tammy L., Kempner, TX, August 14, 2006, 24 months suspension with 23 months probated suspension after serving an actual one-month suspension, for violating the EMS Rules 157.36.

Hall, Lee, Victoria, TX. Forty-eight (48) month probated suspension of EMS certification through June 29, 2008, for six (6) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

Hartz, Mikel, North Richland Hills, TX, September 20, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.

Haskell Co. Ambulance Service, Haskell, TX, April 27, 2006, Administrative

penalty in the amount of \$3,750.00, for violating the EMS Rules 157.11, and Chapter 773 of the Health and Safety Code.

Hayden, Christopher T., North Richland Hills, TX, June 5, 2006, 9 month 23 day suspension, for violating the EMS Rules 157.36.

Hemphill, Mark R., Sachse, TX, April 13, 2006, Revocation, for violating the EMS Rules 157.36.

Hendrickson, Andrew A., Carrollton, TX, August 9, 2006, Reprimand, for violating the EMS Rules 157.36.

Hernandez, Francisco, Del Rio, TX, October 20, 2006, Application for EMT denied, pursuant to EMS Rules 157.36.

Hernandez, Rogerio, Brownsville, TX. Thirty-six (36) month probated suspension of EMS certification through November 1, 2007, for one (1) felony deferred adjudication probation. EMS Rules 157.37 and 157.36(b) and (c).

Herrera, Jorge, El Paso, TX, June 5, 2006, 24 month 5 day suspension, for violating the EMS Rules 157.36.

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

Iles, Megan, Seabrook, TX, March 7, 2005 through March 7, 2007, 24 month suspension with 23 months probated, for violating EMS Rules 157.36.

Jacobs, Daniel E., Dallas, TX, March 27, 2006 through March 27, 2007, 12 month probated suspension, for violating the EMS Rules 157.36.

Jones, Clifford E., Beaumont, TX, April 17, 2006, Denied EMT-B, for violating the EMS Rules 157.36 and 157.37.

Keating, Patricia, El Paso, TX, March 31, 2006, Reprimand, for violating the EMS Rules 157.36.

Kelly, John P., Webster, TX, July 25, 2006, 2 month suspension, for violating the EMS Rules 157.36.

Kennedy, William L., Gun Barrel, TX, September 6, 2006, 12 month suspension, for violating the EMS Rules 25 TAC § 157.36.

Kline, Kyle, San Leon, TX. Forty-Eight (48) month probated suspension of EMS certification through June 29, 2008, for three (3) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

