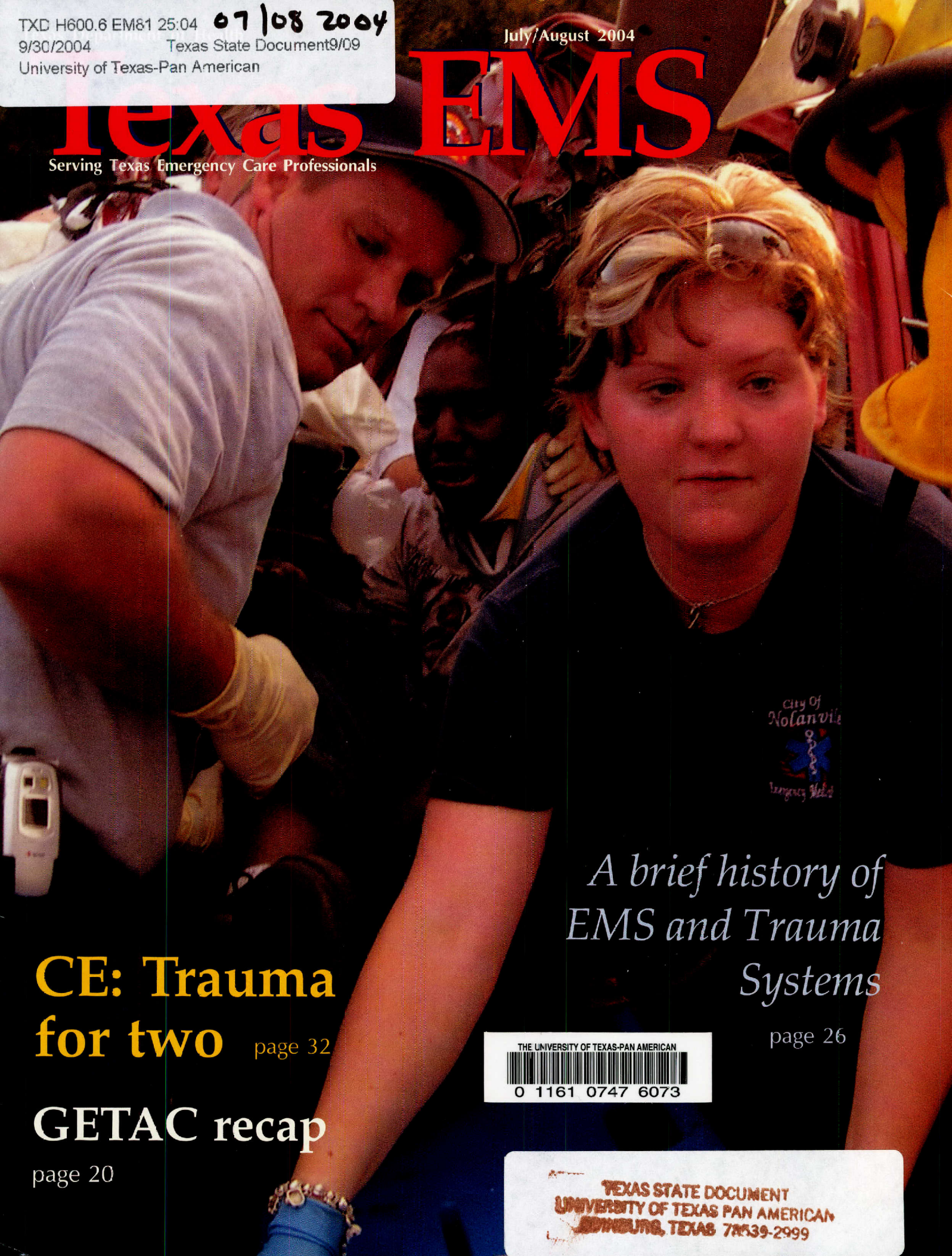


Texas EMS

Serving Texas Emergency Care Professionals



**CE: Trauma
for two** page 32

GETAC recap
page 20

*A brief history of
EMS and Trauma
Systems*

page 26

THE UNIVERSITY OF TEXAS-PAN AMERICAN

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| _____ | "EMS—A System to Save a Life" brochure. Explains emergency medical services and includes public health region office info. Explains BLS and ALS. (EMS-012) |
| _____ | "I'm an EMS Friend" sticker. Ready Teddy in a 2-1/2 inch, 3-color sticker. |
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Texas EMS

M a g a z i n e

TABLE OF CONTENTS PHOTO: THE WOODLANDS FIRE DEPARTMENT FLEW THE AMERICAN FLAG IN HONOR OF CHIEF DICK SMITH'S FUNERAL IN APRIL OF 2003. PHOTO BY ANGELA MCNAIR.

FEATURES

20 GETAC Recap

GETAC met in May in Austin to discuss rules, TDH consolidations and other issues affecting EMS and trauma in Texas. Read what happened on page 20.
By Kathy Perkins, RN, MBA

26 A Brief History of EMS and Trauma Systems

As TDH becomes part of the Texas Department of State Health Services, we reflect on how far EMS and trauma systems have come since the first EMS legislation passed in 1943.
By Kelly Harrell

CONTINUING EDUCATION

32 CE: Trauma for Two

What happens when you have two patients – in one body? This article will help you understand what's going on and what to do. 1.5 hours of Trauma CE. By Lisa Hollin, RN, BSN, MICN, CEN



About the cover: Several EMS units respond to a head-on collision. Photo by Leon Charpentier.

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CONFERENCE

7 Texas EMS Conference

See the latest on preconference classes and workshops for the Texas-sized Texas EMS conference!

DEPARTMENTS

- 5 From This Side
Kathy Perkins
- 6 Letters
- 6 Deaths
- 16 On Duty
Kelly Harrell
- 22 Local and Regional News
Penny Workman
- 30 FAQs: Standards
Linda Reyes
- 31 FAQs: Education
Eddie Walker, EMT-P
- 42 Did You Read
Penny Workman
- 45 Disciplinary Actions
Chris Quiroz and Anthony Luna
- 50 Calendar
Nicole Rivers
- 52 EMS Profile
Philena Farmer, LP

Texas Department of Health EMS Offices

Bureau of Emergency Management

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

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KATHY PERKINS, CHIEF
 BUREAU OF EMERGENCY
 MANAGEMENT

Change is the law of life. And those who look only to the past or present are certain to miss the future.

—John F. Kennedy

Just because everything is different doesn't mean that everything has changed.

—Irene Peters

TDH transitions to new agency on September 1

Change. We hear that word a lot these days, and for good reason. House Bill 2292, passed in the last legislative session, is transforming the way that health and human services agencies do business with their clients—and that affects EMS and trauma systems. On September 1, the Texas Department of Health will become part of the Texas Department of State Health Services, with a complete restructuring of bureaus, such as the Bureau of Emergency Management, into a more functional organizational design. Areas within current bureaus, such as licensing, will be grouped with other TDH programs' licensing units under one section chief. Enforcement and field office activities will go in other units together with other areas of health services with similar functions (e.g., inspections, investigations). The Office of EMS and Trauma System Coordination, another unit, will help ensure that the areas continue to work together to facilitate EMS regulation and EMS/trauma system development. While we will look different, our focus will be the same: service delivery to the public, and people and organizations that comprise the Texas EMS and Trauma System. Our commitment remains to help you build the best EMS and trauma system possible, and to help you focus on what's important—quality patient care.

One of the goals of the reorganization is better service delivery through automation, and that may partly be achieved through TexasOnline. This new service allows you to renew your certifications and licensures online using a credit card or electronic funds transfer, rather than having to fill out paperwork and send in a check. We hope that by the end of this year, the option for initial certifications and licensures will be available online as well. The first 15 days TexasOnline was in operation, 244 people chose to renew online.

One of the questions we've gotten relating to our name change is if current certification/licensure patches and the wall certificates/wallet cards will still be valid. Yes, our name will change and any new patches produced after September 1 should say Texas Department of State Health Services. You may opt to replace your old patches or just wait and get the new design of patches as you need them. As for wall certificates/wallet cards, the agency name listed does not affect your certifications/licensures/designations. It's like the situation that occurred recently when Southwest Texas State University became Texas State University. The people with diplomas from SWTU still have valid diplomas even though the university's name has changed.

One of the things that will not change in this new organization is GETAC, which will still meet quarterly to discuss rules and other issues affecting EMS and trauma systems. As of September 1, the Office of EMS and Trauma System Coordination will have responsibility for facilitating GETAC. I hope you will make plans to attend the meetings on August 11-13 in Austin. The meeting schedule is not yet set. Watch our website for details of the meetings plus meeting documents. See recap of the May meeting on page 20.



Letter

To Texas EMS Magazine:

In the 25+ years I've been involved in EMS, I've been blessed to meet many dedicated and truly unselfish professionals. Working or volunteering in this profession is physically and emotionally demanding and takes a special breed of person, but occasionally one will stand taller than the rest. We look to this person for guidance and leadership, secretly aspiring to model ourselves in a similar fashion. There aren't near enough of these giants in the world, so it really hurts when we lose one. Texas EMS recently lost a giant. Dean Baswell passed away last month after a long battle with cancer. Most of you probably never had the honor of meeting Dean personally, but I bet every one of you knew of him. Dean started working in EMS in Arkansas before moving to Texas in 1984. He worked for Life-Line EMS in Wichita Falls (now AMR) as a street medic before moving up the ladder and into an office. During his career, on and off the streets, Dean loved being involved with public education and injury prevention. While his list of credits is quite lengthy, the one that nearly every one will recognize is his alter ego character, Who Who the Safety Clown. Dean was the inspiration for the TDH Coloring/Activity Book bearing his character, which was distributed to tens of thousands of children across the state.

Dean and his wife Lynn touched many lives outside EMS as well. In addition to their children, Becky, JD, Tandy, Betty and Bethany, they helped raise more than 35 foster children and welcomed more than a dozen foreign exchange students into their home. As you can imagine, Dean was very active in his church and community and was always the first to volunteer his time and energy, and always with a smile and kind word.

The last lesson I learned from

Dean was to not take the giants among us for granted as they won't be with us forever. Thanks, Dean, for making EMS in Texas better for all of us.

Pete Wolf, EMT-P
Windthorst, Texas

To Texas EMS Magazine:

I want to give some credit to someone who was instrumental in getting EMS license plates. In 1999, Charles (Charlie) Salerno, a volunteer in Austin/Travis County, approached EMSAT. He had asked his state representative to file a bill creating an EMS license plate and he needed EMSAT's help. EMSAT took on the task but the bill failed that year.

In 2001, we tried again but the bill failed because there were too many license plate requests to pass all of them. In 2003, I was at the capitol and heard Senator Jeff Wentworth, R-San Antonio, was going to try again for a bunch of license plates that had failed in the past. This would be the last time the Legislature would pass bills for special license plates. In the future it would be up to the Texas Department of Transportation (TXDOT) to approve them, to take the burden off the Legislature.

I didn't know if it had a chance, but the bill passed and we got a bonus: we would only have to pay \$8. The Texas EMS Foundation saw the bill passed and noticed it only said "Emergency Medical Services" written on the license plate. Working with TXDOT, TEMSF came up with two possible designs. Eventually one was approved.

Thanks to Charlie for spearheading this idea, to Sen. Wentworth for his part in its passage, and to EMSAT, TAA and TEMSF for working so hard to make sure the license plate became a reality.

Ron Haussecker, EMT-P
Brenham

EMS Obituaries

Dean Baswell, 53, of Wichita Falls, died April 25 after a lengthy illness. Baswell, an EMT, had worked for American Medical Response, but was probably best known as his alter-ego, Who Who the Safety Clown. As Who Who, he taught thousands of children about staying safe through his personal appearances and his coloring book.

Jim Dempsey, of Laredo, died May 7 of a MI while on duty as director of Laredo Communications Center. He was 56. A licensed paramedic, Dempsey was the founder of Halo Flight in Corpus Christi and had been director of EMS at Laredo EMS and Fire.

Robert Matthews, 51, of Luling, died suddenly on April 16. A licensed paramedic, he was first certified in EMS in 1988 and had worked for Luling EMS and Lockhart EMS, and was fire chief of Southeast Caldwell County Volunteer Fire Department for many years.

David Jason Powell, 31, of Tyler, died June 11 in a motor vehicle crash in Kilgore. An EMT-I, he had worked for Champion EMS and Henderson Memorial Hospital EMS.

Matt Ringle, 33, of Sulphur Springs, died June 14 in a motor vehicle crash. An EMT, Matt worked as a firefighter for the Grapevine Fire Department and for Brinker Fire and Rescue.

Cindy Waldo, 58, of Quanah, died May 2 at a Dallas hospital. She had worked as an EMT for Three Rivers Ambulance Service in Crowell.

For Texas EMS Conference exhibitor registration information go to www.tdh.state.tx.us/hcqs/ems/04conf.htm or call Jan Brizendine at 512/834-6748 or email Jan.Brizendine@TDH.state.tx.us

November 21-24, 2004

Texas EMS Conference 2004 comes back to Austin

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

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

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

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

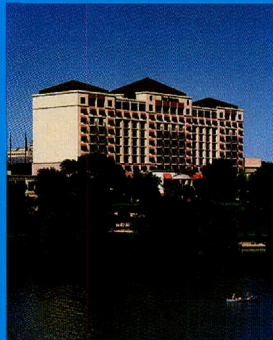
We have special conference rates at five downtown hotels—all within walking distance of the convention center. Make your hotel reservations early—space at the conference hotels goes fast, especially at the host hotel, Hilton. See you in Austin!

HOTELS

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

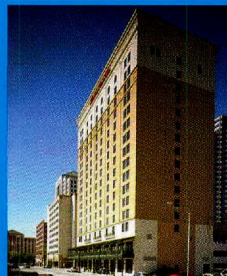
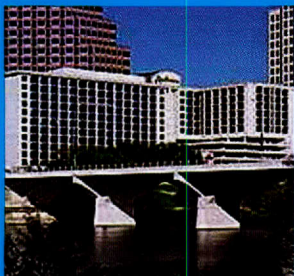
Top row, from left, the host hotel, the Hilton-Austin, the largest of all the downtown Austin hotels. And right, the Four Seasons Hotel.

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



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Schedule

Conference At-A-Glance

Sunday, November 21

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

Monday, November 22

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

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

Tuesday, November 23

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

Wednesday, November 24

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

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

2004 Texas EMS Photography Contest entry form

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Employed by _____

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

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

Deadline for entering: November 15, 2004

Tape this form to the back of the photo.

