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# Texas EMS

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

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\_\_\_\_\_ **“I’m an EMS Friend” sticker.** Ready Teddy in a 2-½ inch, 3-color sticker.

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*Front cover: Connie Snell, center, is surrounded responders who helped save her life. From left, back row, Aaron Crain, EMT, CE-Bar Volunteer Fire Department; Ken Campbell, EMT, assistant chief, CE-Bar VFD, and Wesley Hopkins, LP, Austin-Travis County EMS. In front, Jim Behrens, EMT, CE-Bar VFD; Connie Snell; and Randy Vickery, EMT-P, A-TCEMS. Photo: Dean Lofton*

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*Above, Robert Gasson, a telecommunications technician, greets David Persse, MD. Persse is the EMS Physician Director and Houston Public Health Authority. Gasson's life was saved during a power outage by Houston Fire Department medics. Photo credit: Matt Milam*



**EMS compliance offices by group**

**North group**

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

622 S. Oakes Street, Suite H  
 San Angelo, TX 76903  
 (325) 659-7854

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

7430 Louis Pasteur  
 San Antonio, TX 78229  
 (210) 949-2050

Physical: 6515 Kemp Blvd.  
 Bldg. 509  
 Mailing: EMS Compliance 509  
 PO Box 300  
 Wichita Falls, TX 76307-0300  
 (904) 689-5928

**Central group**

Mailing: TDSHS-EMS  
 MC 1876, P.O. Box 149347  
 Austin, TX 78714-9347  
 Physical: 8407 Wall St.  
 Suite N-410  
 Austin, TX 78754  
 (512) 834-6700

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

**East group**

5425 Polk St., Suite J  
 Houston, TX 77023  
 (713) 767-3333

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

**South group**

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

401 E. Franklin, Suite 200  
 PO Box 9428  
 El Paso, TX 79901  
 (915) 834-7709

601 W. Sesame Drive  
 Harlingen, TX 78550  
 (956) 423-0130

2301 N. Spring, Suite 300  
 Midland, TX 79705  
 (432) 571-4105

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# Texas EMS

M a g a z i n e

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Texas EMS Magazine (ISSN 1063-8202) is published bimonthly by the Texas Department of State Health Services, Office of EMS/Trauma Systems Coordination, 1100 W. 49th St., Austin, TX 78756-3199. The magazine's goals are to help organizations function professionally as EMS providers, to educate individuals so they can perform lifesaving prehospital skills under stressful conditions, and to help the public get into the EMS system when they need it. Texas EMS Magazine brings state and national EMS issues and answers to ECAs, EMTs and paramedics serving in every capacity across Texas.

Editor's office: (512) 834-6700, Office of EMS Trauma/Systems MC 1876, PO Box 149347, Austin, Texas 78714-9347 or FAX (512) 834-6736.

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## From this side...

The Texas EMS/Trauma System has stepped up to the plate again: as we go to press, EMS providers remain in San Angelo providing support to local and state operations, and the city's two hospitals, both Level III designated trauma facilities, are available to serve as needed. On behalf of the Department of State Health Services, I want to take this opportunity to again express our gratitude to all of the state EMS providers which have signed memoranda of agreements with us to provide services during statewide situations. You do Texas proud.

Speaking of pride, May is Trauma Awareness Month and May 18-24 is EMS Week. It's only fitting that those in the trenches should be honored for the difference you make in the lives of thousands of Texans every day. A sincere thanks for all you do from all of us here at DSHS EMS/Trauma Systems.

GETAC week rapidly approaches, and the May 7-9 meetings in Austin will again be held at the Hilton Austin Airport. Among other things, the committees and council will be discussing proposed changes to GETAC's organizational structure, including numbers of standing committees and subcommittees, task forces, and workgroups. This will be one not to miss.

These will be my last GETAC meetings as director of the Office of EMS/Trauma Systems Coordination. I'll be transitioning on June 1 to my new job as administrative director of trauma services for Dell Children's Medical Center of Central Texas and a return to the private sector after eight years of public service. When I leave, one of the most important things I'll take down from my office wall is this sign:

*"...government is the servant, and not the master, of The People. It is the policy of the state that each person is entitled—unless otherwise expressly provided by law—at all times to complete information about the affairs of government and official acts of public officials and employees.*

*The People, in delegating authority, do not give their public servants the right to decide what is good for The People to know and what is not good for them to know.*

*The People insist on remaining informed so that they may retain control over the instruments they have created. The provisions of this chapter shall be liberally construed to implant this policy..."*

--Opening paragraph of the State of Texas Public Information Act.

It's been a guiding principle for me during my tenure with the state. It's beautifully worded, and even better: it's the law.

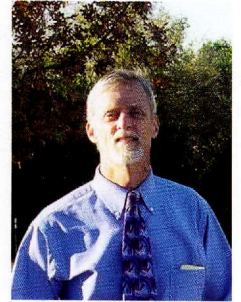
I'll leave you with one of my favorite stories about a government official who a number of years ago also decided the time was right take a post in the private sector after many years as a public servant. He told his colleagues:

"I love to participate in public life, and I love the people who love to participate—even the people I don't agree with. I do think, though, the addiction of ego to any status position is going to take a little weaning. But, as far as I can tell, the public is always ready to wean you, and you'll find out you weren't any big @\$%# to begin with. I'm sure I'll get some help there."

So, as I prepare to leave, thanks in advance for your "help there". I also thank Kathy Perkins for giving me the opportunity to help build on the state EMS-trauma systems that she and others birthed back in 1989. And finally, many thanks to each of you for your support these past eight years...



## FROM THIS SIDE



**Steve Janda**  
**Office of EMS/Trauma**  
**Systems Coordination**



# Texas National Registry Statistics

## January – December 2007

The National Registry of EMTs began computerized testing on January 1, 2007. How are we doing? The good news: the passing percentages have steadily risen throughout the year. We expect scores will continue to rise in 2008.

Certification	Attempted the Exam	First attempt Pass	Cumulative Pass within 3 attempts	Cumulative Pass within 6 attempts	Failed all 6 attempts	Eligible for retest
<b>ECA (Texas)</b>	474	73% (348/474)	80% (378/474)	80% (378/474)	0% (0/474)	20% (96/474)
<b>(National)</b>	3209	79%	82%	82%	0%	18%
<b>EMT-B (Texas)</b>	4195	65% (2741/4195)	76% (3170/4195)	76% (3190/4195)	0% (1/4195)	24% (1004/4195)
<b>(National)</b>	57496	70%	79%	79%	0%	21%
<b>EMT-I/85 (Texas)</b>	494	73% (361/494)	79% (388/494)	79% (388/494)	0% (0/494)	21% (106/494)
<b>(National)</b>	3487	69%	78%	79%	0%	21%
<b>Paramedic (Texas)</b>	1320	55% (723/1320)	72% (945/1320)	73% (958/1320)	0% (1/1320)	27% (361/1320)
<b>(National)</b>	9287	62%	76%	77%	0%	23%

**Attempted the exam:** Number of graduates who made at least one attempt at the exam.

**First attempt pass:** The number and percent of those who attempt the exam that pass on the first attempt.

**Cumulative pass within 3 attempts:** The number and percent of those who attempt the exam who passed on the first, second, or third attempt.

**Cumulative pass within 6 attempts:** Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.

**Failed all 6 attempts:** Number and percent of those who fail the exam six times.

**Eligible for retest:** Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion).

## EMS Obituaries

**Roger Crabtree**, 47, of Arlington, died March 30, 2008, in a car crash. He was an EMT-P with Mid-Cities Ambulance in the 1980s and with Life Star EMS in the 1990s.

**Jessica Clark**, 30, of Buna,

died March 10, 2008. She was an EMT-P for the former Orange County Ambulance Service, Harris County ESD-1, and Priority One of Beaumont.

**Roger Dennis, Jr.**, 56, of Live Oak, died February 29. He was a

paramedic and fire engineer with San Antonio Fire Department at Fire Station #40.

**Becky Wells**, 46, of Texarkana, died February 26. She was a licensed paramedic with Guardian EMS in Brownwood.



# Governor's EMS and Trauma Advisory Council (GETAC)

May 7-9

Hilton Austin Airport  
9515 New Airport Drive  
Austin, Texas

## Wednesday, May 7, 2008

- 8:00am-10:00am Air Medical Committee
- 10:00am-12:00noon EMS Committee
- 1:00pm-3:00pm Stroke Committee
- 1:00pm-3:00pm Air Medical Committee
- 3:00pm-5:00pm Trauma Systems Committee
- 5:00pm- 7:00pm Regional Advisory Council (RAC) Chairs

## Thursday, May 8, 2008

- 8:00am-10:00am Injury Prevention Committee
- 10:00am-12:00noon Pediatric Committee
- 1:00pm-3:00pm Medical Directors Committee
- 3:00pm-5:00pm Education Committee

## Friday, May 9, 2008

- 9:00am-Governor's EMS and Trauma Advisory Council

## EMS Week, May 18-24, 2008 - EMS: Your Life is Our Mission Trauma Awareness Month, May 2008

Have you started planning for EMS week, May 18 – 24? What about Trauma Awareness Month in May? These two events provide a great way to honor emergency responders and promote safety and prevention. With tight budgets and growing workloads, it's always important to emphasize the life-saving role EMS plays in your community.

EMS Week's theme is "EMS: Your Life is Our Mission." As it has since 1974, the American College of Emergency Physicians (ACEP) offers an EMS Week Planning guide to give you ideas and help you plan a fun EMS Week. For more information or to obtain an EMS Week kit, please call 800-798-1822, touch 6, or visit ACEP's EMS Week Web site at [www.acep.org/emswweek](http://www.acep.org/emswweek) (email: [emswweek@acep.org](mailto:emswweek@acep.org)).

The American Trauma Society has set the 2008 slogan as "Plan A-head: Prevention and Detection of Mild TBI in Children." For an informational packet call the national office at 800-556-7890 or go to [www.amtrauma.org](http://www.amtrauma.org).



### Don't forget Ready Teddy

The beloved EMS safety mascot Ready Teddy is ready for service. You can order Ready Teddy coloring books, stickers and other EMS materials from DSHS using the order form on page 2 of this magazine. The Ready Teddy mascot suit is available for loan on a first-come basis. To reserve a mascot suit for your organization call the DSHS EMS and Trauma Systems Coordination office at (512) 834-6700.

### Here are some other ideas for EMS Week:

**Second Chance Reunion** — Invite survivors of cardiac arrest to reunite with EMS personnel, firefighters and others who helped give them a second chance at life.

**Station Appreciation Day** — Stations can conduct various station-based events throughout the day to honor their members and provide outreach to the communities they serve.

**Host an Open House** — Provide equipment demonstrations and tours of facilities and ambulances to the community.

**Host a Blood Drive** — Have EMS/Fire personnel donate and ask community to join in.

**Host Blood Pressure Checks/ CPR Classes** — A great way to connect with local schools, groups and senior centers.

**Sponsor a Vial of Life Program for seniors in your area** — Information on the program and free kits are available online at <http://www.vialoflife.com>.





## Man gets 7 years for injuring paramedic

A man who threw a jack at a passing ambulance on Valentine's Day 2007 has received a sentence of seven years in prison. Bryan Lawson Cotton, 19, of Azle, pled guilty to aggravated assault in a Parker County court. Paramedic Donnie Stone was sitting in the passenger seat of the ambulance on the way to the fire station near Azle when he was struck in the head by the jack thrown by Cotton. No motivation for the attack was ever determined. Stone suffered a skull fracture and had to miss a month of work. He still bears a three-inch scar. Stone was working the last shift of his part-time job with LifeCare EMS in Parker County when he was hit. He now works at the Dallas/Fort Worth Airport.