DISCIPLINARY ACTIONS

- Kohler, Bryan C.**, Austin, TX, March 16, 2006, Reprimand, for violating the EMS Rules 157.36.
- Krodel, James R.**, Royse City, Texas, December 2, 2005 through December 2, 2007, 24 month probated suspension, for violating the EMS Rules 157.36.
- Lacey, Michael C.**, Austin, TX. June 12, 2006, Reprimand, for violating the EMS Rules 157.36.
- Langdale, Charles T.**, Killeen, TX. September 27, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.
- Leasure, Adam C.**, Florence, TX, March 1, 2006 through March 1, 2007, 12 month probated suspension, for violating the EMS Rules 157.36.
- Lifeguard Ambulance Service**, Dallas, TX, September 6, 2006, assessed an administrative penalty in the amount of \$5,650.00 with \$50,850.00 administrative penalty probated for 12 months, for violating the EMS Rules 157.11 and 157.16.
- Lifeline Ambulance Service**, Laredo, TX, April 13, 2006, Administrative penalty in the amount of \$3,750.00, for violating the EMS Rules 157.11 and Chapter 773 of the Health and Safety Code.
- Llano County EMS**, Llano, Texas, July 21, 2006, Reprimand, for violating the EMS Rules 157.11.
- Loar, David R.**, Lubbock, TX, August 25, 2006, Reprimand, for violating the EMS Rules 157.36.
- Longoria, Leonard**, Murphy, TX, August 9, 2006, Reprimand, for violating the EMS Rules 25 157.36.
- Luna, Stephanie D.**, Lewisville, TX. June 5, 2006, 15 month suspension, for violating the EMS Rules 157.36.
- Martello, Joseph**, Cooper, TX, December 22, 2005, 36 month probated suspension, for violating the EMS Rules 157.37.
- Martinez, Desiderio**, La Feria, TX. September 30, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.
- Martinez, Jose G.**, Brownsville, TX. June 12, 2006, Reprimand, for violating the EMS Rules 157.36.
- Martinez, Oscar**, Lindale, TX. 48-month probated suspension of EMT-P certification through September 2007. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).
- Massey, Charles D.**, Fort Worth, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.36.
- McCurdy, Daniel L.**, Austin, TX. March 1, 2006, Reprimand, for violating the EMS Rules 157.36.
- McGiboney, Brian R.**, Danbury, TX, April 17, 2006, Denied ECA, for violating the EMS Rules 157.37 and Texas Occupations Code, Chapter 53.
- Mckinnon, Tammie S.**, Jasper, TX, September 6, 2006 through February 6, 2007, 6 month suspension, for violating the EMS Rules 157.36.
- McMeans, Nancy H.**, Santa Fe, TX., July 3, 2006, Reprimand, for violating the EMS Rules 157.36.
- Medical Ambulance Services Inc.**, Laredo, TX. June 16, 2006, Administrative penalty in the amount of \$11,200.00, for violating the EMS Rules 157.11 and 157.16.
- Mendoza, Carlos**, El Paso, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.
- Mendoza, Juan C.**, Elmer, OK. June 12, 2006, Reprimand, for violating the EMS Rules 157.36.
- Mercado, Mark**, Edinburg, TX. Twenty-four (24) month probated suspension of EMS certification through November 1, 2006, for one (1) misdemeanor deferred adjudication and one (1) misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).
- Metro-Med**, Edinburg, TX, July 21, 2006, assessed an administrative penalty in the amount of \$3,750.00 for violating the EMS Rules 157.11.
- Mid-Valley EMS**, McAllen, TX. June 12, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.
- Mims, Sara K.**, Watauga, TX, March 29, 2006, Revocation, for violating the EMS Rules 157.36.
- Mitlacher, Carol L.**, Leander, TX. June 7, 2006, 18 month 23 day suspension, for violating the EMS Rules 157.36.
- Needham, Christopher**, Troup, TX. Twelve (12) month suspension followed by a thirty-six (36) month probated suspension of EMS certification through November 4, 2008, for EMS rule violations. EMS Rules 157.37 and 157.36(b) (1), (2), (26), (27), (28), and/or (29).
- Nichols, James J.**, Lavon, TX, April 19, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.
- Nix, Jaime L.**, Cleburne, TX, December 4, 2006, Reprimand, for violating the EMS Rules 157.36.
- North East Texas EMS**, Center, TX. September 14, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.
- Padron, Jason**, San Antonio, TX, October 18, 2006, Reprimand, for violating the EMS Rules 157.36.
- Pappas, James**, Wake Village, TX, August 25, 2006, Assessed a \$700.00 administrative penalty against EMS Coordinator certification, for violating the EMS Rules 157.43.
- Parker, Alvin**, Jefferson, TX, August 12, 2005, Twenty four (24) month suspension of EMT certification with twenty one (21) months probated, for violating EMS Rules 157.36. (August 12, 2005-August 12, 2007)
- Paul, Jon**, Rowlett, TX. 48 month probated suspension of EMS certification through September 2, 2007, felony convictions. EMS Rules 157.37, 157.36(b), and/or (c).
- Pendergrass, Cassandra D.**, El Paso, TX, August 25, 2006, Reprimand, for violating the EMS Rules 157.36.
- Pirkle, Lisa L.**, Cleburne, TX, December 4, 2006, Reprimand, for violating the EMS Rules 157.36.
- Pompa, Veronica**, Corpus Christi, TX, December 2, 2005, 36 month probated suspension, for violating the EMS Rules 157.37.
- Reed, Carroll**, Houston, TX, 48-month probated suspension of EMS certification through August 22, 2007, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).
- Reed, Johnny**, La Porte, TX, April 7, 2006, Reprimand, for violating the EMS Rules 157.37.
- Reid, James G.**, Denton, TX. June 12, 2006, Reprimand, for violating the EMS Rules 157.37.
- Rivera, Adrian G.**, Houston, TX, November 20, 2006, Reprimand, for violating the EMS Rules 157.36.
- Roberts, Michael Y.**, Lewisville, TX, October 24, 2006, Reprimand, for violating the EMS Rules 157.36.
- Rosser, Daniel E.**, Corinth, TX. June 12, 2006, Reprimand, for violating the EMS