Brief explanation of scene: _____

Photo Contest Rules

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

Texas EMS Conference 2004 - REGISTRATION FORM

November 21-24, 2004 - Austin Convention Center
Austin, Texas

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

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

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(Please type or print)

Address City

State Zip Phone

e-mail address:

You may register online at
www.texasemsconference.com

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

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

Preconference classes

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

- | | | |
|---|--|---|
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| <input type="checkbox"/> Confined Space, \$115 | <input type="checkbox"/> Moulage, \$135 | <input type="checkbox"/> SLAM, \$210 |
| <input type="checkbox"/> Swift Water Awareness, \$115 | <input type="checkbox"/> PPC, \$250 | <input type="checkbox"/> ABLS, \$175 |
| <input type="checkbox"/> Land Navigation, \$115 | <input type="checkbox"/> WMD, \$100 | <input type="checkbox"/> Cadaver Lab, \$250 |
| <input type="checkbox"/> Slope Evacuation, \$115 | <input type="checkbox"/> EMD Provider, \$350 | <input type="checkbox"/> BDLS, \$125 |
| <input type="checkbox"/> Cave Rescue, \$115 | <input type="checkbox"/> 12-Lead, \$100 | <input type="checkbox"/> Helicopter training, \$45 |

Preconference registration deadline October 15, 2004.

Total Preconference Class Fee \$
Amount

For coordinator course, contact your zone office.

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

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

\$165 registration at the door

Make check payable to:
Texas EMS Conference

Mail to:
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Hutto, Texas 78634

Sunday, November 21, 2004

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

Monday, November 22, 2004

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

Tuesday, November 23, 2004

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

Official Use Only	
Date Rec'd.	<input type="text"/>
Type of Pmt.	<input type="text"/>
<small>(If check, write #)</small>	
Amt. Rec'd.	<input type="text"/>

<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmExpress	
If paying by credit card, fax 512/759-1719	
Credit Card No:	<input type="text"/>
Card Holder	<input type="text"/>
Card Exp	<input type="text"/>
Signature of Card Holder	<input type="text"/>

Pre-conference Classes

NOVEMBER 19 - 21, 2004

Saturday

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

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

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

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

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

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

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

Pre-conference Classes

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

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

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

Sunday

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

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

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

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

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

Pre-conference Classes

NOVEMBER 19 - 21, 2004

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

Spanish for EMS Providers:

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

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

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

Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly learned skill. There is also web site support of graduates of the program by continual competency and feedback from the instructor. The seminar is delivered as a state of the art computer presentation enhanced with sound, graphics, animation, music and video clips. For information on class content contact Bob Page at edutainment@mac.com.

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

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

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

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

Pre-conference Classes

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

Saturday & Sunday

Pediatric Prehospital Care

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

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

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

Friday, Saturday & Sunday

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

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

Emergency Medical Dispatch

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

2004 Conference Speakers and Topics

Julie Bacon, RN, BA

Where's My Physics Teacher When I Need Him?

Scott Bolleter, EMT-P

- 1) Pressure Dressings for the Soul
- 2) Suffer the Children

Jeffrey Brosius, BS, NREMT-P

Toxicology: A Practical Approach for the EMS Provider

Suzanne Buchanan, RN, CCRN

From Scene to Definitive Care: Burn Case Studies from a Regional Burn Center

Jay Cloud, BA, LP

The Eyes Have It

Ken Corn, NREMT-P

Diabetes In EMS

Bill Crawford, LP, NREMT

Explosive Recognition for the EMS Provider

Bryan Ericson, RN, LP, NREMT-P,

When Good Batteries Go Bad

Harold Ethridge, LP, NREMT-P

But He's Breathing: Epilepsy and Seizure Disorder in the Prehospital Setting

Jeffrey Fenske, EMT-P

Complicated Patients: Good vs. Bad Differential Diagnosis

William Gandy JD, LP

10 Common Errors in Airway Management

Lisa Hollett, RN, BSN, MICN, CEN

- 1) Dealing with the Devil-Cult Activity and Satanism
- 2) Rollin' - Looking at Predatory Drugs and the Rave Culture

Kelly MK Johnson & Carol Wright, RN

Data and Reporting: How Are These Important to Me

Daniel Kocurek, MD

Ending Diversions Forever

Paul Kuper, NREMT-P, FP-C

Shake, Rattle, & Roll: Seizure Management

Kelly McCauley, LP

Field Termination of Resuscitation: You Can Do It

Julie Ming EMT-P

Don't Touch That!

Larry Nelson, RN, LP

Poisonous Plants of Texas

Bob Page, NREMT-P, CCEMT-P

Therapeutic Electrocardiogram: Keeping Current on Non-Invasive Pacing

David Phillips, BS, LP

- 1) Management of Motor Vehicle Collisions & Multi-Patient Incidents
- 2) Changes in the Prehospital Mgmt of CHF

Edward Racht, MD

- 1) If We Don't Laugh, We'll Cry
- 2) Go With the Flow: It's All About Perfusion

David Rainwater

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

Lee Richardson, LP, NREMT-P, CCEMT-P

He Is Stuck In What? Responding to the Farm Accident

John Rinard, LP

The EMS Leadership Academy

Darlene Rodriguez, RN

Complication and Implications of Crush Syndrome

Shawn Salter, RN, NREMT-P, FP-C

Traumatic Brain Injury: Assessment and Management

Marc Scrivener, EMT

Smallpox: Critical Information for Emergency Responders

Shawn Sims

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

Lon Squyres

The Basic of Toxmedicine For EMS

RK Turner, BS, LP

- 1) Powdered Donuts and Professionalism: A Humorous Look at the Ethical and Professional Standards in EMS
- 2) Crank Stars: A Guide to the Stimulant Intoxicated Patient

Karl Wagenhauser, MD, FAAEM, FACEP

Top Ten Things That Pucker My Sphincter

Rick Wallace, LP

Compassion: The Difference Between a Good EMT/Paramedic and a Great One!

Kelly Weller, BAAS, LP

When It Isn't SIDS

Karen Yates, RN, BS, CEN, LP

From the Field to Cath Lab: Management of the Acute MI

Trauma

Daniel Carlascio, NREMT-P, CCEMT-P

The Fire Inside: Chest & Abdominal Trauma

Shawn Salter, RN, NREMT-P, FP-C

Thoracic Trauma

RK Turner, BS, LP

Bloody Messes: How to Respond to Violent Incidents

Karen Yates, RN, BS, CEN, LP

Ouch That Has Gotta Hurt! Assessment and Management of Orthopedic Injuries

Medical

Stephen Benold, MD

Asthma Update

Daniel Carlascio, NREMT-P, CCEMT-P

Playing with Fire; Burns & Smoke Inhalation

Bryan Ericson, RN, LP, NREMT-P

Obesity in EMS & the Gastric Bypass Patient

Mark Hinson, MA, RN, NREMT-P

Current Concepts in Seizure Management

Robert Knappage, EMT-P

I Think I'm Having an MI

Special

Julie Bacon, RN, BA

These Are A Few of My Scariest Things: Neonatal Emergencies in the Field

James Garrison, RN

Ten Substances That Can Kill A Child with One Tablet or Teaspoon

Baruch Krauss, MD, EdM, FAAP, FACEP

Pediatric Airway Management

Paul Kuper, NREMT-P, FP-C

Broken-Hearted Baby: Management of the Patient with Congenital Heart Defects

Anita Lindsay, LP, NREMT-P

Elderly Patients: A Forgotten Population

Brian Petrilla, EMT-P

Think Child Safety/Think Senior Safety/The Circle of Protection

Paul Sirbaugh, DO, FAAP, FACEP

Prehospital Pediatric Emergency Medicine Case Presentations

Leslie Teel, LP, NREMT-P

Forget Alzheimer's?

Jennifer Thomas, EMT-P

Most Common Geriatric Emergency

Karl Wagenhauser, MD, FAAEM, FACEP

Geriatrics Trauma: When Old Folks Break

Shawn White, LP

Dealing with Pediatric Emergencies with Confidence

BLS

Chuck Allen, III, LP, NREMT-P

Scene Safety: What We Take For Granted

Ken Bouvier NREMT-P

Motor Vehicle Accidents

Ken Corn, NREMT-P

Things You Never Knew, You Never Knew

James Davis, LP

The Pulse Oxymoron

Steven Dralle, EMT-P

Do You Want to Go to the Hospital?

William Gandy, JD, LP

Pharmacology for Basic EMTs

Liz Herring, MBA, EMT-P

How to Study So You Won't Be a Dummy

Kelli Isaacks & Samuel C. Gutierrez

Understanding and Using the TxDOT EMS Education Grant

Charles Jaquith, LP, CCEMT

First Responders: Friend or Foe to EMS

Louis Molino, Sr., EMT

Burns - A Trauma Nightmare for Patient and Provider

Bob Page, NREMT-P, CCEMT-P

Stethoscopy for Dummies

Lee Richardson, LP, NREMT-P, CCEMT-P

I'm an EMT, I Can Help!

Kenneth Schaaf, EMT-P

Responding to Railroad Emergencies

Irlynda Smith, EMT-P

Beyond the Basics

Keith Tate, LP

Responding to Emergencies

Mike Yudzky, EMT-P

Bites and Stings of Summer

ALS

J. Alan Baker, LP

ECG Physiology: Making Sense of the Squiggly Lines

Darryl Coontz, LP

Endotracheal Rules of Engagement

William David, RN, BSN, NREMT-P, CCRN, CEN, CFRN

Controversies in Fluid Resuscitation

Donald Gordon, PhD, MD

The Pathophysiology of Crush Injury

Steven Grayson, NREMT-P, CCEMT-P

- 1) Antiarrhythmics: Do They Work?
- 2) Making Sense of Tachycardia: Unraveling the AHA Algorithms

John Griswell, MD

MI and Interventricular Conduction Blocks in 12-Lead ECG

Baruch Krauss, MD, EdM, FAAP, FACEP

Full Spectrum Capnography for Intubated and Non-Intubated Patients in EMS

David Phillips, BS, LP

- 1) Changes in the Prehospital Mgmt of CHF
- 2) Things I Wish They'd Told Me When I Was In Paramedic School

Shawn Salter, RN, NREMT-P, FP-C

Alternative Airway Intervention

Greg Schaffer, EMT-P

Going Nasal—Intranasal Med Delivery in EMS

Lance Villers, MA, LP

12-Lead ECG Case Studies: From the Routine to the Bizarre

Rick Wallace, LP

O₂ to Surgical Cric Perils and Pit-Falls

Jane Wigginton, MD

- 1) The Main Vein
- 2) Any Port in a Storm

On the Horizon

Will Chappelle, RN, EMT-P, TNS

Controversies in Prehospital Care

Alan Chiasson

Medical Force Protection

Kenneth Navarro, LP

Therapeutic Hypothermia After Cardiac Arrest

Paul Pepe, MD, MPH

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

Bioterrorism

Connie Blackford

Don't Bug Me: Recognition of Anthrax Infections

Neal Dolan

Medical Aspects of Dignitary Protection

Tony Garcia

- 1) Glowing in the Dark: Recognition & Management of Radiation Injuries
- 2) Out with a Bang: What to Expect if Suicide Terrorism Hits Your Hometown

James Garrison, RN

Biological and Chemical Agents of Today

Donald Gordon, MD, PhD

Viral Threats & EMS Response in Our Time

Brandon Graham

Current Trends in the Mgmt of Ricin Incidents

William Huddleston, RPh

Prehospital Decontamination for EMS Providers

Paul Maniscalco

Terrorism: Surviving the Rhetoric - Planning the Response

Michael McDill, NREMT-P

Medical Incident Command at a Terroristic Event

John Rinard

Bombs Away: Detecting Explosive Injuries

Greg Schaffer, EMT-P

EMS for Mass Gatherings

Educator

David Dunafan, NREMT-P

Precepting in the 21st Century: It's Not What I Know, It's What You Need to Know

Bryan Ericson, RN, LP, NREMT-P

Motivating The Unmotivatable

Steven Grayson, NREMT-P, CCEMT-P

Whack 'em on the Nose With a Copy of JEMS

Jane Hill, AAS, LP

Proctored Testing: Is It Really All That Necessary?

Steve Kolar, MBA, LP, EMSC &

Cissy Matthews MBA, LP, EMSC

Improving Scores on National Registry Exam

Darren Lacroix, EMT-P

- 1) App of Critical Pedagogy to Your Classroom
- 2) Critical Thinking and EMS - Rethinking the Way We Teach

Chris Mitcham, AAS, LP

So You Want to Become An Instructor: Here's The Basics

Bob Page, NREMT-P, CCEMT-P

DRIST: Dirt Rotten Instructor Scoundrel Tricks

Mike Ryan, LP, NREMT-P

No More Excuses: Problem Students

Lance Villers, MA, LP

Do You Know Where Your Students Are: Classroom Learning and Assessment

Administrative

Brian Cudaback, LP

CQI: Education not Discipline?

Steven Dralle, EMT-P

No More Adulteration!

William Gandy JD, LP

HIPAA Update

Liz Herring, MBA, EMT-P

Mother, Jugs, & Oh No, Not Again

Carol Lawrence RN, BSN

- 1) Understanding Lab Work for Occupational Exposure
- 2) Developing An Immunization Program

Barry Sharp, MSHP, EMT, CHES

Does your mission support your vision? Getting activities, funding, & goals in alignment

Clancy Terrill, LP

Eqpt and Supplies - What's Best for You

Michael von Wupperfeld, EMT

So You Have A Safety Program?

Dudley Wait, BBA, NREMT-P &

Wes Ogilvie, MPA, JD

EMS Workplace Laws: What Not to Say, Touch, or Do at the Station

Dave Williams, MS, LP

Go Team!

Telecommunication

Beverly Bottorff-Patton, EMT, EMD &

Edward Racht, MD

Zero Response Interval - The Practice of Medicine at 9-1-1

Jasper Brown, EMT-I, EMD

- 1) Air Operations in the Emer Comm Cntr
- 2) Phone Triage for Rescue Calls
- 3) Scheduling & Staffing in the Comm Cntr

Greg Middleton, EMT-P

The Comm Center's Role in Early Activation/ Notification for Helo Resources

Edward Racht, MD

Managing Cardiac Arrest From the Comm Perspective

AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

Local Projects RFP now available

Looking for money for next fiscal year? The Texas Legislature has once again made Local Projects Grants available. Without this financial support many services would find it difficult to maintain even basic services in rural and frontier regions. EMS Local Projects Grants are available to all licensed EMS providers, registered first responder organizations, EMS education agencies, RACs, injury prevention organizations and other EMS support agencies.

Funds may be requested for purchase of EMS-related items such as vehicles, durable medical equipment, training and injury prevention projects. The Local Projects Request for Proposal (RFP) has been published in *Texas Register* and is available on our website. The anticipated contract start date is projected for December 1, 2004. TDH sent out notifications through postcards and the various e-lists. After publication, a link to the RFP will be available from the TDH EMS website: www.tdh.state.tx.us/hcqs/ems.

If you have any questions, contact Henry Eke at (512) 834-6700, ext. 2377, or email henry.eke@tdh.state.tx.us; or Ed Loomis at (512) 834-6700, ext. 2376, or e-mail ed.loomis@tdh.state.tx.us.

Suicide ranks third

Nationally, suicide ranks third as the cause of death for persons 10 to 24 years of age. Suicide rates are generally higher than the national average in the western states and lower in the eastern and midwestern states. — *Source: National Center for Health Statistics, US Centers for Disease Control and Prevention*

The use of fake IDs rises



Colorado EDs say patients who can't afford medical care are getting creative—with their names. Officials say that patients are increasingly using fake names in EDs because they can't afford to pay their medical bills. One hospital says that 11.3 percent of ED bills are returned because there is no such person or address. Two years ago, the rate was about five percent. As many as 50 percent of those visiting the ED have no private insurance, Medicaid or Medicare.