## NHTSA-EMS launches site



The National Highway and Traffic Safety Administration (NHTSA) has launched a new website for EMS: [www.EMS.gov](http://www.EMS.gov). This website has the latest news

from NHTSA's Office of EMS – but also has links to other EMS websites and

resources, and updates on initiatives and programs such as Emergency Medical Services for Children, the National EMS Information System, the Federal Inter-agency Committee on EMS, Enhanced 9-1-1 and Next Generation 9-1-1, the National EMS Advisory Council, and more. To visit the web site, go to [www.ems.gov](http://www.ems.gov).

## California explores delivering care during disaster

The California Department of Public Health (CDPH) has released new guidelines for altered standards of care during disasters. The 1,900-page plan, which cost \$5 million to produce, targets local and county health departments, hospitals and emergency responders, as well as others who could be called on to deliver care. Developed by a state-appointed committee of public health officials, hospital representatives, nurses, ethicists and others, the plan outlines specific responsibilities and protections that could be waived during a state-declared emergency. According to the CDPH, the document addresses issues such as:



- Ethical allocation of limited medical resources. During a major disaster, the health care community will have to switch from individual care to population-based care. The document includes guidelines on acceptable criteria for resource allocation among patients as well as inappropriate criteria.
- Standards for the delivery of medical care outside of normal settings, including hallways, parking lots, gymnasiums or other alternate care sites.
- Ensuring effective use of medical professionals and volunteers to maximize life-saving efforts during a catastrophic event.

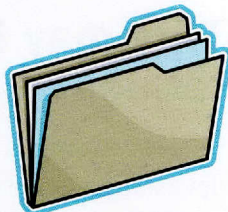
GETAC's Medical Directors Committee has been discussing the issue of altered standards of care in recent meetings. For more information, go to [www.cdph.ca.gov/HealthInfo/news/Pages/PH08-09.aspx](http://www.cdph.ca.gov/HealthInfo/news/Pages/PH08-09.aspx).

## Patient care reports: How long?

*Q: Where would I find information on the length of time that patient care reports are required to be stored by an EMS service?*



A: EMS law/rules have no specific requirement regarding the patient care records. We refer people back to the rules covering record requirements maintenance by physicians. In most cases, the EMS provider owns the records for the physician medical director and the EMS provider is required to maintain the records in a manner consistent with the Texas Medical Board requirements. The applicable Texas Medical Board rule is 22 TAC, §165.1 Medical Records (see [www.sos.state.tx.us/tac/index.shtml](http://www.sos.state.tx.us/tac/index.shtml), and select TAC viewer link). Select Title 22, Part 9, Chapter 165, §165.1.



## Send in your EMS Awards nominations



*Texas EMS Awards honor the best in EMS and trauma systems.*

Send us your best in EMS and trauma! We've posted the award nomination form on our website at [www.dshs.state.tx.us/emstraumasystems/08AwardsIntroduction.shtm](http://www.dshs.state.tx.us/emstraumasystems/08AwardsIntroduction.shtm). Save the Microsoft Word document to your computer and fill it out by clicking in the gray areas beside each question. When you finish, save the file and email it back to [EMSAwards@dshs.state.tx.us](mailto:EMSAwards@dshs.state.tx.us).

Each category honors a person or organization that exemplifies the best EMS/Trauma System has to offer. It's quite an honor to be nominated and to win. You can find a listing of the categories and the explanations on our website.

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, 2008. The packets are then distributed to the OEMS/TS and sent to each EMS compliance group. Each program and compliance service group ranks the nominations for each category and returns the information to the

OEMS/TS, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners will be announced at the Awards Luncheon at Texas EMS Conference in Fort Worth.

### Award Categories 2008

- EMS Educator Award
- EMS Medical Director Award
- EMS Administrator Award
- Public Information/Injury Prevention Award
- Citizen Award
- Private/Public Provider Award
- Volunteer Provider Award
- First Responder Award
- Air Medical Service Award
- Outstanding EMS Person of the Year
- Telecommunicator of the Year
- RAC of the Year
- Trauma Facility of the Year

## Check NREMT status online

You know you can check your certification/licensure status online at our website. Did you know you can also check National Registry status online? If you know the city/state and at least the last name, go to [www.nremt.org/about/checkEMTStatus.asp](http://www.nremt.org/about/checkEMTStatus.asp). If you know the social security number, National Registry number and date of birth, go to [www.nremt.org](http://www.nremt.org) and click on Check Registrant Status near the bottom of the page.





## Star of Texas nominations accepted soon

In 2003, the 78th Texas Legislature passed House Bill 1937, which created the Star of Texas Awards to honor first responders who made profound commitments while performing their duties as peace officers, firefighters and emergency medical first responders. HB 1937 also designated September 11th of every year as Texas First Responders Day. The first Star of Texas awards were presented in 2004 to three Texas first responders, one for each category of first responder: emergency medical, fire, and law enforcement. The 79<sup>th</sup> Texas Legislature amended the original legislation to require awards for each first responder seriously injured or killed after September 1, 2003. According to the governor's office, nominations for the award will soon be available. To be eligible,



the critical incident must have occurred between September 1, 2003, and June 30, 2008, and the individual must not have previously received a Star of Texas Award.

The awards ceremony is normally held on September 11. Deadline for nominations is July 18, 2008. There was no active website link as of press time; do a web search on Star of Texas Awards for more information.

## Tips may help make funding request a success

Has your area suffered a devastating event that might qualify you for Extraordinary Emergency Funding? The Governor's Extraordinary Emergency Fund is available to assist licensed EMS providers, hospitals and registered first responder organizations if unforeseeable events cause a degradation of service to the community. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies. You can increase your chances of success in requesting funding by remembering these simple guidelines:



- Organizations eligible to apply include: licensed EMS providers, licensed hospitals and registered first responder organizations.
- Your organization must be meeting its Regional Advisory Council (RAC) participation requirements. Contact your RAC to verify this requirement.
- Requests are evaluated to determine whether the "emergent" need will create a degradation in the service you currently provide to your community if not fulfilled.
- Items cannot be purchased prior to receiving a contract. This fund is not a reimbursement grant. Items funded can only be purchased during the contract period once the grant is awarded.
- In the case of a malfunctioning piece of equipment, include with your request the documents showing the repair history of the product. Other helpful documentation could include a supportive statement from the manufacturer indicating the product has been outdated and cannot be fixed.
- Extraordinary Emergency Funding is not available for equipment upgrades or enhancement of services. Please contact our office or your local EMS regional staff about the annual Local Projects Grants, which are due this year on May 13, 2008 (see page 12 for details).

After a request has been funded, your organization



must send in relevant receipts to verify purchase of the requested items/services. You also will be required to send an impact statement of how the funding has helped your organization and community at large.

The following organizations were awarded Extraordinary Emergency Funding recently:

**Eagle Creek Volunteer Emergency Services**  
Floresville  
\$25,521.70 for an ambulance

**Mims Volunteer Fire Department and Ambulance**  
Avinger  
\$35,000 for an ambulance

For further information, please contact Roxanne Cuellar at [roxanne.cuellar@dshs.state.tx.us](mailto:roxanne.cuellar@dshs.state.tx.us) or (512) 834-6700, ext. 2377.

## AHA promotes hands-only CPR – for some

The American Heart Association (AHA) announced in April that chest compressions alone, or hands-only CPR, can be an option for people not trained in conventional CPR or those who are unsure of their abilities, according to a new American Heart Association (AHA) statement. The new statement, detailed in the *Circulation: Journal of the American Heart Association*, is intended to increase how often bystander CPR is performed. AHA had previously recommended the hands-only CPR only if bystanders were unable or unwilling to provide breaths. The new statement applies only to adults with witnessed cardiac arrests. The AHA still recommends EMS personnel continue to do the combination of breath and chest compressions in conventional CPR. And the hands-only CPR should not be used for infants or children or for adults whose cardiac arrest is from respiratory causes (drug overdose or near-drowning). And, of course, the public is still encouraged to get conventional CPR training, where they will learn skills to perform hands-only CPR, as well as additional skills such as those needed for infants and children. For more information, go to [www.americanheart.org/handsonlycpr](http://www.americanheart.org/handsonlycpr).



## Valsalva Bowl returns to Conference 2008!

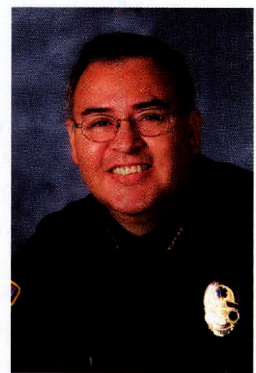


Valsalva Bowl, a fast-paced quiz show, is coming back to Texas EMS Conference 2008! Valsalva Bowl challenges teams of three to a contest of speed, luck and medical knowledge. The winners receive Texas-sized trophies and, even better, bragging rights.

Sponsored by the EMS Educators Association of Texas, the competition preliminaries will take place on Sunday night, November 23, with finals during the Monday buffet lunch. Watch for more information in future issues of *Texas EMS Magazine*. For more information, email Kelly Weller, EMSEAT, at [Kelly.E.Weller@lonestar.edu](mailto:Kelly.E.Weller@lonestar.edu).

## Rodriguez named EMS chief in Austin

Paramedic Ernesto Rodriguez has been named director of Austin-Travis County's EMS department. He has served as acting director since last July. During his career, Rodriguez has held positions in Corpus Christi, Fort Worth and Austin, where he was the assistant state EMS director for DSHS. Rodriguez also was active in the creation of the EMS Leadership Academy and served as one of its first instructors.



Rodriguez

On Duty



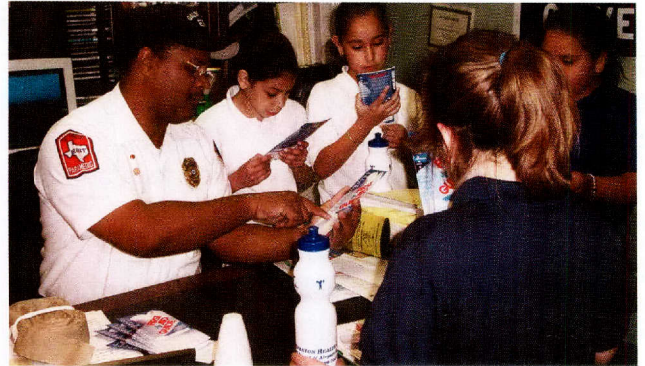
## ECA funds available

Are you in a rural area that could use some ECA training? Apply for an Emergency Care Attendant Training (ECAT) grant! For the remaining fiscal year there is approximately \$16,000 available for EMS training programs, registered first responder organizations (FRO's), coordinators and/or instructors to conduct ECA courses in or near rural or underserved areas of the state that lack local EMS training resources. Grant funds cover the cost of instruction and textbooks, as well as other expenses such as printing and supplies.

The following services have received ECAT funding approval and have either completed or are in the process of completing their programs:

- Coon Memorial Hospital (Dalhart EMS)
- South Point Volunteer Fire & Rescue, Inc.
- Nacogdoches Memorial Hospital Education & Training Program
- Bulverde Spring Branch EMS Training Institute (Blanco Volunteer Ambulance Corp)
- Frontier Ambulance Corporation (Cochran County EMS)
- Moss Lake Volunteer Fire Department, Inc.
- Schleicher County Volunteer EMS
- Pecan Plantation VFD & EMS, Inc.
- City of Amherst Volunteer Fire Department
- Stockdale Volunteer Ambulance Service (Stockdale EMS)

OEMS/TS will accept grant applications on a first-come-first-served basis until the funds are depleted. All EMS or FRO entities that meet the basic criteria are encouraged to submit an application. For more information and a list of eligibility requirements, go to [www.dshs.state.tx.us/emstrau-masystems/TrainingFunding.shtm](http://www.dshs.state.tx.us/emstrau-masystems/TrainingFunding.shtm) or contact Roxanne Cuellar at (512) 834-6700 ext. 2377 or [roxanne.cuellar@dshs.state.tx.us](mailto:roxanne.cuellar@dshs.state.tx.us).