DISCIPLINARY ACTIONS

Rules 157.37.

Rosales, Antonio R., San Antonio, TX, March 16, 2006, 12 month probated suspension, for violating the EMS Rules 157.36.

Roth, Peter W., Bandera, TX, August 14, 2006, EMS Instructor certification Revoked, for violating the EMS Rules 157.32 and 157.44.

Rothrock, Kelly C., Texas City, TX, April 27, 2006, Reprimand, for violating the EMS Rules 157.36.

Royal EMS Ambulance Service, Houston, TX, July 7, 2006, Administrative penalty in the amount of \$5,200.00 with \$2,700.00 probated for three months, for violating the EMS Rules 157.11 and 157.16.

Ruffcorn, Derek, Stockdale, TX. Twenty-four (24) month probated suspension of EMS certification through October 6, 2006, for one (1) felony deferred adjudication. EMS Rules 157.37 and 157.36(b) and (c).

Russell, Richard A., Lufkin, TX, July 21, 2006, 12 month suspension with 11 months and 3 weeks probated after serving an actual 1 week suspension, for violating the EMS Rules 157.36.

Salas, Rosa M., Brady, TX, August 25, 2006, Reprimand, for violating the EMS Rules 157.36.

Scarborough, Samuel L., Hamilton, TX, August 25, 2006, Reprimand, for violating the EMS Rules 157.36.

SF Diamond Corporation, Houston, TX, August 14, 2006, assessed an administrative penalty in the amount of \$500.00 for violating the EMS Rules 157.11.

Shelton, Tommy, Crosby, TX. Thirty-Six (36) month probated suspension of EMS certification through May 24, 2007, for one (1) felony misdemeanor. EMS Rules 157.37 and 157.36(b) and (c).

Silvas, Lisa, Cedar Hills, TX, October 20, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.

Simmons, Kevin W., Bryan, TX, September 6, 2006, Reprimand, for violating the EMS Rules 157.36.

Singletary, Michael W., The Woodlands, TX, April 17, 2006, Denied EMT-B, for violating the EMS Rules 157.36, 157.37, and Texas Occupations Code, Chapter 53.

Skiles, Billy, Dallas, TX, a one (1) month suspension followed by a forty-seven (47)

month probated suspension through March 28, 2009, for violating EMS Rules 25 TAC § 157.36, and/or 25 TAC § 157.37. (March 28, 2005)

Snowden, Casey L., League City, TX. March 1, 2006, 24 months probated suspension, for violating the EMS Rules 157.36.

Southeast Texas EMS, Beaumont, TX, July 21, 2006, administrative penalty in the amount of \$5,000.00, for violating the EMS Rules 157.11.

St. Jo Volunteer Fire & EMS, Saint Jo, TX, October 24, 2006, Reprimand, for violating HSC § 773 and EMS Rules 157.11.

Stewart, Alvin D., Comanche, TX, August 25, 2006, Reprimand, for violating the EMS Rules 157.36.

