

# Texas EMS

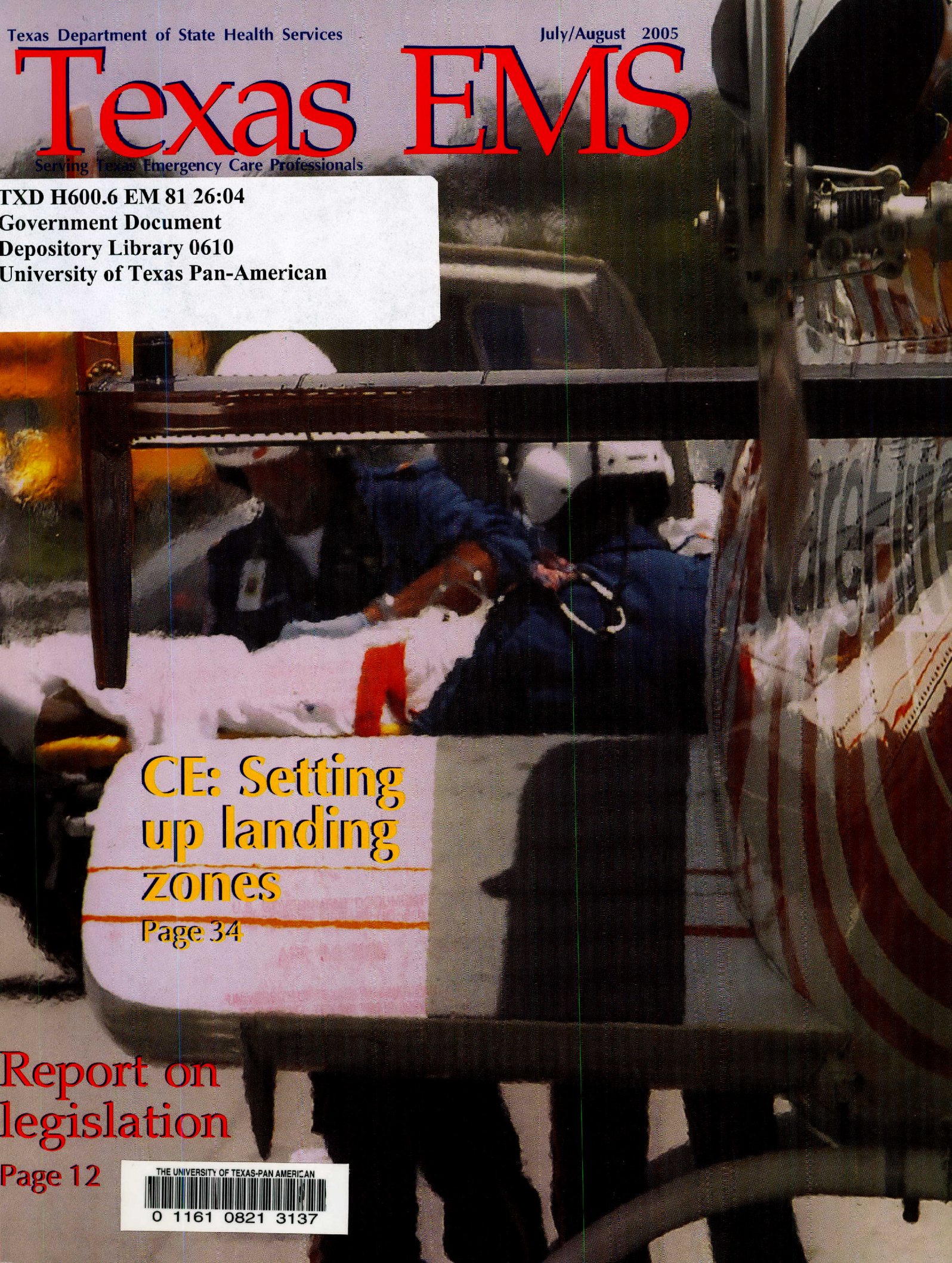
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**7 Looking for EMS Awards nominations**

You've still got time to send in your nominations for Texas EMS Awards. Here's an explanation of the awards, plus instructions on how to submit your nomination electronically.

**18 Texas EMS Conference**

You've been waiting for it—here it is! Schedules, registration forms and a list of the preconference classes for Texas EMS Conference 2005 – our 20<sup>th</sup> year!

**28 GETAC Recap**

What did GETAC, committees and task forces do for three days in Austin in May? Turn to page 28 to learn what happened, and who the new committee members are.

**31 Criminal History FAQs**

If you have a criminal history, you need to read this important information. By not following procedures, you could delay your certification—or even have it denied. By JUNE MCGUIRE

**34 Understanding landing zones**

Air medical services can save lives by getting the patient to a hospital faster. When you call for air back-up, make sure you know how to safely prepare for a helicopter landing. Earn 1.5 hours of clinically-related operations CE. By JAY MARSOLAN, LP

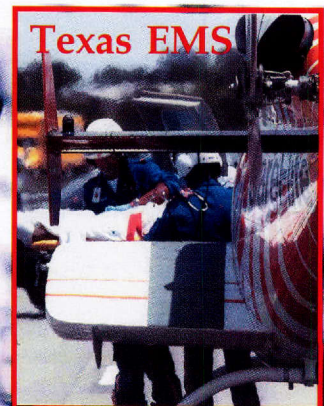
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COVER PHOTO: CareFlite prepares a patient for transport from a car crash in Alvord. Photo by Joe Duty.



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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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## GETAC committee lists let you know who represents you in EMS and trauma

The legislative dust has begun to settle at the top of the hill on Congress Avenue in Austin, and it's time to move forward with our mission to the citizens of Texas. Incidentally, just as it's important to know who represents your interests in the Texas Legislature and the U.S. Congress, it's also well worth your time to become acquainted with the members of the Governor's EMS and Trauma Advisory Council and its committees. These are the leaders who help shape the future of EMS and trauma systems in Texas by advising the Department of State Health Services. You play a role in shaping that future as well, by finding out which individuals represent the different stakeholder groups on GETAC and then offering them the benefit of your thoughts and ideas. The first step is learning who they are, so please turn to page 28 and keep these pages for future reference. If you'd prefer to access this information electronically, you can go to the Office of EMS\Trauma Systems website at [www.tdh.state.tx.us/hcqs/ems](http://www.tdh.state.tx.us/hcqs/ems) and click on Governor's EMS and Trauma Advisory Council.

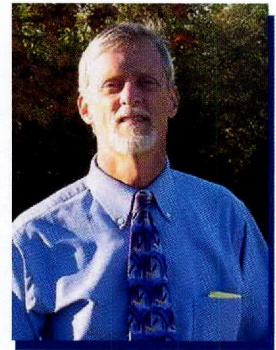
Speaking of our website, changes are in the offing as we transition our web pages to a new look over the next few months. Sometime later this summer, if all goes according to plan, the new website "look" will be unveiled and we will announce the new website address. For several months our old website address will automatically redirect you to the new page, but please bookmark the new address—it's uncertain at this point how long the DSHS web office will allow us to have the old pages up. Regarding the new look: be advised it's a standard look that will be common to all the agencies now under the Texas Health and Human Services Commission.

We have a couple more transitions to share with you. First, Charles King, who for many years worked to improve EMS at the Texas Department of Health, died recently at the age of 84. Mr. King was the first person inducted in the Texas EMS Hall of Fame, and we are all indebted to his hard work on behalf of the profession. Please turn to page 6 for more details about his life. On a happier note, Terry Bavousett, who retired in March as state EMS director, was rehired and returned to his duties just in time for the GETAC meetings in May. We're not only pleased to have him back, we're indeed fortunate to have a professional of his caliber back on the team. For more on Terry, please turn to page 9.

There are a couple of other important items in this issue to which I'd like to bring your attention. On page 10, EMS\Trauma Systems Group Manager Greg Wilburn gives a rundown of grant funding from all the different sources of money previously disbursed this fiscal year and scheduled for future disbursement prior to the end of the state's fiscal year on August 31. As of press time, the Local Projects grant applications for FY06 are anticipated to be published sometime in July.

Finally, make plans to attend the next series of GETAC meetings on August 31 and September 1-2 at the Hilton Austin Airport Hotel. GETAC itself will meet on September 2; committee and task force meetings will happen on August 31 and September 1. Watch our website for the meeting schedule, and please know that we appreciate the value of your time you spent away from home when attending GETAC and other professional meetings...

*Ju*



Steve Janda  
Office of EMS/Trauma  
Systems Coordination

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# Letter

To *Texas EMS Magazine*: MCH CareStar is an air medical emergency and critical care helicopter transport program based in Odessa at Medical Center Hospital. We began rotor-wing air ambulance service in June 2003. Our service area is a 150-mile radius around MCH and includes coverage for Trauma Service RAC Area J, of which we are active participants to improve trauma and emergency care in our region.

It was mentioned in the EMS Profile of Marfa City/County EMS (May/June 2005 issue) that "no air ambulance service is available in our service area (Trauma Service Area J)." We would like to clarify that we are actively in service and caring for patients in that area. We are working with Marfa EMS and their medical director to include use of air medical transport in their operating procedures. MCH CareStar recently rendezvoused with Marfa EMS to pick up a trauma patient and bring the patient to the regional lead Level III Trauma Facility in Odessa, Medical Center Hospital. We are continuously working to decrease patient time to definitive trauma care while providing excellent critical care while en route.

**Mike Scott, RN, EMTP**  
Chief Flight Nurse/Program Manager  
MCH CareStar, Odessa



## What did you do for EMS Week?

Share what you did and get in *Texas EMS Magazine*!

Send your stories and photos to:

Kelly Harrell  
Texas EMS Magazine  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756

Or email them to:  
Kelly.Harrell@dshs.state.tx.us



## Time is running out!

Nominations for the Star of Texas Awards are due July 7, 2005. The awards honor those emergency responders who were killed or sustained a serious bodily injury in the line of duty. For a link to the online application go to [www.tdh.state.tx.us/hcqs/ems](http://www.tdh.state.tx.us/hcqs/ems).

## EMS Obituaries

**Charles E. King, 84**, of The Woodlands, died April 27. In 1965, Mr. King became director of the newly-created Disaster Health and Medical Services Program at the Texas Department of Health. The program eventually became the Bureau of Emergency Management and then the Office of EMS/Trauma Systems Coordination. He worked diligently to build a system of training and certification for EMS and to improve access to EMS across Texas. In 1987, he was the first person inducted into the Texas EMS Hall of Fame for his significant contributions to EMS in Texas.

**Christopher Brian Hunton, 27**, of Amarillo, died April 25. He was a firefighter/EMT with the Amarillo Fire Department. He died in the line of duty when he fell from a fire truck on the way to a fire call.

**Doug Norton, 43**, of Floresville, died May 7. He was a paramedic in Jourdanon and volunteered with Eagle Creek Volunteer Fire Department and served as a member of the US Air Force during Desert Storm.

# Send in your EMS Awards nominations

*The award nomination form is on our website:  
[www.tdh.state.tx.us/hcqs/ems/Awards2005.doc](http://www.tdh.state.tx.us/hcqs/ems/Awards2005.doc)*

*You want to know what all the award winners last year had in common? Someone nominated them.*

Send us your best in EMS and trauma! We've posted the award nomination form on our website at [www.tdh.state.tx.us/hcqs/ems/Awards2005.doc](http://www.tdh.state.tx.us/hcqs/ems/Awards2005.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@dshs.state.tx.us](mailto:Kelly.Harrell@dshs.state.tx.us).

Each category honors a person or organization that exemplifies the best EMS/trauma systems has to offer. It's quite an honor to be nominated and to win. The categories and the explanations are listed at right. 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 October 1, 2005. The packets are then distributed to the OEMS/TS and sent to each EMS zone office. Each program and zone ranks the nominations for each category and returns the information to the OEMS/TS, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference, November 22, 2005, in Austin.

## **Award Categories 2005**

**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 or licensed 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.

## AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell



### EMS Educators Association celebrates 10th anniversary in Texas

The National Association of EMS Educators (NAEMSE) will hold the 10<sup>th</sup> anniversary of its annual educational meeting in San Antonio September 6-11, 2005. The group's first meeting was held in September 1995 in San Antonio. The theme for this year is "Mining for Knowledge."

In addition to workshops, NAEMSE's first book, *Foundations of Education, An EMS Approach* will be unveiled at this year's symposium. This textbook book contains information on everything an educator needs to know to be successful, including basic teaching and learning principles, evaluation, remediation, delivering the message and much more. More than 15 NAEMSE EMS educators came together to develop this resource.

The National Association of EMS Educators is a professional association that teaches EMS at all levels and in any setting. Its mission is to promote EMS education, develop and deliver educational resources, and advocate research and life-long learning. For more information go to [www.naemse.org](http://www.naemse.org).



### EMS staff retires, relocates

Mike Foegelle, an EMS program specialist in Region 7 in Temple and most recently in the Austin office, has retired from DSHS. Foegelle, who had been a firefighter in Central Texas and fire chief in Belton for many years, had been with DSHS since 1993. He took a job with Guardian EMS in Bryan. Donn

Barnes, an EMS program specialist who was recently hired in the Austin office, has relocated to the Arlington office. He can be reached at (817) 264-7423.

### EMS/Trauma Registry improving system

Good news! A contract has been awarded to Evolvers, a software methodology, design and architecture firm, to make some important behind-the-scene changes to the EMS/Trauma Registry. These changes will go a long way toward preventing the system from going down for extended periods of time. It is not anticipated that this work will interrupt the operation of the Registry. Currently Registry staff notifies registered users each month when the system is normally shut down (usually for a weekend) so that data can be moved into the data warehouse.

**EMS Fact:** About nine in 10 Americans think it is extremely or very important for an ambulance to take them to a trauma center in the event of a life-threatening injury, even if it is not the closest hospital.  
Source: *Harris Poll*



## Funding available to providers, hospitals and FROs if disaster strikes

The EMS and Trauma Care System Account Extraordinary Emergency Funding is available to assist licensed EMS providers, hospitals and registered first responder organizations if unforeseeable events cause degradation of services to the communities they serve. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies. The following organizations have been awarded Extraordinary Emergency Funding since March 2005:

- North Texas EMS received \$55,665 for operational expenses.
- East Bernard EMS received \$4700 for a stretcher (cot).
- Zapata County Fire/EMS received \$4900 for replacement of an ambulance transmission, for a computer in the ambulance, for wiring for a fuel injector and to fix an oil leak.
- Kimble Hospital received \$34,000 to fix a leaking roof.
- Uvalde EMS received \$10,000 to purchase a used ambulance.

## Provider announcement e-group created

A Texas EMS Provider e-group has been created at Yahoo Groups. This listserv will use an "announcement only" format with messages of particular interest to EMS providers, such as tire failures, equipment recalls and licensing requirements for EMS providers. OEMS/TS hopes that at least one person with each ambulance service will subscribe. This isn't a restricted list so anyone interested in issues related to EMS ambulance services is invited to join. However, only designated DSHS staff will be able to post to this group. To subscribe, at no charge, go to: [TexasEMSProviders-subscribe@yahoogroups.com](mailto:TexasEMSProviders-subscribe@yahoogroups.com).



## Bavousett back as state EMS director

The Office of EMS/Trauma Systems Coordination is pleased to announce that Terry Bavousett has re-joined DSHS as the state EMS director. A graduate of Lubbock Christian College and a 29-year EMS veteran, Terry returns to the role he held from September 2003 until his retirement in March 2005. Prior to that, he was the regional EMS director in the Canyon-Lubbock area for two decades. He also has experience in law enforcement and mediation/dispute resolution, both of which have no doubt come in handy over the years with Texas EMS.

# On Duty

## Funding program update

Sometimes it's difficult to keep straight all the different pots of money and how they affect EMS, trauma systems, hospitals and RACs. As we near the end of this fiscal year, here is a recap of current distributions (FY05) and plans for future distributions (FY06).

### 9-1-1 Funds: EMS and Trauma Care System Account SB 1131 Funds: EMS, Trauma Facilities and Trauma Care System Fund

*Extraordinary Emergency Funds (EEFs):* \$500,000

FY05: \$500,000 starting September 1, 2004. No requests paid from this account at this time.

*EMS Allotment:* 9-1-1 funds, \$868,100 plus the SB 1131 funds, approximately \$1,021,138

December 1, 2004 – August 31, 2006, contract date (one year, eight months). All lump sum payments have been sent to DSHS accounts payable for processing. The FY05 contracts will be increased in early August to reflect the funds from SB 1131.

*RAC Allotment:* 9-1-1 funds, \$347,240 plus the SB 1131 funds, approximately \$408,455

December 1, 2004 – August 31, 2006, contract date (one year, eight months). All lump sum payments have been sent to DSHS accounts payable for processing. The FY05 contracts will be increased in early August to reflect the funds from SB 1131.

*Uncompensated Trauma Care Allotment:* 9-1-1 funds, \$468,774 plus the SB 1131 funds, approximately \$551,414

FY05: A distribution will be made to hospitals that were designated as trauma facilities by February 15, 2004. The distribution will be in conjunction with the August 2005 DTF/EMS Hospital Allocation distribution.

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### Tobacco Funds: EMS and Trauma Care System Fund

*Regional EMS/Trauma Systems Development (RAC Grant):* \$1,700,000

FY05: Contracts have a September 1, 2004, date. This is a one-year contract and all funds must be spent prior to August 31, 2005.

*EMS Local Projects Grants (LPGs):* \$1,306,651

FY05: Local Projects Grants applications were received and 89 projects awarded totaling \$1,306,651. Contracts are reimbursement contracts and all funds must be expended by August 31, 2005. OEMS/TS will be providing a courtesy call to the current LPG recipients reminding them of the contract end dates.

FY06: OEMS/TS anticipates the RFP to be published in July. Entities will have approximately one month to complete the application. Postcards will be mailed to all licensed EMS providers and registered first responder organizations alerting them of the RFP publication. This year's process will award bonus points for applicants that are members of their local RACs.

*ECA Training:* FY05 \$ 251,000

FY05: As of May 2, 2005, 20 ECAT classes had been approved for funding and five are currently pending approval.

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### HB 3588 Funds: Designated Trauma Facility and Emergency Medical Services

*Extraordinary Emergency Funds (EEFs):* \$500,000

FY05: \$500,000 starting September 1, 2004. As of May 10, 2005, we have funded eight EEFs totaling \$131,000 with a remaining balance of \$369,000. Currently three requests are pending approval.

*EMS Allocation:* Approximately \$ 663,054 (based on the ~\$33,000,00 that has accumulated as of May 10, 2005)

FY05: We anticipate an August 2005 disbursement. The contract will be August 2005 – August 2006 allowing a year to spend the funds. The funding formula and eligible EMS providers are the same as for the FY05 9-1-1 county contracts.

**RAC Allocation:** Approximately \$ 331,527 (based on the ~\$33,000,00 that has accumulated as of February 8, 2005)

FY05: Same as EMS allocation above.