One way to get the fever

The *Journal of the American Veterinary Association* is reporting that one man in Mississippi contracted Rocky Mountain spotted fever when he killed ticks he had removed from his dog by biting them with his teeth. "This may seem unusual," the veterinarian-authors wrote, "but we have since encountered other persons who claimed to kill ticks by biting them."



Update on TexasOnline



You are now able to renew your application for certification or licensure on the web. Go to www.texasonline.com or to the links on our website. Remember that state law requires TDH to charge a fee for TexasOnline for every applicant, *whether or not the applicant uses TexasOnline*. As for initial applications, the TexasOnline contractor has told us that process has been pushed back to December 1, 2004. However, we have seen that if the subcontractor runs into challenges, the date may get pushed back again. Check our website for the latest information. State law does allow TexasOnline contractors to charge a subscription fee for new services (like initial applications) up to 90 days before the service is actually available. In other words, these folks could begin charging TexasOnline subscription fee anytime between September 1 and December 1 to everyone who is applying—even though the only way to apply at that point is by paper application. Please download your application the day you send it in to make sure that you are sending the correct fees.

Test scheduling available online

Need to schedule a ECA or EMS exam? You can now do it online! More than 1,000 people have scheduled their exams through our website since the beginning of May. Go to www.tdh.state.tx.us and click on 'Schedule an Exam.' (To schedule an advanced exam, go to nremt.org.) You will need to check your eligibility before you begin. Then grab a pencil and be ready to jot down a couple of choices of exam dates so that you'll have that information when you click on 'EMS Exam Request Form.' Make sure your email address is typed correctly or there could be a delay in scheduling your exam. Someone should get back to you with your scheduled exam date within three business days.



Free classes available for future supervisors

The Texas Engineering Extension Service will offer the first component of the EMS Leadership Academy "Basic Supervisory Skills" this summer at locations around the state. Designed as a certification-level program, the 42-hour Basic Supervision course provides EMS personnel, specifically field personnel who have a desire to become first-line supervisory staff, with the knowledge, tools and skills needed to supervise in EMS. Program content includes: roles and responsibilities of effective supervision; learning how to develop effective, cohesive teams; effectively organizing work and time; understanding the basics of communication; resolving employee grievances and complaints; understanding the process for making and justifying a budget request; and working with the public. The classes are currently scheduled for July 12-16 in Dallas/Fort Worth; July 26-30 in Austin; and August 2-6 in Harlingen/South Texas. All course materials and tuition are free of charge but students are responsible for all expenses related to travel and lodging. Registered participants will receive a confirmation letter, as well as resource information related to available lodging options, and a map to the class site. Class size is limited to 30 students. Contact Jennifer Harding at (979) 845-1152 or via email at jennifer.harding@teemail.tamu.edu.

Funding available for emergencies



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

The following organizations were awarded Extraordinary Emergency Funding in the last year:

- Dodd City Fire Department First Responders received \$3,444 for communication and EMS equipment.
- Wheeler County Ambulance Services, Shamrock, received \$4,500 for an ambulance stretcher.
- Crystal Beach Volunteer Ambulance Fire-Rescue-EMS received \$12,000 for a cardiac monitor (AED).
- The Peoples Volunteer Ambulance Service, Eden, received \$899 for repairs for two ambulances.
- Concho County Hospital received \$8,878 for a 300-gallon hot water heater.
- McLean EMS received \$60,000 for a refurbished ambulance.

If you believe you may have an extraordinary emergency, contact your EMS Zone office or Ed Loomis at (512) 834-6700 or at ed.loomis@tdh.state.tx.us.

Registry updates action plan

The Texas EMS/Trauma Registry has updated the action plan on their website at www.tdh.state.tx.us/injury.

The new action plan has been reformatted and updated, and is intended to better communicate the plans, actions and observations related to recent



issues. Please feel free to send any comments or questions you may have to address: injury.web@tdh.state.tx.us.

Correction: The May/June issue of *Texas EMS Magazine* incorrectly stated the Texas Online subscription fee for coordinators. The correct fee is \$6.

EMS certification query confusion

We are getting many calls related to a billing record showing up on the Cert Query. This record has been created by our IT department for every certificant who is within the eligibility period for recertification (one year prior through one year after certification expiration). The record does not affect your existing certification and was created to enable online renewal.

For those of you who have not called up your status since June 1, the Cert Query record is showing an additional record for those who are in the renewal eligibility period, and lists deficiencies of "APPLICATION: Recertification Application NOT Submitted" and "FEE: Application Fee NOT Submitted."

This potential billing record and the deficiencies **do not** affect your existing certification, and your current, correct status should appear in addition to this potential billing status record.

We apologize for the confusion and for not warning you in advance of this glitch. If possible, please share this message with others to help reduce our call volume.



Send in your EMS Awards nominations

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

Each category honors a person or organization that exemplifies the best EMS/Trauma System 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 following page. 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, 2004. The packets are then given to each program at the Bureau, and sent to each EMS zone office. Each program and zone ranks the nominations for each category and returns the information to the Bureau, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference.

Award Categories 2004

- EMS Educator Award honors a state-certified EMS Instructor or Course Coordinator who has advanced EMS education in Texas.
- EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization.
- EMS Administrator Award honors an administrator, researcher, or manager on the local, city, county, regional, or state level who has made a positive contribution to EMS.
- Public Information/Injury Prevention Award honors an EMS group or individual for outstanding achievement in public education or injury prevention.
- Citizen Award honors a private citizen for heroic lifesaving act or unique advocacy of EMS.
- Private/Public Provider Award honors a ground organization that took a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.
- Volunteer Provider Award honors an organization staffed by volunteers that assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.
- First Responder Award honors a first responder organization that assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.
- Air Medical Service Award honors a public or private air medical service in Texas, a leader in the field, who has demonstrated the highest standards in providing patient care to the citizens of Texas.
- Outstanding EMS Person of the Year honors an EMS certified person who has demonstrated uncommon leadership and courage in providing emergency medical service to the citizens of Texas.
- Telecommunicator of the Year honors a person or team who handles a call or system event with a professionalism and efficiency that allowed the first responders on the scene to give the patients the best patient care possible. An individual or a team is eligible for the award.

Governor's EMS/Trauma Advisory Council recap

The Governor's EMS and Trauma Advisory Council (GETAC) met on May 6 and 7 in Austin. GETAC approved the minutes from the February 13th meeting and heard reports from the chair, staff and committee/task force/work group chairs.

Chair Dr. Ed Racht announced that the Governor's office had re-appointed F.E. Shaheen (Private EMS Provider), John Simms (Rural Trauma Facility) and Joan E. Shook, MD (Pediatrician), and appointed Vance L. Riley (Fire Chief) and David Jimenez (Public Member) to the GETAC Council. Their terms expire in 2010. He also said that during the August meetings, the Council might have a special meeting to review progress on the Strategic Plan and to discuss membership of standing committees. He also would like to hear from council members about the issue of GETAC liaisons for special projects and meetings; he indicated that he is getting a number of requests for such. Finally, due to Dennis Hebner's resignation, Dr. Racht appointed Bill Waechter as co-chair for the Air Medical Task Force. Donna George remains as co-chair with Mr. Waechter.

GETAC discussed the reports and heard public comment on the reports and other general issues. The next meetings will be August 11-13, 2004 in Austin. Watch our website for the schedule.

Action Items:

Note: The vote on draft revised rule 157.11 (draft included in the GETAC handouts for this meeting) was deferred until the Medical Transportation Provider Task Force completes its work as there may be recommendations for rule revisions from that group to be considered.

A motion was made by Maxie Bishop and seconded by Kris Gillespie that would allow Dr. Racht to appoint someone either from the Council or an interested stakeholder to be a liaison for GETAC at special projects and meetings. The motion passed unanimously. (After the vote, Dr. Racht requested anyone interested in being liaison for the Traumatic Brain Injury Advisory Council to contact him or the Bureau.) *Update since meeting: Dr. Racht appointed Dr. Todd Maxson as liaison to the TBI Advisory Council.*

A motion was made by Pete Wolf and seconded by Mario Segura that GETAC recommend that the Texas Board of Health propose draft revised rule 157.12 Rotor-wing Air Ambulance Operations (draft included in the GETAC handouts for this meeting) for public comment with the revisions recommended by the EMS Committee. The motion passed unanimously.

A motion was made by Pete Wolf and seconded by Maxie Bishop that GETAC recommend

that the Texas Board of Health propose draft revised rule 157.13 Fixed-wing Air Ambulance Operations (draft included in the GETAC handouts for this meeting) for public comment with the revisions recommended by the EMS Committee. The motion passed unanimously.

A motion was made by Pete Wolf and seconded by Mario Segura that Dr. Racht develop a letter from GETAC to Mr. Albert Hawkins, Dr. Eduardo Sanchez and Governor Rick Perry similar to the document developed by the Texas Association of Regional Advisory Councils opposing the reorganization of Bureau of Emergency Management. The motion passed unanimously.

The next meeting date for GETAC is August 13th in Austin. Standing committees and task forces will meet the preceding days. GETAC may also meet for a special meeting regarding the strategic plan and standing committee membership.

Staff, committee, task force and workgroup reports:

Issues addressed by staff included reorganization of TDH and the Bureau of Emergency Management in preparation for the transition to the Texas Department of State Health Services; the CLIA

waiver, which will not be able to be held by TDH anymore; changes in regulatory processes that are continuing (centralization of provider licensing application receipt and processing; centralized test scheduling; and the June 1 implementation of TexasOnline for web-based recertification/re-licensure); implementation of the new EMS/trauma funding (HB 3588, SB 1131); status of rule revisions, including 157.11, 157.12, 157.13, and 157.14, which were reviewed by the EMS Committee; staff action plan to address identified registry issues; and extension of the planned 2003 registry database closure date to August 1, 2004, because of the current closure due to maintenance. Questions about these staff reports may be directed to BEM (512/834-6700) or the Bureau of Epidemiology (512/458-7266). *Update since meeting: the EMS/Trauma Registry came back online on May 18, 2004.*

Jorie Klein, speaking in Dr. Stewart's absence, reported that the Trauma Systems Committee continued its review of revised draft rule 157.125, Designation of Trauma Facilities, including criteria, standards and audit filters. The Committee will likely be holding a special all-day meeting this summer to try to finish its review of this rule. The Committee also endorsed the document developed by the Texas Association of Regional Advisory Councils opposing the reorganization of Bureau of Emergency Management. *Update since meeting: Trauma System Committee will meet July 27 in Austin.*

Chair Pete Wolf reported that the EMS Committee discussed the First Responder Organization (FRO) issue, specifically regarding

the extent of state regulatory authority for "recognizing" FROs. The committee asked BEM staff to draft rule language reflecting this authority for their next meeting. The committee also reviewed draft revised 157.11, 157.12, and 157.13 and, after making some minor revisions, voted to recommend to GETAC that the rules be proposed for public comment. The Committee also indicated its interest in being invited to the meetings with the National Registry of EMTs (NREMT) this summer.

Chair Maxie Bishop reported that the Education Committee discussed the EMT-I issue in regards to trying to assure that advanced life support is available in the rural and frontier areas of Texas. They decided to meet with the EMS and Medical Directors committees to further work on this issue. The Committee also indicated its interest in being invited to the meetings with the NREMT this summer.

Chair Mario Segura reported that the Injury Prevention Committee met jointly with the Data, Informatics and Research Task Force. Potential legislative issues and plans for the Texas EMS Conference 2004 Conference were discussed.

The Pediatric Committee did not have a quorum, so no official business was conducted. Additionally, the Combined Trauma Systems and Pediatric Committee meeting was cancelled.

Dr. Racht chaired the Medical Directors Committee meeting in Dr. Hagedorn's absence. He reported that the Committee discussed the Comprehensive Clinical Management Program

(CCMP) and the membership of the committee.

Chair Pete Wolf reported that the Rural Task Force continued work on the development of an elected officials' guide.

Chair Shirley Scholtz reported that the Air Medical Task Force discussed the current structure and process of the Task Force with Dr. Racht and agreed that no changes would be made for at least a year. They then met with representatives from the Federal Aviation Administration and the Centers for Medicare and Medicaid. These representatives, along with those from TDH, outlined their authority with regards to designated trauma facilities, air medical providers and hospital landing pads, and answered questions from Task Force members. Dennis Hebner resigned as co-chair and asked that Dr. Racht appoint someone in his place as quickly as possible.

Wayne Morris, co-chair of the Medical Transport Provider Task Force, reported on the March 3 meeting. The Task Force is making progress and has completed the first three of its four charges given to them by Dr. Racht. *Update since meeting: the Task Force met again on June 11 in Austin.*

In Ernie Rodriguez' absence, Ms. Perkins reported that the EMD Resource Center Pilot draft request for proposals (RFP) had been sent to the Bureau for review and that a meeting was scheduled with workgroup members the next week to discuss next steps. *Update since meeting: staff met with the workgroup and final revisions are being made to the RFP.*
—Kathy Perkins

Local & Regional EMS News

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

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

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

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

Cleburne museum hosts WTC display

The Layland Museum and the City of Cleburne are hosting the World Trade Center Recovery Operation at Fresh Kills Museum Exhibit from May 1 through July 25. The exhibit includes more than 60 photographs showcasing the process of recovering items and more than 40 artifacts from the destroyed World Trade Center towers. The exhibit chronicles the recovery process, from the mounds of debris waiting to be processed to the lines of workers who hand-sorted the debris, searching for personal possessions and human remains. Artifacts include a twisted metal door from the lower levels of the towers, a firefighter's oxygen tank and a ripped airplane seat belt. This collection is on display at the

Nolan River Mall in Cleburne. Call (817) 645-0940 for more information.

Heartstart participates in EMS Week

Heartstart, Inc., in Garland, participated in EMS Week by conducting a babysitter's educational course for Rockwall's Cullins-Lakepointe Elementary sixth grade students. The students were taught the basics of babysitting children of different ages. They were also taught actions to take in emergency situations, such as rescue breathing.

WCEMS participates in Shattered Dreams

Washington County EMS, along with several other law enforcement and emergency response

Pictured are instructors from Heartstart, Inc., and sixth grade students from Rockwall who completed the babysitter's educational course. The course included training on actions to take in emergency situations.



Local & Regional EMS News

providers, participated in a Shattered Dreams program in Brenham in April. Shattered Dreams shows students the potential consequences of drinking and driving, and the program is usually held near the date for prom or high school graduation. The Washington County event included a mock emergency response to a two-vehicle collision directly in front of Brenham High School, with two injured and one dead and a drunk driver. Then, after the students returned to class, a student was removed from class by the Grim Reaper every 15 minutes to show students the number of alcohol-related deaths that occur each day. An assembly was held at the conclusion to discuss drinking and driving.

Medic delivers baby days after being certified

In February, Travis Engel, a 19-year-old Sansom Park paramedic, delivered a baby in a local hotel. He had been a certified paramedic for just days. The new parents were visiting from South Carolina and by the time the first responders arrived at the scene, the woman's labor had progressed too far for her to make it to the hospital before the baby was born. The medics assisted with the birth and then prepared the mother and the baby for transport. When the ambulance arrived, the mother and child were transported to the hospital.