Sutton, Brian M., Sherman, TX. September 20, 2006, Reprimand, for violating the Health and Safety Code (Act) § 773 and EMS Rules 25 TAC § 157.36.

Sweat, Jr., Derick M., Galveston, TX. March 1, 2006, 12 month suspension with 10 month probated after serving an actual 2 month suspension, for violating the EMS Rules 157.36.

Sweeney, Lisa G., Beaumont, TX, April 27, 2006, Reprimand, for violating the EMS Rules 157.37.

Todd II, Jack W., Tulia, TX. September 14, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.

Torrez, Adriana L., Hurst, TX. July 7, 2006, Reprimand, for violating the EMS Rules 157.36.

Torres, Johnny, McAllen, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

Torres, Jr., Roberto C., Houston, TX. June 12, 2006, Reprimand, for violating the EMS Rules 157.36

Trevino, Guadalupe, Harlingen, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

Tucker, Chad, Allen, TX, December 7, 2005, 24 month suspension with 21 month probated suspension, for violating the EMS Rules 157.36.

Tuijillo, Thomas, Fort Worth, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

USA Ambulance Service, Sugar Land, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.

Vernon Fire/EMS Dept., Vernon, TX.

June 12, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.

Vernon Fire/EMS Dept., Vernon, TX, October 24, 2006, Reprimanded and assessed an administrative penalty of \$2,600.00; however, the \$2,600.00 is probated for 12 months through October 24, 2007, for violating EMS Rules 157.11 and 157.16.

Wade, Matthew A., San Antonio, TX, March 27, 2006, 36 month probated suspension, for violating the EMS Rules 157.37.

Watters, Ray G., Burleson, TX, April 3, 2006, Voluntary Surrender of Paramedic License in lieu of the Department taking formal disciplinary action for violating the EMS Rules 157.36.

Wheel Care EMS, Houston, TX, August 25, 2006, assessed an administrative penalty in the amount of \$15,000.00 for violating the EMS Rules 157.11.

Willhite, III, John H., Alvin, TX, March 16, 2006, 48 month probated suspension, for violating the EMS Rules 157.36.

Williamson, Bobby, Belton, TX, placed on a twenty-four 24 month probated suspension through April 6, 2007, for violating EMS Rules 157.36, and/or 157.37. (April 6, 2005)

Wilson, Keni M., Clyde, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

Woody, William K., Cleburne, TX, July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

Woolly, Lane A., Royse City, TX, November 9, 2006, Reprimand, for violating the EMS Rules 157.36.

Wooten, Danny M., Horseshoe Bay, TX, September 6, 2006, Revoked, for violating the EMS Rules 157.36.

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

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

Meetings & Notices

Calendar

February 10, 2007. **South Plains EMS (SPEMS) Conference.** Will be held at the University Medical Center in Lubbock. Will be a full day of lectures with a regional awards ceremony during lunch. Case reviews, airway adjuncts, burns, disaster management from the front line, IOs, pediatrics and more will be discussed. EMS and nurses will have CEs available. For information, contact Jim Waters at 806/791-2582 or Cristi Cline at 806/775-9315.

April 19-20, 2007. **10th Annual Trauma Symposium.** South Padre Island, Texas. ATLS on April 18th. Contact the Trauma Regional Advisory Council at 956/364-2022 or visit www.tsav.org.

April 20-21, 2007. **North Texas Regional Advisory Council Trauma Conference.** Multipurpose Event Center, 1000 5th Street, Wichita Falls, Texas. For more information, call 940/764-3088 or visit www.ntrac.org.

June 21, 2007. **Emergency Care Update Conference 2007.** Will be held at the Arlington Convention Center. For more information, visit www.careflite.org.

August 20-22, 2007. **13th Annual San Antonio Trauma Symposium.** San Antonio, Texas. For more information, contact Patti

Deadlines and information for meetings and advertisements

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

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

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

Ruffin 210 567-2247; email ruffin@uthscsa.edu; or visit www.hjf.org/events/index.html.