Galveston EMS received grants in 2005, 2006, 2007, and 2008. Photo by Greg Kunkel.

## Local Projects due May 13

The Local Projects Grants Program Request for Proposal (RFP) is currently posted on the Texas Electronic State Business Daily (ESBD). To download the application, click on Package 1 located near the bottom of the webpage: [http://esbd.cpa.state.tx.us/bid\\_show.cfm?bidid=75921](http://esbd.cpa.state.tx.us/bid_show.cfm?bidid=75921).

Here are some RFP highlights.

- Application deadline is May 13, 2008, at 2:00 pm CDT. Applications received after the application deadline will not be considered. Application received by email or fax will not be considered.
- Eligible applicants include licensed EMS providers, registered First Responder Organizations, Regional EMS/Trauma Advisory Councils, EMS education organizations and pre-hospital injury prevention organizations.
- Projects funded through LPGs include EMS personnel certification training, specialty training related to pre-hospital health care management, communication equipment, patient care equipment including ambulances, non-disposable supplies, injury prevention projects and continuing education programs.
- Frequently Asked Questions are included in the RFP, see Appendix D.

The majority of the pages in the FY08 RFP are "For Your Information Only." Please do not be discouraged by the length of the RFP. The deadline to ask questions about the RFP has passed. However you can view all questions and answers at [http://esbd.cpa.state.tx.us/bid\\_show.cfm?bidid=75921](http://esbd.cpa.state.tx.us/bid_show.cfm?bidid=75921).

**Correction:** The obituary for Brandon Baldwin in the March/April issue should have listed his employer as Acadian EMS.





# Texas EMS Conference 2008 REGISTRATION FORM Fort Worth Convention Center

(Please type or print clearly)

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

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

Name \_\_\_\_\_

Name preferred on badge if different from above (first name only) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail address: \_\_\_\_\_

Area Code \_\_\_\_\_ Email address required.

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

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

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

### PRECONFERENCE CLASSES Preconference registration deadline: October 15, 2008

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

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

Email address required.

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

No refunds after November 1, 2008.

### \$190 registration at the door

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

#### Sunday, November 23, 2008

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

#### Monday, November 24, 2008

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

#### Tuesday, November 25, 2008

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

Registration Information: (512) 759-1720

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

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

### Official Use Only

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

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

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

MC    Visa    AmEx    Disc

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

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

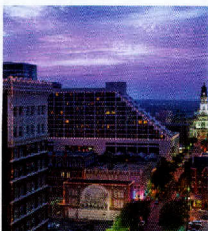
Signature of Card Holder \_\_\_\_\_

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

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

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





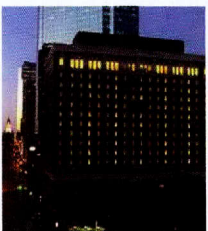
Renaissance Worthington Hotel  
200 Main Street  
Fort Worth, TX 76102  
817-870-1000  
[www.marriott.com/hotels/travel/dfwdt-the-worthington-a-renaissance-hotel/](http://www.marriott.com/hotels/travel/dfwdt-the-worthington-a-renaissance-hotel/)  
\$85/\$85  
Booking code: EMM

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



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

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



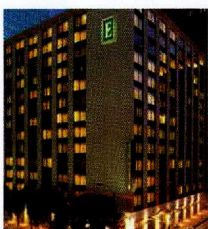
Hilton Fort Worth  
815 Main Street  
Fort Worth, TX 76102  
817-870-2100  
[www.fortworth.hilton.com](http://www.fortworth.hilton.com)  
\$85/\$85  
Booking code: EMS

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



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

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

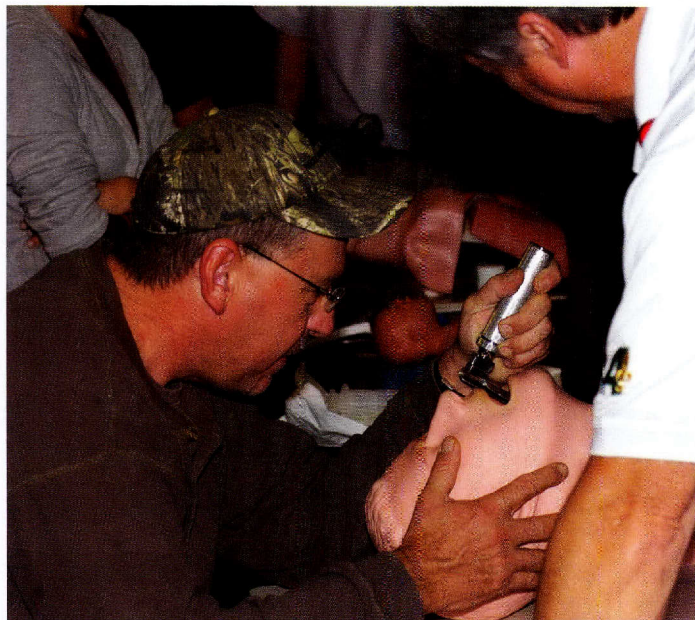


Embassy Suites  
600 Commerce Street  
Fort Worth, TX 76102  
817-200-2828  
[www.embassysuites1.hilton.com](http://www.embassysuites1.hilton.com)  
\$129/\$139  
Booking code: Texas EMS conference

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

## November 23-26 Texas EMS Conference Fort Worth

(Exhibit Hall open November 23-25)



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

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

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

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

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

See you in November!



# Schedule

## Conference At-A-Glance

### Sunday, November 23

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

### Monday, November 24

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

### Tuesday, November 25

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

### Wednesday, November 26

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

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

### 2008 Texas EMS Photography Contest entry form

Photographer's Name \_\_\_\_\_  
 Employed by \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (HM) \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ (WK) \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

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

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

Tape this form to the back of the photo.

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

### Photo Contest Rules

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



# Preconference classes

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

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

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

## Friday/Saturday/Sunday

### Emergency Pediatric Care Course:

\$275; Friday, 11/21 and Saturday, 11/22; 8a-5:30p with 1½ hours for lunch on own; Sunday, 11/23; 8a-12p, instructor class by invitation for attendees who meet requirements; Fri/Sat at Renaissance Worthington Hotel; Sunday Instructor Course at convention center; CE: Medical.

This 16-hour workshop (not including 4-hour instructor portion), developed by NAEMT, instructs prehospital providers in the care of sick and injured children, affords a practical understanding of respiratory, cardiovascular, medical, and traumatic emergencies, and educates about the treatment of children with special health care requirements (such as tracheal ventilation, central venous line management, and gastric feeding tube maintenance). The EPC Course expands EMS knowledge of emergent pediatric health care through hands-on instruction using case-based scenarios, thus improving patient outcomes. For more information on course content contact Chris Cebollero at [ccebollero@medstar911.org](mailto:ccebollero@medstar911.org).

### National Association of EMS Educators Instructor Course:

\$350; Friday, 11/21 and Saturday, 11/22; 8a-5:30p; Sunday, 11/23; 8a-6p with 1½ hours for lunch; Renaissance Worthington Hotel; CE: Additional. NAEMSE presents the EMS Instructor Course, which has been designed and developed by the same individuals who produced the DOT/NHTSA 2002 National Guidelines for Educating

EMS Instructors. The NAEMSE Instructor Course represents the didactic component and practical application of the beginning education process to become an EMS instructor. The content of this 24-hour course aligns the NAEMSE developed modules with the curriculum objectives of the 2002 National Guidelines. NAEMSE recognizes that the development of a professional EMS educator requires many components including: formalized education in all aspects of the educational process, practical experience in teaching and mentoring by other members of the educational team to foster personal growth and development. This course does not include all these components, but does include the beginning steps of the process. Enrollment will be limited to 100 participants. Individuals must complete a 24-hour online course BEFORE attending the class. Information about the online course will be sent after registration. Individuals who attend the entire course and pass the post test will receive a Certificate of Course Completion from NAEMSE and will be eligible for Texas coordinator certification. Continuing education hours have been applied for through NAEMSE, which is accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). For more information on course content, contact Joann Freel at [joann.freel@naemse.org](mailto:joann.freel@naemse.org) or (412) 920-4775.

## Saturday/Sunday

### Coordinator Course: \$500;

Saturday, 11/22; 8a-5:30p; Sunday, 11/23; 8a-6p; Lunch provided both days; Renaissance Worthington Hotel; course limited to 25 attendees. No CE. Exam on Monday at the convention center. This 16-hour course is intended to train Texas EMS course coordinators. Participants will be selected through a competitive application process. To apply, complete and mail the course application (do not complete a state certification application at this time) which can be found at [www.dshs.state.tx.us/emstraumasystems/CoordApp08.htm](http://www.dshs.state.tx.us/emstraumasystems/CoordApp08.htm), along with the required documentation listed and a letter detailing justification for your enrollment. (See application screening criteria at [www.dshs.state.tx.us/emstraumasystems/08CoordinatorCourse.htm](http://www.dshs.state.tx.us/emstraumasystems/08CoordinatorCourse.htm).) Course applications must be postmarked on or before July 8, 2008. Do not submit a fee until you receive an invoice for payment and an acceptance letter detailing additional steps of the process. Mail the completed course application, without payment, to: Phil Lockwood, Texas EMS Conference, PO Box 142694, Austin, TX 78714. Attendees will be selected by August 25, 2008, and notified by US mail shortly afterwards. Upon receipt of an acceptance letter, you will have until September 30, 2008, to submit payments for the preconference coordinator course and the state coordinator certification application and fees. For more information,



# Preconference classes

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



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

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

contact Phil Lockwood at phil.lockwood@dshs.state.tx.us or (512) 834-6700 x2032.

**High Angle Rescue:** \$250, Saturday, 11/22 and Sunday, 11/23; 8a-5p; Off-site (meet at Renaissance Worthington Hotel at 7:15a for bus transport); CE: 4-Preparatory, 4-Patient Assessment, 8-Trauma. This fun, 16-hour course covers basic equipment used in high-angle rescue, rappelling, belays, simple hauls and lowers, and self-rescue techniques and includes patient assessment and patient packaging. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For information on class content, contact John Green at john@texasoperescue.com.

**Advanced Medical Life Support:** \$285; Saturday, 11/22 and Sunday, 11/23; 8a-5:30p with 1½ hours for lunch on own; Renaissance Worthington Hotel; CE: Medical. AMLS is a 16-hour, two-day program with interactive lectures, teaching and evaluation stations. The interactive/case-based lectures include the following topics: patient assessment, airway management, assessment of the shock patient, dyspnea/respiratory failure, chest pain, altered mental status, and abdominal pain. Teaching stations follow the associated lectures each day. For more information on course content, contact Micol L. Konvicka,

NREMT-P, coordinator for AMLS Affiliate Faculty at (210) 599-9208 x57108 or mkonvicka@amr-ems.com.

## Saturday

**Helicopter Operations at EMS Incidents:** \$60; Saturday, 11/22; 8a-12p; Off-site (meet at Renaissance Worthington Hotel at 7:15a for bus transport); CE: Clinical Related Operations. In this class, sponsored by CareFlite and other Texas air medical programs, participants will be actively involved as they learn the fundamentals of air operations. This 4-hour hands-on class will cover the factors to consider, both from the ground and air, when air resources will be utilized during an EMS operation. However, students will have an opportunity to participate in hands-on exercises. Lunch provided. For more information on course content, contact Scott Lail at slail@careflite.org.

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

contact Leigh Anne Bedrich at leigh.bedrich@flower-mound.com.

## Emergency Airway Management

**Course:** \$125; Saturday, 11/22; 8a-5:30p with 1½ hours for lunch on own; Renaissance Worthington Hotel; CE: Airway. This 8-hour workshop covers essential basic airway management, the difficult airway and rapid sequence intubation. Participants will learn to identify the anatomy and physiology of the airway, explain difficult airway situations and the difficult airway algorithm, and be able to explain the goals of airway management. For more information on course content, contact Jon Clingaman at (409)782-0877 or ltjon5113@sbcglobal.net.