**Uncompensated Trauma Care Allocation:** \$18,188,841

FY05: OEMS/TS made a disbursement to 234 of the 249 potentially eligible hospitals designated as trauma facilities or considered “in active pursuit” of designation on March 17, 2005. All eligible hospitals that applied received a minimum of \$11,500. We anticipate making a second disbursement to the eligible hospitals at the end of August 2005. —*Greg Wilburn*

## Health information to the EMS/Trauma Registry

**Q:** *Can I send protected health information to the EMS/Trauma Registry?*

**A:** The HIPAA Privacy Rule “. . . sets standards for how protected health information should be controlled by setting forth what uses and disclosures are authorized or required and what rights patients have with respect to their health information.” The EMS/Trauma Registry is not listed specifically as one of the entities that can receive protected health information (PHI). However, Texas has a law that requires the submission of trauma and EMS data and that can include PHI.

And recently there was a frequently asked question about this on the Centers for Medicare and Medicaid Services (CMS) website: “The HIPAA Privacy Rule provides that protected health information (PHI) may be used and disclosed without the authorization of the subject of that information for health oversight activities that are authorized by law.” From this statement and the examples provided, we see that submitting PHI to a state agency is permitted. This would include the provision of unique identifiers for the purposes of meeting the state requirements in data collection and use. It would be appropriate for an entity to keep a copy of this information and the CMS link in their compliance documentation as support for their reporting requirements.

All records sent to the EMS/Trauma Registry are kept strictly confidential. The identifiers you send (name, social security number, address, date of birth, etc.) help tremendously in data analysis. For example, in the Crash Outcome Data Evaluation System (CODES) project, the identifiers you send are used to link our data with other data sources so that we can follow a person from the initial crash through hospitalization and rehab. This information is used to conduct analyses and to compile reports that present an overview of injury in our state and in different regions of the state and in trauma service areas. Individual patients are never identified. —*Linda Jones, MSPH, EMS/Trauma Registry and Bob Folden, EdD, Data, Informatics and Research Task Force*

References: CMS Frequently Asked Questions. Answer ID 1918 updated on 11-08-2004. Retrieved on May 26, 2005 from [http://questions.cms.hhs.gov/cgi-bin/cms\\_hhs.cfg/php/enduser\\_std\\_adp.php?p\\_faqid=1918&p\\_created=1051180547](http://questions.cms.hhs.gov/cgi-bin/cms_hhs.cfg/php/enduser_std_adp.php?p_faqid=1918&p_created=1051180547) Privacy Rule. *Federal Register*. Vol 63(34), 8334-8381

## Code cards available in August from EMS/Trauma Registry

The EMS/Trauma Registry staff are preparing an E-Code Quick Reference Card to make it easier for EMS personnel to determine the correct code for the cause of injury field. One side of the card will have the general categories for cause of injury. The other side will list e-codes for the most commonly reported causes of injury. Watch for a draft for comment on the EMS/Trauma Registry website soon. Your input will be incorporated and the cards should be available at the end of August.

## Capitol Report

**W**hat did lawmakers do this session that will affect EMS and trauma systems? Below is a brief synopsis of each bill and the status of the bill. The



governor may veto any legislation until June 19; however, if he has not signed or vetoed it by that date, it automatically becomes law. Some of this legislation is complicated and cannot be fully explained in a few words. For a better understanding of each bill, please go to [www.capitol.state.tx.us](http://www.capitol.state.tx.us) and enter the bill number. Click on the 'Text' and then 'Enrolled Version.'

**HB 183, F. Brown** Makes it an offense to allow a child younger than 5 years of age and less than 36 inches in height to not be secured in a child safety seat system. (It was formerly four years of age or 36 inches.) Effective September 1, 2005.

**HB 233, Martinez** If there are mutual assistance agreements between two municipalities or a municipality and a county, this law authorizes police officers employed by the responding municipality to secure an emergency scene to which the municipality's emergency ambulance service responds under the agreement. In other words, if EMS is providing mutual aid either by agreement or under contract, then there could also be agreement for local law enforcement to secure the scene for the responding EMS. Effective immediately.

**HB 805, Martinez** This legislation says that EMS personnel, emergency room medical or admissions personnel **may** take the thumbprint of a person who receives emergency prehospital care

if the person:

- Does not possess personal identification at the time care is administered;
- Is unconscious;
- Is transported across the Texas-Mexico border by ambulance or helicopter while receiving emergency prehospital care; and
- Is delivered to a hospital that has digital fingerprinting capabilities.

Note that this law does **not require** EMS to fingerprint patients and is only permissive **if all four of the above criteria are in place**. Effective September 1, 2005.

**HB 1126/SB 521, Uresti/Madla** The so-called "gurney car" bill, this legislation requires some transfer services that are currently unlicensed to become licensed providers with DSHS. This covers patients transfers that are deemed 'medically necessary to transport the patient using a stretcher.' Providers newly covered under this law do not have to comply until June 1, 2006.

**HB 2470, Delisi** Clean-up legislation for HB 3588 from the last session, this bill amends the Health and Safety Code to allow the reserve fund to go below \$500,000 (rather than having to replenish it every time disbursements are made); to allow RACs to retain for use in the next fiscal year any money not disbursed in the first year of the biennium; and further clarifies the definition of 'in active pursuit of designation.' The legislation also eliminates the 'sunset' clause that would have discontinued the program after 2007. Effective September 1, 2005.

**HB 2471, Delisi** New law allows DSHS to issue a single license for multiple hospitals if certain conditions are met,

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including the provision of emergency services at all campuses unless a waiver is approved. Effective September 1, 2005.

**HB 2619, Hagar** Directs the Office of Rural Community Affairs to assist rural areas with the establishment of emergency services districts. Effective September 1, 2005.

**SB 310, Duell** This law allows certain emergency medical technicians or firefighters to presume certain illnesses were caused by factors encountered during the course of duties when compensation for the disease or illness is sought. Those covered include emergency medical technicians employed by a political subdivision and volunteer or paid firefighters. Illnesses presumed to be caused by duties include cancer (unless the individual or spouse uses tobacco products); tuberculosis, smallpox and acute myocardial infarction or stroke. Certain other conditions must be present as well and there are restrictions on the kinds of compensation. Effective September 1, 2005.

**SB 330, Duell** This bill directs GETAC to appoint a stroke committee by January 1, 2006, to assist GETAC in the development of a statewide stroke emergency transport plan and submit a report to the governor, lieutenant governor, speaker of the house, representatives and executive commissioner of HHSC by January 1, 2007. Effective September 1, 2005.

**SB 1113, Gallegos** This bill amends the Health and Safety Code to allow a hospital to release a patient's protected health information (PHI) to EMS for the purpose of treatment or payment, as defined by HIPAA; and for certain health care operations described in HIPAA, such as quality assessment and improvement activities. With this law, there should be no question that EMS personnel transporting a patient should

have access to the patient's hospital medical information. Effective September 1, 2005.

**SB 523, Duell** Moves responsibility of the emergency medical dispatch pilot program from DSHS to the University of Texas Medical Branch at Galveston. UTMB, with input from GETAC, shall establish a pilot program to test the efficacy of using emergency medical dispatcher in a regional emergency medical dispatch resource center. Effective immediately.

In addition, several riders will affect EMS and trauma systems. A rider is a provision added to a bill, in this case the Appropriations Act, that may or may not relate to the subject of the bill.

**Trauma Formula Distribution** The Legislature directed DSHS, when allocating money from the EMS and Trauma Care System Fund (9-1-1 monies), to weight the statutory criteria in such a way that, when possible, 40 percent of the funds are allocated to urban counties and 60 to rural and frontier.

**ECA Training** DSHS is directed to allocate \$50,000 in 2006 and \$50,000 in 2007 for ECA training grants to communities lacking local training resources.

**Estimated Appropriation for Designated Trauma Facility and EMS Account** This account benefits hospitals, EMS and RACs. DSHS was appropriated to distribute approximately \$31,800,000 for both 2006 and 2007. In addition, DSHS was appropriated any monies above \$59,400,000 for 2006 and \$80,368,000 for 2007. What that means is that DSHS will be able to expend on grants nearly \$32 million each of those years and anything above the second amounts listed. DSHS will not be able to expend any monies collected above the \$31.8 million in those years and below the second amounts listed. —*Kelly Harrell*

# 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  
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.

## Greater Houston EMSC gives out annual awards

In May, the Greater Houston EMS Council held its 11<sup>th</sup> annual awards banquet in Houston. Held each year during EMS Week, this award banquet recognizes the EMS community in the Greater Houston-Galveston area and honors individuals and services that have demonstrated exceptional service to their community and to EMS. The Private Provider of the Year was awarded to American Medical Response, and the New Private Provider of the Year award was given to Preferred Medical Transport. The Public Provider of the Year was awarded the South Lake Houston EMS. Paramedic of the Year was awarded to Shelby Walker, EMT-P, Houston FD; and EMT of the Year was given to Shalacey Martin, EMT,

Texas Medical Transport. Jennifer Castro, EMT-P, Texas Medical Transport, was awarded the Communicator of the Year award. The EMS Administrator of the Year award was given to Joe Fress, EMT-P, South Lake Houston EMS; and the EMS Educator of the Year award was presented to Ernie Whitener, LP, Lee College. The EMS Medical Director of the Year was awarded to Dr. David Persse, Houston FD; and the Emergency Physician of the Year was given to Dr. Red Duke, Memorial Hermann Hospital. The Emergency Center Nurse of the Year award was posthumously presented to Linda Ross, RN. The Public Information Award was awarded to Molly Wilkins, Harris County Hospital District, and the Thelma Lemley Lifetime Achievement Award was presented to Michael Ivy, deputy chief, Houston FD.

*Pictured are the HFD award winners of the GHEMSC annual awards. From left are Shelby Walker, EMT-P; his wife Veronica Walker; Michael Ivy, deputy chief; his wife Randi Ivy; Dr. David Persse, medical director; and his wife Beverly Persse.*



# Local & Regional EMS News

## GEMS celebrates 30<sup>th</sup> anniversary in May

Galveston EMS celebrated EMS Week and the service's 30<sup>th</sup> anniversary in May. The week included an Employee's Day during which employees and volunteers were given new polo shirts, a lapel pin and lunch. A health fair was also held, with more than 25 vendors and door prizes from area health agencies. Galveston FD and PHI's Air Med 5 also attended the festivities.



Tommy Leigh, EMT-P, assistant chief, provides safety tips to attendees of GEMS' health fair during EMS Week.

hazards and weather conditions in low light situations, things that might not be readily visible to the human eye in low light. NVGs are worn over the pilot's helmet and allow the pilot to look through the goggles when looking outside the cockpit and under the goggles when looking at the helicopter instruments.

## PHI Air Medical announces night vision goggle use

PHI Air Medical recently announced that it had installed and begun utilizing night vision goggles (NVG) on its air medical helicopters. NVGs improve flight safety by giving flight crews a greater ability to see obstacles,

*PHI Air Medical recently announced that night vision goggles were being installed in its air medical helicopters. The NVGs are worn over the helmet and assist the flight crew in low light situations.*



## ETGCRAC launches safe driving campaign

The East Texas Gulf Coast Trauma Regional Advisory Council (RAC-R) recently launched the "Don't Die Needlessly" program, a safe driving campaign targeted to teenage drivers. The program includes black vinyl bracelets with the inscription "Don't Die Needlessly" and accompanying toe tags that list statistics about teens, driving and trauma deaths. This year, EMS and hospital personnel gave the bracelets to many graduating high school students before prom night. Any RACs interested in participating in this campaign can find contact information on the RAC-R web site at [www.rac-r.com](http://www.rac-r.com).

 A form titled "DON'T DIE NEEDLESSLY" with a Texas state seal in the top right corner. The form contains statistics about teen deaths from motor vehicle crashes and lists fields for recording information about a deceased individual.
 

NAME: \_\_\_\_\_ YOURS NOW NOTIFIED and VERY SAD

TIME OF DEATH: \_\_\_\_\_ NEXT OF KIN: \_\_\_\_\_

FACTS:  
 Two out of five deaths among teens in the U. S. result from motor vehicle crashes.  
 Head injury is the leading cause of death in motorcycle crashes.  
 Approximately one-third of drivers who were killed in motor vehicle crashes had been drinking.  
 The average age: More than 165,000 teens were named among those in a single year U.S. shot & 1 gunshot wounds.

NAME OF DECEASED: \_\_\_\_\_ CASE NO. \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

FUNERAL DIRECTOR: \_\_\_\_\_

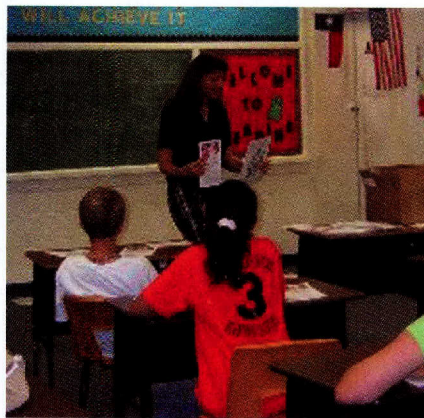
COMMENTS: \_\_\_\_\_

ATTACHED TO:  MEDIFLOO

# Local & Regional EMS News

## Crawford EMS celebrates EMS Week

Crawford EMS celebrated EMS Week with the local sixth grade students. Safety presentations were made to the students, and then the students were allowed to tour the service's new ambulance. There were approximately 50 students in the sixth grade classes.



*Above, during EMS Week, Crawford EMS personnel did safety presentations for students in Crawford. The students also toured the service's new ambulance.*

## ADMC honors emergency responders

Staff at the Angleton Danbury Medical Center honored the area's EMS services in May with an appreciation dinner. The Hawaiian-themed event recognized the members of Angleton Area Emergency Medical Corps, Danbury EMS and Central EMS. The event coincided with EMS Week, National Nurses Week and Hospital Week. The dinner is held annually to recognize ADMC's partners in healthcare.



*Above, members of Angleton Area EMS, Denbury EMS and Central EMS were honored at an appreciation dinner in May. It was hosted by the Angleton Danbury Medical Center.*

## HFD announces addition of 40 new units

In April, Houston FD announced that 40 new units were being added to its fleet—21 ambulances, eight paramedic squad vehicles and 11 engines. Funding for the new units came from the U.S. Department of Housing and Urban Development, Community Development Block Grant.

*From left, Gilbert Bennett, captain, EMT-P; Bill White, mayor; John Griffin, Jr., Frazier Built Inc.; Phil Boriskie, fire chief, EMT; Tom Slagle, district chief; Chris Ferrara, president/CEO, Ferrara Fire Apparatus, announce Houston FD's acquisition.*





# Local & Regional EMS News



Paris EMS presented backboards to first responder groups in the Paris-Lamar County area. From left, Eddie Allen, EMT, Northwest First Responders; Leslee Watkins, EMT, Reno VFD; Quincy Blount, EMT-P, Paris EMS; Thomas Nichols, ECA, Deport VFD; Verlon Vaughn, ECA, East Post Oak VFD; and Joe Misek, ECA, Blossom VFD.

## Cy-Fair VFD Auxiliary completes ECA training

Nine members of the Cy-Fair VFD Auxiliary recently completed ECA training. While the auxiliary members have been active with Cy-Fair VFD on fire scenes or scenes involving intensive labor or extended time, the newly-certified members will also be able to take a more active role in firefighter safety by being able to more easily spot a responder who may be getting in trouble on

a scene and treat the person before the situation gets worse. The training was through the Cy-Fair College Emergency Services Education Center.

## PEMS donates backboards to local first responders

In April, Paris EMS presented 23 backboards to the 18 Paris-Lamar County first responder groups. The backboards were funded by a grant from the Northeast Texas RAC.

Members of the Cy-Fair VFD Auxiliary who completed ECA training are, from left, Linda DeVries, ECA; Dennis Lee, EMT-P, instructor; Ann Summers, ECA; Brandie Pinnick, ECA; Henriette Crosser, ECA; Traci Holmstrom, ECA; Anita Bodman, ECA; Paula Lee, ECA; and Dan Rathe, LP, CFSEEC.



From left, Wes Ogilvie, EMT, and Kelly Grayson from Monroe, Louisiana, took the gold medal at the first annual Texas EMS Rodeo at EMStock in May.

## EMStock hosts annual Texas EMS Rodeo

In May, the fourth annual EMStock was held in Midlothian. The conference featured speakers, vendors, live entertainment and a Texas EMS Rodeo. The rodeo, consisting of scenarios covering common critical patient presentations, was judged by veteran EMS medics and EMS medical directors from around the state. The rodeo was patterned on national and international EMS competitions currently done. The Gold Medal award was given to Kelly Grayson of Monroe, Louisiana, and Wes Ogilvie, EMT. The Silver Medal was awarded to Andi Colby of Wisconsin and Stephen Hines of London, England. The Bronze Medal went to Frankie Jordan, EMT-P, and Mary Chadwick, LP.



November 20-23, 2005

# Texas Emergency Medical Services Conference 2005 Austin, Texas

**W**e're back in Austin for 2005 at the Austin Convention Center! And we're planning some of the best EMS education possible.

As always, we expect to have state-of-the-art EMS exhibits that fill 132,000 square feet. You can't see this much EMS-related equipment under one roof anywhere else in Texas. If you love to look at EMS equipment, then you'll be in the right place.

The low conference rates are the same price as last 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).

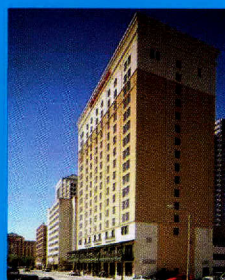
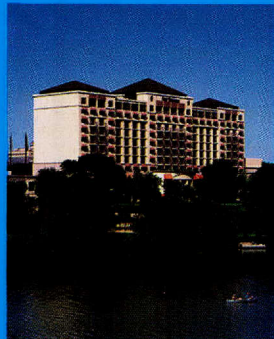
We have special conference rates at five downtown hotels—all within walking distance of the convention center. Make your hotel reservations early—space at the conference hotels goes fast, especially at the host hotel, the Hilton. See you in November!

## 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.*



**Hilton-Austin**  
\$80/\$100/\$120/\$140  
500 East 4th Street  
Austin, TX 78701  
(512) 482-8000

**Omni-Downtown**  
\$80/\$80/\$110/\$110  
700 San Jacinto  
Austin, TX 78701  
(512) 476-3700  
(800) THE-OMNI

**Four Seasons Hotel**  
\$125/\$165  
98 San Jacinto Blvd.  
Austin, TX 78701-4039  
(512) 685-8100

**Hampton Inn & Suites –  
Downtown Austin**  
\$80/\$80  
200 San Jacinto Blvd.  
Austin, TX 78701  
(512) 472-1500 or  
(800) HAMPTON

**Radisson-Town Lake**  
\$80/\$90/\$100/\$110  
111 East Cesar Chavez  
Austin, TX 78701  
(512) 478-9611 or  
(800) 333-3333

\* Hotel rates may increase as of September 1, when the state per diem increases.