Jobs

EMT/EMT-P/Dispatcher: ACE Ambulance Inc. is accepting applications for part/full-time positions. Offer competitive salary, benefits, and flexible schedule. For information contact Rick Moreno at 832/689-1515, mail resume to: Director of Operations, 7100 Regency Square, Suite 104, Houston, TX 77036 or fax to 713/975-7797 or send by email to: rick@aceambulance.com. +

Paramedic: Texas City EMS Department is accepting applications in order to establish qualified applicants for current and future positions. Full-time salary is \$50,000 a year with city benefits and retirement. PRN paramedics make \$15.54 per hour with overtime after 40 hours. 24-hour shifts with progressive protocols and new equipment. Email your resume to mparker@texas-city-tx.org or call 409/643-5728. +

EMS Instructor: Weatherford College is accepting applications for an EMS Instructor. AAS in EMT preferred; must be current licensed paramedic; current DSHS EMS instructor certified; three years teaching experience preferred; four years work experience in active 911 service and/or emergency medicine setting; current ACLS required/ACLS instructor preferred; current BTLs or equivalent preferred; current PALS or equivalent preferred. Visit the website for more information and application: www.wc.edu. *

EMT/Paramedic: ETMC EMS is hiring certified paramedics and EMTs. Based in Tyler, Texas, with locations throughout East Texas, ETMC EMS serves more than 17 counties and close to 17,000 square miles. Offer paramedic sign-on bonus of \$2,000, in-house paramedic program, speciality programs at no employee cost, variety in shift hours, benefits package, tuition aid. 20 years or older, high school diploma or GED, DSHS EMT-Paramedic certification, current Texas driver's license and be within company guidelines. For immediate consideration call 903/939-5744, fax 903/939-5758 or email lbneal@etmc.org. *

Paramedics: Cypress Creek EMS has openings for paramedics of all experience

levels. CCEMS is an all-MICU, 911-only service serving the northern suburbs of Houston, Texas. In addition to great pay, excellent benefits, and a positive atmosphere, we offer the finest tools and equipment and aggressive patient care protocols. Call 800-803-4124 or visit the website at www.ccems.com. *

EMT/Paramedics: Physicians Network Association is seeking full/part-time EMT/paramedics to fill openings at correctional facilities throughout Texas. We offer excellent benefits and paid vacation. For more information, contact Misty Smith at 806/799-1326 or fax resume to 806/687-9515 or email msmith@pnamedical.net. *

Articulation/Transition Program: North Harris College in Houston offers a one-year program for LVNs and paramedics to become registered nurses (RNs). To receive the Associate of Applied Science (AAS) degree in nursing, must be currently EMT-P or LP. Program information and requirements are available on the website at <http://nursing.northharriscollege.com>. Applications available in January. The Nursing Department offers information sessions twice a month on the North Harris College campus. Schedule of information sessions and a list of admissions criteria can be found on the website. For additional questions, contact Carla M. Porter, academic counselor at 281/765-7836 or email cporter@nhmccd.edu. *

Paramedics: Looking for PRN ACLS certified paramedics in the Austin or San Antonio area. CEDRA Clinical Research, LLC, a clinical research organization servicing the pharmaceutical and biotech industries is looking for PRN paramedics with ACLS certification and one year experience. Shift assignment will be either days or nights. We will work with your availability. For Austin, call Kristie at 512/615-2263, and for San Antonio, call Christie at 210/635-1529 or email hrcor@cedracorp.com. *

Instructor: The University of Texas at Brownsville is looking for a full-time, tenure-track instructor or assistant master technical instructor. Bachelor's degree preferred, associate degree considered. Candidate is required to be NREMT-P and proficiency in Spanish helpful. For more information, contact Adiel Garcia at 956/882-5025 or by email at adiel.garcia@utb.edu. *