## Movie Magic! Make Your Own

**Training Video:** \$125; Saturday, 11/22; 8a-5:30p with 1½ hours for lunch on own; Fort Worth Convention Center; CE: Additional. Tired of the same PowerPoint humdrum? Come and see the magic of movies and how you can direct, film, edit, and produce a simple movie for distribution on CD, DVD, or the web. This 8-hour workshop is designed for those who want to be able to make movies for training, tributes, or just for fun. Learn how make good quality videos on a shoestring budget! Laptops computers are essential to your success in this session. Hand-held, portable video cameras are a plus as well, but not mandatory. Some advance prep is necessary. For more information on course content, contact Bob Page, NREMT-P,



# Preconference classes

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

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

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

CCEMT-P, NCEE, at [edutainment@mac.com](mailto:edutainment@mac.com). Email address required on registration form.

## Defensive Tactics for Offensive

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

## Sunday

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

helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For information on class content contact John Green at [john@texasroperescue.com](mailto:john@texasroperescue.com). *Note: one-day class.*

## REP—Radiological Emergency

**Preparedness:** No cost; *Sunday, 11/23; 8a-5:30p with 1½ hours for lunch; Ft. Worth Convention Center; CE: 1 Patient Assessment, 2 Medical, 2 Clinically-Related Operations, 3 Special Considerations.* This 8-hour, performance-based course is designed for emergency first responders who may respond to a radiological incident (awareness level). For information, contact Mike Rutherford at [mike.rutherford@dshs.state.tx.us](mailto:mike.rutherford@dshs.state.tx.us), (512)/834-6688 ext. 2021 or Karen Verser, at ext. 2026 or [karen.verser@dshs.state.tx.us](mailto:karen.verser@dshs.state.tx.us).

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

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

and less traumatic for both survivors and EMS personnel. This workshop will be useful to both pre-employee/student training, and to update experienced staff in skills now being demanded at the scene. For more information on course content, contact Janene Council Jeffery, RN, MSN, CT, at (512) 689-8045 or [janene@austin.rr.com](mailto:janene@austin.rr.com).

## Cardiac Arrest Management

**for EMTs:** \$125; *Sunday, 11/23; 8a-5:30p with 1½ hours for lunch on own; Fort Worth Convention Center; CE: 3-Medical, 3 – Airway, 2 – Patient Assessment* This 8-hour workshop is designed for all emergency providers who participate in out-of-hospital resuscitation attempts of cardiac arrest patients. This course will emphasize the importance of basic life support interventions, the integration of those interventions with advanced care, and the importance of effective team interaction and communication during the resuscitation attempt. Participation in this course will allow EMS personnel at all levels to improve the quality of care provided to adult victims of cardiac arrest. For more information on course content, contact Kenneth Navarro at [kenneth.navarro@utsouthwestern.edu](mailto:kenneth.navarro@utsouthwestern.edu).

## Neonatal Resuscitation Program

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



# Preconference classes

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



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

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

Pediatrics. The 8-hour workshop combines instructional and hands-on training of newborn resuscitation. Participants successfully completing all lessons and passing a written exam will be issued a course completion card. For more information on course content, contact Stephen Stephens at (830) 275-1624 or [sstephensmedical@yahoo.com](mailto:ssstephensmedical@yahoo.com).

**Multi-Lead Medics: 12-Lead ECG Interpretation for Acute and Critical Care Providers:** \$150; Sunday, 11/23; 8a-5:30p with 1½ hours for lunch on own; Fort Worth Convention Center; CE: Medical. Presented by Bob Page, author of the book *12-Lead ECG for Acute and Critical Care Providers*, this 8-hour, highly motivating, non-stop interactive course on 12-Lead ECG includes proper lead placement, axis and hemi-block determination, bundle branch blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG. The course includes a workbook with practice problems and handy charts for rapid use in the field. Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly learned skill. There is also web site support of graduates of the program with continual competency and feedback from the instructor. The seminar is delivered as a state-of-the-art computer presentation enhanced with sound, graphics, animation, music and video clips. This course is the perfect filler to pick up where ACLS

and Experienced Provider courses left off. For more information on course content, contact Bob Page at [edutainment@mac.com](mailto:edutainment@mac.com).

**SLAM Emergency Airway Provider Course:** \$395; Sunday, 11/23; 8a-6p; Fort Worth Convention Center; CE: 2 Trauma, 2 Patient Assessment, 2 Special Considerations, 3 Airway. This 10-hour course presents key aspects of emergency airway management including assessment of the airway and clinical situation; proper use of rapid sequence induction and intubation; pharmacology of airway management, advanced techniques for difficult intubation; rescue ventilation options; cricothyrotomy; confirmation of tracheal intubation and monitoring of lung ventilation; new fiberoptic and video laryngoscopic equipment suitable for use in EMS; management of burn and inhalation injuries; management of the traumatized airway and cervical spine injured patient; management of the airway in the emergency pregnant patient; pediatric airway management; and sedation/analgesia for post-intubation management. The course includes four hours of lecture; one hour for the pig cricothyrotomy workshop; and five hours of hands-on instruction. The course includes all airway management updates and recommendations from Guidelines 2005 for the American Heart Association and the International Liaison Committee on Resuscitation. No lunch break so bring snacks! The course has been completely updated since the publication of the SLAM

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

**Cadaver Lab: Hands on Anatomy:** \$75; Sunday, 11/23; two classes to choose from: 8a-12p or 1p-5p; Off-site (meet at medical school approximately 3 miles from the convention center); CE: Preparatory. Even though anatomy is the basis of all medicine, most of us learned anatomy from books and pictures. Few ever get the chance to spend time with actual cadavers. Each 4-hour workshop includes reviewing the anatomy of prosected cadavers in small groups, and covers the anatomy of the airway, the respiratory system, the cardiovascular system, the nervous system, and the organs in the abdomen. The class will be held on the campus of the University of North Texas Health Science Center in Fort Worth, a short, five-minute drive from the Fort Worth Convention Center. A maximum of 50 attendees per session will be allowed. The course instructors will be the physicians and staff of the Emergency Physician Advisory Board of MedStar in Fort Worth. For more information on course content, contact Jeff Beeson at (817) 456-6659 or [snurd@earthlink.net](mailto:snurd@earthlink.net).



# Local & Regional EMS News

by Dean Lofton

*PHI Air Med 12, based in Bryan/College Station, lands at Texas A&M University's Kyle field when participating in a mock multi-casualty incident with Texas A&M University. PHI Air Medical recently received CAMTS accreditation and a Vision Zero Aviation Safety Award.*



## PHI Air Medical receives CAMTS accreditation and a Safety Award

In March, PHI Air Medical, Inc., received accreditation by the Commission on Accreditation of Medical Transport Systems (CAMTS) in the State of Texas. The commission awards this honor to air medical services that “provide the highest possible quality to their constituents” and demonstrate their main priorities are “patient care and safety of the transport environment.” In order to receive accreditation, bases must go through months of rigorous inspections and service evaluations.

The CAMTS accreditation serves as a “marker of excellence,” and ensures air medical transport services comply with requirements pertaining to training, technology and medical and flight certification. The comprehensive evaluation took approximately six months and 210 hours of staff time.

CAMTS is a non-profit organization whose main goal is preserving safety and quality in

the air medical industry. Their accreditation standards are revised every few years and apply to both fixed and rotor-wing aircraft. As of January 2008, there are 138 accredited services in the nation; five of those are PHI Air Medical services.

PHI Air Medical also recently received the first-ever Vision Zero Aviation Safety Award. The award was given for PHI Air Medical’s efforts in developing a comprehensive Enhanced Operational Control (EOC) system for their entire air medical operation, which numbers over 70 helicopters across the country.

PHI Air Medical headquarters are located in Phoenix, Arizona, with 12 bases in Texas, including three bases in North Texas, two in Central Texas, six in the Houston area, and one in South Texas. PHI Air Medical Texas headquarters are in Dallas, Texas.

## SETTRAC gets new RCV

The Southeast Texas Trauma Regional Advisory Council (SETTRAC) has a new 40-foot Regional Communications Vehicle (RCV). Built by Frontline Communications on a Freightliner Chassis, the RCV has a dispatch area and conference room with two slide-outs. The vehicle is powered by an on-board 20kw generator or 220v/100amp shoreline. The RCV is equipped with 42-foot telescoping mast, which supports a digital video camera, Wi-Fi, and base station antenna mounts. The 15-radio network consists of VHF, UHF, Motorola and Tyco Trunking, aviation, and amateur radio networked to three consoles using Telex C-Soft. The Nortel BCM phone switch is supported by four cellular lines and four VoIP satellite lines. Data and VoIP are delivered via TracStar Satellite Systems. The conference room has a workstation and seating for nine. To support regional transportation assets, a cache of trunk radios and GPS units are also stored on board. The vehicle was purchased with a donation from the Kingwood Area EMS Association and HRSA/OASPR funding.



*The Southeast Texas Trauma Regional Advisory Council (SETTRAC) recently purchased 40-foot Regional Communications Vehicle (RCV). The vehicle was purchased with a donation from the Kingwood Area EMS Association and HRSA/OASPR funding.*



# Local & Regional EMS News



Martin County EMS recently opened a new ambulance station and learning center. Pictured here from left to right are (front) Gary Reid, LP; first row: Tyler Springer, Explorer currently in basic class; Yvette Valles, EMT-B; Ginger Tunnell, EMT-B, LVN; Sarah Barnes, EMT-B; and Casey Reid, EMT-B; second row: Randell Doshier, EMT-P, RN; Dr. Pablo Teveni, medical director; George Costlow, EMT-B; Dennis McCampbell, EMT-B; EMS Director Stewart M. Coleman, EMT-P; and Gene Byrd, EMT-B.

## New station opens in Martin County

Martin County EMS recently opened a new ambulance station and learning center. The 3,600-square-foot structure houses four ambulances, a classroom with seating for approximately 40, and an office for the EMS director. The Martin County EMS fleet has been upgraded over the last three years to include a 2008 Ford AEV unit, a 2006 Ford AEV unit, a 2004 Ford AEV unit and a 1996 Ford. These units have replaced a 1977 Chevrolet, a 1985 Ford and

a 2001 Ford, which was destroyed in a fire in July 2006.

The provider also has a new EMS director, Stewart Coleman, EMT-P. Stewart has 25 years of experience in emergency medicine, and he will also coordinate educational opportunities for the service. Currently the service is conducting an EMT-basic class, and has ongoing CPR classes for staff, hospital staff and community organizations. Martin County EMS will host the J-RAC meeting in June.

## Carrollton Fire Department's 2008 Paramedic of the Year

Joel Sanders, EMT-P, was named Carrollton Fire Department's 2008 Paramedic of the Year. Sanders has only been a paramedic for two years. His skills in building rapport with patients and applying the clinical judgments

and protocols learned in training led to the department honoring him. As the department's new EMS field training officer, Sanders has taken on the added responsibility of assisting and teaching other paramedics.

## Woman earns silver star in Afghanistan

A 19-year-old medic, Army Spc. Monica Lin Brown from Lake Jackson, Texas, is the first woman in Afghanistan -- and only the second female soldier since World War II -- to receive the Silver Star, the nation's third-highest medal for valor. She ran through enemy gunfire, using her body as a shield, to care for five fellow soldiers after a roadside bomb hit their convoy of Humvees.

In an interview with the Associated Press on March 8, Brown said, "I did not really think about anything except for getting the guys to a safer location and getting them taken care of and getting them out of there."

With ammunition going off from inside a burning Humvee, sending shrapnel in all directions, Brown described the scene: "I assessed the patients to see how bad they were. We tried to move them to a safer location because we were still receiving incoming fire."