# Texas EMS Conference 2005 - REGISTRATION FORM

November 20-23, 2005 - Austin Convention Center — Austin, Texas

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

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
(Please type or print)

Company \_\_\_\_\_ Your Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ e-mail address: \_\_\_\_\_

**For general information call (512) 834-6700**  
**[www.tdh.state.tx.us/ems/05conference.htm](http://www.tdh.state.tx.us/ems/05conference.htm)**

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

**PRECONFERENCE CLASSES** Preconference registration deadline: **October 15, 2005**

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> High Angle Rescue, \$125      | <input type="checkbox"/> Spanish for EMS: Beginning, \$125 | <input type="checkbox"/> Edutainment! MultiMedia Magic, \$125*            |
| <input type="checkbox"/> Confined Space, \$125         | <input type="checkbox"/> Moulage, \$135                    | <input type="checkbox"/> Difficult airway management, \$150               |
| <input type="checkbox"/> Swift Water Awareness, \$115  | <input type="checkbox"/> BDLS, \$150                       | <input type="checkbox"/> HIPAA compliance, \$100                          |
| <input type="checkbox"/> Land Navigation, \$125        | <input type="checkbox"/> WMD, \$125                        | <input type="checkbox"/> Helicopter packaging, \$45                       |
| <input type="checkbox"/> Slope Evacuation, \$125       | <input type="checkbox"/> 12-Lead, \$125                    | <input type="checkbox"/> ACLS for experienced providers, \$95             |
| <input type="checkbox"/> Cave Rescue, \$125            | <input type="checkbox"/> Cadaver Lab, \$250                | BLS Recert, \$20  |
| <input type="checkbox"/> NR-Testing Your Student, \$20 |  | <input type="checkbox"/> 1st Session <input type="checkbox"/> 2nd Session |

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

**\*Must provide email address**

For coordinator course, contact your zone office.

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 11/1/2005. No refund after 11/1/2005. There is an 18% administration fee if a refund is necessary.

<input type="checkbox"/> Conference Registration Fee	\$ _____
PreConference class fee included	+
Total Amount enclosed	\$ _____
<i>\$165 registration at the door</i>	

**Sunday, November 20, 2005**

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

**Monday, November 21, 2005**

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

**Tuesday, November 22, 2005**

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

**Make check payable to:**  
**Texas EMS Conference**

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

**Official Use Only**

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

Type of Pmt. \_\_\_\_\_

(If check, write #)

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

MC  VISA  AMEX

If paying by credit card, fax to 512/759-1719

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

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

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

# Texas EMS Conference 2005 - EXHIBITOR REGISTRATION FORM

Exhibit Show, November 20-22, 2005 - Austin Convention Center

Austin, Texas

(Please type or print clearly)

18% administration fee charged on refunds—no refunds after 10/1/05

1. Firm Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Area Code Website: \_\_\_\_\_  
 FAX \_\_\_\_\_ Type of product: \_\_\_\_\_  
Area Code (Please be specific)

2. **Special marketing/ sponsorship opportunities available. See the back cover for more details.**  
 Have someone call and speak to:  
 Name \_\_\_\_\_  
 Phone No. (Area Code) \_\_\_\_\_

3. The registration fee includes two representatives per exhibit booth. Additional booth staff will be charged \$75 each—include this amount in your total. Attach a typed list to this form if you need more room. (Please print clearly).

Last Name	First Name	Title/Certification
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Exhibit hall client passes:**  
 No charge for 10 or less; not personalized.  
 Number needed: \_\_\_\_\_

For exhibitor information: Call **512/834-6748**. The floorplan is located at: [www.tdh.state.tx.us/hcqs/ems/05floor.pdf](http://www.tdh.state.tx.us/hcqs/ems/05floor.pdf)

Please check here to verify that you have read the Rules and Regulations before registering. **4.**

**Write in booth number(s) requests** from the floorplan. Booths are assigned daily—choices are subject to availability and are not guaranteed.

Let us choose for you

1st choice (s) \_\_\_\_\_  
 2nd choice (s) \_\_\_\_\_  
 3rd choice (s) \_\_\_\_\_

**Please reserve the following exhibit space (s):** **5.**

How many booths?

\_\_\_\_\_ **10' X 10' booth @ \$925,** \$ \_\_\_\_\_  
 \$825 before 9/1/2005

\_\_\_\_\_ **MULTIPLE 10' X 10' booth(s)** \$ \_\_\_\_\_  
 (2 or more) @ \$900 each;  
 \$800 each before 9/1/2005

\_\_\_\_\_ **20' X 30' Vehicle space @ \$1075** \$ \_\_\_\_\_

\_\_\_\_\_ **Extra booth staff @ \$75 each** \$ \_\_\_\_\_

\_\_\_\_\_ **Helicopter space @ \$1150** \$ \_\_\_\_\_

**Total Enclosed** \$ \_\_\_\_\_

If registering before July 31, enclose at least 50% of the total exhibit fee to hold booths. I understand that the balance is due by **Sept. 1, 2005** or booths will be released.

**Make checks payable to:**  
**Texas EMS Conference**  
**Mailing address:**  
 Texas EMS Conference  
 P.O. Box 100  
 Hutto, Texas 78634

**Official Use Only**

Date Rec'd. \_\_\_\_\_  
 Type of Pmt. \_\_\_\_\_  
(If check, write #)  
 Amt. Rec'd. \_\_\_\_\_

MC  Visa  AmEx

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

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

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

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

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

# Schedule

## Conference At-A-Glance

### Sunday, November 20

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 21

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 22

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 23

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

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

### 2005 Texas EMS Photography Contest entry form

Photographer's Name \_\_\_\_\_

Employed by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (HM) \_\_\_\_\_ / \_\_\_\_\_ (WK) \_\_\_\_\_ / \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

**Deadline for entering: November 10, 2005**

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 First place—wins \$175  
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 10, 2005**. All photos will be displayed at Texas EMS Conference and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmatted prints, in color or black and white (5 X 7 to 9 X 12 is best). Fill out the entry form, tape it to the back of your photograph, and mail your entry to: Texas Department of State Health Services/EMS, 1100 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@dshs.state.tx.us.
- The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- The ownership of the negative will remain with the photographer.



# Pre-conference classes

## November 18, 19 and 20

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.

### Friday, Saturday, & Sunday

**EMS Operations and Planning for WMD:** \$125; 11/18-11/20, 8am-5pm; Austin Convention Center; CE: Clinically-Related Operations. This 24-hour course will equip medical personnel with the skills needed to ensure proper patient triage, treatment and transportation in the event of exposure to weapons of mass destruction (WMD) or chemical, biological, radiological, nuclear and explosive (CBRNE) weapons. Exercises conducted in a WMD scenario will reinforce classroom lectures and interaction. First responders will use this 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@teemail.tamu.edu](mailto:tony.garcia@teemail.tamu.edu) or (979) 458-3401.

### Saturday & Sunday

**Coordinator Course:** \$275; 11/19-11/20; Sat 8am-5pm, Sun 8am-12pm; Austin Convention Center; course limited to 25 attendees. *Included in the class price is a special session on exam development presented by NREMT on Sunday 1-5.* No CE. This course is intended to train course coordinators for Texas. Participants will be selected through a competitive application process. Applications will be accepted until July 15, 2005. To apply, complete the application found at [www.tdh.state.tx.us/hcqs/ems/CoordApp.htm](http://www.tdh.state.tx.us/hcqs/ems/CoordApp.htm). Along with the application you will need to attach a letter detailing why a coordinator is

needed in the area you intend to serve and explain in detail how you plan to meet that need. Those applying must meet the requirements as outlined on the DSHS EMS Course Coordinator Application, specifically section D-1 or D-2 as applicable. Candidates will complete the course application and those that are accepted for the course will be sent additional instructions. Send applications to 1100 West 49th Street, Austin, TX 78756 Attention: EMS – 2005 Course Coordinator. Attendees will be selected by August 19, 2005. The 25 selected applicants will be notified via U.S. mail and invoiced for two fees, the course coordinator course fee of \$275 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, 2005. No fee refunds will be made once submitted. Lunch will be provided on Saturday only. For information, contact Brett Hart at (512) 834-6731.

### Saturday only

**Helicopter Operations at EMS Incidents:** \$45; 11/19; 8am-12pm; Off-site (meet at the STAR Flight hangar at 8:00am); CE: Clinical Related Operations. In this class sponsored by Austin/Travis County EMS STAR Flight, San Antonio Air Life and other Texas air medical programs. Participants will be actively involved as they learn the fundamentals of air operations. This 4-hour hands-on class will cover what factors should be considered, both

from the ground and air, when air resources will be utilized during EMS operations. 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](mailto:Casey.Ping@ci.austin.tx.us).

**High Angle Rescue:** \$125, 11/19; 8am-5pm; Off-site (meet at Hilton at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This 8-hour course focuses on working in a high-angle environment. This course covers description of basic equipment used in high-angle rescue, rappelling, belays, simple hauls and lowers, and self-rescue techniques. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For information on class content contact John Green at (512) 974-4166 or [john.green@ci.austin.tx.us](mailto:john.green@ci.austin.tx.us). Note: one-day class.

**Confined Space:** \$125; 11/19; 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 opera-

# Pre-conference classes



## November 18, 19 and 20

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tions 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 information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. Note: one-day class.

**Land Navigation:** \$125; 11/19; 8am-5pm; Radisson/Outdoors; 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 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 information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. Note: one-day class.

**Basic Disaster Life Support:** \$150; 11/19; 8am-5pm; Austin Convention

Center; CE: Clinically-Related Operations. The Basic Disaster Life Support course was developed to address the need to standardize emergency response and treatment for mass disasters, terrorism and other public health emergencies. It is intended to provide a uniform standard of competencies, skills and knowledge to front line health care and public health responders. It focuses equally on the clinical and public health aspects of disaster. BDLS is a one-day training program in which participants are expected to gain a fundamental understanding and working knowledge 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 D.I.S.A.S.T.E.R. paradigm which provides an organized approach for the management of disasters. For more information contact Raymond E. Swinton, MD, at beardogMD@aol.com or (817) 271-7801.

**Difficult Airway Management: Sensory Overload Lab:** \$150; 11/19; 8am-5pm; Austin Convention Center; CE: Airway. Managing the complicated airway is often one of the most difficult and stressful situations that EMS personnel face. Simple, unobstructed intubations rarely challenge the experienced provider but with complex airways, paramedics tend to do serial intubation attempts the same way in an effort to secure the airway. Every attempt on the difficult patient should be approached differently if we are to expect different results (i.e., successful intubation). In this course, the

student will be exposed to several rescue airway techniques as well as alternate intubation techniques. The lecture portion of this course is very brief and the students will be moved into a ‘wet’ lab to address suctioning techniques during intubation. Following the morning segment, the students will enter into the “sensory overload” portion of the course. During this section, the instructors and other students will work with the environment to generate high stress levels in the students and then require the student manage the airway of a Airman simulation manikin. For more information contact Steven Dralle at sdralle@amr-ems.com or (210) 559-8936.

**MORE Edutainment! Multimedia Magic:** \$125; 11/19; 8am-5pm; Austin Convention Center; CE: Additional. This class rocks! 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. 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 will be able to present mini-presenta-



# Pre-conference classes

## November 18, 19 and 20

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tions to show off their newly developed skills. Students need to bring a laptop computer. Instructor will send further instructions via email before conference. For information contact Bob Page at edutainment@mac.com or (417) 820-5451.

**BLS Recert Course:** \$20; 11/19; 9am-12pm OR 1pm-4 pm; Austin Convention Center; CE: 1-Prep, 1 Airway, 1 Pt Assess, 3 Medical. Basic Life Support-Healthcare Provider Renewal course is designed for healthcare providers seeking basic life support renewal. The course certifies that the individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for BLS. Providers will be expected to demonstrate infant, child and adult CPR and the use of AED and foreign body obstruction removal techniques. This will be a three-hour course. Copy of current/past certification will be required to attend. *Must have current BLS card.* For more information contact Sam Rodriguez at Sam\_Rodriguez@mhhs.org or (713) 704-6151.

### Sunday only

**Swift Water Awareness:** \$115; 11/20; 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. *You will not be getting in the water.* Lunch provided. For information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. Note: one-day class.

**Slope Evacuation:** \$125; 11/20; 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 information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. Note: one-day class.

**Cave Rescue:** \$125; 11/20; 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 flash-

light, canteen or water bottle, small fanny pack or pack to carry personal equipment. You will get dirty. Lunch provided. For information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. Note: one-day class.

**Advanced Cardiac Life Support for Experienced Providers:** \$95; 11/20; 8am-5pm; Austin Convention Center; CE: 1-Airway, 6-Medical, 1-Spec Cons. The course covers additional content not seen in ACLS and follows a systematic approach to all patients in or pre/post-cardiac arrest. Students will learn to think beyond the mega code charts or protocol books and will need to have a good understanding of what occurs within the body during cardiac arrest and what we can do as medical providers to fix problems. This course allows for opportunities to have open discussions and speak from various experiences. It covers many arrest situations including environmental emergencies, overdoses to poisons as well as medications, and situations outside the normal realm of cardiac arrests. Lunch on own. *Students must have a current ACLS card to attend. The course will also renew ACLS certification.* For information contact Mark Montgomery at clfems505@aol.com or (210) 844-3306.

**Anatomy of Emergency Medicine and Suture Lab:** \$250; 11/20; 8am-5pm; Offsite (meet at Hilton at 7:15am); CE: Prep. This course, held at the Travis County Medical Examiner's building, uses a human cadaver to demonstrate emergency procedures. Common emergency procedures are discussed in a lecture format. Then the course par-



# Pre-conference classes



## November 18, 19 and 20

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ticipants actually perform the procedures. All participants are expected to do "hands-on" work with the cadaver. The procedures are assigned in a lottery-type fashion. Students will be introduced to procedures for simple interrupted sutures. Each student will participate in suturing of simple lacerations on cadavers. Class limit of 25 and this class fills fast! For more information contact Dave Spear, MD at [dave@davemd.com](mailto:dave@davemd.com) or (432) 528-1985.

**HIPAA Compliance:** Securing the Information Without Breaking the Budget: \$100; 11/20; 8am-5pm; Austin Convention Center; CE: Additional. Do you HIPAA? If not, you'd better start as the feds begin auditing records. The student will be introduced to the specifics of information security as it relates to HIPAA. We will explore the essentials of information security and the means to both improve and document the process. The students will have the opportunity to explore their specific systems. The major threats to computer security will be identified and explored, as will tips on eliminating or reducing them. The students will return to their workplaces with the skills to improve their information security posture. The course will also point the student to more extensive resources at low or no cost. These resources will enable them to improve their security posture and document it for any possible legal needs. For more information contact Bob Folden, EdD, at [bfolden@geusnet.com](mailto:bfolden@geusnet.com) or (903) 454-4327.

**Moulage for Patient Assessment Exercises:** \$135; 11/20; 9am-4pm; Austin Convention Center; CE: Additional.

The basics for moulage will be presented including commercial and "make-your-own" supplies. Participants will be shown how to prepare simulated patients for classroom scenarios, disaster drills and practical skills evaluations. Techniques shown will be practiced by participants, on participants (simulated patient volunteers are being sought, but cannot be guaranteed). Participants should bring old clothes that can be cut, stained, burned and generally never used again, along with a 2nd set of clothes to wear when class is over. Note: Latex is used frequently in these techniques, so participants with known latex allergies are asked to bring necessary non-latex supplies. Attendees on own for lunch. For information contact Alan Baker at [alan.baker@victoria.college.edu](mailto:alan.baker@victoria.college.edu) or (361) 572-6443.

**Multi-Lead Medics:** 12-Lead ECG for Acute and Critical Care Providers: \$125; 11/20; 8am-5pm; Austin Convention Center; CE: Medical. Bob will use his new book to present this 8-hour, highly motivating, non-stop interactive course on 12-lead ECG. Presented internationally, the course 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 full-color book 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. Attendees on own for lunch. For more information contact Bob Page at [edutainment@mac.com](mailto:edutainment@mac.com) or (417) 820-5451.

**Spanish for EMS Providers – Beginning Level:** \$125; 11/20; 8am-5pm; Austin Convention Center; CE: Patient Assessment. Your patient speaks fluent Spanish; you don't. What do you do now? Designed for the non-native speaker, this class will enable you to obtain a patient history, complete the patient care report, improve your vocabulary and pronunciation, ask illness and trauma-specific questions, tell your patient what you are doing, and best of all, how to encourage a short reply. Whether you are a gringo or habla a little, this course is for you! Attendees on own for lunch. For more information contact Lynne Dees at [tresgatos@comcast.net](mailto:tresgatos@comcast.net) or (214) 648-6981.

**Testing Your Student for the NR Exam:** \$20; 11/20; 1pm-5pm; Austin Convention Center; CE: Additional. Coordinators, this class will help you help your students pass the NR exam. NR's Phil Dickison will show you how to develop examinations that measure student knowledge, including information on blueprinting an examination and developing items that provide both the student and the educator with useful information. For those frightened of math, this presentation will not be a statistical presentation. It will provide the educator with valuable and useful information for practical use in the classroom. For information, contact Phil Dickison at [phild@NREMT.org](mailto:phild@NREMT.org).



# Texas EMS Conference Classes

November 21, 22 and 23

## Andy Alegria

How to use the Online EMS/Trauma Registry System

## Chuck Allen, III, LP, NREMT-P

Command: We Don't Need No Stinking Command

## Alan Baker, LP

Understanding ECG Blocks

## Jeff Beeson, RN, LP

- 1) Heart Failure Update 2005
- 2) Munchausen's Syndrome by Proxy: Sick Kids or Sick Parent

## Chris Bennett, BS, LP, CCEMT-P

Scenario Based Training and Education

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

- 1) Prehospital Pharmacology: A Common-sense Approach
- 2) Shock: The Physiologic Perspective
- 3) Why Don't We do a Better Job of Treating Pain?

## Beverly Bottorff-Patton, EMT, EMD-Q & Tania Glenn-McIntosh, PsyD, LCSW, CTS

Out of the Field and Into the Comm Center: Crisis Intervention for Communications Personnel

## Ken Bouvier, NREMT-P

- 1) Basic Hazardous Materials for EMS
- 2) Guns: Victims & Violence

## Paul Breaux, LP

Reducing the Stress in Health Service Project Management

## Jasper Brown, EMT-I, EMD

Rescue Triage in the Communications Center

## Steven Butler, LP, NREMT-P

A 3-Dimensional Approach to EMS Education

## Craig Campbell, BA, MA, MS, PhD

Professionalizing Through Higher Education

## Will Chapleau, EMT-P, RN, TNS

- 1) Critical Thinking
- 2) Recruitment and Retention

## Leon Charpentier, EMT-P

Fire Scene Rehab

## Jay Cloud, BA, LP

- 1) Scene Time: Critical or Just Controversial
- 2) What is Killing Our Young Athletes

## Darryl Coontz, LP

Ambulance Collisions: EMS's Dirty Little Secret

## Henry Cortez, CCEMT-P, LP

Penetrating Trauma: The Hole Story

## Brian Cudaback, LP

- 1) EMS Education from a System Perspective
- 2) How Good is Your EMS System?
- 3) Incident Rehabilitation: Do Something!