Meetings & Notices

For Sale

For Sale: Rugged laptops, tablets, handhelds, vehicle mounts, and docking stations. Call George for details and prices. 281/255-6785 or email texas11@houston.rr.com. +

For Sale: Two 2005 Type III E-405 ambulances, turbo diesel, less than 50,000 miles, LED lights, Ferno 93 stretchers, loaded, white with red, gray, and blue stripes. For pictures and drawings call Bobby Joe Spearman at 903/572-0689 or email BJSMVS@aol.com. +

For Sale: 1998 Type III Osage ambulance. High miles, but good condition. \$6,000 OBO. 2002 Type III remounted ambulance with 158,000 miles. This ambulance has a new engine with only 15,000 miles. Good condition. \$12,500 OBO. For more information, contact Stephen Stephens, Uvalde EMS, at 830/278-6583 or email uems911@yahoo.com. Both of these units will be available upon delivery of new ambulances in late January. *

FOR SALE: CPR Manikins, face shields, disposable airways, pocket masks, BVM's, AED trainers, choking manikins, AHA books and videos, ACLS and PALS products. Our prices will beat any other source and most products are shipped the day of the order. Contact: Ron Zaring, Manikin Repair Center of Texas at 281.484.8382, fax 281.922.4429, rzmrctx@aol.com or www.manikinrepaircenter.com. +

Miscellaneous

Ultrasound Guided Central Line

Placement: Learn ultrasound guided central line placement. Course will cover basic peripheral and central line placement utilizing direct visualization, didactic, lab and hands on training. Saturday 3/31/07, Fort Worth, Tx., 8 hour ACEP CME-\$350.00. Sunday 9/9/07 and Monday 9/10/07, Fort Worth, Tx., 16 hour ACEP CME-\$825. For more information call 800-806-1982 or visit www.911sono.com. +

ABC³: The Ambulance Billing, Coding, & Compliance Clinic: A conference dedicated to improving the bottom line of America's ambulance services. Page, Wolfberg, &

Wirth, LLC created ABC³ to address a need within the ambulance industry, the need for sound and legally compliant information about the critical issues of billing and compliance that also improves your bottom line. Sessions will be led by nationally acclaimed EMS attorneys Doug Wolfberg and Steve Wirth, and reimbursement consultant Maggie Adams. Call 1-877-EMS-LAW1 (1-877-367-5291) or visit www.pwwemslaw.com for more information. +

Bachelor's degree: St. Edward's University, Austin. Degree in public safety management, designed for working adult students, Credit for prior learning through life learning experiences is available. A degree completion program is available on-line or may be blended with classroom courses. Visit www.stedwards.edu/newc/pacepsm.htm or call 512/428-1050 for more information. +

Health Claims Plus: EMS and fire department billing. Excellent rates and services. We offer electronic billing, weekly and monthly reports and educational workshops. Contact 1-888-483-9893 or visit www.healthclaimsplus.com. +

CE Solutions: www.ems-ce.com offers online EMS continuing education that is convenient, cost effective and interesting. Visit www.ems-ce.com for a free test-drive or call 1-888-447-1993. +

Firefighter Continuing Education: Now available online at www.FirefighterCE.com. FirefighterCE is accepted by the Texas Commission on Fire Protection. Visit www.FirefighterCE.com for a free test-drive or call 1-888-447-1993. +

Online EMS Education: TechPro services offers online and traditional EMS courses from ECA to paramedic level, refresher courses to NR testing prep courses. For more information, please visit www.techproservices.net or call 325/695-0900. *

prnMedics.com: Free web-based listing service for all certification levels of EMTs. If you are looking for full or part-time employment you can list with us. For more information, call 409/284-2947. *

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

+ This listing is new to the issue.

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

TEXAS EMS CERTIFICATIONS AS OF FEBRUARY 9, 2007

ECA	3,693
EMT	28,073
EMT-I	3,665
EMT-P	11,605
LP	5,626
TOTAL	52,662

COORDINATOR	121
INSTRUCTOR	1,906

Placing an ad? Renewing your subscription?