Brown is with the 4th Squadron, 73rd Cavalry Regiment, 4th Brigade Combat Team. The military said Brown's "bravery, unselfish actions and medical aid rendered under fire saved the lives of her comrades and represents the finest traditions of heroism in combat."

**GETAC  
May 7-9  
Austin**



## Stanton High hosts *Shattered Dreams*



A two-day *Shattered Dreams* program at Stanton High included a re-enactment of a crash scene caused by a drunken driver. Martin County EMS participated in the program.

A *Shattered Dreams* program showing high school students the deadly consequences of drunken driving was held in Stanton in February. The program received support from Texas J Regional Advisory Council, Stanton High School Student Council, Martin County EMS, Martin County Hospital District, Stanton Police

Department, Martin County Sheriff Department, Midland Fire Department and many volunteer citizens and parents in Martin County. The event spanned two days, with a mock crash and retreat on the first day, and an assembly on the second day. During the assembly, students heard from guest speaker, Charles Hodges, from Stop DWI, Inc.

## AMR participates in *Fatal Choices/Shattered Dreams* programs

Two American Medical Response (AMR) operations recently took part in *Fatal Choices/Shattered Dreams*, a national program which promotes responsible decision-making by high school students about underage drinking and driving. In Collin County, AMR collaborated with the Melissa Fire and Police Departments, as well as the Explorers, an EMS career training program for teens.

AMR worked with CareFlite, the Arlington police and fire departments, a local funeral home and two hospitals for the ninth year of Arlington's *Fatal Choices/Shattered Dreams* program. The program included a mock crash, an overnight retreat for some students, and a school-wide assembly to hear about participants and family members experiences.

## Valentine's baby is couple's second holiday birth

Amy and David Nevlin began Valentine's Day with a call to 9-1-1 when Amy woke up in labor at 2:15 a.m. She quickly realized she wouldn't make it to the hospital to deliver her baby boy, who wasn't due for another two weeks. David was coached by Austin-Travis County Emergency Medical Services communications medic Javier Trujillo. Trujillo, also a father, advised David through the 12 minutes it took for Beck Levi's birth.

The Nevlin's first child, 2-year-old Rose Marie, arrived on Christmas Day in a much slower manner, leaving time for opening gifts and checking into the hospital. Everyone met in person recently at the Austin-Travis County Transportation, Emergency and Communications Center. The couple jokes they may try for the Fourth of July next time.

## Two new EMS Specialists



Anita Aaron



Gary Griffith

DSHS Compliance Region 1 welcomes a new EMS Specialist in Amarillo - Anita Aaron. She has worked for Amarillo Medical Services, and was the director for the Area Ambulance Authority in Clarendon. She has been in EMS for over 10 years and has served on the EMS Committee of GETAC. She can be reached at (806) 655-7151 or [anita.aaron@dshs.state.tx.us](mailto:anita.aaron@dshs.state.tx.us).

Gary Griffith joined Region 2 as an EMS Specialist in Abilene. Gary has worked about 14 years in EMS. He was most recently the director of operations for Metro-Care, the contracted 9-1-1 provider for the city of Abilene. He can be reached at (325) 795-5859 or [gary.griffith@dshs.state.tx.us](mailto:gary.griffith@dshs.state.tx.us).





On a January weekend, 11 East Texas responders gathered to learn about the hazards of rescue operations in remote locations, especially farms. The National Farmedic Training Program presentation was hosted by Kilgore College Farm and jointly sponsored by the Piney Woods Regional Advisory Council (RAC-G) and Lake Country Area Health Education Center (AHEC).

## East Texas Responders attend National Farmedic Training Program

On a chilly January weekend, 11 East Texas responders gathered to learn about the hazards of rescue operations in remote locations, especially farms. The National Farmedic Training Program was hosted by Kilgore College Farm and jointly sponsored by the Piney Woods Regional Advisory Council (RAC-G) and Lake Country Area Health Education Center (AHEC). The first day included instruction from certified Farmedic Program training instructors who

hold numerous certifications from accredited rescue operation agencies. On the morning of the second day, the responders donned bunker gear to practice scenarios, including a driver pinned under a tractor and a trapped baler operator. The National Farmedic Training Program addresses many aspects of remote area rescue such as: getting equipment on site; working with farm machinery; chemical dangers on farms; and farming structures.

## AMR test drives ambulance in Arlington

American Medial Response (AMR) is testing what's called "the next generation concept ambulance." One of the few in service in the U.S., AMR spokesperson Bill Prickett called the unit, "the Rolls-Royce of ambulances."

The ambulance's features include a four-camera video system to record all ambulance movement and allow the driver to view all sides of the vehicle. The unit has an air filtration for removing airborne contaminants. Other features include safety harnesses for crew, backup battery systems, hydraulic stretchers and ergonomically-designed compartments. The harnesses are designed to decrease the time medics have to leave their seats to provide patient care. After some training, AMR crews will get to work with the ambulance for a month.

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

### What's up in your area?

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

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





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# FAQ

## Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

**Q: My certification expired over two years ago. How do I regain certification?**

**A:** If your certification has been expired for one year or more, you do not have the option to simply renew. To regain certification, you will have to renew as if you were an initial candidate. This means you will have to take an initial course, take and pass the National Registry exam (assuming your National Registry has expired) and reapply by submitting the initial application and fee. You can forgo the initial course by gaining an equivalency, based on your education training and skills. For information on the equivalency process, visit our website at: [www.dshs.state.tx.us/emstraumasystems/sequiv.shtm](http://www.dshs.state.tx.us/emstraumasystems/sequiv.shtm).

You can find all of the requirements and forms for initial applicants on our website at: [www.dshs.state.tx.us/emstraumasystems/CertInfo.shtm](http://www.dshs.state.tx.us/emstraumasystems/CertInfo.shtm).

**Q: My certificate expired two weeks ago and I heard that the rules concerning late recertification have changed. What are the new requirements?**

**A:** Late renewal requirements changed in January 2007. Applicants completing ALL renewal requirements between date of expiration and one year after expiration date can renew by any of the four available options and **also must submit a skills verification form** with the

application and late fee. Applicants whose certification has been expired for one year or more may not renew the certificate; they must comply with initial or equivalency certification requirements (see question above). You can find the skills verification form and all of the information on late renewal on our website at: [www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm#laterenewal](http://www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm#laterenewal).

**Q: I received a reminder notice from DSHS that my certification expiration date is approaching. My certificate does not expire for six months. Is it too early to renew?**

**A:** No. We encourage you to submit your renewal application and fee early to avoid the possibility of a lapse in your certification. You can renew any time during the last year of your certification period and not lose any time on your current certification. The new certificate will be issued for four years from the current certificate expiration date. However, you cannot renew if it is more than one year prior to your expiration date. You will find all of the renewal information including the renewal application on our website at: [www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm](http://www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm).

**Q: I received a letter from DSHS stating that my application is under administrative review by the EMS Compliance program. What**

**does this mean?**

**A:** An administrative review is done by EMS Compliance either because you answered yes to the criminal history section of the EMS application or because the criminal history background check revealed an unreported record. A criminal history check is performed on each application submitted to DSHS. For additional information regarding administrative reviews or criminal history background checks, please contact the EMS Compliance group at 512/834-6700. You can also find information pertaining to criminal history evaluations on our website at: [www.dshs.state.tx.us/emstraumasystems/Qihome.shtm](http://www.dshs.state.tx.us/emstraumasystems/Qihome.shtm).

**Q: What is inactive certification status in Texas and why would I want to apply for it?**

**A:** Inactive EMS certification status in Texas is essentially an option to put a moratorium on continuing education (CE) or other renewal/training requirements. One might choose inactive status if he or she is unable *or* unwilling to meet renewal (training) requirements, yet is intent on retaining a certification status. Inactive certification would **not** qualify an individual to staff an ambulance or practice in any other capacity. Often, individuals choose inactive certification if anticipating they'll not need to practice emergency care for a period longer than four years. By choosing inactive status, the individual can



# Frequently Asked Questions

avoid having to routinely complete CE or recertification training each certification period, yet still retain the option to renew certification (in lieu of repeating initial training requirements). To change your active status to inactive, submit an Inactive Certification Application form along with the required fee. To regain active certification, the individual must apply for inactive-to-active certification, complete a formal recertification course or the standard four-year CE requirements, and pass the NREMT assessment exam.

**Q: I'm no longer working as an EMT, but I'd like to continue to hold certification. Do I have to apply for inactive status?**

**A:** No, as far as your Texas EMT certificate is concerned, you don't have to apply for inactive status just because you're not actively working for an EMS provider. Even if not employed as an emergency medical care provider, individuals can continue to retain active certification by continuing to meet all recertification/education requirements. (Note: That's how Texas inactive certification differs from NREMT inactive status. NREMT inactive status is designated for NREMT-registrants who have been working in EMS, but are not currently actively engaged in ambulance/rescue service or health/patient care activity. Those on NREMT inactive status must

continue to meet refresher, CPR and CE requirements. For more information, see [www.nremt.org/emtservices/rereg\\_pol\\_proc.asp](http://www.nremt.org/emtservices/rereg_pol_proc.asp).)

**Q: What patient care records are required for the EMS to provide to the hospital when delivering a patient?**

**A:** The transporting EMS is required to provide at least a preliminary report at delivery, followed by a formal, written/printed report as soon as possible. The preliminary information isn't required to be in a particular format, but should provide any and all vital information that's necessary for continuing treatment of the patient. Both the preliminary report and the formal, written report should document, at a minimum, the patient's condition upon arrival at the scene; the prehospital care provided; the patient's status during transport, including signs, symptoms, and responses during the transport; the call initiation time; dispatch time; scene arrival time; scene departure time and hospital arrival time.

**Q: In addition to providing various stages of certification status, the old Cert Query available on your website included specific deficiencies that needed to be cleared to qualify for certification. I haven't been able to find that information on the new Public License Search. Is that information still provided online?**

**A:** No. You'll be notified of

deficiencies primarily by regular U.S. mail. A list of detailed deficiencies for each applicant was not one of the options available in the new computerized system that all of DSHS Regulatory Division (all licenses and certifications at DSHS) now uses.

**Q: Is the CCMP (Comprehensive Clinical Management Program) renewal option now available?**

**A:** Not yet – but we're a lot closer. The rule became effective on December 27, 2007, but no CCMP organizations have been approved yet. CCMP as an individual renewal option will occur subsequent to the development and recognition of CCMP survey organizations/teams, review and approval of CCMP self-studies/surveys, then finally upon the medical directors' attestation of each individual's CCMP qualifying participation.

Do you take EMS photos?

**WIN MONEY!**

Enter the EMS photo contest  
- deadline November 10.

For more info go to [/www.dshs.state.tx.us/emstraumasystems/photocontest.pdf](http://www.dshs.state.tx.us/emstraumasystems/photocontest.pdf)





# Making a difference

By Kelly Harrell

**H**ow much of an impact do you have on someone else's life? If you work in EMS and trauma systems, plenty. The following stories are just a few of the thousands of times every day emergency health care providers have changed lives. In honor of EMS Week May 18-24, and Trauma Awareness Month, we salute those who make a difference.