## James Davis, LP

Multiple Sclerosis: An Introduction

## Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, EMT-B

- 1) Emergency Care of Crashing Kids
- 2) Emergency Newborn Care: The First Moments of Life
- 3) How long can you hold your breath? The near-drowning experience.
- 4) Ipecac, Lavage, & Teaching Them a Lesson: Emergency Toxicology Update
- 5) Trauma for Two or Three: Trauma in Pregnancy
- 6) Unbelievable Emergency Case Studies: EMS & Nursing Made the Difference

## Angela DeTulleo, LP

Clandestine Drug Labs

## Steven Dralle, EMT-P

Controlled Substances and You

## Jimmy Dunn & Wayne Morris

What Can the RAC do for You?

## Brian Erickson, NREMT-P, RN, BS

- 1) Patient Assessment RETRO Style: How Did Johnny and Roy Ever Do It? Patient Assessment Without the Assistance of Batteries or High Tech Equipment
- 2) Obesity in EMS: The Obese and the Formerly Obese Patient Issues and Trends in Obesity
- 3) Back of the Box University: Getting a Real Education at a Distance: Education Options for the busy EMS Professional

## Harold Etheridge, LP

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

## H.T. Fillingim, BS, LP

Mentally Ill Patients: Who You Gonna Call?

## Michael V. Floyd, BS, D-ABMDI

- 1) The Role and Value of EMS to the Local Child Fatality Review Team
- 2) Forensic Medicine: An Overview for EMS Personnel

## Bob Folden, EdD, MA, BA

- 1) Evidence-Based Practice in EMS Education
- 2) Information Security: Do I Care?

## Jeff Fritz, LP

- 1) How Should We Prepare Our Students
- 2) You Have The Simulator: Now What?

## Gene Gandy, JD, LP

HIPAA Update (2 Hours)

## Tony Garcia

- 1) Out With a Bang: Suicide Terrorism and What to Expect If It Hits Home
- 2) Smallpox: Past, Present, and Future

## James Garrison, RN

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

## Donald Gordon, PhD, MD

- 1) Amiodarone, the Current Magic Bullet for EMS Cardiac Ailments
- 2) The Flu and You: A Retrospective Review of the Influenza Virus Situation in the World

## Reagan Grounds, EMT-P

Saving the Patient in Cardiogenic Shock: The Prehospital and Hospital Response

## Homero Guaderrama, RN, MSN, EMT-P, CEN

Infection Control 101: How to Keep The Bugs Out

## Chivas Guillote, RN, EMT-P, CCEMT-P

Prehospital Management of Acute Aortic Dissections/Transections/Aneurysms

## Joseph Hamilton, MS, LP, EMS-C, & Sam Carter, LP, EMS-C

Tech Prep EMT-B

## Michael Hay

Rural Healthcare: A Healthy Alternative for Underserved Areas

## John Hellsten, PhD

Epidemiology of Injury in Texas

## Mike Hudson, LP

A Different Kind of Patient: EMS Considerations in Palliative Care

## Kelli Isaacks & Sam Gutierrez

Understanding and Using the TxDOT EMS Education Grant

## Kelly M.K. Johnson

Data and Reporting: How Are These Important to Me?

## Linda Jones, MSPH

Public Health Model of Injury Prevention and Control

## Daniel Kehoe

The Next Big Thing in EMS: Patient Advocacy Team

# Texas EMS Conference Classes

November 21, 22 and 23



## Robert Knappage, EMT-P

- 1) I Think I'm Having an MI
- 2) Not Now, I Have a Headache: Migraines, Cluster, and Other Types of Headaches

## Daniel Kocurek, MD

- 1) The End of Medical Morphine in EMS
- 2) EMS Mistakes and How to Prevent Them

## Baruch Krauss, MD, EdM, FAAP, FACEP

- 1) Full Spectrum Capnography in EMS (2 hr.)
- 2) Pediatric Airway Management

## Darren Lacroix, EMT-P

Managing the Tachycardic Patient

## Donald Locasto, MD

- 1) No Ambulance Available: So What!
- 2) Prescription Drugs for the Prehospital Care Provider

## James Loflin, MD, FACEP

Quality Improvement in EMS: A How-To

## Don Lundy, BS, NREMT-P

- 1) Clearing C-Spine in the Field: Can It Really Be Done
- 2) Diversions: Scourge of the Galaxy

## Kelly McCauley, BS, LP, NREMT-P

Predicting the Difficult Airway

## LTC John McManus, MD, FACEP

- 1) Continuous "Real-Time" Physiological Data Collection in Trauma Patients
- 2) Pain Management in the Austere Environment: Tricks of the Trade
- 3) How Are We Training Our Combat Medics?

## Greg Middleton, EMT-P

Communications Performance Measures: How Does Your Communication Center Measure Up?

## Louis Molino, Sr., EMT

Injury Prevention as an EMS Function

## Jamie Moore, RNC, WHCNP

Predator Drugs

## Jeff Morris, NREMT-P, & Roy Yamada, MD

Saving the Asthma Patient: In-Extremis

## Timothy Nall, NREMT-P

Trauma Code = Futility

## Kenneth Navarro, LP

Vasopressin: Magic Bullet or Snake Oil

## Michael Nelson

Determinate Dispatching: Saving the Lives of Life Savers

## Bob Page, NREMT-P, CCEMT-P

- 1) How's The Breathing?
- 2) I'm Not A Good Dancer, I'm Just Drunk

## Dave Page, MS, NREMT-P

- 1) You Make The Call: Cases with a Twist
- 2) Demystifying the Elusive and Magical "Clinical" Experience
- 3) The Booze Challenge

## David Pearce, EMT-P

Helping Your Students Pass the NREMT Exam

## Paul Pepe, MD, MPH

- 1) Immediate Counter shock for Ventricular Fibrillation: Elemental or Detrimental
- 2) Jumping Jack Flash: It's A Gasp
- 3) The ROC and Role of EMS: New NIH Resuscitation Outcomes Consortium

## Brian Petrilla, EMT-P

Circle of Protection: Think Child Safety & Think Senior Safety

## David Phillips, BS, LP

- 1) Airways from Hell
- 2) Bad Breathing Blues
- 3) Things I Wish They Told Me in Paramedic School

## Edward Racht, MD & Beverly Bottorff-Paton, EMT, EMD-Q

Send the Calvary! A "Little" Chest Pain Goes a Long Way

## David Rainwater, LP

- 1) Birthin' Babies
- 2) FTO, QCI, and Letters of the Alphabet

## David Retano, EMT-P

Tourette's Syndrome in a Box

## Greg Schaffer, EMT-P, BA

- 1) Becoming an ACE Medic
- 2) EMS: Are You a Fan?
- 3) Patient Care: And Then Some
- 4) The Medic As Team Leader

## Marc Scrivener, EMT

Vicarious Trauma in Prehospital Providers

## Shawn Sims, LP

Rapid Sequence Intubation in the Prehospital Setting

## Stephen Smith, MBA, LP

Geriatric Airway and Ventilation

## Dave Snavelly, BS, EMT-P

Insurance: What You Don't Know Can Cost You

## Lon Squyres, EMT-P

Can't We All Just Get Along?

## Jan Stalder, MSN, FF, LEMT-P

Patient Packaging: The Good, The Bad, and The Ugly (2 Hour - Limited Seating)

## Leslie Teel, LP, NREMT-P

- 1) Alzheimer's Disease
- 2) Why Should I Care About Herb?

## Rhonda Thomas

- 1) Scene Safety in and Around Moving Traffic
- 2) When Devastation Hits the Workplace

## A. Laura Torrez, CCLP

Gang Violence

## Cannon Tubb, RN, BS, MBA, NREMT-P, FP-C

Formats to Finances: Introduction to Obtaining a College Degree at a Distance

## Roger Turner, BS, LP

- 1) FTO's: Shaping Tomorrow's Heroes
- 2) Positional Asphyxia: Recognizing and Treating In-Custody Death Syndrome
- 3) Psychological Emergencies: What to Do and Not Do

## Lance Villers, MA, LP

How To Write Multiple Choice Exam Questions With National Registry in Mind

## Bill Waechter, LP

Leadership Challenges for EMS

## Dudley Wait, BBA, NREMT-P

Smile: You're on "Not-So" Candid Camera

## Dudley Wait, BBA, NREMT-P and Wes Ogilvie, MPA, JD

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

## Rick Wallace, LP

- 1) Compassion: The Difference Between a Good EMT/Paramedic and a Great One
- 2) Geriatric Trauma: It Ain't All The Same
- 3) Weaponized Nerve Agents: Why be Nervous

## Kelly Weller, BAAS, LP

Truth or Dare

## Shawn White, LP

- 1) Personnel in the Emergency Department
- 2) Your Airway Tool Belt: Responding to Respiratory Emergencies

## Molly Wilkins, CEN, CCRN

Suicide Presentation: Question, Persuade and Refer (2 Hour)

## Dave Williams, MS, LP

Generations in the Workplace

## Karen Yates, RN, BS, CEN, LP

Why Mothers Kill Their Children

## Mike Yudzky, EMT-P

Bites and Stings of Summer

## Education Committee

**Jodie Harbert III, LP, Chair**  
Methodist Health System  
EMS Biocare

**Maxie Bishop, Jr., LP**  
GETAC Liaison  
Dallas FD

**J. Alan Baker, LP**  
Victoria College

**Scott Bolleter, EMT-P**  
Vita Care

**Maria Carter, EMS-C**  
Texas Emergency Training

**James DeLoach, LP**  
South Plains College

**Jerry S. Findley, LP**  
Texas Tech/Lubbock EMS

**Jeffrey Fritz, LP, NREMT-P**  
Temple College

**Alejandro Garcia, LP**  
Wichita Falls FD, Vernon  
College

**William (Bill) Gardner,**  
EMT-P  
Austin-Travis County EMS

**Kenneth Harris**  
McLennan College

**Jane E. Hill, LP**  
TechPro Services, Inc.

**Eric Lynn, MBA, NREMT-P**  
Northwest Texas  
Healthcare System

**Scott Mitchell, LP**  
Flower Mound FD

**William Paris, LP, CCEMT-P**  
Refugio EMS

**Kyle Pierce, LP**  
Austin Community College

**Michael D. Smith, LP**  
Kilgore College

**Jeremy VanAusdall, EMT-P**  
Spring Branch VFD  
New Braunfels FD

**Edwin Walker,**  
EMT-P  
Metro Care EMS

*Vance Riley was  
appointed to  
GETAC.*



# GETAC Recap

## *Rules and Scope of Practice on agenda in May*

**T**he Governor's EMS and Trauma Advisory Council (GETAC) met on May 26-27, 2005, in Austin. It unanimously approved the minutes from its meeting on November 21, 2004, and February 11, 2005 (with a minor grammatical correction), on a motion made by Marti VanRavenswaay and seconded by Pete Wolf, and heard reports from the chair, committee/task force chairs, and Department of State Health Services (DSHS) staff.

Chair Ed Racht, MD, announced the appointment of Mike Click, RN, as Rural Trauma Facility representative; and Hector G. Longoria, as General Public representative. Both new members introduced themselves to the Council.

Dr. Racht reported that new committee appointments have been finalized and the members are listed on the DSHS Office of EMS/Trauma Systems Coordination (OEMS/TS) website. He explained that he and Mr. Wolf had made the decision to only allow a person to serve on one committee at a time due to the number of qualified applicants for each committee. Dr. Racht stated that he would work with the committee chairs if any changes of committee membership became necessary.

Dr. Racht announced a change in dates from the dates originally set for the August GETAC meeting: the new meeting dates will be August 30, and September 1 and 2,

2005, at the Hilton Austin Airport. He added that some stakeholders want to explore expanding the venue at GETAC meetings to possibly include both continuing education (CE) presentations and vendors.

Dr. Racht reported that public comment was quickly ending for the draft National Scope of Practice Model Draft 2.0, which removed the advanced paramedic level of certification included in the first draft. There was a meeting to talk about this version of the draft in Washington, D.C., on June 12-15, 2005.

Dr. Racht also told the council that if 79<sup>th</sup> Texas Legislature Senate Bill 330 (Stroke Center bill) is signed by the governor as anticipated, it will create a Stroke Committee within GETAC. In addition to defining the committee's membership, the proposed legislation relates to the development of a statewide stroke emergency transport plan and stroke facility criteria. Dr. Racht encouraged those in attendance to consider this opportunity and what other stakeholders will be brought into this new process.

### **Staff, committee, task force and workgroup reports**

*DSHS Staff:* Issues addressed by staff included: a new process for rules under the Health and Human Services Commission; the current legislative session in which DSHS staff followed approximately 300 bills; an impending five percent reduction across the board in appropriations for every state agency; an introduction of Marc Connelly, who has been assigned as legal counsel to the OEMS/TS; a reminder that the 2005

Texas EMS Conference is scheduled for November 18 - 23, 2005, in Austin; an announcement that the location of the 2006 and 2007 conferences has not been determined, but could be in Austin, Houston or Dallas; a reminder about the July 7 deadline for nominations for the Star of Texas award, which is given to those emergency responders killed or seriously injured in the line of duty; and a reminder about the Extraordinary Emergency Fund, which is available to licensed EMS providers, hospitals and registered first responders for emergencies situations. The EMS/Trauma Registry staff reported that their federal grant funding for staff may be cut this year and they are working on forming partnerships with other organizations to apply for grants; and reminded GETAC that the Registry database is closing out fiscal year 2005 on May 31<sup>st</sup>. Questions about staff reports may be directed to the OEMS/TS (512-834-6700) or the EMS/Trauma Registry (512-458-7266).

*Comprehensive Clinical Management Program Strike Force* – Leigh Anne Bedrich, co-chair, updated the Council on the implementation of the Comprehensive Clinical Management Plan (CCMP). Three possible sites have been selected for the pilot program.

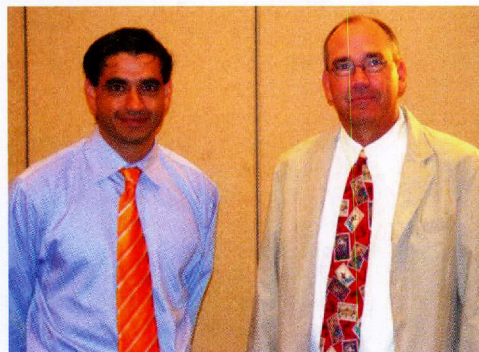
*EMS Committee* – Chair Pete Wolf reported that the EMS Committee discussed the National Scope of Practice Model Draft 2.0 and approved sending a letter with the committee's comments to the National Scope of Practice Model Task Force meeting in Washington, D.C., next month. The EMS Committee also discussed the addition of pediatric equipment to be placed in §157.11, *EMS Provider Licensing*, an addition to the rule that was recommended by the Pediatric Committee. The EMS Committee voted in favor of the addition of the pediatric equipment to be added to the rule.

*Education Committee* – Chair Jodie Harbert III reported that the Education

Committee approved a change in the CE content areas to take hours out of the "Additional Units in Any Approved Category" and to add those hours to a "Pediatrics" section. The proposed pediatric CE hours are: ECA, three hours; EMT-B, six hours; EMT-I, nine hours; and EMT-P, 12 hours. The committee discussed in depth the "fail and bail" rate for the National Registry of Emergency Medical Technicians (NREMT) testing and raised questions about the data. The committee will discuss the matter again when the information is clarified. Mr. Harbert reported that the committee discussed the National Scope of Practice Model Draft 2.0 and approved sending a letter with the committee's comments to the National Scope of Practice Model Task Force that meets next month in Washington, D.C.

*Trauma Systems Committee* – Chair Ronny Stewart, MD, reported the committee approved the proposed changes to §157.125 *Requirements For Trauma Facility Designation*. The committee also discussed §157.131, *Designated Trauma Facility and Emergency Medical Services Account*, and approved the proposed changes to it as well. Dr. Stewart also reported that the Texas Foundation for EMS and Trauma Care continues to move forward with its development, including development of bylaws.

*Pediatric Committee* – Chair Joan Shook, MD, reported that the Pediatric Committee discussed the actions regarding pediatric equipment and continuing education taken by the EMS and Education committees. They also had discussions of pediatric committees within the RACs and what the committee would like to accomplish in the future.



Left, Hector G. Longoria, was named as General Public representative and right, Mike Click, RN, was named as Rural Trauma Facility representative.