A law enforcement officer interviews the "drunk" driver, as a second law enforcement officer takes pictures of the scene. Many different groups participated in the Shattered Dreams program in Washington County, including air medical response, EMS, law enforcement agencies and fire departments.

Sky Med expands service area

In May, Sky Med of Texas expanded its service area when it placed a helicopter at the Corsicana Municipal Airport and began servicing Corsicana and the rest of Navarro County. Sky Med, under ownership of Petroleum Helicopters Inc., has four pilots, five nurses and five paramedics based at the Corsicana Municipal Airport and is available 24 hours a day, seven days a week.

SA nurse gets nursing award for injury prevention work

Susan Douglass, MSN, RN, CEN, was recently awarded a 2003 Nursing Excellence Award

in recognition of her community service efforts. Douglass teaches more than 100 child car seat and booster seat classes each year and she works with the Southwest Texas Regional Advisory Council to reach new parents in the hospitals in San Antonio and the surrounding areas. The award, given by *NurseWeek*, recognizes nurses who contribute their time and expertise to reduce the impact of injury and illness upon the community.

CareFlite receives safety award

CareFlite recently received a Platinum Program of Safety award from Helicopter Association International. The award recognizes best practices in helicopter operations and safety.

Local & Regional EMS News

CareFlite was one of three air medical company recipients among the 12 honorees. The safety award, established in 2002, acknowledges companies with outstanding safety programs and encourages others in the industry to design programs based on these standards. Criteria includes management, operations and the presence of formal aviation safety programs.

PEMSS elects new board

In February, the Panhandle Emergency Medical Services System elected new board members. The new board members are, for Region I, Jimmy Lanning, Stratford EMS, and Scot Leatherwood, Dalhart EMS; for Region

II, Paul Dutcher, Perryton EMS, and Jonilyn Hanes, Hemphill County EMS; for Region III, Kelly Daniel, Friona EMS, and Teresa Mesman, Farwell EMS; for Region IV, Grady Milton, White Deer EMS, and Jerry Sims, Happy EMS; and for Region V, Anita Aaron, Associated Ambulance Authority EMS, and LaDonna Bradley, Childress Regional Medical Center EMS.

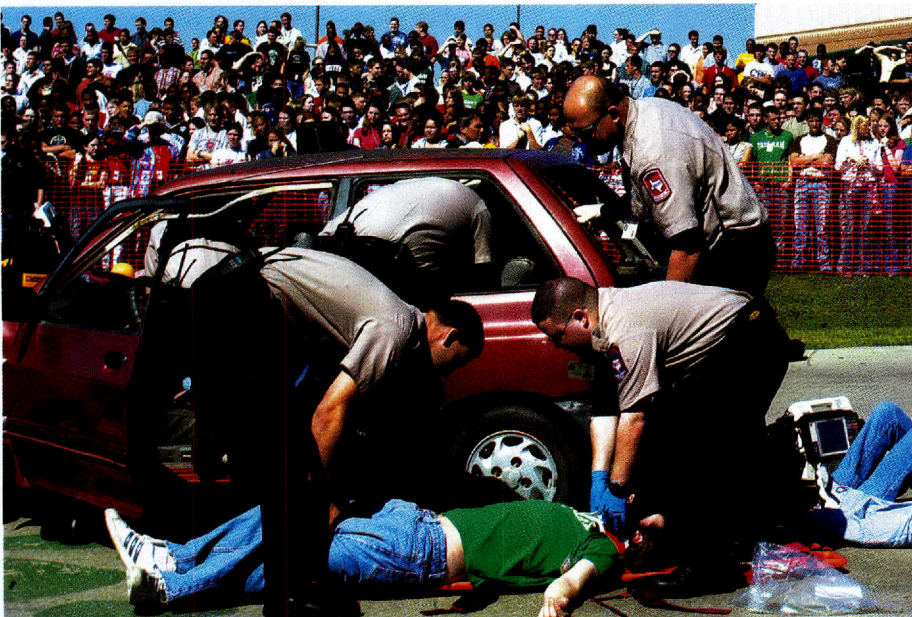
PEMSS honors local providers

In February, the Panhandle Emergency Medical Services System held its annual banquet and presented awards to local emergency responders and providers. The ECA/EMT of the Year award

was presented to Dwayne Comp, H&S EMS Spearman. The EMT-B of the Year award went to Debbie Wellman, Quitaque EMS. Robin Ash, Hemphill County EMS, received the EMT-I of the Year award. The EMT-P of the Year award was presented to Matt Adams, Amarillo Medical Services. Potter Fire Department was named the First Responder of the Year. The EMS Educator of the Year award went to Eric Lynn, PEMSS/Northwest Texas Hospital. The EMS Administrator of the Year award was presented to Anita Aaron, Associated Ambulance Authority. Wheeler County EMS, Shamrock, was named the Rural EMS Provider of the Year award, and the Public/Private Provider of the Year award was given to Amarillo Medical Services. The Helping Heart Award – EMS Provider went to D'Lynn Reed, Stratford EMS, and the Helping Heart Award – Non-EMS Provider was given to Northwest Texas Hospital Emergency Department.

Tech*Star EMS Education sponsors EMS Week luncheon

Tech*Star EMS Education held its second annual Air Medical EMS Luncheon in May in Gorman. The luncheon was held to honor the air medical providers that service Gorman and Eastland County. The air medical providers invited included Critical Air, based in Brownwood; CareFlite, based at



WCEMS personnel treat a patient during the Shattered Dreams program. The Washington County Shattered Dreams program used realistic mock emergency responses to vehicle collisions caused by drunk drivers to help teens understand the dangers of drinking and driving.

Local & Regional EMS News



*Tech*Star EMS Education held an EMS Week luncheon honoring its local air medical providers in May. Crew members from CareFlite and Critical Air were recognized for their contributions to emergency medical response. Left, the pictured CareFlite crew is, from left, Craig Hilton, pilot; Jackie Keele, RN/LP; and Neil Laws, EMT-P. Below, the pictured Critical Air crew is, from left, Kristin Allin, RN/EMT-P; Brent Welch, pilot; and Kim Leonard, RN.*



Harris-Methodist Hospital in Fort Worth; Air Med 1, based at Shannon Medical Center in San Angelo; and LifeFlite, based in Abilene. Air Med 1 and LifeFlite were unable to attend, due to schedule conflicts.

Rosehill FD honors volunteers

Rosehill Fire Department honored some of its volunteers during the annual member appreciation awards banquet. The Firefighter of the Year award was given to Lee Sulecki and Tyler Cronin received the Rookie of the Year award. Edward Brent was honored with the Administrator of the Year award, and the Emergency Medical Technician of the Year award was presented to Sylvia Gomez. The honorees are selected by a member vote. RFD serves a 40-square-mile area in far northwest Harris County.

Fish Story?

Personnel with Advanced Chile Life Support Team responded to a one-vehicle rollover collision in south Texas in May. The young driver had taken her fish out for a drive and, while attending to the fish, her car had drifted off the road. While trying to return to the road, she overcorrected the vehicle, causing the vehicle to roll. The driver, who was belted into the car, was assessed for injuries and released at the scene by EMS. However, the fish was not wearing a seat belt and was pronounced dead at the scene.



A wreck in South Texas shows the life-saving capabilities of seat belts. A DPS trooper examines a vehicle that had been involved in a one-vehicle rollover. The driver, belted in to the vehicle, was assessed and released at the scene.

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

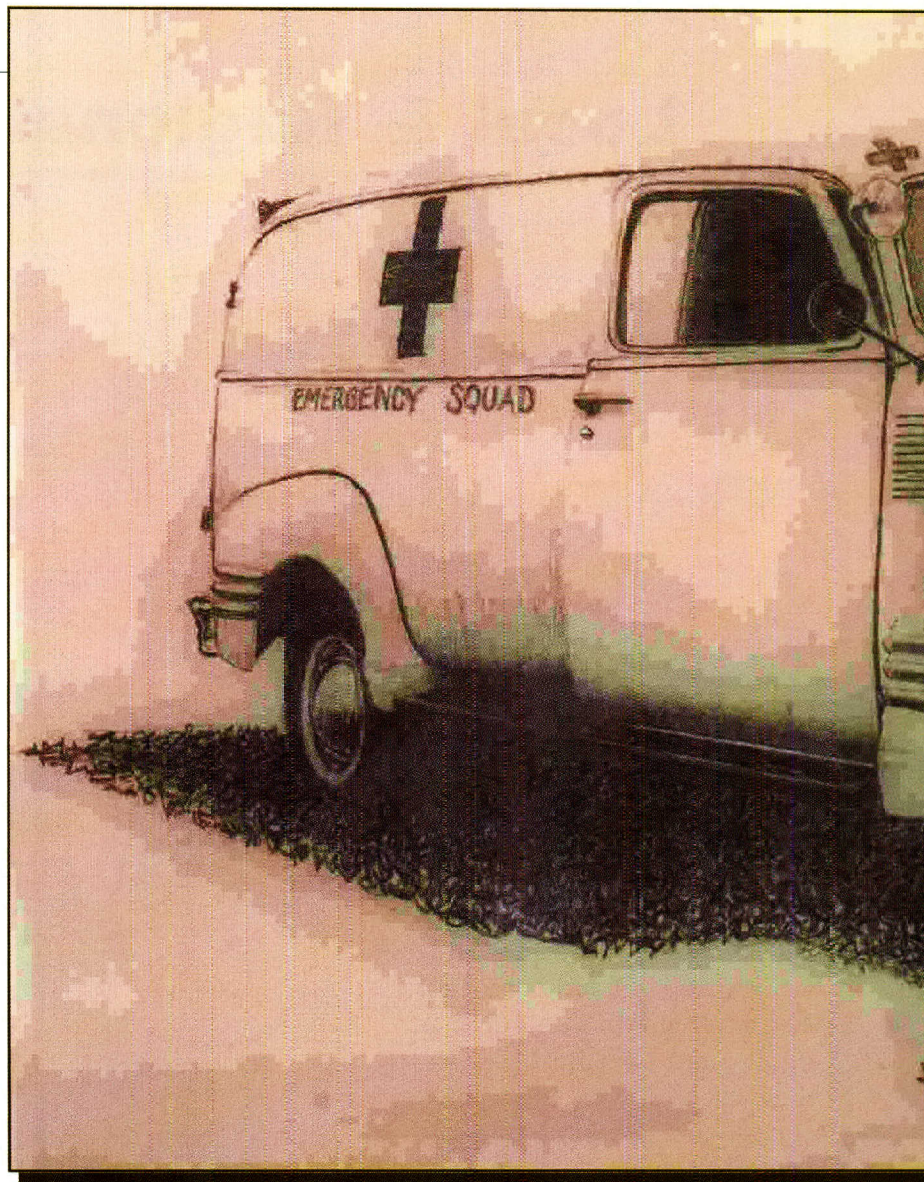
Harold Broadbent, who worked for the TDH's Bureau of Emergency Management for 38 years, tells this story: In the summer of 1960, Harold and his father came across a terrible wreck just outside Austin. The ambulance had been summoned and the attendant—yes, just one—had responded from the local funeral home in a station wagon. As the attendant surveyed the scene—one dead and two in great need of emergency medical care—he asked the bystanders to help load the victims. First up: the dead driver was placed on the floor of the station wagon. Then came the first live victim, who was placed on a stretcher in the station wagon. However, there was a dilemma when it came to the second injured passenger, whose door was blocked in by the second car. The attendant would not allow anyone to move the cars until law enforcement arrived, so he dragged the woman, who had two broken legs, across the seat and out the driver's door. With the help of the bystanders, the woman was loaded into the front seat of the station wagon.

Fast forward to 2003. Cathy McMahon, RAC-B chair, was driv-

ing down a rural highway in West Texas when a truck carrying highway signs had one break loose and crash into her car. She suffered multiple critical injuries including left femur and right tibia fractures, third degree burns, fractured ribs and a closed head injury. The good news: the Texas EMS/Trauma System worked. Coleman EMS responded quickly and immediately saw that McMahon's injuries were so serious that she needed to be

transported by helicopter to Hendrick Medical Center, a Level III Trauma Facility. McMahon credits the care she received from the medical staff there with saving her leg—and perhaps her life.

How things have changed—from a single funeral home attendant to a coordinated EMS/trauma system that provided prompt emergency medical response, recognized the critical needs of the patient, activated air medical re-



A brief history and trauma system



History of EMS Systems in Texas

response and made sure that the patient went to the appropriate medical facility for her injuries. We've come a long way in EMS and trauma in the 61 years since the first law concerning emergency medical care was passed in Texas. And through those years, especially since TDH came on the scene in the 1960s, we've seen plenty of changes. Now 12 health and human services agencies are being consolidated into five, and TDH will become part of the

Texas Department of State Health Services (DSHS). As EMS enters this new phase, we thought it might be interesting to reflect on where we've been—and how far we've come.

1943 Legislation regulating public and private ambulance operations passes the 48th Texas Legislature. Under Vernon's Texas Civil Statutes, Chapter 15, Article 4590b, applications for a permit to operate an ambulance could be

By Kelly Harrell

The Texas Department of Health's Greg Patterson drew this picture of an old ambulance. Greg passed away a few years ago.

made to "any public health officer ... where said applicant's principal place of business is located." A two-year permit was then issued by the Board of Health. TDH's Hospital Licensing issued ambulance licenses between 1943 and the mid-1960s.

1965 The Division of Disaster Health and Medical Services is established to teach disaster medical self-help courses and to administer the RADEF program, which repairs and maintains radiation devices.

1966 The National Highway Safety Act of 1966 set forth criteria for state and local governments who now had responsibility for improving the "quality of emergency care for persons injured on the highway." At TDH, that responsibility is given to the Division of Disaster Health and Medical Services.

1968 Ambulance licensing transfers to Division of Disaster Health and Medical Services. City or county health officers inspect most ambulances (usually station wagons). Funeral homes run more than 90 percent of the ambulances on the road.

1969 An ECA program, based on the U.S. Department of Transportation's EMT program, begins and TDH offers a 16-hour course at no cost to students. TDH also launches a program to get hospital signs placed on major highways.

1969 The Legislature changes the division's name to Civil Defense and Traffic Safety. At that point, there are four ambulance inspectors, three people who do ambulance consultation and three teams to promote emergency medical communications. Many times



1989 Creation of Trauma Service Areas, Regional Advisory Councils and trauma systems. There are now 188 designated trauma facilities. Pictured, top, is Houston's Memorial Hermann Hospital, Trauma Level I and, just below, Austin's Brackenridge Hospital, Trauma Level II.



the only way hospitals are aware that an ambulance is on the way is through the sheriff's dispatcher. Most ambulances simply show up at the emergency room and, quaintly enough, ring the doorbell. The Legislature also creates the Medical Advisory Board, which directs TDH to advise the Texas

Department of Public Safety on the licensing of people who have medical limitations on driving. TDH gives that responsibility to Civil Defense and Traffic Safety.