## Connie Snell

**Date: December 27, 2002**

**Responding: CE-Bar Volunteer Fire Department, Austin-Travis County EMS**

When the pit bull puppy, bloodied and hungry, showed up in Connie Snell's driveway, she wasn't exactly thrilled. But she and husband Jerry ended up nursing the puppy back to health and

County EMS medics, and her husband. Connie was playing computer solitaire one lazy Sunday morning when she began to feel tired. She went to lay down and that's the last thing she remembers. Jerry was reading the paper in the living room when Shuggy began to howl and bark – unusual for the dog. Then Jerry heard something else: a strange noise coming from the bedroom. It was Connie, who had gone into cardiac arrest and was having agonal respirations. When Jerry went into the bedroom, he saw Connie's eyes had rolled back, her tongue was protruding and her skin turning a deep purple. He immediately called 9-1-1 and began the CPR he had learned 40 years earlier while serving in the military. While the dispatcher walked Jerry through CPR, a call went out to CE-Bar Volunteer Fire Department. Two young volunteers happened to be nearby; one of them had a brand-new AED in his car. After two shocks, medics got back a pulse. That wasn't the end, though. Connie went into seizures while she was in the ambulance, triggering fears of brain damage. Doctors decided to try something new: they lowered Connie's core temperature for three days then brought her temperature up slowly. It worked. Today Connie has no neurological deficits. Ironically, thirty years ago

*"I think the most amazing thing is that they had a brand-new AED in the car. If the AED hadn't gotten there in minutes, I wouldn't be here."*

adopting it. They named her Shuggy. "This dog is going to save our lives someday," she remembers telling Jerry. And Shuggy did save Connie's life, along with some help for CE-Bar Volunteer Fire Department, Austin-Travis

*Connie Snell credits Shuggy, her dog, with alerting her husband that she had gone into cardiac arrest. Volunteers from CE-Bar Volunteer Fire Department responded quickly and Austin-Travis County EMS transported her.*



Connie's father had been a pioneer in hibernation research – a technique that ultimately saved his daughter. Today, she's a volunteer for the Sudden Cardiac Arrest Association ([www.suddencardiacarrest.org](http://www.suddencardiacarrest.org)) and a supporter of AEDs.

"I think the most amazing thing is that they had a brand-new AED in the car. If the AED hadn't gotten there in minutes, I wouldn't be here," she says.

### Sheila Nunnelee

**Date: June 6, 2007**

**Responding: Houston Fire Department**

It was just a simple lunch-time trip. Last June, Sheila Nunnelee and a co-worker headed to the co-worker's house for lunch. As they exited I-45 onto I-10 in the co-worker's Nissan Pathfinder, traffic slowed. Behind them, a Ford F350 hauling oil field equipment on a trailer slammed into the back of the Pathfinder, sending it skidding across four lanes of traffic and into the path of an 18-wheeler. The Pathfinder ended up in the same place it began, pointed in the opposite direction.

The co-worker wasn't injured badly. Nunnelee was not so lucky. She sustained a major concussion, puncture wounds, facial, pelvic and limb fractures and plenty of lacerations. Blood from deep lacerations covered the car's interior and her co-worker. Emergency crews had to cut her out of the car. She remembers little, except for the sound

of Paramedic Steve Scott's voice and touch.

"(His voice) was so constantly the same and soothing. You knew that everything's being taken care of," Nunnelee says.

Nunnelee spent time in the hospital and has since returned to work. She met her rescuers at a ceremony in December.

"I surprised all of us," she says. "Nobody thought I would be alive."



*"(Steve Scott's voice) was so constantly the same and soothing. You knew that everything's being taken care of."*

Back row, from left, HFD members Frank Taska, EMT; Brian Taylor, EMT; Capt. Joseph Noack, EMT-P; Steve Scott, FF/EMT-P; Sheila Nunnelee; Senior Capt. John Miller, EMT; and Jose Garcia, EMT. Front row, from left, HFD EMS Assistant Chief Adrian Trevino, EMT-P; Rene Gomez, FF/EMT; and Brady Russell, FF/EMT. Photo: HFD EMS Administrative Coordinator Diana J. Rodriguez, EMT.



## Ben Coniam

Date: *January 14, 2004*

Responding: *Schertz EMS*

All Ben Coniam remembers is headlights coming toward him and thinking he was about to get hit. Then... nothing. But others remember. It was around 11 p.m. and Coniam and his girlfriend were in her car. On their way home, Coniam's girlfriend turned left in front of pick-up truck. The truck slammed into the passenger side where Coniam sat. The impact broke his hip, back and five ribs, and caused facial fractures, collapsed lung and internal damage. He was told his right femur essentially exploded from a combination compression and twisting fracture. He was transported to the Brooke Army Medical Center, a Level I trauma facility, where he stayed for three weeks. After plenty of rehab at home, he went back to work. But he has not forgotten the reason he's still here.

"I gave them a thank you dinner, and I go back every year on that date to talk to them and say thanks," Coniam says.

## Robert Gasson

Date: *June 13, 2004*

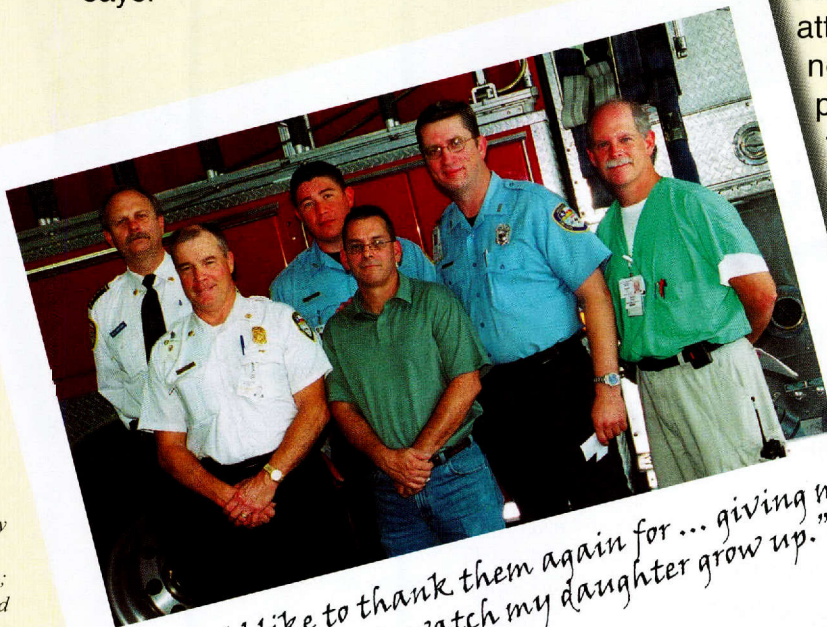
Responding: *Houston Fire Department*

Robert Gasson had learned plenty about physical fitness in the Marines. Unfortunately, he'd forgotten a lot of it in years since he left the service. August 16, 2004, was a typical sweltering Sunday in Houston. Storms had moved through, leaving behind heat and humidity. Gasson, 45 at the time, was at home when he got a call from his supervisor. The storms had knocked out the power to their office building. Gasson, who worked on the building's telephone system, needed to come in. Gasson typically works alone, but on this day his supervisor had decided to accompany him. That was a lucky decision.

Together, they climbed the 29 flights of stairs to the phone system hub. A little while later, Gasson began to sweat and feel tired. When he laid down on the floor, his supervisor called 9-1-1. That was the right call:

Gasson was having a heart attack. Since there was still no power, Houston Fire Department personnel hauled the 60 pounds of equipment up the 29 stories to get to the patient. Medics found a fax machine and sent the electrocardiogram results to Memorial Hermann, where a doctor confirmed that Gasson was having a heart attack. Rescuers brought Gasson back down the stairs in a Stoke's basket

— all the while using flashlights. These days, Gasson is watching his health more closely.



*"I would like to thank them again for... giving me the opportunity to watch my daughter grow up."*

*Houston Fire Department medics climbed 29 floors of a Houston high-rise during a power outage to get to Robert Gasson, who was having a heart attack. From left, HFD Fire Chief Paul Boriski; EMS Assistant Chief Mike Ivy (retired); Gerardo Rey, EMT-P; Robert Gasson; Steve Scott, EMT-P; and EMS Physician Director and Houston Public Health Authority Dr. David E. Perse. Photo credit: Matt Milam*



He's running four days a week and keeping fit through exercise. And he's happy to be alive.

"I would like to thank them again for saving my life and giving me the opportunity to watch my daughter grow up," he says.

### **Christopher Richardson**

**Date: August 6, 2007**

**Responding: Haslet**

**Volunteer Fire Department,  
MedStar, PHI Air Medical**

Christopher Richardson does not remember the impact that sheared his legs off and threw his body thirty feet. He knows he was riding his motorcycle, and he's been able to piece together what happened by talking to rescuers and listening to the 9-1-1 call. It was about 3 a.m. on August 6, 2007. Richardson was riding his motorcycle near Haslet in northern Tarrant County. He hit a roadside sign. Richardson's legs were torn off by the impact. At 3:02 a.m., a bystander called 9-1-1. By chance, several volunteers from the Haslet Volunteer Fire Department EMS were spending the night at the station after working late on a fundraiser. They arrived on scene at 3:07 a.m. The PHI crew was there 12 minutes later, and Richardson was on the way to the hospital within minutes. He had bled out by the time he reached the hospital and was rushed into surgery. Besides losing his legs, he had a sliced intestine and bruised heart. He woke up after 21 days in a coma and

spent 55 more days in the hospital. He was back to work as an oil field consultant five months later and is now driving again.

"My trauma surgeon told me that 100 percent of the people who come in in my condition do not make it. These guys are true heroes, every single one of them. I owe my life to them," he says.

*See Difference, page 42*



*"These guys are true heroes, every single one of them.  
I owe my life to them."*

*Christopher Richardson, center, thanked the responders who saved his life after a horrific motorcycle crash. Richardson thanked each responder during Haslet Volunteer Fire Department's awards banquet held late last year. Back row, from left, Tommy Richardson, Richardson's father; Glenn Storer, HVFD; Nicholas Brenz, EMT, HVFD; Paul Michener, EMT-P, MedStar; Allen Cunningham, HVFD; Steve Stone, BNSF Police, who made 9-1-1 call; Mike Thetford, EMT-I, chief, HVFD; and Dan White, EMT-P, PHI. Front row, Rae Wilson, Richardson's mother; Kylie, Richardson's daughter; Eric Camejo, HVFD; Steven Fisackerly, HVFD; Nathan Abel, EMT, HVFD; Richardson; Lee Godbold, EMT, HVFD; and Kevin Kime, HVFD. Responders not pictured are Gregory Holbrook, HVFD; and James Oldengarm, EMT-P, MedStar; Jevrett Wharton, RN, PHI; and Pilot Scott Kimball, PHI. Photo: Kirt Mayes*



# Hall of Fame members pass away

By Kelly Harrell

Looking at the modern-day ambulance, with its sophisticated equipment and list of advanced medications, it's easy to forget that not so long ago EMS was not much more than a guy (yep, a male) in a station wagon with oxygen and a splint. And more than likely, he was employed by a funeral home.

Two icons of EMS and members in the Texas EMS Hall of Fame passed away in March. Carl B. Young, Jr., of Corpus Christi, passed away on March 13, 2008, at the age of 85.

L.O. "Whitey" Martin, of Tiki Island, passed away on March 2, 2008. He was 79.

Two men, two very different personalities, and one passion: to shape the future of EMS in Texas. There were no role models, no rules, no standards these men had to follow, just a belief that emergency medical care could save lives. Each had a role in developing the EMS and trauma systems we have today. Thousands of patients who are alive today because of the EMS and trauma system are indebted to them. We are, too.

## Carl B. Young, Jr. 1923-2008

It's hard to tell just exactly what fueled Carl Young's lifelong passion for prehospital medical care and injury prevention. Perhaps it was when, as a member of the Harris County Emergency Medical Corps, he responded to the Texas City explosion in 1947 that left 581 dead and about 5,000 wounded. Or maybe it was the trauma and body calls he used to make in Harris

County – sometimes picking up as many as 20 bodies a night. He noticed that many of those he picked up had drowned, a highly preventable death.

Whatever the reason, Young's passion for emergency health care began as a young man and remained long after his retirement from public health. He was born in Houston and became interested in medicine as a child when he made rounds with his father, a surgeon, on visits to St. Joseph's Hospital.



*Carl B. Young Jr., passed away March 13 in Corpus Christi at the age of 85.*

Even in the 1930s, Carl remembers that his father refused to let ambulance drivers (as they were called then) move patients from the ambulance cots until they were splinted.