## Air Medical Committee

**Shirley Scholz, RN, CCRN, EMT-P, Chair,** AeroCare

**William "Bill" Waechter, LP**  
ViceChair,  
San Antonio AirLife

**Eric Epley, EMT-P**  
Southwest Texas RAC

**Charles "Andy" Faletto, BA**  
Memorial Hermann Life Flight

**Jeanine Graf, MD**  
Texas Children's Hospital

**Stacy Gregory, RN, LP**  
Mother Frances Hospital  
Flight For Life

**Dennis Hebner, LP**  
Valley AirCare

**Richard Moreland, EMT-P**  
Driscoll Children's  
Hospital Transport Dept.

**Robert Phelan III, MD**  
MCHCarestar/AirMed  
El Paso

**David Phillips, LP**  
Scott & White PreHospital

**Casey Ping, NREMT-P**  
STARFlight Program  
Manager

**Rickey Reed, EMT-P**  
SouthwestHelicopters/  
Texas LifeStar

**Robert Simonson, DO**  
CareFlite DFW

**James Speier Jr, NREMT-P**  
EMTC Air 1

**Daniel Updike, RN, LP**  
AirMed 1

**Marti VanRavenswaay,**  
Tarrant County  
Commissioner

**Beverly Welch, RN**  
Texas Association of  
Trauma RACs

**Neil White, LP**  
Critical Air Medicine

**Alicia Wiren, LP**  
PHI Air Medical Texas

## GETAC Committees

### EMS Committee

**Pete Wolf, EMT-P, Chair**  
Windthorst Volunteer FD

**Anita Aaron, NREMT-P, LP**  
Associated Ambulance Authority

**Christian Callsen, Jr., LP**  
Austin/Travis County EMS

**Leon Charpentier, EMT-P, LP**  
City of Harker Heights

**Gary D. Cheek, RN, EMT**  
Abilene FD

**Sharon Daniel, EMT-P, EMS-C**  
TX-3DMAT

**Gary Dean, LP, EMT-P**  
East Texas Medical Center

**Noel Garcia, EMT-P**  
Starr County Memorial Hospital EMS

**Ron Haussecker, EMT-P**  
Washington County EMS

**Dwight Hook, EMT-P**  
Village FD

**Allen Johnson, LP**  
Montgomery County Hospital District

**Lucille Maes, LP**  
Angleton EMS

**Jeff Majewski, EMT-P**

**Larry Mitchell, LP**  
City of Bovina

**Danny Owen, EMT-P**  
Comanche Co. Consolidated Hosp. District

**Chris Schultz, EMT-P**  
CareFlite Dallas/Fort Worth

**Dudley Wait, EMT-P, BBA**  
City of Schertz

**Gene Wright, FF/LP**  
DFW Airport DPS/Tri-City EMS

**Tracy Thomas, NREMT-P**  
AMR

### Injury Prevention Committee

**Mario Segura, RN, Chair**  
Starr County Memorial Hospital

**Dory Collette**  
Children's Hospital Austin

**Mary-Ann Contreras, RN**  
Harris Methodist Hospital

**Robert Folden, EdD, EMT-B**  
Texas A&M University-Commerce

**Larry Gentilello, MD**  
UT Southwestern Medical School

**Susan Hirtz, RN**  
Texas Childrens Center for Childhood Injury Prevention

**Tammy Jones, RN**  
Covenant Medical Center Lubbock

**Gary Kesling, PhD, MBA**  
UTMB at Galveston

**Clifann McCarley, RN**  
Parkland Hospital

**Marcella McFarland, RN**  
Hillcrest Baptist Medical Center

**Marjorie Mellott, LVN**  
Val Verde Regional Medical Center

**Molly Wilkins, CEN, CCRN**  
Harris County Hospital District

**Jennifer Northway**  
Methodist Healthcare, Trauma Department

**Ramiro "Ram" Perez, RN**  
Concho County Hospital

**Julie Sanchez, MD**  
Austin Pediatric Surgery Association

**Seana Tamisiea**  
Texas Childrens Hospital

**Gilbert Torres, LP**  
RAC-V

### Medical Directors Committee

**Steven Ellerbe, DO, Chair**  
City of Liberty FD/EMS

**Frederick N. Hagedorn, MD**  
University Medical Center Lubbock

**David Persse, MD, FACEP**  
City of Houston

**Donald Gordon, PhD, MD**  
San Antonio FD; Leon Valley FD

**John Ansohn, DO**  
Baylor Regional Med. Center, Grapevine

**R. Donovan Butter, DO**

**Dave Spear, MD, FACEP**  
Medical Center Hospital

**Donald G. Phillips, DO, FACOEP, FACEP**  
Tarrant County Hospital District

**Juliette Madrigal-Dersch, MD**  
Marble Falls EMS

**Robert Greenberg, MD, FACEP**  
Texas A&M University Health Science Center College of Medicine

**Stephen Seifert, MD, FACEP**  
Shannon Hosp. ED, UTHSCSA

**William Moore, MD, FACEP**  
East Texas Medical Center

**Mitchell R. Moriber, DO**  
MetroCare EMS

**Steven Arze, MD**  
City of Marshall FD

**John G McManus, Jr., MD, U.S. Army**

**John Griswell, MD, FACEP**  
Fort Worth MedStar, Huguley Hospital

**Bryan Bledsoe, DO, FACEP**  
George Washington Univ. Medical Cntr.

**Matthew Young, MD, FACEP**  
LifeNet, Inc. EMS  
Christus St. Michael Hosp. Emergency Svcs.

**James R. Loflin, MD**  
City of El Paso EMS

### Pediatrics Committee

**Joan Shook, MD, Chair**  
Texas Childrens Hospital

**Kimberly Aaron, MD**  
Cooks Childrens Medical Center

**Thomas J. Abramo, MD**  
Emergency Medicine, Southwestern Medical Center

**Jim Allday, LP, FP-C, RN, BSN, CEN, CCRN**  
Austin-Travis County EMS

**Debbie Brown, RN**  
Children's Medical Center of Dallas

**Britton Devillier, MD, MPH, FAAP, FACEP**  
Cook Children's Medical Center

**Gary Floyd, MD**  
Cooks Childrens Medical Center

**John Fraser, Jr., MD**  
UT Medical Branch

**Bonnie Hartstein, MD**  
San Antonio Uniformed Services Health Education Consortium

**Craig Huang, MD**  
University of Texas Southwestern

**Charles Jaquith, LP**  
Waco PD

**Eric N. Levy, MD, FAAP, FCCP**  
Amarillo Area Healthcare Specialists, LLP

**Muriel Lanford, RN, MSN, CEN**

**Cynthia McMinn, RN**  
Driscoll Childrens Hospital

**Lakshmy Rajagopalan, MD, JD**  
Pediatrix Medical Group

**Sally K. Snow, RN, BSN**  
Cook Children's Medical Center

**David E. Wesson, MD**  
Baylor College of Medicine  
Texas Children's Hospital

### Trauma Systems Committee

**Ronald Stewart, MD, Chair**  
UTHSCSA

**Jorie Klein, RN, DON**  
Parkland Health & Hospital System  
Trauma Services

**Craig Daniel, MD**  
Medical Center Hospital

**Kenton "Ken" Campbell JD, EMT-B**  
Travis Co. ESD No. 10, CE-Bar Vol. FD

**Jim Parisi, RN, BSN, MBA**  
ETMC-Healthcare System

**Dennis B. Dove, MD**  
Texas Tech University School of Medicine-Amarillo

**Alan Tyroch, MD**  
TTUHSC-El Paso

**David Rives, MS**  
Southeast Texas Trauma RAC

**R. Todd Maxson, MD**  
Children's Medical Center Dallas

**Peter Gembol, RN, BSN, CEN**  
CHRISTUS Spohn Hospital Corpus Christi

**Marjorie Lygas, RN, MS, FNP**  
Memorial Hermann Hospital

**Ruben Lopez, MD**  
Valley Baptist Medical Center

**Susan Domagala, RN**  
Brackenridge Hospital

**Shahid Shafi, MD, MPH**  
UT Southwestern Medical School

**Robert Sloane, MD**  
Harris Methodist Fort Worth

**Walter High, PhD**  
Baylor College of Medicine

**Mark Sparkman, MD**  
UTHSCSA

**Alan Harrison, BS, EMT-P**  
Lubbock EMS

**Kathy Rodgers, RN, MSN, LP**  
Christus St. Elizabeth Hospital

By June McGuire

# FAQ *Criminal Histories*

**Q:** *Someone mentioned a DPS packet to me. What is that?*

**A:** A DPS packet is all necessary paperwork an applicant needs to complete and return to help clear his or her criminal history. It includes a letter, Felony/Misdemeanor Evaluation Documentation Guide, a Felony/Misdemeanor Evaluation form, a Criminal History Request form and a DPS fingerprint form.

**Q:** *How long do I have to return my paperwork, once I get the DPS packet?*

**A:** There are two different deadlines for the information due back to DSHS. The fingerprints and Criminal History Request form are due within 15 days of receipt of the packet. The rest of the information is due back in 90 days. Make sure you don't send the fingerprints back with the rest of the information. They must be mailed to the Texas Department of Public Safety, along with the \$15 fee and the Criminal History Request form.

**Q:** *I am having a hard time getting all of my information together. Can I get an extension on the time?*

**A:** The EMS Specialist assigned to your case will consider requests for extensions on a case-by-case basis.

**Q:** *Where can I get the documentation from my court case?*

**A:** All misdemeanor case information can be obtained from the county clerk's office in the county in which the misdemeanor was adjudicated. All felony case information can be obtained from the district clerk's office where the felony was adjudicated.

**Q:** *Once my information is turned in, how long will it take before my criminal history is cleared?*

**A:** The length of time will vary from case to case. The time depends on the seriousness of the offense, the documentation required and how long it takes you to get

the information back to us.

**Q:** *What are my chances of getting certified if I have a past criminal history?*

**A:** All cases are judged on a case-by-case basis depending on, among other things, seriousness of the crime and length of time passed since the conviction.

**Q:** *I have multiple arrests but no convictions. What are my chances of getting certified?*

**A:** If the arrests are pending, a court date will not hold up your certification, but you must disclose the outcome once there is a final outcome for each case. Failure to notify us could cause you problems at recertification.

**Q:** *Suppose I don't fill in the portion of the application about criminal history at all. Will the application be processed?*

**A:** You will create an unnecessary delay of your certification as your application will be returned to you for completion.

**Q:** *Suppose I have a conviction in a county that I no longer live in. How do I obtain the information? It has been more than eight years and I don't have the paperwork any more.*

**A:** A phone call to the county or district clerk's office in the county in which your offense was committed or a computer search are good places to start your search.

**Q:** *I've never answered "yes" on my application, because I was told my deferred adjudication was dismissed.*

**A:** If your background check shows a criminal history, this means your deferred adjudication still stands. You were just dismissed from probation or community service. To get a deferred adjudication or conviction completely erased off of your record, you must get it expunged.

**Remember:**  
*DSHS does criminal history checks on every initial and renewing applicant.*

By Linda Reyes

# FAQ *EMS Standards*

**Q:** *I own an EMS service and have several employees who hold certification from the NREMT. Is this certification sufficient for staffing an ambulance in Texas?*

**A:** No. Each ambulance must be staffed with at least two *Texas-certified* or *Texas-licensed* individuals, in accordance with 25 TAC, §157.11(e). A violation of this rule may be cause for license revocation.

**Q:** *My employer informed me they are submitting my renewal application and fee through the TexasOnline system. The way I see it, they are simply transcribing the information I provide to them on a signed paper application. Is this okay?*

**A:** No. The intent of the TexasOnline system is for each applicant to directly input and attest to his or her own individual application information. In fact, a statement prompts an applicant to log off if he or she is not the specific individual named. The TexasOnline authority is developing a system to enable bulk fee payments for multiple candidates, but it is not in place at this time.

**Q:** *I've checked my EMS certification status on your website and I see two separate records—one where I am currently certified and another entry that shows I'm deficient for application and fee. How can I have deficiencies if I hold current certification?*

**A:** If the second record status reads "Eligible for TxOnline renewal" it was created as a marker/billing record by our IT department. If you are within one year before and one year after certification expiration, you are eligible for renewal, and this record enables the TexasOnline system to identify you and automatically assess the fee for your online renewal application. The record does not affect your current certification status.

**Q:** *I received a letter telling me I was selected for random audit. Why are you asking me for my fingerprints?*

**A:** In the past we have limited audits to the verification of continuing education accrual. The new audits were broadened to more comprehensively verify other information you provided on the EMS application form. A criminal history inquiry with fingerprints is more reliable than a simple internet lookup, as it eliminates any question of identity, such as duplicate names. The audit also checks for any convictions that may have occurred since your last application submission. Failure to provide a complete set of fingerprints may be cause for denial or revocation of a certificate or license according to state law (HSC § 773.070).

**Q:** *EMS applications include blanks for a "mailing" address and an "alternate" address. What's the difference and why are there two?*

**A:** The mailing address is where your certificate/license, deficiency letters and/or renewal notices will be sent. This is the primary address and is mandatory. Often, individuals are required to list their employer's address here instead of his or her personal address. It's usually because the employer (e.g., large fire departments) pays the certificate/license fee and wants certificates mailed to their headquarters.

The second, alternate address is optional, but is helpful for those who are required to provide the employer's address as described above. Notices of violation, disciplinary orders and audit notices will be sent to the alternate address in addition to the mailing address. It is to ensure the applicant receives important notices directly, at the alternative address.

**EMS/Trauma Systems  
web home page address:**  
[www.tdh.state.tx.us/  
hcq/ems](http://www.tdh.state.tx.us/hcq/ems)

**EMS Standards home  
page:** [www.tdh.state.tx.  
.us/hcq/ems/  
stndhome.htm](http://www.tdh.state.tx.us/hcq/ems/stndhome.htm)

**Internet certification  
and application verifica-  
tion** now on web site at:  
[http://160.42.108.3/  
ems\\_web/  
blh\\_html\\_page1.htm](http://160.42.108.3/ems_web/blh_html_page1.htm)

**Certification verifica-  
tion phone line:**  
512-834-6769

**Fax number:**  
512-834-6714

**email address:**  
[emscert@dshs.state.tx.us](mailto:emscert@dshs.state.tx.us)



By Aaron Patterson, BS

# FAQ *EMS Education*

**Q:** *I am Texas DSHS-certified but not NREMT-certified. How can I test to become NREMT-certified?*

**A:** If you are already DSHS-certified and just want to test and become NREMT-certified, you will need to find an independent test site and submit the appropriate paperwork and requirements set by the NREMT. You can view the requirements for NREMT at [www.nremt.org](http://www.nremt.org). Click on EMT & Candidate News. Then click on Registration Procedures. Click the appropriate level for your certification. Or you may call NREMT directly at (614) 888-4484.

**Q:** *I want to be really prepared for my NREMT test. Do you have any resources for National Registry practice exams?*

**A:** DSHS does not have study guides for any NREMT tests. However, NREMT has two resources. Neither is a practice test but may help you get an idea of what test questions are like. For \$15, you can purchase a self-assessment test for the basic level; a paramedic-level CD-ROM assessment is available for \$30. Go to [www.nremt.org](http://www.nremt.org) and click on EMTs & Candidates, and then click on Candidate Services. The items can be found under "Purchase NREMT Candidate Items." Or you can call (614) 888-4484 for more information. Your course coordinator may have some ideas for you as well.

**Q:** *Is it true that NREMT testing is going to be completely computerized soon?*

**A:** NREMT plans to completely transition to computer-adaptive testing

by January 2007. Instead of a traditional pencil and paper testing, students will travel to Pearson VUE testing centers to take exams on computers at that facility. The list of Pearson VUE sites in Texas is not finalized, but watch our website for a link to the map when it is released by NREMT. State EMS Director Terry Bavousett has been working closely with NREMT to make sure that Texas is covered. Many other professions, including the National Council on State Boards of Nursing, have made transition to this type of testing. Texas uses NREMT for all levels of testing, so when NREMT goes to computerized testing, so will Texas. There are 46 states and the U.S. military that currently use NREMT at multiple levels of EMS certification.

If you have a question you feel would be important for the FAQ: EMS Education column, please submit those questions to:

Aaron P. Patterson, BS, EMS Specialist  
Texas Department of State Health Services  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756-3199  
Phone: (512) 834-6700, Ext. 2032  
Fax: (512) 834-6736  
Email: [aaron.patterson@dshs.state.tx.us](mailto:aaron.patterson@dshs.state.tx.us)



**Texas EMS Conference**  
**Austin, Texas**  
**November 20-23, 2005**

# Understanding the LZ

By Jay Marsolan, LP, RN, BS

PHOTO OF CAREFLITE'S HELICOPTER IS FOR ILLUSTRATION ONLY.  
PHOTO BY B. KINNEY



*“Helicopter 1 to Engine 6, we have the LZ in sight and are turning for final approach.” The pilot makes a slow left turn and slows to a gradual descent toward the ground. The Landing Zone (LZ) coordinator on Engine 6 begins to back off of the LZ when suddenly he notices a shadow on the ground. He looks up and sees a power line that he failed to identify when he picked out this spot for a LZ...*



The sound of the blades beating the air grows louder as the helicopter descends. The LZ coordinator thinks to himself, "Oh no, should I say something? People will think I'm stupid. Maybe they'll miss the line..."

Helicopter emergency medical services (HEMS) are routinely used in the transport of the sick and injured. In most cases, these patients are in critical condition. The incidents have a high level of excitement and chaos, either from a complicated extrication or challenging medical condition. Adding a helicopter with its noise and wind can often increase this anxiety. If the personnel on the ground are not appropriately prepared, the already chaotic scene coupled with an aircraft can be a recipe for disaster.

Selecting and preparing a safe and efficient LZ is the foundation for a successful HEMS operation. It is imperative that personnel who work with helicopter air medical services understand and apply the necessary techniques to ensure a safe landing and departure for the helicopter.

### **Introduction**

Why are helicopters used to transport patients from scenes, instead of using airplanes? The easy answer is because of the helicopter's maneuverability, and more specifically, the helicopter's ability to hover. Hovering means that a helicopter can lift vertically, instead of lifting off horizontally like an airplane.

Have you ever looked closely at an airfoil, as known as an airplane wing? The top side of the wing is curved, while the bottom side is flat. As the wing moves forward through the air, the curve on top of the wing forces the air to travel greater distance than the air going under the wing moves. To make up for the greater distance, air going over the top of the wing travels faster than the air going under the wing. This creates an area of low pressure above the wing that pulls the wing upward. This effect is called lift.

The main rotor blades of a helicopter work much like the wings of an airplane. As the blades rotate, they create lift. Many people compare a helicopter's rotor blades to an airplane's propeller.

An airplane's propeller is simply used to make the plane move horizontally. Since a helicopter makes its own lift, it does not require forward motion to move air over a wing like an airplane.

Helicopters utilize the majority of their power to hover. The rotor blades must rotate fast enough to lift the weight of the helicopter. If the helicopter weighs three thousand pounds, it must use enough power to create slightly more than three thousand pounds of lift to overcome the force of gravity and then to hover. That's a lot of power!

## Selecting a LZ

Now that we better understand how helicopters work, we can apply that knowledge when selecting a LZ. There are several important factors to consider when looking for a safe and efficient place to land a helicopter.

The required size of the LZ largely depends on the type of helicopter. Of course, the larger the aircraft, the larger the LZ must be. Therefore, it is important that EMS, law enforcement and fire department personnel are familiar with local air medical provider and the aircraft they use. Most air medical programs offer LZ and helicopter opera-

tions training to their local public safety personnel who assist in landing and working around the helicopter. Contact your local air medical service provider for more information.

Most air medical helicopters, with the exception of larger military aircraft, can safely land within the following LZ perimeter measurements:

- Day time: 75' x 75'
- Night time: 100' x 100'

To get a better idea of how large a 75' x 75' area is, imagine three fire engines parked nose to tail. That length, which is approximately 75' long, would be one side of the LZ perimeter. Most air medical programs recommend or request a slightly larger perimeter at night to increase safety and allow more room for error.

Keep in mind these are minimum measurements for a safe LZ. The bigger the LZ, the better.

Designated LZs can also be advantageous in establishing a consistent, safe location for landing the helicopter.

As a general rule, the closer the helicopter LZ is to the incident scene, the better. If the helicopter is within walking distance of the incident, the patient can be loaded directly onto the helicopter stretcher and then into the helicopter. This can save considerable time compared to having to load the patient into an ambulance and drive to the LZ.

As a general rule, the near side of the LZ should be at least 100' from the incident scene. As the helicopter approaches the ground, it generates an enormous amount of wind and air turbulence called rotor wash. This can easily blow rocks, dirt and other debris into the scene and even onto the patients if the LZ is too close. The rotor wash from some larger helicopters can even knock adults off balance if they're not paying attention!

Certainly, one should always consider the other factors such as *terrain*, *obstacles*, *wind* and *wires* (TOWW) when deciding the location of the LZ. If the helicopter cannot safely enter and exit the LZ, being closer to the scene is NOT an advantage! In most air medical programs, if the crew does not feel that they can safely land and depart from the LZ, they will request that the personnel on the ground move the LZ to another location. This may increase scene time for the patient, while adding more confusion to the scene.

**Terrain** refers to the type of surface upon which the helicopter will sit in the LZ. When selecting a LZ, there are two components of terrain to consider: surface composition and grade.

**Surface composition** is the type of material covering the surface of the LZ. Surface composition can be many types and combinations of materials



Selecting and preparing a safe and efficient LZ is the foundation for a successful air medical service. The fact that helicopters use most of their power when hovering is an important consideration when selecting and preparing a LZ.