1970 TDH starts a voluntary registry for ambulances. The registry, which requires ambulances to carry more equipment than the original 1943 statute, uses an Attorney General's opinion to determine an equipment list. Ambulances who register are given a window shield decal. Drivers must have a Texas chauffeur's license, be between 18 and 65 years old, have 'sufficient' verbal and writing skills, and have had a physical exam showing to be free of disorders such as disorders such as epilepsy. Personnel also needed one of three registrations: Class C, Red Cross First Aid Training; Class B, 20-hour ECA course; or Class A, 80-hour EMT course.

1973 The Legislature renames the Civil Defense and Traffic Safety the Emergency Medical Care Division and gives TDH the responsibility of disaster medical services, including medical care and treatment, and disaster health services,

which focuses on prevention in disaster situations. The Division is charged with developing a state plan for EMS, including the use of DPS, National Guard or armed forces helicopters;



1970 Many changes have taken place since TDH started the first voluntary ambulance registry. Some of the changes include: EMS investigations and complaints; creation of EMS personnel patches; Local Projects grants; ECA training grants; certification of ECAs, EMT, EMT-I and EMT-P; licensure of paramedics; and ambulance licensure. Today there are 3,115 licensed vehicles and more than 50,000 licensed EMS personnel.

dividing the state into EMS delivery areas and designating one hospital in each area as a trauma center; identifying public and private agencies that could be utilized for EMS; planning an interagency communications system; serving as the single place for developing plans for federal EMS program participation (mainly grants). TDH establishes guidelines for training, staffing, vehicles and equipment, but compliance is voluntary and unenforceable.

1973-74 The first advanced EMT courses (paramedic) begin in Dallas. Curriculum is based on draft paramedic training documents and nursing textbooks.

1975 TDH begins regionalization, opening regional offices across the state for many programs, including EMS.

1983 Texas Legislature sponsors the



1983 The 15-member Texas Emergency Medical Services Advisory Council (TEMSAC) is established. In 1994 TEMSAC becomes the Emergency Health Care Advisory Committee.

first comprehensive EMS Act for Texas, the first update since the 1943 legislation. The new law mandates EMS regulation through certification and vehicle permitting, and creates the Bureau of Emergency Management. EMT, EMT-I and EMT-P certification levels are established. The standard of two drivers with 40 hours of training (ECAs) is established as the minimum for ambulance response. A 15-member advisory group, the Texas Emergency Medical Services Advisory Council (TEMSAC), is established.

1989 Texas Legislature passes into law Chapter 773 of the Health and Safety Code, much of which is still in effect today. The Legislature also passes the Omnibus Rural Health Care Rescue Act,



1981 The Texas EMS Hall of Honor was created. The memorial plaques hang at the Texas Department of Health central EMS offices. Left, the Lubbock EMS Honor Guard provided a tribute at the 2003 Texas EMS Conference's Awards Luncheon to those who died in the line of duty.

which directed TDH to develop a state-wide trauma system. No funding is provided for development of a trauma system. A 12-member Trauma Technical Advisory Committee (TTAC) is established.

1992 The Board of Health develops rules that divide the state into 22 Trauma Service Areas, provide for a Regional Advisory Council in each area that would develop and implement a regional trauma system plan, delineate the trauma facility designation process, and provide for development of a state trauma registry.

1993 Texas Legislature creates EMS for Children program. A Pediatric Emergency Medical Services Advisory Committee is established. No funding is provided for EMSC.

1994 Because of a 1993 law that affected all advisory committees, the pediatric committee, TEMSAC and TTAC are consolidated into the Emergency Health Care Advisory Committee.

1997 The Texas Legislature creates the licensed paramedic program. Lawmakers also add language that calls for the Medical Advisory Board to assist DPS in evaluating concealed handgun applicants regarding their judgment in proper use and storage of handguns. Two million dollars a year is earmarked for the EMS and Trauma Care System Account (aka 9-1-1 fees) to be used for EMS, RACs and hospitals.

1999 House Bill 2085 abolishes EHCAC and Chapter 773 is amended to create the Governor's EMS and Trauma Advisory Council. Lawmakers set aside \$100 million from the state's tobacco lawsuit settlement to go into an EMS/trauma systems fund. The interest from that fund goes to EMS, RACs and hospitals for EMS and trauma system development.

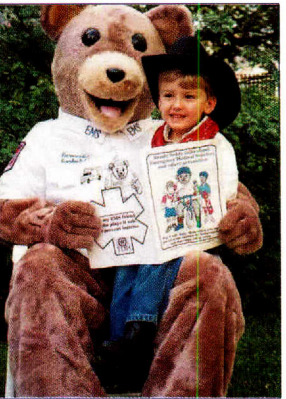
2003 The Legislature passes HB 3588 and SB 1131. SB 1131 amends the EMS

and Trauma Care System Account and adds fees to those convicted of DWI. The law also amends the distribution formula. HB 3588, also known informally as the 'bad driver' bill, imposes fines on certain driving offenses. Money goes to highway construction and to an EMS and designated trauma facility account. Fees collected from both bills must accumulate in the state treasury before they can be dispersed.

Texas Legislature also passes House Bill 2292, which mandates the consolidation of 12 health and human services agencies into five.

2004 As of September 1, 2004, TDH will be merged with parts of the Texas Commission on Alcohol and Drug Abuse, Texas Health Care Information Council and Texas Department of Mental Health and Mental Retardation to become Texas Department of State Health Services.

Our commitment will remain to help you build EMS/trauma systems statewide that focuses on quickly getting those who are critically ill or injured to the most appropriate facility.



1988 The bureau participates in several injury prevention programs for children: Ready Teddy, EMS for Children and Think Child Safety. Each year almost 200,000 Ready Teddy coloring books are distributed.



1980 The Messenger was a 4-page typed newsletter. The Messenger became Texas EMS Magazine, a full-color magazine with 52 pages.

1986 The Texas EMS Conference had less than 200 attendees. Texas EMS Conference is now one of the most popular EMS conferences in the nation with more than 2,100 attendees and more than 250 exhibit booths in 2003.

By Linda Reyes

FAQ *EMS Standards*

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

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

Internet certification verification now on web site.

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

POLICY ANNOUNCEMENT:

The Bureau has updated Policy 94-B, Course Completion Documents. You can access the policy at: www.tdh.state.tx.us/hcqs/ems/spolicy.htm

Q: I started the renewal process by the paper method and my application is "Pending" because it is incomplete. Can I pay online?

A: No. If you have already started the application process using the paper method and application status reads "Pending," you will not be able to complete renewal online.

Q: How does the TexasOnline renewal process work?

A: Login by entering your certificate/license number and SSN. The system will verify your eligibility and let you know if you can renew online. If you are eligible to renew, the system will prompt you with questions to answer regarding maintenance of your certificate/license. A change of address can also be completed at this time. There is a link to TexasOnline on our web-site.

You will be given an opportunity to review the information you entered. Proceed to the payment page. After providing payment information, the final step is to view and print the transaction receipt. The renewed certificate/license will be mailed to the mailing address you entered.

Q: If I renew online, can I use my printed payment receipt as a temporary license?

A: No. The receipt is proof of payment, NOT proof of certification/licensure. Staff will determine your eligibility for certification/licensure when all the required information has been received. You can check your status on our web site at: www.tdh.state.tx.us/hcqs/ems (click on Certification Query).

Q: What are the online payment options?

A: Payments can be made using Visa, MasterCard, Discover, American Express or ACH electronic check payment methods. You cannot use check card or debit card payments, unless you are using the credit card option for these cards.

Q: If I personally deliver my renewal application and fee to the TDH office prior to my certification expiration date, am I automatically recertified?

A: No. First of all, according to TDH policy, program personnel should not accept fee payments, and are to direct individuals to the TDH cashier at each facility site. Also, be aware that it may take from two to four weeks (depending on workload and staff resources) for all the processing to be completed. Fee handling and deposits must be completed by our Fiscal Cash Processing section before the application reaches our office, then we enter it on a first-in-first-processed basis, whether the submission was in person or by mail. If your application was deficient in any way, you won't have met timely recertification requirements, and your certificate will lapse on the date of certification expiration. It is our advice that you submit your renewal application two to three months prior to your certification expiration. Do not expect to see a change of your renewed status on the certification query web site for three to four weeks from the date you submit your application.

Q: I know renewal fees have increased. Will initial application fees be increased?

A: Yes. As a result of HB2292, all initial application fees increased beginning June 1st. Initial application fees will increase once more sometime before the TexasOnline authority enforces the SB1152 mandated subscription fee. This means if TexasOnline is available to initial applicants on December 1st, TexasOnline may begin charging you the subscription fee as early as September 1st. The subscription fee will increase all initial application fees by \$4 to \$6, whether you apply online or on paper. We will receive very little notice of this fee increase. Check our web site for the latest information about fees before mailing your application to us. Applications received with incorrect fees will be considered deficient, which will cause a delay in your certification or licensure.

By Eddie Walker, EMT-P

FAQ *EMS Education*

Q: I am a nurse with four years of experience and am currently enrolled in an EMT-B class. A requirement of my job is to be current in basic CPR and ACLS. I renewed my CPR and ACLS in February of this year. If I hold a current CPR and ACLS card, do I need/have to obtain another card through the program where I take the class? I was told that I was required by TDH to obtain the CPR card through the EMT program.

A: An EMS training program may require the card as a prerequisite to completion of the course but TDH does not. TDH requires that students be proficient in the skills at the level for which they are training. Though your CPR card is current, it may be a program requirement that students successfully complete a CPR course through the program so they are assured of your proficiency in this skill. Our suggestion is to talk to the program director if you have not done so.

Q: I was reading the Continuing Education Rule (TAC 157.38) and have a question about one part of it. Section (f) "Activities Unacceptable as Continuing Education" (8) lists "(a)ny identical CE repeated more than once during the accrual period." Does this mean I cannot repeat any of the national card courses such as CPR, ACLS, BTLS, PHTLS, PALS, etc., I am required to have as a part of my job?

A: No, it doesn't. TDH realizes that "card" courses are renewed every two to three years whereas state EMS certification renewal is every four years. Since the certification for the

courses expire during a persons EMS certification period, a person can take the course or courses and still get credit when using the CE option to recertify. What a person cannot do is take these courses over and over to satisfy hour requirements in a particular CE content area.

Q: I will be completing an EMT-I class very soon and will be taking the EMT-I National Registry (NR) examination. In the event that I do not pass this test and decide to stay at the EMT level, will the class hours for EMT-I count towards CE hours for re-certifying? How many hours are required for EMT-B recertification, and in what subjects do these hours need to be?

A: If a person decides to stay at his/her current certification level after completing a higher-level course, the hours spent in the class can count as CE toward re-certifying at that current level. The number of CE hours required at the EMT level for re-certification is 72. The content areas and hours required are listed in the box. You may also visit the bureau's web site at www.tdh.state.tx.us/hcqs/ems/scehours.htm to view the content areas for all levels of EMS.

EMT CE content areas

Preparatory	6
Airway Mgmt/Ventilation	6
Patient Assessment	4
Trauma	6
Medical	18
Special Considerations	6
Clinically Related Ops	2
Additional units in any approved category	24
Total Hours	72

TEXAS EMS CERTIFICATIONS AS OF JUNE 15, 2004

ECA	4,695
EMT	26,262
EMT-I	3,861
EMT-P	9,857
LP	5,536
TOTAL	50,211

COORDINATOR	333
INSTRUCTOR	1,835



Scenario

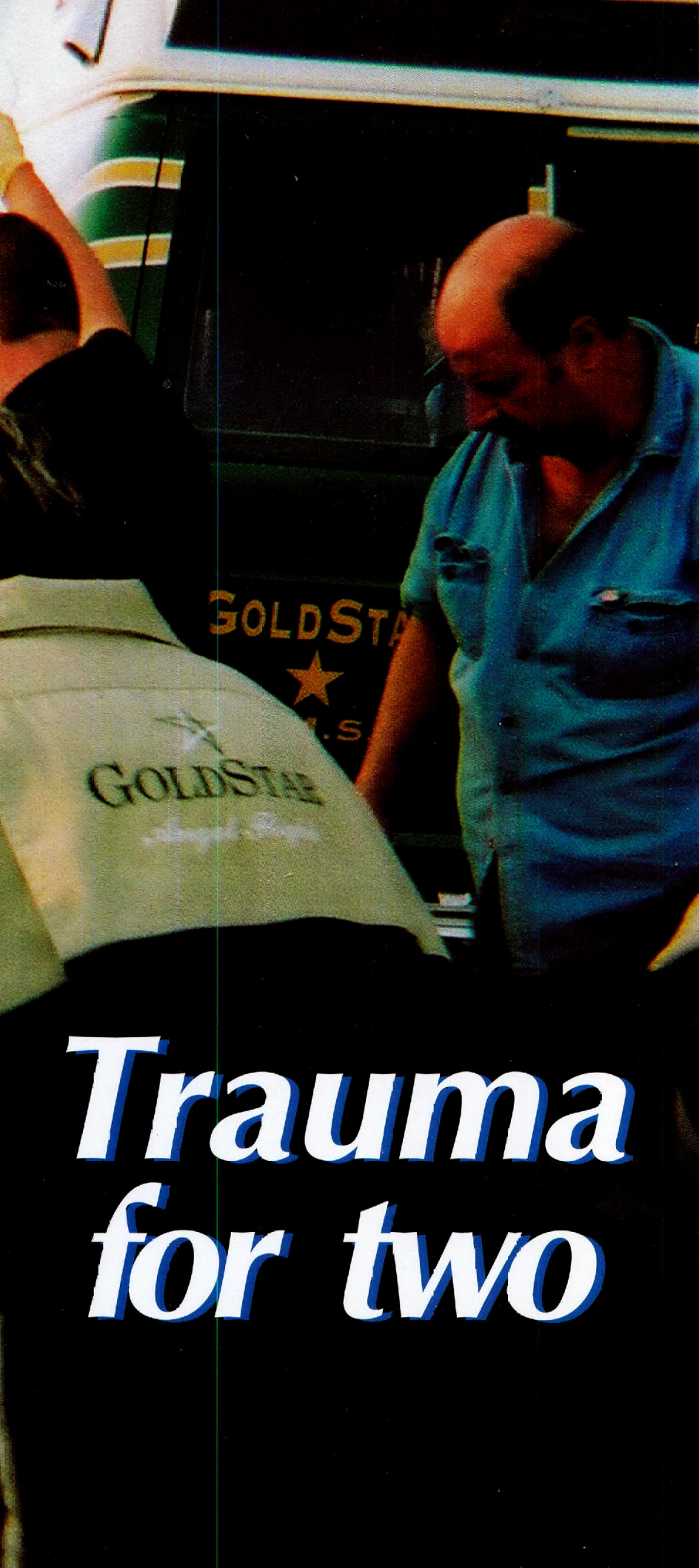
It is a Saturday afternoon and you and your partner are dispatched to the scene of a two vehicle motor vehicle collision. It has been raining slightly and the roads are slick.