In 1941, Young joined the Harris County Emergency Medical Corps and began making calls as an ambulance driver. Even then, he and the Corps were ahead of their time, carrying ropes, gloves and

spineboards on calls. Young had seen the spineboards on a trip to Washington, D.C., and had copied the design for the Corps. It was at HCEMC that Young also discovered another passion that would last a lifetime: teaching. He began teaching CPR classes in the 1940s and when he finally laid down the chalk decades later, he had taught first aid, aquatics, ECA, EMT, extrication and other classes to thousands of students.

After serving in a medical battalion in World War II, Young returned to continue his education at the University of Houston and continued making calls with HCEMC. His interest in preventing deaths and teaching led him to a job as a public health educator with the Corpus Christi/Nueces County Health Department, a job he held from 1962 to 1987. In 1963, he traveled to Chicago for one of the first courses in emergency care for the critically ill, and he went on to teach the first classes of that kind in Texas at Texas A&M. Those classes eventually evolved into EMT training.

But Young was not content to get his message out in teaching. He served on national and state committees intent on improving prehospital care. He wrote three textbooks about prehospital care that became training standards. In his position as health educator in Corpus Christi, he supported the local EMS system by leading a campaign to toughen ambulance requirements in Nueces County – tougher than even the state mandated at that time. After retirement from the health



department, he started a business teaching CPR and first aid, and continued to serve on committees. In 1988, he was inducted in the Texas EMS Hall of Fame. And he never stopped trying to improve prehospital care and teach prevention, even though in later years he mixed it with fishing and gardening.

“He was one who participated in most anything and enjoyed doing things,” says Delores, Young’s wife of 58 years. Young is also survived by three sons and their families: Carl Young III, William T. Young and James A. Young.

And he particularly enjoyed watching EMS evolve “into a professional service from what was chaos,” he said in a 1988 article in the *Texas EMS Messenger*.

And we are lucky he did.

## L.O. “Whitey” Martin 1928-2008

The birth of the fire-based EMS system in Houston began, oddly enough, in a hospital room. It was 1970, L.O. “Whitey” Martin, a firefighter in Houston, injured his back when he fell through a floor while fighting a warehouse fire. Since he was going to be on restricted duty for a while, his chief had the idea of giving Martin a special project: build an EMS system in Houston from the ground up. There were no role models, no national standards, and not even another fire-based EMS system in the U.S. at that time.

And it’s not as if Martin was an expert on EMS. He’d been a firefighter for 31 years and had

absolutely no experience in emergency medical care. At the time, private providers and funeral homes transported patients to Houston hospitals – and funeral homes. None of that stopped Martin.

“Whitey was a bull-by-the-horns kind of person,” says Ronald Moore, Martin’s son-in-law and a firefighter himself. “If you gave him something to do, he’d do it.”

A year after Martin took the assignment, 12 Dodge van ambulances hit the streets of Houston, each staffed with two EMTs. A couple of years later, the first paramedics were trained and were assigned to ambulances to provide advanced emergency care.

While starting an EMS system sounds like a no-brainer now, back then opposition showed up from every direction. Unions protested that firefighters had not signed on with the fire department to run EMS calls. Fire department brass and the city’s financial people fought him at every turn. Funeral homes and private providers wanted to keep their lucrative piece of turf. Stories – unverifiable now – claim that some opponents went to great – and illegal – lengths to undermine Martin’s efforts. Every time they pushed, Martin pushed



L.O. “Whitey” Martin passed away March 2 at his home in Tiki Island. He was 79.

back.

“Whitey was obstinate,” Moore says. “He would take something and push it as hard as he could.”

Martin was not content to sit back and watch the system grow on its own. He attended paramedic school in 1974 so he could make sure he understood what his EMS crews were experiencing. He became a founding member of the American Trauma Society and served on committees at the American Heart Association and American Red Cross. He worked with the feds to write rules and standards for EMS across the nation.

And he continued to work to improve EMS in his hometown. In 1983, under his guidance, Houston Fire Department hired Paul Pepe, MD,

*See EMS, page 43*





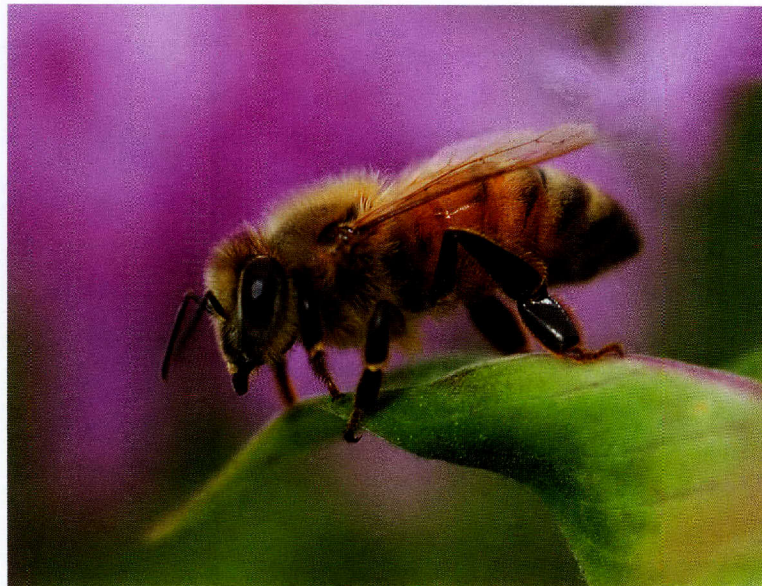
# Anaphylaxis

By Jackie R. Langford, BFA, FF/LP

## Objectives

After reviewing this article, you should be able to:

1. Define anaphylaxis
2. Define antigen
3. List ways an antigen can be introduced into the body
4. Describe the pathophysiology of anaphylaxis
5. Discuss the effects of anaphylaxis on the following body systems:
  - a. Respiratory
  - b. Cardiovascular
  - c. Gastrointestinal
  - d. Nervous
  - e. Skin
6. Describe the clinical presentation of the patient suffering an anaphylactic reaction
7. Describe the management of a patient in anaphylaxis
8. Identify the medications used to treat anaphylaxis
9. Describe the actions of the medications used in treating anaphylaxis



## Introduction

One of my earliest encounters with allergic reactions was when a childhood friend's dad was stung by a bee. He died because he was out on his farm and unable to get medical attention quickly enough. I wondered, "How could a little bee sting cause a grown man to die?" It didn't make much sense to me at first, but then I learned about this funny, tongue-twisting word called anaphylaxis.

Anaphylaxis is a sudden, severe, generalized, allergic reaction that develops in seconds to minutes after encountering an antigenic substance. If not treated quickly, it may rapidly become fatal. Another name for it is anaphylactic shock. It is actually an over-reaction of the body's immune system.

## Etiology

Anaphylaxis occurs in individuals who have been previously exposed to an allergen, that is... something they are allergic to. Entry into the body can be by ingestion, injection, inhalation or absorption and the allergen can be a food (believed to be the most common cause of anaphylaxis when it occurs outside of the hospital), a drug, latex or an insect sting. Regardless of the

route of entry, the risk of anaphylaxis in sensitive individuals increases with the frequency of exposure. Anaphylaxis also occurs more frequently in the summer months between July and September, which can be attributed back to insect stings.

## Pathophysiology

Once exposed, the body's immune system becomes sensitized and reacts to the allergen should it appear again. The allergen, which is almost always some kind of protein, is treated by the body's immune system as a foreign substance and the body tries to rid itself of it.

When an antigen (any substance ca-





pable of inducing an immune response) enters the body, the body responds by producing antibodies called immunoglobulins (Ig). Those associated with allergic reactions are called immunoglobulins E (IgE).



*Peanuts cause an allergic reaction in many people.*

In susceptible individuals, large amounts of IgE antibody are produced. These IgE antibodies bind to the cell membranes of mast cells, which are specialized cells that contain granules of chemicals called mediators such as histamines and leukotrienes, and to basophils, a type of white blood cell. They remain there, inactive, until the body is re-exposed to the same antigen.

With subsequent exposure to that specific antigen, an allergic reaction occurs. The allergen reacts with the IgE-bound mast cells and basophils, causing them to immediately release their chemical mediators in a process called degranulation. Once released or degranulated, these chemicals target specific organs and tissues, causing the various manifestations of an allergic reaction, ranging from hives and sneezing to respiratory distress and shock.

### **Chemical Mediators**

Upon its release, histamine causes the contraction of smooth muscles found in the respiratory system. When these smooth muscles contract, it causes the airway passages to constrict and the lumens (airway pathways) to narrow. This leads to progressive respiratory difficulty, which can be initially evidenced by wheezing sounds in the airways. This broncho-constriction, together with the edema of the larynx, can lead to asphyxia and respiratory arrest.

Histamines also target the smooth muscles of the vascular system, causing profound dilation of the smaller vessels, the arterioles, capillaries and venules. This increase in size of the vascular system decreases

cardiac preload, which in turn, causes a compromised stroke volume, and thus, cardiac output. This all equates to a dramatic drop in blood pressure.

Along with the vaso-dilation comes vascular permeability. This allows plasma to leak into the interstitial spaces (outside of the vessels). This fluid loss further decreases the intravascular volume available for the heart to pump. The combined effects of the vaso-dilation and the vascular permeability results in an acute state of shock.

The permeability of the vessels in the lungs allows fluid to leak into the alveoli (air sacs) of the lungs causing pulmonary edema. The vascular dilation and permeability also causes urticaria (hives) and angioedema (hives on the lips, eyelids, throat, larynx and/or tongue), occasionally severe enough to block the airway.

The histamine release also affects the smooth muscle in the gastrointestinal tract. There is an associated increase in gastric, nasal and lacrimal secretions. The patient will experience gastrointestinal symptoms such as cramping pain in the abdomen, nausea, vomiting and diarrhea.

When leukotrienes are released, the pulmonary system is affected once again. The most potent of the bronchoconstrictors, the leukotrienes further narrow the lumens of the airways, which adds to the





respiratory difficulty the patient is already experiencing. Leukotrienes are considered slow reacting substances, but have a more prolonged response.

The remaining chemical mediators exert varying effects that may include fever, chills, bronchospasm and pulmonary vaso-constriction. These complex chemical processes can also rapidly lead to upper airway obstruction and bronchospasm, heart dysrhythmias and cardiac ischemia, and circulatory collapse and shock.

### Signs and Symptoms

A patient experiencing an anaphylactic reaction may initially present with signs of a respiratory involvement ranging from sneezing and coughing to complete airway obstruction secondary to laryngeal and epiglottic edema. The patient may complain of tightness in the throat and chest along with difficulty breathing. Voice changes and stridor may be evident. Auscultation of (listening to) the lungs may reveal wheezes and significant respiratory distress due to bronchospasms of the lower airways, narrowing of the lumens and increased mucous secretions caused by the actions of histamine and leukotriene.

Cardiovascular manifestations of anaphylactic reactions range from mild hypotension to vascular collapse and profound shock. Tachycardia will be present as the body ineffectively tries to maintain a normal blood pressure. Depending upon the extent of the shock state, peripheral pulses may be weak or may not be present at all.

The patient may complain of chest pain if myocardial ischemia (pain) is present. Dysrhythmias are common and may be re-



*Urticaria (hives) are one symptom of anaphylaxis.*

lated to the severe hypoxia and intravascular hypovolemia inherent in this situation.

Nausea, vomiting, diarrhea and severe abdominal cramping may occur in a patient with an anaphylactic reaction. The increased gastrointestinal activity is related to contractions of the smooth muscle in the intestinal walls, increased mucus production and the torrent of fluid pouring in from the intestinal walls into the intestinal lumens, all of which are initiated by the chemical mediators.