Scott and White's STAT Air helicopter is shown below.



such as asphalt, concrete, gravel, dirt, sand and grass. The best surface composition is one that is solid. Asphalt, concrete and grassy fields are some of the best types of surfaces for a LZ. LZs with a loose surface composition like gravel, sand or dirt can create dangerous situations for the helicopter.

As previously discussed, the helicopter creates a large amount of wind turbulence as it approaches the ground. The rotor wash from the helicopter actually begins to rotate back up toward the rotor blades and then down again. This can cause the pilot's vision to be obscured. Once the pilot loses sight of the horizon line and ground reference, it becomes difficult to hold the helicopter in a still hover. Invariably, the helicopter will drift and can potentially strike an obstruction or the ground if the pilot continues to be unable to see.

While solid surface compositions are preferred, it is still acceptable to use loose surfaces for a LZ. One simple way to mitigate the risk of brown-out is to wet the surface of the LZ. By dampening the surface, the dirt, gravel or sand will better stick to the surface and not be lifted by the helicopter's rotor wash. Be sure not to saturate the LZ, creating a mud hole. It is even a good idea to wet the LZ down even if the surface is solid. This helps the pilot identify the spot where the helicopter should land.

### Obstacles to the LZ

Obstacles refer to any obstruction object inside or around the perimeter of the LZ. Some examples of potential obstacles are:

- Street signs
- Stumps
- Parking blocks
- Poles
- Trees
- Bushes
- Animals
- Antennas
- Towers

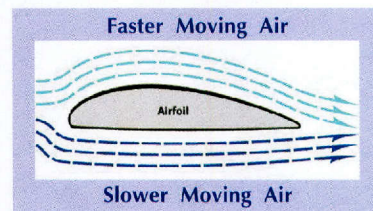
*Grade* refers to the slope of the surface. Large slope angles can create a significant safety hazard for the helicopter and those working around it. A minimal slope of 15 degrees or less is a safe grade for most helicopter ground operations.

**Obstacles** It is essential that all obstacles be safely outside the perimeter of the LZ. The person serving as the ground communications contact must ensure that the pilot is aware of the obstacles around the LZ. Even obstacles in the area that could pose a risk should be identified and communicated to the helicopter. Radio antennas and cell phone and water towers are examples of obstacles that the helicopter should be made aware of. In addition, these types of obstacles can also serve as landmarks for the helicopter crew to help find the LZ.

The taller the obstacle, the farther outside the perimeter of the LZ it should be. If a tall obstacle is too close to the perimeter of the LZ, the helicopter may be forced to hover into a landing. Helicopter pilots generally prefer

*Austin-Travis County STAR Flight routinely flies over downtown Austin, a route full of obstacles.*

*Lift is created by faster moving air traveling over the top of a wing which creates lower pressure, pulling the wing upward.*



to land on a gradual approach slope. Be sure obstacles around the LZ aren't creating a "hover hole" for the helicopter.

**Wires** have long been a nemesis of EMS helicopters. While they could actually be considered an obstacle because they pose such a significant threat, they warrant individual attention.

When you look at an overhead wire from the ground, it is relatively easy to identify. Because the wire is dark in color viewed against the sky (a lighter colored background), the wire can be easily seen from the ground. From the air, the changing background is darker, making a wire much more difficult to see. Looking down from above, the dark wire is camouflaged by the ground which is also dark in color. While this is problematic enough during the day, wires are nearly impossible to identify at night.

Remember to look up when selecting a site for a LZ. Typically, power lines and wires cross streets at intersections. Most motor vehicle collisions occur at or near intersections where there are lots of wires.

**Wind** The relative intensity of the winds along the ground can affect the helicopter as it nears the LZ. An estimate of the intensity of the ground winds can be useful information for the pilot. An easy way to communicate the intensity of ground winds is to relay them as zero if there is no wind, mild if the wind blows slightly, moderate or strong if the winds are gusting or blowing hard.

The other important part of communicating ground winds is to advise the general direction from which the wind is blowing or gusting. When reporting ground wind direction, always use true direction, meaning north, south, east and west. An example is "moderate ground winds from the north."

**Designated LZs** It's a good idea for local public safety agencies and air medical programs to designate helicopter LZs. Local parking lots, athletic fields or

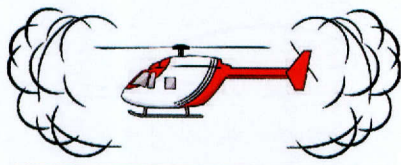
even airports can be assessed by both the air medical program and public safety personnel before a call occurs. They should mutually agree to use that spot as a designated LZ. This gives both parties the opportunity to identify obstacles and pre-plan for landing the helicopter. If possible, a wind sock can be placed to help inform the pilot of wind direction and relative intensity. If the area will be exclusively used as a helicopter LZ, appropriate lighting can be installed around the helipad to assist with landing and working around the helicopter at night. Designated LZs increase safety and eliminate the confusion of locating a LZ at a scene.

## Preparing a LZ

Preparation of the LZ can be minimized by selecting a good site. However, there are some considerations and steps that should be taken once the LZ location has been selected to ensure a safe operation.

**Who's in charge of the LZ?** When the decision has been made to activate HEMS, someone should be made responsible for selecting and preparing the LZ and communicating with the helicopter. When using the Incident Command System (ICS), the incident commander delegates this task to a team member with appropriate knowledge and training. In general, the LZ coordinator should not also be the incident commander. Selecting and preparing the LZ requires that the person direct attention away from the incident itself, concentrating entirely on the LZ and helicopter operation. It would be unsafe and unwise for the incident commander to shirk the overall responsibilities of incident management in order to perform this task.

The LZ coordinator should be familiar and experienced with selecting and preparing a LZ. At best, the LZ coordinator should be familiar with the incoming helicopter and its size. Being familiar with the helicopter service op-



*The vortex effect can create a large dust cloud around the helicopter obstructing the pilot's view. Pilots commonly refer to this situation as a "brown-out."*

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erator and their individual expectations are important as well. Most helicopter services will provide an orientation about their aircraft and LZ requirements. Individual agencies should contact their local helicopter EMS provider and request this information.

**Communicating with the helicopter** Communication with the aircraft is paramount. For some flight programs, being able to communicate with a ground contact is considered so important that their aircraft will not land at a scene without it. Being able to communicate effectively with the helicopter requires:

- Selecting a common radio frequency.
- Identification of the ground contact person.
- Using only one person to communicate with the aircraft.

Most helicopter EMS services equip their aircraft with multiple radios that have various frequencies commonly utilized by local ground agencies. In general, when a ground agency requests a helicopter, it is helpful for the ground agency to provide information about the radio frequency and ground contact to the helicopter dispatch center. This will allow the helicopter crew to communicate with the ground contact unit early into the operation. It also helps mitigate confusion. Waiting to designate the radio frequency and ground contact unit can cause unnecessary time delays and potentially jeopardize the safety of personnel on the ground and the helicopter crew.

It is essential that only a single person be designated to communicate with the aircraft. Multiple people trying to communicate with the aircraft will result in mixed messages and chaos. All communications concerning the LZ and helicopter ground support operations should be filtered through the single ground contact person.

**Global positioning systems** Almost all EMS helicopters are equipped with a global positioning system (GPS). GPS

uses satellite technology to triangulate the position of the aircraft in reference to the earth. This position is reported in terms of latitude and longitude. The earth is a sphere. Dividing the sphere into 360 equal segments both vertically and horizontally provides degrees of latitude and longitude. These segments are further divided into minute and second increments to provide even more accurate positioning. It is also necessary to provide the direction of the coordinates in relation to the equator (latitude is north/south) and prime meridian (longitude is east/west). Since the United States is north of the equator and west of the prime meridian, GPS coordinates are always latitude north and longitude west.

Handheld GPS units can provide ground support personnel with the exact location of the LZ they have selected. This information can be communicated to the dispatch center or directly to the aircraft by the LZ Coordinator. Once the aircraft has the GPS location of the LZ, it can fly directly to this point by using the on-board GPS map. Most helicopter programs encourage the use of GPS by ground support personnel. GPS takes the guess-work out of locating the LZ and makes the operation much more efficient and safe.

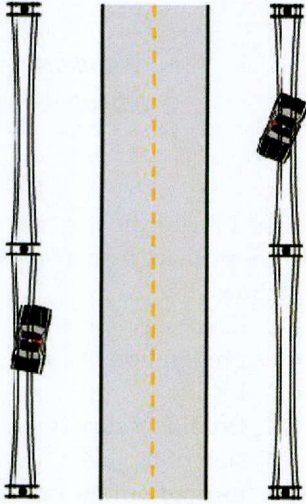
**Marking the perimeter** As the helicopter approaches the LZ, it is helpful for the crew to be able to identify the perimeter of the LZ in order to avoid any obstacles. There are several ways to mark

The LZ coordinator has four primary responsibilities:

1. Final selection and preparation of the LZ site.
2. Continual supervision of the LZ throughout the operation.
3. Direct communication with the helicopter.
4. Ensuring the safety of personnel working around the LZ throughout the operation.



For reporting purposes, GPS location is provided in the following format: direction, degrees: minutes: seconds. Sample coordinates are: North 31° 03':25", West 35° 56':38".



*Another technique to use at night is to direct a light toward a pole or obstacle. Illuminating poles to which wires are attached allow the helicopter crew to both identify the pole as well as the wires. Be sure to keep the light steady and directed at the obstacle and not at the aircraft.*

the perimeter of the LZ.

Vehicles make excellent perimeter markers. Because they are large and usually have emergency lights on top, they are easily identified from the air, especially in a night operation. Vehicles can also be parked parallel and underneath overhead power-lines to help the helicopter crew identify these hazards.

Keep in mind, however, that large, powerful scene lights can create a hazard for the helicopter pilot and crew by robbing them of their night vision. All vehicles being used to mark the LZ perimeter should have their scene lights turned off or directed away from the flight path of the helicopter.

There are several commercial lighting devices that can be used to mark the LZ perimeter. Typically, these light sets come with five strobe lights attached to weighted bases. Four of the lights have the same color lenses. The other light has a lens of another color. This four commonly colored lights mark the four corners of the LZ. The "odd" colored light is used to indicate wind direction to the pilot.

The greatest disadvantage of commercial LZ lights is that they are difficult to see during the daytime. In addition, some of the commercial devices can be blown off their position by larger aircraft. Some of the devices may also be damaged if they are run over by a vehicle or dropped.

Traditional flares are sometimes used to mark LZ perimeters. Flares share many of the same disadvantages as the commercial lighting devices.

Commercial lights and flares are two of the more common techniques and devices used to mark the perimeter of the helicopter LZ. Contact your local helicopter EMS provider to find out what type of perimeter marker they prefer or recommend.

**FOD** What on earth is FOD? Actually, FOD is stuff on the earth. Foreign object debris can be just about anything that will blow or fly in or

around the LZ. When preparing the LZ, it is essential for ground support personnel responsible for the LZ to thoroughly scan the LZ and remove any foreign object debris. This requires that personnel actually walk inside and around the LZ.

FOD can cause several potential problems. FOD can be sucked into the engines and rotor blades of the aircraft, rendering it inoperable. If debris strikes the rotor blades or gets pulled into the engine, the helicopter must be shut down and cannot be moved again until it is inspected by a helicopter aviation technician (mechanic), thus defeating the purpose of calling for HEMS. FOD also creates a safety hazard for patients and personnel near the LZ. Winds created by the rotor wash from the aircraft can launch debris for amazing lengths at incredible speeds. Obviously, this fast-flying debris can easily cause eye injuries and other damage in and around the LZ.

Common examples of FOD include paper waste, plastic sacks and empty aluminum cans. At the scene of an incident, paper and plastics from medical supplies are a large source of FOD. Keep in mind that loose sheets, blankets, hats and caps and other things can also become flying FOD when the aircraft approaches.

**Security** Keeping the LZ secure can be difficult. Depending on the location of the LZ, helicopter ground support personnel may spend as much time keeping the LZ free of personnel and other obstacles as they do during any other part of the operation.

Keep movable obstacles at least 100' from the outer perimeter of the LZ.

Personnel, vehicles, animals and other movable obstacles should be at least 100' from the outer perimeter of the LZ. As previously discussed, one of the most common locations for LZs is on a street. Once the LZ perimeter has been defined and the LZ prepared, it is paramount that vehicles and personnel do not enter the LZ, especially as the aircraft is landing. Helicopter ground support

#### References

1. LZ: Preparing a LZ Booklet. National EMS Pilot's Association, pp. 1-18.
2. Air and Surface Patient Transport: Principles & Practice. Holleran, Renee.
3. Guidelines for Air Medical Crew Education. Association of Air Medical Services.
4. Prehospital Trauma Life Support, 5<sup>th</sup> Edition Revised. National Association of Emergency Medical Technicians.



## Understanding Helicopters

personnel should enlist the help of law enforcement or traffic patrol to assist in keeping personnel and vehicles out of the LZ.

**Highlighting hazards** As previously discussed, some of the most common hazards are wires, poles and antennas. While the hazards are dangerous during the daytime, they become even more precarious at night. The best way to mitigate hazards in and around the LZ is to select an area free of these hazards. In many situations, this is either impossible or impractical. For these times, highlighting the hazards makes them easily identifiable for the helicopter crew.

Wires are difficult to visualize from the air. One way to effectively mark the location of wires is to park a vehicle directly underneath and parallel to the wires. Letting the helicopter crew know that the vehicle or vehicles mark the location of the wires clearly highlights them as a hazard.

### Conclusion

Selecting and preparing the helicopter LZ are the first crucial steps in ensuring a safe and smooth ground support operation. Equipping individuals and departments with this knowledge can save the lives of both ground personnel as well as the helicopter crew. It is paramount that emergency response personnel who work with or around helicopters routinely review and apply this information.

If you would like further information on selecting and preparing a LZ, contact your local helicopter service and request a LZ safety class. Other valuable resources include the National Flight Paramedics Association, Air-Surface Transport Nurses Association and the National EMS Pilots Association.

- One of the greatest benefits to using a helicopter to transport the sick and injured from an incident scene is:
  - Maneuverability.
  - Speed.
  - Flight altitude.
  - Noise.
- Maintaining a vertical altitude without horizontal motion is called a(n):
  - Auto-rotation.
  - Hover.
  - Barrel roll.
  - Nose over.
- Setting up a LZ that requires a helicopter to hover for landing is dangerous because:
  - People may run under the helicopter while it is hovering.
  - A large dust cloud can be created from the rotor wash.
  - The helicopter may run out of fuel.
  - Additional power may not be available to move the helicopter in an emergency.
- The most reliable local source for information on helicopter LZs would be the:
  - Local helicopter EMS program for your area.
  - National EMS Pilots Association.
  - Federal Aviation Administration.
  - Association of Air Medical Services.
- Which of the following dimensions would be reasonable for a LZ to land most air medical helicopters during a nighttime operation?
  - 75' x 75'
  - 100' x 100'
  - 60' x 60'
  - 250' x 250'
- When determining how close to the scene to set up the LZ, one should consider the helicopter's:
  - Noise level.
  - Tail rotor height.
  - Rotor wash.
  - Landing light system.
- You are setting up a LZ near the scene of an accident. There are several suitable options for a safe LZ that vary only by proximity to the scene. Which of the following would be the best option for setting up the LZ?
  - ¼ mile from the scene
  - 100 yards from the scene
  - 75' from the scene
  - 200' from the scene
- What will most likely happen in the event the helicopter crew does not feel that the LZ is safe?
  - The crew will request ground support personnel to move or change the LZ.
  - The helicopter will try to land three times before aborting the flight.
  - The helicopter will immediately abort the flight.
  - The helicopter will fly to the nearest airport and rendezvous with the ambulance.
- Of the following, which would be the best surface composition type for a helicopter LZ?
  - Sandy roadway
  - Grassy field
  - Gravel street
  - Dirt parking area
- Concerning the terrain of a helicopter LZ, grade refers to the:
  - Relative score given to the surface composition.
  - Amount of gravel left on a roadway after resurfacing.
  - Level of slope of the terrain surface.
  - Percentage of likelihood that the terrain is hazardous.

## CE questions—Clinically Related Operations

11. The maximum grade that will provide a safe landing surface for most air medical aircraft is:
  - A. 30 degrees.
  - B. 45 degrees.
  - C. 25 degrees.
  - D. 15 degrees.
12. In general, a tall obstacle such as a radio tower should be located:
  - A. As far as possible from the perimeter of the LZ.
  - B. Close to the perimeter of the LZ.
  - C. Within the perimeter of the LZ.
  - D. At least one mile from the perimeter of the LZ.
13. You are communicating to an incoming helicopter about the LZ. You notice a water tower several hundred yards south of the LZ. It is important to notify the helicopter crew of the water tower because:
  - A. They can notify other aircraft of the tower's location.
  - B. It may help the crew identify the location of the LZ.
  - C. The crew can ensure the tower is properly lighted and marked.
  - D. The area adjacent to the tower may be used as a back-up LZ.
14. The most likely place to find wires crossing is:
  - A. Parking lots.
  - B. Airports.
  - C. Road intersections.
  - D. Football fields.
15. Wires are difficult to visualize from the air because:
  - A. Helicopter crews must focus on the aircraft controls.
  - B. Altitude distorts the visual detail required to see wires.
  - C. It is impossible to see directly beneath the helicopter.
  - D. They are camouflaged by the dark ground below.
16. The acronym TOWW stands for:
  - A. Terrain, Obstacles, Wind, Wires.
  - B. Terrible Old Wicked Winds.
  - C. Terrain, Oils, Wires, Water towers.
  - D. Tactics, Obstructions, Wind Speed, Wires.
17. A local fire department frequently uses an abandoned field as a helicopter LZ. A consideration for the fire department and helicopter service would be to:
  - A. Assign someone to keep the field mowed and cut.
  - B. Put up poles and lights for nighttime operations.
  - C. Lay a concrete slab for the helicopter.
  - D. Contact the owner to designate it as a LZ.
18. The most appropriate person to be in charge of the helicopter LZ would be:
  - A. A first responder familiar with the incoming aircraft.
  - B. A rookie firefighter who has never helped with an LZ.
  - C. The senior fire official who is acting as Incident Commander.
  - D. A bystander who claims that he is a helicopter pilot.
19. Which of the following is NOT a responsibility of the LZ coordinator?
  - A. Final selection and preparation of the LZ site
  - B. Ensuring proper patient packaging for air transport
  - C. Direct communication with the helicopter
  - D. Ensuring safety of personnel working in and around the LZ
20. To ensure effective communications with the helicopter it is essential to:
  - A. Turn off all cellular telephones at the scene.
  - B. Stand in a high place to transmit to the higher altitude.
  - C. Select a common radio frequency to communicate on.
  - D. Designate multiple personnel to contact the helicopter.
21. Which of the following can be used to mark wires during nighttime operations?
  - A. Flares
  - B. Scene tape
  - C. FOD
  - D. Vehicles
22. The acronym FOD stands for:
  - A. Fixed Observation Distance.
  - B. Foreign Object Debris.
  - C. Frequently Oscillating Direction.
  - D. Fell Over Dead.
23. Personnel, bystanders and animals should be kept at least how far from the perimeter of the LZ?
  - A. 100 yards
  - B. 200 feet
  - C. 100 feet
  - D. 200 yards
24. At night, highlighting wires as a hazard for the helicopter can be done by:
  - A. Parking a vehicle by the wire pole.
  - B. Placing a flare under the wires.
  - C. Nailing an orange flag to the wire pole.
  - D. Directing a light at the wire pole.
25. You are the LZ coordinator at the scene of an MVC. The helicopter is on its final approach when you notice a power line stretching across the LZ that you did not notice before. It appears as though the helicopter, on its present course, will safely clear the wire. You should:
  - A. Immediately notify the helicopter pilot of the wire by radio.
  - B. Begin crossing your arms back and forth to wave off the aircraft.
  - C. Shout into the radio the words, "Abort, abort, abort!"
  - D. Direct a strong spot light at the wire so that it can be seen.