Christina is 25 years old, gravida 3, parity 2 and 32 weeks pregnant. She is the driver of a small car that was T-boned on the driver's side by an SUV. She states she was "kind of" wearing her seatbelt. When you inquire further, she discloses that she was wearing the lap belt only and had the shoulder belt wrapped behind her. Bystanders state she was unresponsive for a few minutes after the crash.

By Lisa Hollett, RN, BSN, MICN, CEN

ILLUSTRATION PHOTO BY MILDRED MASON

CE PROVIDED BY EMCERT.COM



Trauma for two



Her vital signs were blood pressure, 90/60; heart rate, 120; respiratory rate, 22; pulse oximetry, 96 percent. She is complaining of a headache, left forearm and shoulder pain, left rib pain, left hip pain and neck pain. She is crying and wants to know where her daughter is. There is no car seat or booster seat in the car and the windows appear intact except for a shattered driver side window. She then states she has not felt the baby move since the crash. Due to traffic conditions, the collision occurred 20 minutes before your arrival. Extrication takes approximately 25 minutes before you are able to fully evaluate Christina.

How do you proceed? Is this a "load and go" situation? Should she be flown out? What about the baby? Why hasn't she felt him move?

Introduction

When taking care of the woman who is pregnant you actually have "trauma for two." The main point to remember is that good trauma care for the mother is good trauma care for the baby. By providing the ABCs and making sure the mother is well oxygenated, the baby will also be receiving good trauma care.

In a 1990 study published in the *Journal of Trauma* by Drost et al., it was found that the most common cause of trauma in the pregnant patient is motor vehicle collision. Other common causes of trauma were burns, as-

saults, penetrating injuries and falls. Although the study is more than a decade old, these numbers still appear to be true. Most of the women who die from their injuries die either from a severe head injury or hemorrhagic shock. As EMS professionals, is there anything that can be done to decrease these numbers? By providing effective care and working in the community to promote injury prevention strategies such as seatbelt use, it is hoped that the mortality can be decreased.

Review of pregnancy

Any woman between ages 10 and 70 could be pregnant until proven otherwise. A normal pregnancy will last 40 weeks, calculated by subtracting three months from the first day of the last menstrual period and adding seven days. This date is known as the estimated date of confinement (EDC), the estimated delivery date (EDD) or the due date. It is important to remember that some pregnant women will have a small amount of vaginal bleeding throughout their pregnancy and so they may not know the date of their last actual menstrual period. Gestational age may also be estimated if the uterus can be palpated on exam. A rough estimate is that the patient is approximately 20 weeks pregnant if the fundus of the uterus can be palpated at the umbilicus. At approximately 36 weeks, the fundus can be palpated at the costal margins.

Pregnancy is divided into three sections or trimesters. Anatomical and physiological changes in both the mother and baby occur during each of these trimesters. For the purpose of this article, we will focus on changes and assessment of the mother.

Objectives:

After reading this article, the participant should be able to:

1. List changes in vital signs associated with the three trimesters of pregnancy and how they may affect the appearance of a pregnant patient in shock.
2. Discuss causes of placental abruption and field management.
3. Define supine hypotensive syndrome and how it impacts transport of the pregnant patient.

Cardiovascular and hematological changes in pregnancy

During the first trimester of pregnancy, a woman's blood volume will increase 20-25 percent above baseline. Blood volume increases up to 50 percent above baseline by the end of the 1st trimester and continues to near term (40 weeks). This increase is necessary because of the demands placed on the mother by the growing fetus. Due to the extra blood volume, it is important to realize that a mother may lose as much as 30 percent of her maternal blood volume with little change in vital signs.

Although the patient's vital signs may appear stable with blood loss, the blood flow is severely reduced to the placenta and the fetus. This can lead to fetal distress and/or fetal death. Hypovolemia (hemorrhagic shock) in any patient releases catecholamines. This release causes vasoconstriction and the blood will shunt to the vital organs. This is why a patient in shock may have cool and clammy skin and appear pale. The skin is not considered a "vital" organ. Unfortunately, neither is the placenta. A patient in shock may also become tachycardic as the body attempts to circulate the volume as effectively as possible. This may be harder to detect in a pregnant woman because her baseline heart rate may increase by 10-15 beats per minute. Although a drop in blood pressure may be considered an indication of shock, in a woman that is in her second trimester, a systolic and diastolic pressure lower by 8-15mm Hg is common. This number does tend to return to normal towards delivery.

During pregnancy, the blood becomes easier to clot and coagulation time, or the time that is required for

the blood to clot, decreases. This makes sense if viewed from the standpoint that if a woman were not able to clot relatively quickly after delivery, many women would die from hemorrhagic shock.

Respiratory changes in pregnancy

During pregnancy, a woman's tidal volume will increase by about 40 percent. Her respiratory rate may stay the same or increase slightly. This increased respiratory rate leads to a state of compensated respiratory alkalosis that can be detected on arterial blood gasses by a decrease in CO₂. Pulse oximetry reading should, however, stay the same. As the uterus moves out of the pelvis and into the abdominal cavity, the diaphragm may elevate from between 1-4 centimeters. Christina, the pregnant trauma patient in the example, has a respiratory rate of 22. This is considered tachypneic but may be caused from a variety of factors including the normal changes of pregnancy coupled with pain or anxiety from the collision; therefore, it is important to always remember to treat the patient and not the numbers.

Gastrointestinal changes in pregnancy

Some women experience what is referred to as "morning sickness" during pregnancy. This may be due to fluctuations in hormones associated with the first trimester. Usually, morning sickness disappears at the end of the first trimester but this is not always the case. A condition referred to as hyperemesis gravidarum

Terms to remember

Cervix: The part of the uterus that extends into the vagina.

Dilation (dilatation): Opening of the cervix to allow for the delivery.

Effacement: Shortening and thinning of the cervical walls in preparation for delivery.

Hyperemesis gravidarum: A condition which includes such symptoms as long-term vomiting with associated weight loss and fluid and electrolyte abnormalities.

Relaxin: A hormone produced during pregnancy to assist in the loosening of joints to facilitate delivery of the baby through the pelvis.

Rotation: (in pelvic fractures) A displacement or movement of the bones in the pelvic ring from anatomical position. Rotation is more likely to cause hemorrhage in a pelvic fracture.

Due to the extra blood volume, it is important to realize that a mother may lose as much as 30 percent of her maternal blood volume with little change in vital signs.

includes such symptoms as long-term vomiting with associated weight loss and fluid and electrolyte abnormalities. Morning sickness also may occur at any time of the day and may be variable, especially among women who work 12–24 hour shifts.

Due to increased levels of the hormone progesterone, the gastric sphincter that closes off the top of the stomach from the esophagus does not work as effectively. This may be one reason pregnant women may have increased problems with gastro esophageal reflux disease (GERD). Motility,

or the speed with which food moves through the digestive system, is slowed. These two factors put a pregnant trauma patient at a higher risk for aspiration. As the size of the uterus increases towards the end of the pregnancy, there is also a delay in gastric

emptying as the uterus pushes down and compresses the stomach. Because pregnant women are at increased risk of vomiting and aspiration due to decrease gastric motility, carefully protect and maintain the airway and always have suction available.

On physical exam, a pregnant patient may have less abdominal guarding and rebound tenderness. As with any patient, auscultating bowel sounds may be difficult, especially in the back of a moving rescue unit.

Musculoskeletal changes in pregnancy

Both progesterone and relaxin cause the pelvic ligaments to soften. If the pelvic ligaments did not soften and cause the pelvis to widen, very

few vaginal deliveries would occur. Unfortunately, these substances are not specific to the pelvis. All joints tend to become loose. This may lead to hyperextension injuries of the shoulders or knees in particular. The normal curve of the spine changes and the pregnant woman assumes a more lordotic posture. Her center of gravity is shifted and this may make her more prone to falls. If a woman in her third trimester falls on her back it may be very difficult to get up. Because the center of gravity has changed, her normal way to get up has to be altered. And a pregnant woman who falls on her abdomen may put the baby at risk due to direct trauma. Fortunately, the uterus and amniotic fluid help cushion the baby.

Trauma in pregnancy

Pelvic fractures

Since the leading cause of death in the 1-44 age range is trauma, the same type of injuries that affect the general population may also affect the pregnant population. Pelvic fractures may be life-threatening in all trauma patients due to potential massive blood loss. There is up to a 25 percent mortality rate to the fetus in pregnant patients with a pelvic fracture. Pelvic fractures are classified as either stable or unstable. Stable pelvic fractures may be isolated to one side without rotation. Unstable fractures involve the pelvic ring and there is always rotation.

Recall that the blood will be shunted away from the placenta to restore the mother's circulating volume. This shunting will cause the fetus to become hypoxic and may result in fetal death. If the blunt trauma is severe enough to fracture the pelvis, it may

Pelvic fractures may be life-threatening in all trauma patients due to potential massive blood loss. There is up to a 25 percent mortality rate to the fetus in pregnant patients with a pelvic fracture.

also be severe enough to cause placental separation. Fetal skull fractures may also occur with intracranial bleeding which may cause the death of the fetus. Accurate assessment and careful immobilization of the pregnant patient is important for survival of both mother and baby. The use of pneumatic anti-shock garment (PASG) is controversial, as the inflation of the abdominal compartment, which helps stabilize the pelvis, is contraindicated after the first trimester.

Penetrating wounds

Penetrating wounds, such as gunshot wounds or stab wounds to the abdomen that occur early in the pregnancy may not directly involve the uterus or the fetus but may indirectly cause problems with hemorrhage and shock. Later in the pregnancy as the uterus has moved out of the pelvis and becomes an abdominal organ, these penetrating wounds may directly injure the fetus. Fetal mortality from low velocity gunshot wounds may be as high as 80 percent if the fetus is preterm. The mortality rate is approximately 40 percent if the fetus is closer to delivery. The mortality rate from an isolated low velocity gunshot wound to the mother is no higher than in the nonpregnant woman as the uterus, amniotic fluid and the fetus absorb much of the kinetic energy.

Stab wounds may have a lower fetal mortality rate. This is dependent on which trimester the mother is in, location of the wound and length of the weapon. The wound will be fully evaluated when the patient arrives at the hospital to rule out injury to the fetus as well as intraabdominal injuries to the mother.

The field treatment for penetrating

wounds is essentially the same no matter what type of weapon is used to inflict the injury. Provider safety is always the first priority. It is crucial to know that the scene is secure before making patient contact. The initial survey is performed as with a non-pregnant trauma patient. Once the ABCs are evaluated and life-threatening injuries addressed, the focused survey may begin. High-flow oxygen is important for both mother and baby to prevent fetal hypoxia. Two large bore IVs should be established. Local protocol and vital signs will determine the rate; however, aggressive fluid resuscitation may be needed in the third trimester patient. Remember that a pregnant woman may lose 30-35 percent of her circulating blood volume before she will show hypotension. Unless spinal injury is suspected, the patient should be transported in the left side lying position. If spinal injury is suspected and the patient is immobilized on a long backboard, the backboard should be tilted approximately 15 degrees to the left to prevent supine hypotensive syndrome. Supine hypotensive syndrome occurs in about 10 percent of pregnant women who are transported supine due to the compression of the vena cava by the uterus.

Uterine rupture

Uterine rupture may occur with blunt force trauma and massive decompression. Fortunately, this is a rare occurrence. Bladder rupture may also be seen in association with uterine rupture. This is usually seen in patients with a previous history of

Fetal mortality from low velocity gunshot wounds may be as high as 80 percent if the fetus is preterm. The mortality rate is approximately 40 percent if the fetus is closer to delivery.

Cesarean section and occurs at the site of the previous C-section. On palpation of the abdomen, the uterus will not feel uniform in shape and fetal parts may be palpated. The mother may likely exhibit vaginal bleeding. The EMS provider must anticipate and be prepared to treat for shock. Fetal death is a frequent outcome and the mother may require a hysterectomy to control bleeding.

Abruptio placentae or placental abruption

When the placenta separates from the lining of the uterine wall, the flow of blood and nutrients to the fetus is disrupted or destroyed. This can be caused when shearing forces tear the placenta from the uterine wall. The leading cause of fetal death with maternal survival is placental abruption. Less than 25 percent disruption of the placenta from the uterine wall is usually compatible with fetal survival. There is usually fetal death if there is more than 50 percent separation. The mother may also be at great risk from hypovolemic shock due to blood

loss. In minor trauma, abruption occurs between 1-5 percent of all patients. In major trauma, this number rises to 20-50 percent. An interesting point to note is that there may be a 24-48 hour delay after the traumatic incident for the

abruption to occur. Patients at higher risk for placental abruption include those with a history of hypertension, cocaine use, preeclampsia, smoking, diabetes and multiple births, and maternal age over 35.

A good complete assessment combined with a high level of suspicion is

important when considering placental abruption. The old adage of "abruption causes painful bleeding and placenta previa causes painless bleeding" is not always the case. There may even be no apparent external vaginal bleeding if the separation occurs high on the uterine wall. The separated part of the uterus may essentially hold in the bleeding so it is not visible. The patient may complain of cramping or severe abdominal pain and there will be increasing fundal height on palpation of the abdomen.

Field treatment of this patient includes good trauma care for the mother. Consideration should be made for spinal immobilization based upon the mechanism of injury. The patient should be transported on her left side, or tilted to her left side if on a backboard, to prevent supine hypotensive syndrome. High flow oxygen by non-rebreather mask should be administered if the patient is conscious to help prevent hypoxia in both the mother and the fetus. Two large bore IVs should be established in preparation for fluid resuscitation. Early communication and transportation to the appropriate facility is important for survival of both the mother and the fetus. It is best to take the mother to the local trauma center. If the fetus is viable (26 weeks gestational age), a cesarean section may be done on admission. If the fetus is younger than 26 weeks gestation, or the abruption is small as determined on ultrasound at the receiving facility, the mother will likely be admitted for close observation and possible delivery.

Preterm labor

Contractions after abdominal trauma are common. Labor, by definition,

Uterine rupture may occur with blunt force trauma and massive decompression. Bladder rupture may also be seen in association with uterine rupture.

is when the contractions cause cervical dilation and effacement. Preterm labor is labor that occurs before 37 weeks. Fetal viability is dependent on gestational age among many other considerations. In general, pregnant women who have been injured should be evaluated either by their physicians or at the hospital for the onset of labor. At some facilities the pregnant patient is "cleared" from the trauma standpoint and admitted to the hospital for observation and fetal monitoring to detect preterm labor. This admission may last several hours to several days or longer, depending upon any dilation and effacement of the cervix, vaginal bleeding or premature rupture of the membranes. Premature rupture of the membranes or "bag of waters" can lead to infection, amnionitis or fetal loss.

"Crash" cesarean section

If there has been less than 5 minutes from the death of the mother, studies have shown that the fetus stands a 70 percent survival rate without neurological problems. Obviously this depends on fetal maturity. If more than 15 minutes have passed since the mother's death, there is a 2-3 percent survival rate and 67-100 percent of the fetal survivors had severe neurological problems.