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

Moving? Let us know your new address—the post office may not forward this magazine to your new address. Use the subscription form 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: Austin County Emergency Medical Services



From left: R. Jewell, EMT-I; B. Kanak, EMT-I; J. Turnbull, EMT-P, deputy director; B. Cariota, EMT-P, captain; G. Atherton, EMT; R. Ostwald, EMT-P, captain; D. Fisher, EMT; L. Toman, EMT; K. Willingham, EMT-P, lieutenant; J. Scarborough, EMT-P; G. Scarborough, EMT-P, deputy director.

Number of personnel: Austin County Emergency Medical Services has a staff totaling 55 led by EMS Director Ron Dille, EMT-P; Medical Director Mark Murray, MD; Deputy Director Jim Turnbull, EMT-P; and Deputy Director Gary Scarborough, EMT-P. Tammy Wendel serves as our department coordinator. We have 23 paramedics, six EMT-intermediates, 23 EMTs and one ECA. The field supervisory staff members are Capt. Randy Ostwald, EMT-P; Capt. Brian Cariota, EMT-P; Lt. Kenny Willingham, EMT-P; and Lt. Mark Karonika, EMT-P. Austin County EMS maintains interlocal agreements with Washington, Fort Bend and Colorado counties, as well as Waller County EMS, for mutual aid response. There are nine volunteer fire departments within Austin County and each supports EMS with fire-rescue response.

How many years of service: ACEMS was created by executive order of the Commissioners Court under the direction of County Judge Lee Dittert in 1994. Over the past 12 years, ACEMS has risen from two basic response units to seven fully equipped BLS with MICU-capable units and paramedic squads that are strategically located throughout Austin County. We provide patient transfer services, when

units are available, to Bellville General Hospital, a tertiary Level IV trauma facility. ACEMS serves seven municipalities and five communities with units dispatched from five stations, with one unit each in Sealy, Bellville, Industry, Wallis and Cat Springs. Critical reserve units are located in Sealy and Bellville.

Number of units and capabilities: The fleet consists of six Type I units manufactured by Frazer and two Type III units manufactured by McCoy-Miller. Two primary units operate 24-7, and the peak-hour truck operates 70 hours a week (10-hour days) in Industry. There are two paramedic response vehicles, with one serving as a supervisory response unit.

Another peak-hour truck will begin service this year in Wallis. During off-peak hours, units in Wallis, Industry and Cat Springs are staffed by off-duty response personnel. ACEMS transports to hospitals in Katy, Richmond, Houston, Eagle Lake, Brenham and Columbus.

Number of calls: The ACEMS response area encompasses 663 square miles, with more than 25,000 county residents and an estimated 50,000 people per day traveling throughout the 9-1-1 response territory. We responded to more than 3,000 EMS calls in 2006. ACEMS provides clinical sites for three main EMS training programs: Blinn College in Brenham; Texas Engineering Extension Service (TEEX); and Wharton County Junior College. Clinical sites also are provided for Emergency Consultants EMS classes, Golden West EMS classes and our own agency-sponsored EMT program through TEEX.

Community Projects and Programs: Austin County EMS sponsors community CPR programs for area residents; community blood drives; AED/CPR for local police departments; first aid classes to community groups; and school visit programs. Vial-of-Life Programs also are encouraged throughout our community. ACEMS continues to vigorously promote the TABC-UT Health Science Center Program – Shattered Dreams throughout Austin County.

Awards: Austin County EMS received the 2006 Shattered Dreams Program Outstanding Follow-Up Project Award from the Texas Alcoholic Beverage Commission (TABC) in July 2006 for its cooperative effort with Third Realm Communications in the production of the Brazos High School Shattered Dreams video. Austin County EMS was recently recognized with the Public Information/Public Education Award during Texas EMS Conference 2006.

Texas Department of State Health Services
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