This answer sheet must be postmarked by August 20, 2005.

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.**

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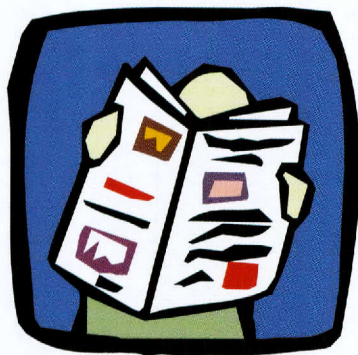
You will receive your certificate for 1.5 hours of CE about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

**Answer Form**

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

- |                                 |                             |                             |                             |                                 |                             |                             |                             |
|---------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 14. 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"/> | 15. 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"/> | 16. 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"/> | 17. 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"/> | 18. 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"/> | 19. 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"/> | 20. 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"/> | 21. 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"/> | 22. 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"/> | 23. 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"/> | 24. 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"/> | 25. 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"/> |                                 |                             |                             |                             |

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



## Did you read?

Researchers recently found that a hormone can make a person more trusting. Oxytocin, also known as Pitocin, appears to increase trust when directly inhaled by reducing the anxiety people feel about interacting with strangers. When volunteers played a trust game, researchers found that the volunteers were more trusting with giving money to strangers after inhaling oxytocin. The oxytocin must be directly inhaled to reduce the anxiety – simply spraying it in the air was shown to be ineffective – and the hormone did not force trust in people. The researchers hope that these results may assist those researching conditions that have decreased or increased trust levels, such as autism and some brain injuries. Oxytocin is generated by the brain and is commonly known for playing a strong role in maternal behaviors. From *USA TODAY*, “Trust via chemistry? Study says it’s possible,” by Don Vergano, June 2, 2005.

Mayo Clinic scientists recently found a striking difference between lean and overweight people. They measured the food intake and levels of the spontaneous motion of volunteers who wore a specialized set of underwear with sensors for motion and position. The scientists found that the overweight people tended to sit more and the lean people were more restless, spending two more hours per day on their feet. This tendency for more pacing and fidgeting caused people to burn an additional 350 calories per day. Most researchers believe that the tendency to be more still or active is genetically determined and this tendency influences an individual’s weight. Researchers call this type of calorie-burn-

ing movement non-exercise activity thermogenesis (NEAT). Since non-exercise activities account for between 15 and 50 percent of the total calories burned in a day, researchers are working on coming up with ways to encourage the people with tendencies to move less to act against their biological (not personal) programming and actually move more. From *The New York Times*, “New Weight-Loss Focus: The Lean and the Restless,” by Denise Grady, May 24, 2005.

Juvenile diabetes may have started as a warming mechanism for man, according to an expert in evolutionary medicine. About 12,000 years ago, the temperature of northern Europe fell by 10 degrees Fahrenheit in just a few decades, creating an ice age practically overnight, and archaeological evidence has found that some groups of people continued to survive in the

**Researchers recently found that a hormone can make a person more trusting.**

cold extremes, even while many more people froze or moved south. The expert theorized that some people might have adapted to the extreme cold by developing Type I diabetes. High glucose levels in the blood prevent the formation of ice crystals in tissues, and when the human life span was less than 25 years, Type I diabetes wouldn’t have had time to cause the serious complications of heart disease, stroke, kidney disease, nerve damage and foot ulcers. However, the individuals would have had time to reproduce, thus passing on the genes to protect their offspring

against the extreme cold. This theory might help explain why certain ethnic groups have higher rates of Type I diabetes, or why Type I diabetes is more common diagnosed in the winter. From *The New York Times*, "New theory places origin of diabetes in an age of icy hardships," by Sandra Blakeslee, May 17, 2005.

**D**etermining if a sports player has suffered a concussion and requires immediate medical attention is easier with a new device. The Display Enhanced Testing for Concussions and Mild Traumatic Brain Injury System (DETECT) uses goggles to show words and shapes to an injured player to test his or her cognitive abilities and memory. The device uses the goggles and ear muffs to block external stimuli such as light and sound, so this device can be used in most environments. The determination of whether a player needs further medical attention can be made in seven minutes. Studies have shown that approximately 70 percent of players who have suffered a head injury returned to the field immediately, and nearly one in five high school players have suffered at least a minor head injury. Individuals who have suffered a minor head injury are more likely to suffer second impact syndrome, a situation where a player becomes more seriously injured after they get hit again and the second injury causes rapid brain swelling. From *USA TODAY*, "Device aims to detect football concussions on the sidelines," by Daniel Yee, April 27, 2005.

**A** federal safety study recently found that men ages 19 to 29 are three times as likely as women the same age

not to wear seat belts. The study found that the use of seat belts by the public is climbing, and men age 16 to 18 were actually the least likely to report not wearing seat belts. The study also found lower seat belt use in the individuals with lower incomes; less education; and those who lived in less populated areas. From *The New York Times*, "Safety: Young Men with No Attachments," by Eric Nagourney, January 5, 2005.

**S**cientists recently announced that a new way to fight malaria has been identified. Two fungi that are harmless to humans and the environment are fatal to mosquitoes and could be used to kill or control mosquito populations. Both fungi have been used in the western U.S. to control aphid, termites and other insect pests

**A federal safety study recently found that men ages 19 to 29 are three times as likely as women the same age not to wear seat belts.**

for several years, and scientists believe that within five years, they can develop a product for controlling mosquitoes. While mosquitoes have developed resistance to many of the chemicals used to control their population, no resistance to the fungi has ever been reported. Malaria kills more than 1 million people each year and the number of malaria deaths is rising, despite the advent of new drugs and better protective netting. From *Houston Chronicle*, "Mosquito-killing fungi could help fight malaria, scientists say," by Donald G. McNeil, Jr., June 13, 2005.

**Did you read?**

## GETAC report continued

### *Injury Prevention Committee*

Chair Mario Segura reported that the committee is on target to reach the goals set forth in GETAC's Strategic Plan and had placed its injury prevention manual and injury prevention plan on the OEMS/TS website. Committee member Molly Wilkins will be presenting a Question, Persuade and Refer (QPR) course relating to suicide prevention at the Texas EMS Conference 2005. The committee will share a booth with the Texas EMS/Trauma Registry and the Data, Informatics and Research (DIRT) Task Force at the conference, where they will distribute "canned" injury prevention programs for people to take back to their communities. Committee member Gary Kesling has developed a draft injury prevention white paper and will be working with the committee to get this paper completed.

### *Medical Directors Committee*

Chair Steve Ellerbe, DO, reported that the committee discussed the National Scope of Practice Model Draft 2.0 and approved sending a letter with their comments to the National Scope of Practice Model Task Force. The committee discussed the Comprehensive Clinical Management Program (CCMP) and a course for medical directors, both of which are still under development. The committee discussed the GETAC "position papers" and may bring some of them to GETAC soon for discussion.

*Air Medical Committee* – Chair Shirley Scholtz reported that the new committee received its charge from GETAC Chair Ed Racht, MD; discussed possible rule changes where designated trauma facilities would be required to notify air medical providers and RACs within 120 days of all non-emergent changes that affect air medical access to designated landing sites; and further clarified that air

medical providers need to notify DSHS and RACs when starting businesses or of any changes in business within 30 days. The committee also discussed CAMTS accreditation draft rule language.

*Data, Informatics and Research Task Force* – Mario Segura reported on behalf of the Data, Informatics and Research Task Force. He reported that Task Force Chair Bob Folden and Gary Kesling would be working on definitions with the EMS/Trauma Registry.

*DSHS Preparedness Coordination Council* – Leon Charpentier reported that the council continues to working on preparedness issues.

*Traumatic Brain Injury Advisory Council* – Todd Maxson, MD, reported that the TBI Council is working on the development of a plan with unique identifiers of TBI.

*DSHS Hospital Licensing Rules Review Workgroup* – Jim Parisi reported that this workgroup has had discussions about hospital licensing rules that would require emergency services to be included at all hospitals where there are official blue hospital directional signs along the roads.

*Other discussion:* Four issues on the agenda were assigned to committees for further discussion. The EMS Committee and RAC Chairs will discuss on the idea of tying EMS licensure to RAC patient triage guidelines; the Trauma Systems Committee will discuss providing financial incentives to hospitals providing trauma services greater than their level of designation and if there will be financial consequences for hospitals without physician compensation plans; and the EMS Committee will discuss EMS subscription plans and whether they should be regulated by DSHS or the Department of Insurance.

**Discussion of Reports** GETAC heard public comment on the reports

and other general issues.

**Action Items** A motion was made by Pete Wolf and seconded by Marti VanRavenswaay to package §157.14, §157.33, §157.34 and §157.40 into one topic for voting purposes. The motion passed unanimously.

A motion was made by Mike Click and seconded by Frederick Hagedorn, MD, to send the package to the Texas Health and Human Services Commission (HHSC). The motion passed unanimously.

A motion was made by Ronny Stewart, MD, and seconded by Mario Segura to send §157.125, *Requirements For Trauma Facility Designation*, to HHSC. The motion passed unanimously.

A motion was made by Ronny Stewart, MD, and seconded by Marti VanRavenswaay to send §157.131, *Designated Trauma Facility and EMS Account*, to HHSC. The motion passed unanimously.

A motion was made by Ronny Stewart, MD, and seconded by Pete Wolf to send the letters received from the EMS, Education and Medical Director committees to the National Scope of Practice Model Task Force with a cover letter to be written by Ed Racht, MD, GETAC chair. The motion passed unanimously.

A motion was made by Ronny Stewart, MD, and seconded by Vance Riley to form a new RAC Committee within GETAC. After lengthy discussion by the Council and public about how GETAC would begin to work with the Texas Association of RACs to determine committee selection process, Dr. Stewart withdrew his motion.

The next meeting date for GETAC is September 2, in Austin. Standing committees and task forces will meet on August 31 and September 1.

*Adjournment:* The meeting was adjourned at 3:15 p.m.

## Disciplinary Actions

THE INFORMATION IN THIS SECTION IS INTENDED TO PROVIDE PUBLIC NOTICE OF DISCIPLINARY ACTION BY THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES AND THE OFFICE OF EMS/TRAUMA SYSTEMS COORDINATION 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 OR EMAIL [EMS\\_Complaint@dshs.state.tx.us](mailto:EMS_Complaint@dshs.state.tx.us)

The Texas Health and Safety Code can be found at [www.capitol.state.tx.us/statutes/hstoc.html](http://www.capitol.state.tx.us/statutes/hstoc.html)

All of the Texas Administrative Code can be found at [lamb.sos.state.tx.us/tac/](http://lamb.sos.state.tx.us/tac/)

To find EMS-specific information in the Texas Administrative Code, go to [www.texas.gov](http://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/ems/spolicy.htm](http://www.tdh.state.tx.us/ems/spolicy.htm)

**Addington, Dorothy**, Arlington, TX. 24 month probated suspension of EMS certification through September 19, 2005, misdemeanor conviction, felony conviction and a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

**Alaniz, Rene**, Mission, TX. 48 month 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 month probated suspension of EMS certification through September 26, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

**Armijo, Michael**, Corpus Christi, TX. 24 month probated suspension of EMS certification through July 21, 2006 for 1 felony conviction and 4 misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c)

**Atascocita V.F.D.**, Atascocita, TX. \$5,000 administrative penalty, 36 month suspension 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).

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

**Bandera County EMS**, Bandera, TX. \$1,000 administrative penalty probated through September 2005. EMS Rules 157.16(d)(1); (14); (19); 157.11(l)(1); (2); (13).

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

**Binch, Donald**, EMT, Lola, TX. Emergency suspended. EMS Rule 157.36. (February 1, 2005)

**Binkowski, Casey**, Houston, TX. 12 month probated suspension of EMS certification through October 6, 2005, for 1 misdemeanor deferred adjudication probation. EMS Rules 157.37 and 157.36(b) and (c).

**Boatright, Mercy**, EMT, Ingleside, TX. 12 month probated suspension through April 4, 2006, for violating EMS Rules 157.36, and/or 157.37. (April 4, 2005)

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

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

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

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

**Bullard, Chris**, Mesquite, TX. 12 month probated suspension of EMS certification through October 6, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).

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

**Butera, Jeffrey**, Sugar Land, TX. 24 month probated suspension of EMS certi-

fication through September 25, 2005 for misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

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

**Caldwell, Kenneth**, San Antonio, TX. 48 months probated suspension of EMT certification through August 2006, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).

**Campbell, Connan**, Hardin, TX. 24 month probated suspension of licensed paramedic thru November 2005. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

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

**Cox, Michael**, Texhoma, Oklahoma. 12 month probated suspension of EMS certification through September 3, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).

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

**Daniels, Cherise**, EMT, Victoria, TX. Emergency suspended. EMS Rule 157.36. (April 13, 2005)

**Decesare, Edward**, Schertz, TX. Probated suspension of the EMT-I certification through July 2006. EMS Rules 157.36(b)(1); (2); (6); (8); (9); (26); (28); (29).

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

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

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

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

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

**Etheredge, John**, Fort Worth, TX. 24 month probated suspension of EMS certification through November 20, 2005, misdemeanor convictions and misdemeanor deferred adjudication probation. EMS Rules

157.37, 157.36(b) and (c).

**Evans, Art**, Trenton, TX. 12 month probated suspension of EMS certification through September 1, 2005, for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

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

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

**Ferguson, Daniel**, Gilmer, TX. Decertification of EMT-P certification effective August 12, 2005. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

**Fernung, Lloyd**, Austin, TX. 24 month probated suspension of EMS certification through February 2, 2007, for 1 misdemeanor or deferred adjudication and 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

**Freeman, Brian**, EMT, San Angelo, TX. Emergency suspended. EMS Rule 157.36. (February 18, 2005)

**Garcia, Joseph**, San Antonio, TX. 12 month probated suspension of EMS certification through September 3, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).

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

**Gibson, Jason**, Groves, TX. 12 month probated suspension of EMS certification through February 2, 2006, for 1 misdemeanor or conviction. EMS Rules 157.37, 157.36(b) and (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 (c).

**Gonzalez, David**, Laredo, TX. 12 month probated suspension of EMS certification through September 17, 2005, for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

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

**Gonzalez, Norberto**, Laredo, TX. 12 months probated suspension of EMT-P certification through September 2005. EMS Rules 157.36(b)(1), (17), (26), and (28).

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

**Grant, Jason**, Amarillo, TX. 24 month probated suspension of EMS certification

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

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

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

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

**Guerra, Humberto**, EMT, Roma, TX. 12 month probated suspension through April 4, 2006. EMS Rules 157.36, 157.37. (April 4, 2005)

**Gutierrez, Robert**, Converse, TX. 24 month probated suspension of EMS certification through November 1 2006, for 1 felony deferred adjudication. EMS Rules 157.37, 157.36(b) and (c).

**Guy, Derrick**, Coppell, TX. 1 month suspension followed by 23 month probated suspension through May 27, 2007, for violating EMS Rules 157.36 (May 27, 2005)

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

**Harris, Darrell**, Houston, TX. Probated suspension of the EMT certification through July 2006. EMS Rules 157.36(b)(1), (2), (18), (21) and (28).

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

**Headley, Darrell**, Belton, TX. 12 months suspension through August 2005 followed by 36 months probated suspension of EMT certification through August 2008. EMS Rules 157.36(b)(1), (2), (3), (4), (7), (9), (26), (28) and (29)

**Herbert, Robert**, Waco, TX. 12 month probated suspension of EMS certification through September 3, 2005, for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

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

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

**Hobbs, Charles**, Pottsboro, TX. 12 month probated suspension of EMS certification through September 3, 2005, for 2

misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

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

**Ibarra, Gabriel, III**, EMT, Laredo, TX. 12 month probated suspension through April 4, 2006. EMS Rules 157.36, 157.37. (April 4, 2005)

**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 (c).

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

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

**King, Michael**, Grand Prairie, TX. 24 month probated suspension of EMS certification through July 19, 2006, for 1 felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

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

**Lawrence, Allen**, Huntsville, TX. 12 month probated suspension of EMS certification through October 6, 2005, for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

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

**Lifeline Ambulance**, Laredo, TX. Administrative penalty of \$3,340. EMS Rules 157.11, 157.16. (May 27, 2005)

**MacDonald, Daniel**, Jacksboro, TX. 24 month probated suspension of EMS certification through September 02, 2005, misdemeanor convictions and misdemeanor probation revocation. EMS Rules 157.37, 157.36(b) and (c).

**Martin, Barbara**, Laporte, TX. 12 month probated suspension of EMS certification through November 1, 2005, for 1 misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

**Martin, Cindy**, Pipe Creek, TX. 12 months probated suspension of EMT-P certification thru August 2005. EMS Rules 157.36(b)(1), (26) and (28); 157.11(d)(1); 157.11(i)(1).

**Martinez, Manuel**, Sugar Land, TX. 12 month probated suspension of EMS certification through October 6, 2005, for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

**Martinez, Oscar**, Lindale, TX. 48-



month probated suspension of EMT-P certification through September 2007. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

**Martinez, Roberto**, Laredo, TX. Reprimanded for violating EMS Rules 157.36. (May 27, 2005)

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

**Maxwell, David**, Fort Worth, TX. 24 month probated suspension of EMS certification through September 17, 2006, for 1 misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c)

**May, Scott**, Lewisville, TX. 24 month probated suspension of EMS certification through December 31, 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

**McGinnis, Zachary**, EMT, El Paso, TX. 12 month probated suspension through April 6, 2006. EMS Rules 157.36, 157.37. (April 6, 2005)

**McLeod, James**, Burleson, TX. 43 months probated suspension of EMT certification through January 10, 2006, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

**McMurdo, Jay**, EMT-P, Corpus Christi, TX. 12 month probated suspension through April 4, 2006. EMS Rules 157.36, 157.37. (April 4, 2005)

**Mercado, Mark**, Edinburg, TX. 24 month probated suspension of EMS certification through November 1, 2006, for 1 misdemeanor deferred adjudication and 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

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

**Moreno, Roger**, Austin, TX. 24-month probated suspension of EMT certification through September 2005. EMS Rules 157.37, 157.36(b) and (c).