Field treatment of pregnant trauma patients

Many of the aspects of dealing with a pregnant patient are the same as with any other trauma patient. Scene safety is a priority. Always treat the ABCs first and be prepared for two patients. High-flow oxygen and intubation might be needed (RSI medications are NOT contraindicated if needed) and two large bore IVs should

be started. Complete health history of the mother and her pregnancy is crucial for future treatment, and the fetal heart tones should be assessed, remembering that they are hard to assess in the field. Rapidly transport the mother to the appropriate trauma facility with advance notification of your arrival, with her placed in a left side lying position if possible. And reassure the mother as best as you can.

Summary

Back to our case study: What about Christina?

Christina needs to be transported to the nearest, appropriate trauma facility in complete spinal immobilization with the board tipped slightly to the left. She needs two large bore IVs. She needs high-flow O2. The vital signs may or may not be "normal" in the situation, taking into account her pregnancy as well as the anxiety associated with the crash. This mother does not necessarily need to be flown out. She does need a complete evaluation at a medical facility. Why hasn't she felt the baby move? It is unclear at this point of the assessment if there is a problem with the baby. The bottom line of trauma care in the pregnant patient is good trauma care for mother is good trauma care for baby.

Many of the aspects of dealing with a pregnant patient are the same as with any other trauma patient. Scene safety is a priority. Always treat the ABCs first and be prepared for two patients.

Ms. Hollett has been involved in nursing and EMS since 1981 and has worked both in the field, as a medic and flight nurse, and in-house as a nurse in Emergency Service and Critical Care. She has been teaching since 1983.

CE questions—Trauma

1. The most common cause of injury to a pregnant woman is:

- A. Gun shot wound
- B. Motor vehicle collision
- C. Falls
- D. Sexual assault

Questions 2-5 refer to the following scenario

Annie is the 15-year-old, restrained passenger of a car that was T-boned on her side at 20 mph. She is complaining of neck, shoulder and abdominal pain. She did not lose consciousness. Vital signs: BP 148/80; HR 126; RR 22; pulse oximetry 100 percent. Her last menstrual period (LMP) was July 17th and it is now November. When you ask her if she could be pregnant she just rolls her eyes. She will not answer if she is sexually active but her mother, the driver of the car, becomes very irate that you ever asked the question.

2. You should assume that Annie is pregnant because:

- A. Kids always lie in front of their parents.
- B. Her heart rate is elevated.
- C. She has abdominal pain.
- D. Her LMP was 4 months ago.

3. Your primary concern for this patient is her:

- A. Airway
- B. Breathing
- C. Circulation
- D. Pain

4. How would you transport this patient?

- A. Sitting up on the bench seat
- B. In full cervical spine immobilization
- C. Riding up front with the driver
- D. By private car

5. If the first day of your patient's LMP was January 10th, what is her EDD?

- A. September 18th
- B. October 3rd
- C. October 17th
- D. November 1st

6. Which organ is considered a vital organ?

- A. Placenta
- B. Brain
- C. Skin
- D. Spleen

Questions 7-11 refer to the following scenario

Olivia is 32 years old and 38 weeks pregnant. She was shot in the torso, by her husband, during a domestic dispute. VS: BP 80/40; HR 130; RR 34; pulse oximetry 84 percent. Her GCS is 9 (Eyes-1, Verbal-4, Motor-4). You are two minutes from Bring-Em-All General Hospital, an undesignated trauma facility and six minutes from Save-U-We-Will Medical Center, a Level II designated trauma center.

7. How much of her circulating blood volume has she probably lost, using her blood pressure as a gauge?

- A. 5-8 percent
- B. 10-15 percent
- C. 20-25 percent
- D. 30-35 percent

8. How should this patient be transported?

- A. Supine on a backboard
- B. Feet up on two pillows, no backboard
- C. C-spine precautions, backboard tipped to left
- D. High fowlers position with a cervical collar

9. If it is part of your protocols, and you are appropriately trained, should Olivia be intubated?

- A. No, nasal cannula is sufficient.
- B. Yes, she needs 100 percent O₂ and her airway protected.
- C. No, her GCS is 9 and you never intubate unless it is less than 8.
- D. Yes, but only without any drugs as they would harm the baby.

10. Olivia should be transported to:

- A. Save-U-We-Will Medical Center.
- B. Bring-Em-All General Hospital.
- C. The nearest ER.
- D. The county hospital since she is a crime victim.

11. You are one minute out from the receiving facility and Olivia arrests. What should be done for Olivia now?

- A. CPR
- B. Crash C-section in the rig
- C. Needle decompression
- D. Nothing - she's dead.

12. You arrive on scene and find an obviously pregnant woman trapped in her vehicle. It takes 45 minutes to extricate her from the car. You have a 10-minute transport time. The woman has agonal respirations and is asystolic on the cardiac monitor. What is a likely survival rate for the infant if delivered immediately on arrival to the Trauma Center?

- A. 90-100 percent
- B. 50-60 percent
- C. 10-20 percent
- D. 2-3 percent

13. According to the article, which of the following injuries may occur to the fetus if the mother sustains a fractured pelvis?

- A. Liver laceration
- B. Pulmonary contusion
- C. Skull fracture
- D. Pelvic fracture

14. Trina has been involved in a severe head-on MVC. She is 35 weeks pregnant. On palpation, her abdomen does not feel rounded but is an unusual shape and contour. This may be an indication of:

- A. Placenta previa
- B. Preterm labor
- C. Effacement
- D. Uterine rupture

15. The condition listed above may lead to:

- A. Fetal death
- B. Twins
- C. Breech delivery
- D. Aspiration

16. How and when should a pregnant woman wear a seatbelt?

- A. Never. They are too dangerous.
- B. Always but with only the lap belt over her abdomen.
- C. Always, but only if there is an airbag in the vehicle.
- D. Always. Shoulder belt and lap belt worn low over abdomen.

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

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
areacode

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
areacode

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

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

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

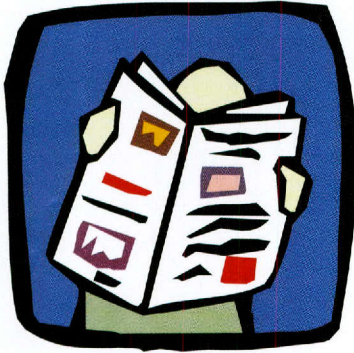
You will receive your certificate for 1.5 hours of CE about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

Answer Form

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

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

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



Did you read?

Researchers examined the death records of approximately 50,000 people who lived in two Massachusetts communities between 1850 and 1912, hoping to identify which of the era's advances in medical care and public health should be credited with doubling the average American's lifespan during that time. Medicine and treatments of the ill were undergoing dramatic changes during this time period, moving from removing "excess humours" from the body by bleeding and inducing vomiting to believing in the germ theory and using sanitation to control disease transmission. Since the causes of death are generally narratives or stories about symptoms, researchers are looking at the symptoms and giving current names to the individuals' causes of death. Wealth was found to make the biggest difference in the health of children; however, their parents were more frequently struck down with heart disease and complications due to drug use. Massachusetts was chosen because it was the only state to systematically record death records at that time. From *The New York Times*, "Century-Old Death Records Provide a Glimpse Into Medicine's History," by Natalie Angier, May 28, 2004.

Bad hair days might possibly be blamed on your genes. Scientists studying mice have found that the gene *Frizzled 6* controls hair patterns in mice, and mice without the gene had whorls of hair on their bodies. Humans have a virtually identical gene, so scientists believe that the absence of this gene in humans results in permanent differences in hair, such as cowlicks. From *Houston Chronicle*,

"Too many bad hair days? It may be in your genes," May 25, 2004.

Individuals with Crohn's disease and ulcerative colitis may soon find relief from abdominal pain by being treated with intestinal worms. As part of a study, researchers had individuals ingest pig whipworms in a glass of sports drink. The incidence of Crohn's disease and colitis in the U.S. is one out of 250 people; it used to be one out of 5,000 people. Researchers are studying the worms to see if they produce chemicals that suppress some immune-systems responses and alleviate the pain and symptoms of the bowel diseases. The pig whipworm can grow to half an inch long, is about the size of a human hair, only live a short time and is not transmissible to other humans. Researchers are hoping that drugs may be created that produce the same chemicals as the worms and could be more easily used to treat and possibly prevent irritable bowel diseases. From *San Antonio News Express*, "Study Says Worms May Help Bowel Disorders," by Mike Wilson, May 21, 2004.

Individuals with Crohn's disease and ulcerative colitis may soon find relief from abdominal pain by being treated with intestinal worms.

Doctors recently suggested that giving bone-boosting drugs to women who had milder bone loss and were at high risk of developing osteoporosis—but did not have full-blown osteoporosis—could help prevent more

bone fractures. Current guidelines instruct doctors to give bone-boosting drugs only to people with fulminant osteoporosis. However, researchers found that 82 percent of women who had been diagnosed with thinning bones, but not osteoporosis, suffered fractures. Approximately ten million Americans have osteoporosis, and 34 million have low bone density and are at risk of developing osteoporosis. The disease mainly affects women. From *USA TODAY*, "Study: Earlier bone-booster use may limit osteoporosis," May 24, 2004.

At least 12 million people suffer from restless legs syndrome, but many are not diagnosed or treated by their primary care physicians. A recent study surveyed 23,052 people and 182 primary care doctors over a two-week period and found that one in ten people reported having restless legs syndrome symptoms at least once a week. Sixty-five percent of the patients who reported having symptoms twice a week had consulted a doctor about the symptoms, but only 13 percent had been diagnosed with the syndrome. Medications do exist to ease the symptoms. Symptoms of the syndrome are painful throbbing, burning and tingling in the legs. These symptoms usually strike at night, affecting the individual's ability to sleep, and can be alleviated by movement. Sixty percent of the sufferers reported that they woke up an average of three times each night and took more than 30 minutes to fall asleep again. The lack of sleep leads to insomnia, chronic daytime fatigue, concentration issues and depression. From *The New York Times*, "Restless Legs: Uncomfortable and Overlooked," by Anahad O'Conner, May 25, 2004.

Most people use caffeine's restorative effects incorrectly, according to a recent study. The study found that small, frequent doses of caffeine were best for people who needed to stay awake over a long period of time. Ingesting a large jolt of caffeine in the morning means that the caffeine is wearing off just as the body's need for sleep begins to pick up later in the day. The study followed people in private suites who didn't know the time for 29 days and found that those given a caffeine pill every hour with caffeine amount equal to two ounces of coffee did better on tests than those who got a placebo pill. From *Houston Chronicle*, "Study serves a wake-up call over caffeine habits," May 12, 2004.

Twelve million people suffer from restless legs syndrome which includes symptoms such as painful throbbing, burning and tingling in the legs. The symptoms usually strike at night, affecting the individual's ability to sleep.

Long hours of summer sun can increase your risk of developing age-related maculopathy, but shade hats and sunglasses can prevent some of the damage. The Beaver Dam Eye Study found that individuals who reported that sun exposure of more than five hours a day in their teens, 30s and at the beginning of the study were twice as likely to develop early signs of eye disease within ten years than those who reported sun exposure of less than two hours a day. However, those

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Did you read?

with the highest exposure to sun were found to halve their risk if they wore hats with shade brims and sunglasses for at least half the time. The study also found that individuals who had had ten or more bad sunburns in their youth were twice as likely as those who were not burned to develop early signs of eye disease within ten years. Researchers theorize that some individuals are genetically predisposed to develop maculopathy and environmental exposure to sunlight worsens the disease. Age-related maculopathy is the leading cause of vision loss in the U.S. and is caused when abnormal blood vessels and opaque deposits form on the retina of the eye, keeping light from the optic nerve. From *The New York Times*, "Summer Sun Can Put Older Eyes at Risk, Study Says," by Denise Grady, May 12, 2004.

According to researchers, the black population is almost three times more likely to have increased heart wall thickening and twice as likely to have ventricular hypertrophy.

Data from the Framingham (Massachusetts) Heart Study has shown that children of people who have early heart disease are twice as likely to develop serious heart or circulatory disease by middle age, regardless of other heart disease risk factors. Other risk factors that strongly influence the development of heart and circulatory diseases are blood cholesterol, blood pressure, diabetes and smoking. Researchers found that people who had few risks factors had fewer episodes of heart disease and strokes, while people who had both a family history and multiple risk factors had

3,000 percent more risk of developing heart disease and stroke. For those who have a family history but few risk factors, the risk of developing heart disease was twice as high as those who had few risk factors. The Framingham Heart Study followed parents for 50 years and their children for 30 years, giving researchers solid health histories for each participant. A follow-up study followed the children for an additional 30 years. Researchers theorized that this data strengthened the idea the genes contribute more to a person's heart disease risk and urged doctors to take family history into account when addressing how aggressively a patient's heart disease risks should be treated. From *USA TODAY*, "Parents' history major factor in heart disease," by Steve Sternberg, May 12, 2004.

Ventricular hypertrophy, or enlarged heart, impacts the black population significantly more often than any other racial group. Researchers measured blood pressure, left ventricular mass index and wall thickness and found that blacks with high blood pressure had a higher average for these measurements than other racial groups, even after adjusting for age, gender, blood pressure treatment and artery stiffness. When researchers adjusted for socioeconomic level, education, smoking and cholesterol, they found that blacks were almost three times more likely to have increased heart wall thickening and twice as likely to have ventricular hypertrophy. They theorized that the greater damage to the heart caused by high blood pressure might explain why blacks are more likely to die from cardiovascular disease. Researchers are hoping that more drugs can be developed to treat left ventricular hypertrophy. From *Houston Chronicle*, "Enlarged hearts might increase risks for blacks," by Renee C. Lee, May 4, 2004.

Disciplinary Actions

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

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

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

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

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

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

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

Addington, Dorothy, Arlington, TX. 34 mo. probated suspension of EMS certification through September 19, 2005 for a misdemeanor conviction, felony conviction and a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

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

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

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

Atascocita V.F.D., Atascocita, TX. \$5,000 administrative penalty, 36 mo. sus-

pension against the EMS provider license all of which is probated through October, 2006. EMS Rules 157.16(d)(1), (8), (10), (12), (14), (16), (19); 157.11(d)(1); 157.11(i)(1), (3); 157.11(e)(1); 157.11(l)(1), (13).

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

Bailey, Elizabeth, Dublin, TX. Probated suspension of EMT-P certification through May 2005. EMS Rules 157.36(b)(1); (2); (7); (13); (26); (28); and (29).

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

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

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

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

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

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

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

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

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

Bounty EMS, The Woodlands, TX. \$9,000 administrative penalty against EMS

provider, of which \$7,000 is probated for 6 mo. period through September 2004. EMS Rules 157.16(d)(1), (14), (19); 157.11(e)(16); 157.11(l)(1) and (13).

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

Brakefield, Leah, Palestine, TX. 36 mo. probated suspension of EMS certification through May 5, 2006 for serving a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

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

Brown, Texanne, Hamilton, TX. 12 mo. probated suspension of EMT-I certification through March 6, 2005. EMS Rules 157.36(b)(1), (2), (3), (4), (7), (9), (13), (21), (26) and (28).

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

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

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

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

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

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

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

Caldwell, Kenneth, San Antonio, TX. 48 mo. probated suspension of EMT certifi-

cation through August 7, 2006, a felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

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

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

Cantu, Melissa, Houston, TX. 12 mo. probated suspension of the EMT-I certification thru November 2004. EMS Rules 157.36(b)(1), (2), (6), (7), (26), (28) and (29).

Carter, Caleb, Tyler, TX. 12 mo. probated suspension of EMS certification through October 10, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

City of South Houston EMS, Houston, TX. 24 mo. probated suspension of the EMS provider's license through September 2004. EMS Rules 157.16(d)(1), (4), (6), (14) and (19); 157.11(e)(3); and 157.11(l)(13).

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

Coffman, David, Normangee, TX. 3 mo. suspension and 45 mo. probated suspension of EMT certification through June 30, 2005, a felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

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

Covarrubias, Abel, Abilene, TX. 24 mo. probated suspension of the EMT-P certification thru November 2004. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Cowen, Christopher, Canyon Lake, TX. 24 mo. probated suspension of EMT certification through October 23, 2004, convictions, misdemeanors and deferred adjudications. EMS Rules 157.37, 157.36(b) and/or (c).

Cox, Steven, Aledo, TX. 12 mo. probated suspension of EMS certification through October 10, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Crawford, Dennis, Plainview, TX. 12 mo. probated suspension of EMT certification through December 6, 2004, misdemeanor deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).

Creech, John, Lake Jackson, TX. 18 mo. probated suspension of the EMSC certifica-

tion through May 2005. EMS Rules 157.43(m)(1); 157.43(m)(3)(B); 157.43(m)(3)(B); 157.43(m)(3)(E); 157.43(m)(3)(F).

Crowe, Gary, Dale, TX. 48 mo. probated suspension of EMT certification through November 5, 2005. EMS Rules 157.37(c)(2)(3)(G).

Danbury VFD/EMS, Danbury, TX. 24 mo. probated suspension of the EMS provider's license through September 2004. EMS Rules 157.16(d)(1), (4) and (14).

Dandois, Pace, Waco, TX. 36 mo. probated suspension of EMS certification through June 9, 2006 for serving a misdemeanor deferred adjudication probation, 4 misdemeanor convictions, 2 felony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

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

Dean, Derrick, Mesquite, TX. Decertification of EMT-P certification effective February 5, 2004 for a felony conviction. Chapter 53.021(b) of the Texas Occupations Code, and/or EMS Rules 157.37, 157.36(b), and/or (c).

Decesare, Edward, Schertz, TX. Decertification of the EMT-I certification effective February 5, 2004. EMS Rules 157.36(b)(1), (2), (6), (8), (9), (26), (28) and (29).

DeLeon Jr., Carlos Hector, LaJoya, TX. Decertification of the ECA certification, effective March 22, 2004. EMS Rules 157.36(b)(1); (2); (15); (21); and (28).

Dickey, Shane, Azle, TX. 48 mo. probated suspension of EMT-P certification through October 23, 2006, a felony or deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Dowell, Alina, Temple, TX. 36 mo. probated suspension of EMT certification through November 22, 2005, a felony deferred adjudication and misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Dozier, Jerry, Andrews, TX. 48 mo. probated suspension of EMT-P certification through April 1, 2007. 2 felony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

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

Elizalde, Edovigen, El Paso, TX. 24 mo. probated suspension of EMS certification through October 2, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Elliott, Charles, Stephenville, TX. 12

mo. suspension of EMT certification thru August 2004. EMS Rules 157.36(b)(1), (2), (13), (26), (28).

Erwin, James, Fort Worth, TX. 12 mo. probated suspension of EMS certification through March 1, 2005, for 2 misdemeanor convictions. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Escamilla, Daniel, Corpus Christi, TX. 48 mo. probated suspension of EMS certification through September 16, 2007 for 2 misdemeanor convictions and a misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Etheredge, John, Fort Worth, TX. 24 mo. probated suspension of EMS certification through November 20, 2005 for 2 misdemeanor convictions and a misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Express Care Ambulance, Houston, TX, \$7,000 administrative penalty effective July 2003. EMS Rules 157.16(d)(1), (17), (19); 157.11(i)(1)(K), (M); 157.11(i)(3)(B), (C); 157.11(i)(4)(A); and 157.11(l)(13).

Fairchild, Brian, Sulphur Springs, TX. 24 mo. probated suspension of EMT certification through July 1, 2004, misdemeanor convictions and a felony-deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).

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

Feemster, Bobby Daniel, Dublin, TX. 24 mo. probated suspension of the ECA certification through March 2006. EMS Rules 157.36(b)(1); (2); (3); (4); (7); (13); (21); (26); and (28).

Ferguson, Daniel, Gilmer, TX. 36 mo. probated suspension of the EMT-P certification through September 2006. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Fleener, James, Galveston, TX. 12 mo. probated suspension of EMS certification through March 24, 2005, for 1 felony deferred adjudication probation and 1 felony conviction. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Finnegan Kimberly, Pointblank, TX. 12 mo. probated suspension of the EMT certification through October 2004. EMS Rules 157.36(b)(1), (2), (15), (18) and (28).

Florence, Gertrude, Leaky, TX. Suspension of EMT certification thru September 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) and (28).

Floyd, Duke, Mart, TX. 12 mo. probated suspension of the EMT-I certification through September 2004. EMS Rules

157.36(b)(1), (2), (4), (10), (26), (28) and (29).

Floyd, Michael, Forney, TX. Decertification of EMT certification effective July 25, 2003. EMS Rules 157.36(b)(1), (2), (13), (18), (26), (28), and (29).

Ford, Jerald, Hillsboro, TX. 24 mo. probated suspension of EMS certification through June 30, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Foster, Chad, Shreveport, LA. 12 mo. probated suspension of EMS certification through November 5, 2004 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Galvan, Martin, Jr., Rio Grande, TX. 48 mo. probated suspension of ECA certification through October 12, 2004. EMS Rules 157.37(c)(2)(3)(G).

Garcia, Edward, San Angelo, TX. 24 mo. probated suspension of EMT certification through July 1, 2004, misdemeanor conviction and felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

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

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

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

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

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

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

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

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

Grace, Jonathan, Madisonville, TX. 12

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Holt, John, Talco, TX. 24 mo. probated suspension of EMS certification through April 29, 2005 for serving 2 misdemeanor deferred adjudication probation, a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

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

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

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

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

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

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

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

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

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

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

Klaevemann, Aaron, College Station,

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

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

Lawton, Ronald, Webster, TX. 24 mo. probated suspension of EMT certification through October 7, 2004, misdemeanor and felony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

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

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

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

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

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

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

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

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

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

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

May, Scott, Lewisville, TX. 24 mo. probated suspension of EMS certification

through December 31, 2005 for 1 misdemeanor or conviction. EMS Rules 157.37, 157.36(b), and/or (c).

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

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

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

McNeil, Katherine, Cleveland, TX. 12 mo. probated suspension of the EMT certification through April 2005. EMS Rules 157.36(b)(1), (2), (13), (26) and (28).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Pruitt, Roy, Dayton, TX. 12 mo. probated suspension of the EMT certification

through October 2004. EMS Rules 157.36(b)(1), (2), (6), (26) and (28).

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

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

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

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

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

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

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

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

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

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

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

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

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

Sharp, Michael, Austin, TX. 12 mo. probated suspension of EMS certification through July 29, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

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

Slagle, William, Humble, TX. Probated suspension of EMT-P certification through May 2005. EMS Rules 157.36(b)(1); (2); (7); (9); (26); (28); and (29).

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

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

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

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

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

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

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

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

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

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

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

Thornton, Odis C., College Station, TX. 48 mo. probated suspension of EMT certification through June 18, 2005. EMS Rules 157.37(c)(2)(3)(G).

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

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

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

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

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

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

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

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

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

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

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

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

Meetings & Notices

Calendar

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

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

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

July 13, 2004. **Summer Medical Conference.** Brackenridge Regional Trauma Services and the Westlake High School PTO/Eanes CARES cmt. Westlake High School Fine Arts Facility in Austin, TX. \$15/participant, lunch breaks included. Open to all trainers, nurses, EMS personnel, coaches and athletic directors. Certificates, CE provided. Email questions to amonnig@austin.rr.com.

July 14, 2004. **Trauma Care.** Common injury patterns, developments in trauma care. Methodist Dallas Hospital, Dallas, TX. Classes open to

all EMS professionals. 4 hours of CE. \$20/class. For information or to register, contact CareFlite's Education Dept at 972/339-4228 or e-mail education@careflite.org, www.careflite.org.

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

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

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

July 23, 24, and 25. **Traumafest 2004.** North Central TX TRAC. Arlington Wyndham Hotel, 1500 Convention Center Dr. ENPC, PEPP, TNCC, BTLIS courses available. Contact Vicki Thedford at 972/719-4009, vickit@dfwhc.org.

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

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

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

August 5-6, 2004. **EMS/Trauma Care Conference Ad Hoc Comte.** SETRAC in Houston, TX. Contact Sarah Abbott at emsandtraumacare@yahoo.com.

August 5, 2004. **1st Annual EMS and Trauma Care Conference.** EMTALA, regional disaster readiness, neurotrauma, peditrauma, field triage, trauma pregnancy, USEMSA, changes/challenges in trauma care. CE, CNE and CME applied for. Registration fee \$35, vendor fee \$250. Contact emsandtraumacare@yahoo.com.

August 7, 2004. **First Aid/Adult AED.** Austin Community College. Contact 512/223-7542.

August 14, 21 or 28, 2004. **BLS Healthcare Provider.** Austin Community College. Contact 512/223-7542.

August 26, 2004. **BLS Healthcare Renewal.** Austin Community College. Contact 512/223-7542.

September 11, 2004. **Legacy of Heroes Event.** Honoring heroes and raising money for safety equipment. All public safety departments are welcome to join the festivities. Nominate your local hero for the calendar contest. Go to www.911heroes.org and register online today. 817/454-8597.

September 17-18, 2004. **Texas EMS Medical Directors Seminar.** A forum for EMS physicians, administrators, providers. Contact Nancy Davis at 512/306-0605,

tcep@aol.com, www.texacep.org.

December 13-17, 2004. **14th Texas HIV/STD Conference.** Prevention, intervention, clinical service providers for HIV/AIDS/STD and other interested parties. Renaissance Austin Hotel, 9721 Arboretum Boulevard. CE for CME, CNE/SW, CHES, LPC, CADAC. \$125-early; \$175-late. Contact TDH Bureau of HIV and STD Prevention, 512/490-2500, www.tdh.state.tx.us/hivstd/conf/2004.

Jobs

EMS Faculty: Five full-time faculty positions for fall 2004 semester. Will teach all levels, primarily toward large urban fire-based EMS system members. Associate degree required; Bachelors or Masters degree preferred. Minimum 3 years field exp with busy EMS system. Must be Texas certified or licensed paramedic and instructor or eligible within 6 months. Contact Dr. George Hatch, Houston Community College System, 713/718-7692; 713/718-8565, george.hatch@hccs.edu, www.hccs.edu, job@hccs.edu. +

Emergency Dispatchers: In anticipation of future work, SCG, Inc., a provider of national homeland security, is seeking qualified applicants for positions in Ft. Worth. Responsibilities include monitoring natl radio traffic, recording events, monitoring intrusion detection systems and initiating internal or police response based on defined criteria. Must be a US citizen, 21 years, min 6 months exp. as police or emergency dispatcher. APCO certification preferred, previous experience with alarm monitoring software desirable. Please submit resume via FAX to (775) 871-2195 or e-mail to hr@scgincorp.com. +

Office Manager/Billing Manager: North Texas private ambulance service is seeking applicants. Must have exp in ambulance billing, ARs, APs; good organizational skills. Fax resume with salary requirements to 972/219-2486. +

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

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

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

Deadlines and information for meetings and advertisements

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

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

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

Meetings & Notices

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

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

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

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

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

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

For Sale

1997 Frazer ambulance: Equipped ambulance on Ford diesel chassis. Contains majority of the equipment and a Stryker stretcher. Available immediately. Contact Jimmie Del Bello 281/489-8163(H) or 281/567-0762(P).+

Preowned Ambulances: All types Contact Bobby Joe Spearman. 800/468-1310 or bjsmvs@aol.com.+

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

Miscellaneous

Bachelor's degree: St. Edwards University, Austin. Degree in public safety mgmt designed for working adult students. Credits for prior learning through portfolio. Some courses offered online. www.stedwards.edu/newc/pacepsm.htm or call 512/428-1050. +

The Rescue Life Net: Secures both driver and passenger side air bags in less than a minute. Contact 800/395-8653 or 800/572-0689. bjsmvs@aol.com.+

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

Health Claims Plus: EMS & Fire dept billing and free run report software available. Excellent rates and services! Electronic billing, weekly and monthly reports and educational workshops. Contacts 888/483-9893 or visit www.healthclaimsplus.com. +

EMCERT.com: Offers online CE courses, approved by TDH and CECBEMS for EMS/fire professionals. Cost effective subscription pricing for individuals or groups. Visit online for free 1-hour CE or call toll-free 877/367-4376 for more info. +

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

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

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

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

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

You Need Me: Eight years experience in data entry of claims. Set up an appointment to see how I can help you. Safe and Save Medical Billing Services, call 817/472-7421, fax 800/783-4567, njs@msn.com.*

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

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

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

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

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

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EMS Profile: *Borden County EMS*



Borden County EMS includes, from left, Philena Farmer, LP; Kent Holmes, EMT-P; Carrie Hart, EMT-P; Tina Pexvitt, EMT-P; Mike Valentine, LP; Buddy Wallace, LP; and Chuck Kimmel, EMT-P.

Number of Personnel: Borden County EMS has seven paramedics (including three NREMT-Ps, three LPs), one EMT-I and one EMT. Philena Farmer, LP/NREMT-P, serves as president and EMS director. All personnel are volunteer and all services are provided free of charge. Dr. John Griswold serves as medical director.

How Many Years in Service: BCEMS started service in 1975 with the help of the county judge and the superintendent of Borden County ISD. BCEMS, based in

Gail, serves approximately 800 people spread out over about 900 square miles. The average response time is 25 minutes.

Number of Units and Capabilities: We have two front line units, ranging from basic life support to mobile intensive care units, depending upon personnel available in the county when a call is received. The ambulances are centrally located, so all medics, who live in various communities in the county, are first responders and equipped with crash kits and defibrillators. Twelve-lead capabilities are also available upon arrival of the ambulance. The closest medical facility is 45 miles away and the closest trauma center is 90 miles away in Lubbock. We rely on AeroCare (Lubbock) and Critical Air (Sweetwater) for transport of critical patients. Since Borden County has no medical facilities, most patients are transported to the facility of their choice.

Number of Calls: In 2003, BCEMS responded to 93 calls with a monthly average of eight. Due to the aging population in our county, approximately 70 percent of our calls are medical.

Current Projects: BCEMS acquired the capability of providing EMT classes last year when one of our members completed his basic coordinator credentials. Our first EMT class had three students, and began in April and ended in July. This class will allow BCEMS to become less dependent on the community colleges in our area. Without our courses, these students would have to drive a minimum of 45 miles to classes. BCEMS has four paramedics who are also TDH certified instructors, two of whom teach at a local community college. We have ongoing continuing education classes and provide standby ambulance support for sporting and other events within the county. 🇺🇸

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