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

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

**Owens, Chante**, Corpus Christi, TX. 12 month probated suspension of EMS certification through August, 10 2005, for 1 felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

**Parker, Michael**, Waco, TX. Suspension of EMT certification thru Sept. 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, felony convictions. EMS Rules 157.37, 157.36(b), and/or (c).

**Perkins, John**, EMT-I, Pasadena, TX. 12 month probated suspension through April 4, 2006. EMS Rules 157.36, 157.37. (April 4, 2005)

**Piedra, Carlos**, Houston, TX. 24 month probated suspension of EMS certification through September 9, 2006, for 2 misdemeanor convicti

**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).

**Plaxico, Mary**, San Antonio, TX. Reprimanded for violating EMS Rules 157.36, 157.37. (May 24, 2005)

**Ramirez, David**, San Juan, TX. 24 month probated suspension of EMS certification through June 29, 2006, for 1 felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

**Reed, Carroll**, Houston, TX. 48-month probated suspension of EMS certification through August 22, 2007, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

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

**Ricker, John**, Allen, TX. 12 month probated suspension of EMS certification through September 17, 2005, for 1 misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c)

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

**Roberts, Amanda**, Nacogdoches, TX. Reprimanded for violating EMS Rules 157.36 (May 27, 2005)

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

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

**Ruffner, Ryland**, Pittsburg, TX. 24 mo. probated suspension of EMS certification through May 24, 2006, for 1 felony conviction. EMS Rules 157.37, 157.36(b) and (c).

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

**Shaw, Tanja**, San Antonio, TX. 12 month probated suspension of EMS certi-

fication through August 10 2005, for 1 misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

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

**Sierra, Ismael**, Mesquite, TX. 12 month probated suspension of EMS certification through August 10, 2005, for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

**Simmons, Lynn**, Fort Worth, TX. 24 month probated suspension of EMS certification through July 29, 2006, for 2 misdemeanor convictions. EMS Rules 157.37, 157.36(b) and (c).

**Singer, James**, Winona, TX. 24 month probated suspension of EMS certification through April 15, 2006, for 1 misdemeanor conviction, 1 felony conviction, and 1 felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

**Skiles, Billy**, EMT, Dallas, TX. 1 mo. suspension followed by 47 month probated suspension through March 28, 2009. EMS Rules 157.36, 157.37. (March 28, 2005)

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

**Smith Tracy**, Marble Falls, TX. Decertification of EMT certification effective August 10, 2005. EMS Rules 157.36(b)(1), (2), (8), (21), (26) and (28).

**Sparks, Jason**, Irving, TX. 12 month probated suspension of EMS certification through August 10 2005, for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

**Spiller, Robert**, EMT-I, San Antonio, TX. Emergency suspended. EMS Rule 157.36. (April 21, 2005)

**Sterling County EMS**, Sterling City, TX. 12 months probated suspension of EMS provider license through August 2005. EMS Rules 157.16(d)(1), (14) and (19).

**Stroud, Barry**, Austin, TX. 12 month probated suspension of EMS certification through September 3, 2005, for 1 misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).

**Walker, Mark**, League City, TX. 24 month probated suspension of EMS certification through January 27, 2006, misdemeanor convictions. EMS Rules 157.37, 157.36(b) and (c).

**Whitehurst, Ashley**, Albay, TX. 1 mo. suspension through January 31 followed by 24 mo. probated suspension through Dec. 2005 of EMT certification. EMS Rules 157.36(b)(1), (2), (3), (6), (9), (26) and (28).

**Williamson, Bobby**, EMT, Belton, TX. 24 month probated suspension through April 6, 2007. EMS Rules 157.36, 157.37. (April 6, 2005)

# Meetings & Notices

## Calendar

August 4-5, 2005. **2<sup>nd</sup> Annual EMS and Trauma Care Conference**, Lonestar Convention & Exposition Center, Conroe, Texas. Register online at [www.settrac.org](http://www.settrac.org).

August 5, 2005. **6<sup>th</sup> Annual Trauma Fest**, Arlington Wyndham Hotel, Arlington, Texas. \$75 for early registration, \$100 at the door. Contact Jimmy Dunn for more information at NCTTRAC project director at 469/648-5019.

August 16-19, 2005. **8<sup>th</sup> Annual South Texas Trauma Symposium**, Radisson Resort, South Padre Island. Contact Trauma RAC V at 956/364-2002 or go to their website at [www.tsav.org](http://www.tsav.org) for more information.

August 22-23, 2005. **11<sup>th</sup> Annual San Antonio Trauma Symposium**, Henry B. Gonzales Convention Center, San Antonio, Texas. Register on-line at Henry M. Jackson Foundation, [www.hjf.org](http://www.hjf.org).

August 30-31, 2005. **CareFlite Emergency Care Update 2005**. Arlington Convention Center, Arlington Texas. Registration information coming soon. Contact CareFlite at 972/339-4200 or go to their website at [www.careflite.org](http://www.careflite.org) for more information.

October 7-8, 2005. **27<sup>th</sup> Annual Texas**

## Deadlines and information for meetings and advertisements

**Deadline:** Meetings and notices must be sent in six weeks in advance. **Timeline:** After the pages of this magazine have completely gone through editorial, design and layout, the magazine goes to the printshop to get printed (*a 15-working-day process*), then on to our mailing service (*a 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 State Health Services, 1100 West 49th Street, Austin, TX 78756-3199. Call 512/834-6700 if you have a question about the meetings and notices section.

**Rescue Competition.** Held at Garner State Park. Additional information and applications are available at [www.texasrescue.net](http://www.texasrescue.net).

## Jobs

**EMS Field Evaluator:** Join Methodist Dallas Medical Center, a 478-bed high-acuity trauma center near downtown Dallas, and be part of a healthcare team that values its patients and employees. Must be certified or licensed paramedic with Texas or National Registry. Requires 2 years 911 experience and EMS Instructor certification. Associate's degree, ACLS, BCLS, and PALS certification preferred. We offer competitive salaries, comprehensive benefits, relocation assistance and a friendly environment. Candidates may email: [mmcjobs@mhd.com](mailto:mmcjobs@mhd.com), call 214-947-6510, fax 214-947-6529 or apply online at [www.methodisthealthsystem.org](http://www.methodisthealthsystem.org).

**EMS Instructors, PRN:** Join Methodist Dallas Medical Center, at 478-bed high-acuity trauma center near downtown Dallas, and be part of a healthcare team that values its patients and employees. Requires paramedic and EMS instructor certifications. We offer competitive salaries, comprehensive benefits, relocation assistance and a friendly environment. Candidates may email: [mmcjobs@mhd.com](mailto:mmcjobs@mhd.com), call 214-947-6510, fax 214-947-6529 or apply online at [www.methodisthealthsystem.org](http://www.methodisthealthsystem.org).

**EMT/EMT-I/Paramedic:** StarPlus EMS, is currently accepting applications for full/part-time positions for all levels. Candidates must be certified or licensed by Texas DSHS. For more information, contact Britton Waldron, at [bwaldron@starplussems.com](mailto:bwaldron@starplussems.com) or send your resume to StarPlus EMS, 310 Industrial Blvd., #103, McKinney, Texas 75069.

**EMS Instructor:** Full-time, nine-month position available at Howard College, Fall 2005. Will be teaching primary and paramedic level in rural-based community college with three campuses. Required: 3 years related experience; National Registry paramedic certification, EMS instructor certification under NR paramedic curriculum, and BLS, ACLS, PALS certified. Please go to our website at [www.howardcollege.edu](http://www.howardcollege.edu) for an application and a complete position notice.

**Paramedics:** Galveston Area Ambulance Authority is seeking full-time and part-time paramedics. Progressive protocols and high call volume. Submit resume by email to [khalh@gchd.org](mailto:khalh@gchd.org), by fax to 409-938-2243, or by mail to Attn: Human Resources, PO Box 939,

La Marque, Texas 77568. For more details contact Human Resources directly at 409-938-2260 or visit our website at [www.gchd.org](http://www.gchd.org).

**Paramedic:** Full/Part-time. Huntsville-Walker Co. EMS in Huntsville, Texas. We provide 911 coverage for all of Walker County and transfer service for the local hospital. Salary based on experience. Call 936-295-4848 or email [ksb3634@hotmail.com](mailto:ksb3634@hotmail.com) for information.

**Paramedic:** Full-time DSHS-certified paramedic needed for City of Slaton. Part of Lubbock County Hospital District. Position includes full time pay with benefits, including vacation, health insurance, life insurance, and retirement. Call for more details, and ask for Tyra Rodgers 806/828-2011.

**Paramedic/EMT-I/EMT-B:** Marble Falls Area EMS is accepting applications for full/part-time positions. Progressive protocols and equipment. Competitive wages and benefits. Application is available at [www.marblefallsareaems.org](http://www.marblefallsareaems.org), phone 830/693-7277.

**Clinical Practices Supervisor:** Marble Falls Area EMS is seeking paramedics to fill this management level position. See full job posting and download application at [www.marblefallsareaems.org](http://www.marblefallsareaems.org), 830/693-7277.

**Paramedics:** Faith Community Hospital EMS is seeking qualified paramedics to join a highly motivated dynamic team. The successful candidate will possess critical care credentials or be eligible to complete the course immediately upon hiring. Employees enjoy competitive salary and benefits, good equipment and comfortable quarters, the support of the community and an involved Medical Director. High performance standards apply. Contact J.D. Hailey, 717 Magnolia, Jacksboro, Texas 76458, phone 940/567-6633.\*

**EMS Faculty:** Full-time nine-month position available. Requires an Associate's degree or equivalent comparable work experience. Minimum of 3 years experience as an EMS provider, and must be certified or licensed as a paramedic and instructor in Texas. Salary commensurate with experience, plus excellent benefits package. Contact Human Resources at Wharton County Junior College at 1-800-561-9252 ext. 6561 or ext. 6947 or email [HR@wcjc.edu](mailto:HR@wcjc.edu) for more details. Applicants can go to our website at [www.wcjc.edu](http://www.wcjc.edu) for detailed job posting and requirements. \*

**EMS Coordinator/Instructor:** Galveston College seeks a Coordinator/Instructor for our EMS program who will be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the didactic and clinical experiences for students enrolled in the EMS program.

# Meetings & Notices

Application deadline: May 15, 2005. Apply to: Galveston College Office of Human Resources, 4015 Avenue Q, Galveston, TX 77550 \*

**EMS Director:** The County of Mason is seeking an EMS director. Candidates for this position shall be a certified paramedic and prefer that they be certified to teach and instruct volunteers. Salary and job description information available upon request. Resumes to be sent to Judge Jerry Bearden, PO Box 1726, Mason, TX 76856, 32/347-5556. \*

**International EMT:** This position REQUIRES relocation overseas. Individual must be a certified EMT with min. of three years experience. Quality single living arrangements and meals are paid. Work environment will be construction job site, contracts will be single status for one year and renewable. Foreign Service Incentive and Completion Bonus included in the compensation package. Electronically transmitted resumes will receive the most prompt attention. Our website: [www.zachry.com](http://www.zachry.com). Post your resume to the appropriate position. Zachry Construction Corporation has a drug free workplace and is equal opportunity employer.\*

**EMT-I/Paramedic:** Liberty Co. EMS accepting applications FT and PT paramedics and EMT-Is. LCEMS provides 9-1-1 service for a large portion of Liberty Co. and parts of surrounding counties approx 2,000 sq. mi. LCEMS is working in conjunction with The Univ. of Texas Health Science Center at Houston, Texas, A&M, and The United States Army on "Dr. Red Dukes" Telemedicine and "DREAMS" Project. Pay based on experience. Overtime available, benefits, internet and in-house CE, and tuition assistance. Contact Mike Templeton, 936/536-3080, Fax 936/536-6519 or [lcems@academicplanet.com](mailto:lcems@academicplanet.com). \*

**Paramedics:** Washing County EMS has openings for paramedics. Progressive protocols/equipment. Competitive salaries/benefit package. Send resumes to [washcoems@bluebon.net](mailto:washcoems@bluebon.net) or 1100 E. Horton, Brenham, TX 77833, 979/277-6267, Fax 979/277-6270.\*

**Firefighter/Paramedics:** City of Wylie is hiring 12 applicants for firefighter/paramedic positions. \$38K base salary. Benefits include insurance, tuition reimbursement, retirement. Closes August 31, 2005. Applications and contact information can be found at [www.ci.wylie.tx.us](http://www.ci.wylie.tx.us).

## Miscellaneous

**APCO Institute:** Training for Public Safety Communications Professionals. Visit

[www.apcoinstitute.org](http://www.apcoinstitute.org) for information.+

**CE Solutions EMS Continuing Education:** Accepted in more than 40 states and by the NREMT. Visit [www.ems-ce.com](http://www.ems-ce.com) for a free test-drive today or call 1-888-447-1993. +

**Firefighter Continuing Education:** Now available online. Firefighter CE is accepted by the Texas Commission on Fire Protection. Visit [www.FirefighterCE.com](http://www.FirefighterCE.com) for a free test-drive today or call toll free 1-888-447-1993. +

**EmCert.com:** Offers online CE courses, approved by DSHS 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 1-877-367-4376 for more information.+

**Join TAA:** Texas Ambulance Association, the oldest (22 years) and only EMS Association representing any EMS ambulance services licensed in Texas. To join go to the website [www.txamb.com](http://www.txamb.com) for application as a member, sponsor, and vendor or email [AMBBIS@aol.com](mailto:AMBBIS@aol.com).+

**Join EMSAT today!** The Emergency Medical Services Assoc. of Texas is the only state association in Texas that represents ONLY EMS certified/licensed personnel in Texas and is the Texas affiliate to NAEMT. EMSAT members get discounted NAEMT membership of only \$30. Membership includes \$10,000 life, death, and dismemberment policy, legislative representation, and more. Go to [www.emsatofTX.org](http://www.emsatofTX.org) or contact Teena Welch at [tntwelch@att.net](mailto:tntwelch@att.net). Discount rates of 10 or more.+

**Help Passing The National Registry Exam:** Currently has a 93 percent pass rate! 16 hour National Registry Prep Course. [www.nationalregistryprep.com](http://www.nationalregistryprep.com) or call 817/571-0898 for more information.\*

**Health Claims Plus:** EMS & Fire department billing and free run report software available. Excellent rates and services! Elec-

tronic billing, weekly and monthly reports and educational workshops. Contact 1-888-483-9893 or visit [www.healthclaimsplus.com](http://www.healthclaimsplus.com).\*

**Unlimited CE for One Year:** Just \$29.99 provides you with free access to the Nursing Spectrum and NurseWeek online inventory of over 400 ANCC-accredited CE self-study modules. One-year membership provides access to all courses 1.5 contact hours or less! All other online courses are 50 percent off. Go to [www.nursingspectrum.com](http://www.nursingspectrum.com).\*

**Bachelor of arts in public safety management:** St. Edward's University is offering a bachelor of arts in public safety management. Classes available in an online format, as well as, in the regular accelerated seminar format. The program is particularly well suited as a degree completion program for those students coming from a community college. Contact Craig Campbell, PhD, Director, Public Safety Management New College, Box 1040, St. Edward's University, 303 Holy Cross Hall, 3001 South Congress Ave, Austin, TX 78704-9841, or 512/428-1063, Fax: 512/448-8687, [craigc@admin.stedwards.edu](mailto:craigc@admin.stedwards.edu); or [www.stedwards.edu/pacepsm](http://www.stedwards.edu/pacepsm).\*

**St. Edward's University Offers Fast-Track, Online BA in Public Safety Management.** A nationally recognized adult education program. Our Program for Accelerated College Education lets you finish your degree quickly through online, evening and weekend courses. You may earn transfer credits for courses completed toward your emergency medical, firefighter or peace officer license. You'll explore terrorism and disaster preparedness. [www.stedwards.edu/pacepsm](http://www.stedwards.edu/pacepsm) or 512/428-1050 or 877-SEU-GRAD \*

+ This listing is new to this issue.

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

## Placing an ad? Moving? Renewing your subscription?

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

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

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

## EMS Profile: *Mont Belvieu EMS*



*Members are, from left to right, back row: Bruce Oliphant, chief, NREMT-P; Billy Brooks, NREMT-P; Troy Beasley, EMT-P; Robert Sistrunk, EMT-P; Keenan Partain, captain, EMT-P; Debra Carroll, captain, EMT-P; Carrie Tynes, EMT-B; Rick Johnson, EMT-I; Chris Kelly, EMT-I; Mike Bodak, captain, NREMT-P; and Tim Kelly, LP. On the front row, our Explorer Group, left to right, Greg Holloway, Addison Johnson, Jay Roberts, Dora Stacy, Haley Kelly and Christy King.*

**Number of Personnel:** The City of Mont Belvieu EMS is a fully-paid municipal third service agency which employs seven full-time paramedics and 13 part-time personnel. The medical director is David P. Hall, MD, and Pastor Jake Porter is the department's chaplain.

**Years of Service:** Mont Belvieu EMS was established as an all-volunteer agency by city ordinance in 1982 after it split from the fire department. The department converted to paid staff on October 1, 2003. Mont Belvieu EMS is the sole 9-1-1 provider for northwest Chambers County, which includes the cities of Mont Belvieu, Old River-Winfree and the heavily-populated unincorporated areas of the county. The district also encompasses the southern

Westlake area of Liberty County. Mont Belvieu EMS provides mutual aid to Trinity Bay EMS, Baytown EMS, Highlands Fire/EMS, and Liberty County EMS and any other service requiring assistance.

Mont Belvieu EMS serves approximately 7500 and the approximate 75,000 – 100,000 people who travel through the district each day on IH-10 and on SH-146.

**Number of units and capabilities:** Mont Belvieu EMS operates three ambulances licensed as BLS with MICU capability. Mont Belvieu EMS also maintains the only Mass Casualty Response Vehicle in Chambers County. Mont Belvieu EMS also operates an ALS-equipped Ford Expedition and the service is supplemented by the Trinity Bay Emergency Squad, which is an ALS First Responder Organization responding to all EMS calls in western Chambers County. Air ambulance service is provided by Memorial Hermann LifeFlight in Houston, Angel Flight in Port Arthur, and PHI in LaPorte. The average response time for Mont Belvieu EMS is less than six minutes and by ground averages 16 minutes. Mont Belvieu EMS works closely with the Mont Belvieu Fire Department.

**Number of calls:** Mont Belvieu EMS responded to 555 calls in 2004 and projects to surpass 700 calls in 2005. Mont Belvieu EMS is a 9-1-1-only provider and does not provide transfer services. The department provides free stand-by services for the Barbers Hill Independent School District as well as several city-sponsored events each year. The department also conducts free monthly health screenings for the senior citizens center and makes numerous public relations appearances each year at local schools and day cares. Mont Belvieu EMS hosts an annual EMS Week Festival during Texas EMS Week.

**Current Projects:** Mont Belvieu EMS is active in the Boy Scouts of America Explorer Program and has ten young people active in its Explorer Post. The department is in the process of implementing a ToxMed program and BikeMedic team, and has an in-house continuing education program. Mont Belvieu EMS has contracts with several local EMT programs to provide field clinical rotations for students.

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