Nervous system responses vary depending upon the extent of impaired gas exchange and the level of shock associated with respiratory and cardiovascular responses to the anaphylactic reaction. Initially the patient may be anxious or agitated and speak of a sense of impending doom. As hypoxia increases and shock worsens, neurological function may deteriorate, resulting in confusion, weakness,





*Hives severe enough to block the airway can develop.*

headaches, syncope, seizures and possibly coma.

Perhaps the most visible signs that differentiate anaphylaxis from other medical conditions are the physical findings on the skin. These signs are secondary to the vasodilation induced by histamine release from the mast cells. Initially the patient may complain of a feeling of warmth. Physical examination often reveals diffuse erythema (redness) and urticaria (hives), which are often accompanied by severe pruritus (itching). Angioedema (marked swelling of the neck, face, lips, tongue and around the eyes) may also be present, reflecting involvement of deeper capillaries of the skin and mucous membranes. As hypoxia and shock continue, cyanosis (bluish discoloration of the skin) may be evident.

Symptoms of anaphylaxis can include the following:

- Urticaria (hives)
- Erythema (generalized flushed appearance or redness of the skin)
- Angioedema (swelling of the lips, tongue, throat, face, neck and around the eyes)
- Pruritus (itching)
- Tears (due to angioedema and stress)
- Rhinitis (swelling of mucous membranes in nose)
- Wheezing due to bronchoconstriction

- Stridor secondary to laryngeal obstruction
- Dyspnea (respiratory distress or difficulty breathing)
- Hypoxia (deficiency of oxygen in blood)
- Cyanosis (bluish discoloration of skin)
- Tachycardia (rapid heart rate)
- Hypotension (low blood pressure)
- Arrhythmias (abnormal heart rhythms)
- Altered levels of consciousness
- Anxiety, apprehension or agitation
- Confusion, weakness, dizziness, syncope, seizures and coma
- Headaches
- Overwhelming sense of impending doom
- Abdominal pain/cramps, nausea, vomiting, diarrhea
- Metallic taste in the mouth

## Emergency Care

Due to the sudden onset of symptoms and the multiple organ involvement, quick identification and treatment are crucial to the successful outcome for the patient experiencing anaphylaxis. It is imperative, therefore, that healthcare professionals be able to recognize and understand the signs and symptoms of an anaphylactic reaction and respond with the appropriate interventions.

As in any emergency, initial patient care measures are directed at providing adequate airway, ventilatory and circulatory support (ABCs).

Airway assessment is critical because most deaths from anaphylaxis are directly related to upper airway obstruction. The conscious patient should be evaluated for voice changes, stridor, a barking cough, wheezes, diminished breath sounds, abnormal respiratory rates and accessory muscle use. Oxygen should be adminis-





tered as soon as practical. Complaints of tightness in the throat and dyspnea (difficulty breathing) should alert the medic of impending airway obstruction. The airway of an unconscious patient should be evaluated and secured as quickly as possible. If airflow is impeded due to edema (swelling) of the airways, endotracheal intubation should be performed. If there is severe laryngeal and epiglottic edema, surgical or needle cricothyrotomy may be indicated in order to provide airway access.

Once the airway is assessed and secured, then oxygen therapy should be initiated. Depending upon the extent of dyspnea, the patient may require either a non-rebreather mask (NRB) or complete



*Once the airway is assessed, oxygen should be given.*

bag-valve-mask (BVM) ventilation with high flow oxygen.

Circulatory status may deteriorate rapidly, so early assessment of the rate and quality of the pulse, as well as the location of the pulse, are essential and should be repeated frequently. A dropping blood pressure also indicates a rapidly deteriorating patient, so blood pressure monitoring should also be initiated quickly and recurrently. Intravenous fluid administration should be initiated in severe cases of anaphylaxis to offset the intravascular hypovolemia.

## Pharmacology Treatment

Drug therapy is the definitive treatment for an anaphylactic reaction. The only drug that can immediately halt and reverse the life-threatening complications of an anaphylaxis episode is injected epinephrine. Epinephrine is a sympathomimetic agent (mimics a sympathetic nervous system response) with direct-acting effects that reverse the effects of histamine and the other chemical mediators acting upon the target organs.

Through its actions on the beta-adrenergic receptors on the smooth muscles in the lungs, the airway passages relax, allowing the airway lumens to dilate (open up) and relieve the dyspnea. It also causes an increased heart rate (positive chronotropic effect) and an increased contractile force (positive inotropic effect), which equates to an increased cardiac output (blood pressure increases).

Through its alpha-adrenergic properties, it causes increased vasoconstriction, thus reducing or eliminating vascular permeability and additionally increasing the blood pressure. It also decreases mucosal edema, reversing the angioedema and mucous secretions affecting the upper airways and face. In addition, epinephrine inhibits further mast-cell release of histamine and the other chemical mediators of inflammation.

For first-aid treatment of anaphylaxis, administration of epinephrine by either the subcutaneous or intramuscular route has been traditionally recommended. However, recent studies on the rate of absorption of epinephrine injected by different routes and in different locations have shown that intramuscular injections in the lateral thigh have significantly been found to reach the peak plasma epinephrine concentration the quickest. Many protocols advise an intramuscular injection of 0.3 – 0.5mL of a 1:1,000 dilution because of the findings in



this study.

Intravenous administration of epinephrine should be reserved for those with severe anaphylaxis that do not respond to



intramuscular epinephrine and/or individuals with anaphylaxis who are being treated in hospital settings. Dilution errors and dosing errors carry many risks of overdose and the result can have serious adverse effects such as cardiac dysrhythmias.

Prompt and appropriate injection of epinephrine is nearly always effective in the treatment of anaphylaxis. Delaying epinephrine administration, on the other hand, is associated with poor outcomes, including fatalities.

Advanced care and transport to an emergency department should be sought promptly, even after epinephrine has been administered for the first-aid treatment of anaphylaxis. It is possible for a patient to undergo a second reaction. This delayed reaction is called biphasic, meaning two phases. As many as 25 percent of people who have an anaphylactic reaction will experience a recurrence in the hours following the beginning of the reaction and require further medical treatment. The possibility of biphasic reactions requires that patients be transported to an emergency department and be monitored for several hours.

After administration of epinephrine, the patient should receive an antihistamine such as diphenhydramine (Benadryl) intravenously. Antihistamines block the histamine receptors, thereby limiting the effect of any additional histamine release.

Corticosteroids may also be administered to help reduce swelling and airway obstruction and to prevent delayed reac-

tions. Steroids slow the release of additional histamine and the leakage of fluid from capillaries, thus reducing edema. Steroids do not have an immediate effect, with onset of action occurring anywhere from two to six hours. For this reason, they should not be used as a first-line medication.

Beta agonists should be considered, as well. Beta agonists improve alveolar ventilation and help relieve the respiratory deficiency. Anti-dysrhythmics and vasopressors (which cause the heart to increase its contraction strength), such as dopamine, may also be required to manage protracted hypotension.

## Summary

Anaphylaxis is a severe and potentially fatal systemic allergic reaction. It occurs when an antigen to which a person has been sensitized to previously enters the body. This sets off a chain of events that begins with the release of immunoglobulin E (IgE). The IgE subsequently causes the mast cells and basophils to release histamine and other chemical mediators, which target specific tissues and cause dramatic systemic, life-threatening symptoms affecting the respiratory, cardiovascular, gastrointestinal and integumentary (skin) systems.

Due to the rapid onset and the multiple organ involvement, anaphylactic reactions are to be considered serious medical emergencies. Rapid recognition, prompt treatment and appropriate management by healthcare professionals are key to the survival of an anaphylactic reaction. Medical care is directed at supporting the respiratory and circulatory systems and at reversing, pharmacologically, the effects of histamine and the other chemical mediators through the use of epinephrine and antihistamines.





Continuing Education

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## Hall of Fame nominations due June 1

**The Texas Department of State Health Services takes nominations each year for the Texas EMS Hall of Fame. Nomination deadline is June 1. The EMS Hall of Fame honors individuals who have made a significant and dramatic contribution to Emergency Medical Services in the State of Texas during their careers. This honor is intended to remain a permanent part of the EMS history of this state. Individuals inducted into the Texas EMS Hall of Fame are permanently honored by displaying their pictures together at the Office of EMS/Trauma Systems Coordination.**

Nominations for individuals to be inducted into the Texas EMS Hall of Fame are open to anyone residing in the State of Texas. Nominations must be written and should include the following information:

- A historical perspective of the EMS work history of the individual
- A list of results achieved by this individual relating to EMS statewide
- The short-term and long-term benefits to Texas EMS as a result of the direct effort of the individual
- A description of how this individual's contribution to Texas EMS was above and beyond the ordinary job that would have been performed by the majority of individuals had they been in a similar position
- A resume or curriculum vitae for additional background information

Nominations will be distributed to all members of the Texas EMS Hall of Fame, the directors at the Office of EMS & Trauma Systems Coordinations, and officials at the Texas Department of State Health Services.

*Nominations must include the items listed above. Send six copies of the nomination to:*

Texas Department of State Health Services  
EMS Hall of Fame  
1100 West 49th Street  
Austin, Texas 78756



# Anaphylaxis Quiz

## Medical CE

- Which of the following would not be considered a front-line medication in the treatment of an anaphylactic reaction?
  - Epinephrine
  - Antihistamines
  - Beta agonists
  - Corticosteroids
- The primary drug for management of anaphylaxis is:
  - Albuterol
  - Epinephrine
  - Diphenhydramine
  - Methylprednisolone
- An allergen's most common route of entry in an anaphylactic reaction is:
  - Inhalation
  - Absorption
  - Injection
  - Ingestion
- Epinephrine has all of the following effects EXCEPT:
  - Bronchodilation
  - Peripheral vasoconstriction
  - Decrease in heart rate
  - Increase in cardiac contractions
- The antibody responsible for producing allergic and anaphylactic responses is:
  - Immunoglobulin A (IgA)
  - Immunoglobulin E (IgE)
  - Immunoglobulin M (IgM)
  - Immunoglobulin G (IgG)
- Of the following, which sign would you generally NOT expect to see in the patient with anaphylaxis?
  - Bradycardia
  - Wheezing
  - Facial flushing
  - Hypotension
- Administration of corticosteroids in the patient with anaphylaxis helps to:
  - Block histamine receptors
  - Suppress the inflammatory response
  - Cause direct bronchodilation
  - Increase the blood pressure
- In most cases, the signs and symptoms of anaphylaxis begin \_\_\_\_\_ following exposure to the antigen.
  - within 1 minute
  - 5 – 10 minutes
  - 10 – 20 minutes
  - 1 hour
- Which of the following is believed to be the most common cause of anaphylaxis when it occurs outside of the hospital?
  - Latex
  - Bee stings
  - Sulfa drugs
  - Food



10. Which of the following is correct in treating a patient with severe anaphylaxis?
- A. 0.3 mg epinephrine 1:1,000 SC
  - B. 0.3 mg epinephrine 1:1,000 IV
  - C. 0.5 mg epinephrine 1:10,000 SC
  - D. 0.5 mg epinephrine 1:10,000 IV
11. Most deaths from anaphylaxis are directly related to:
- A. Upper airway obstruction
  - B. Urticaria
  - C. Hypotension
  - D. Vasodilation
12. Histamines target specific tissues and cause:
- A. Vaso-dilation
  - B. Broncho-constriction
  - C. Vascular permeability
  - D. All of the above
13. Vascular dilation and permeability that occurs during an anaphylactic reaction can cause:
- A. Urticaria
  - B. Angioedema
  - C. Pulmonary edema
  - D. All of the above
14. Cardiac ischemia and dysrhythmias are possible symptoms of an anaphylactic reaction.
- A. True
  - B. False
15. Any substance capable of inducing an immune response is known as:
- A. Urticaria
  - B. Antigen
  - C. Histamine
  - D. Agonist



For more information, go to [www.emstock.com](http://www.emstock.com).  
(not affiliated with Texas EMS Conference)

## Inspections to include epi pens as of July 1

A law passed in the last legislative session allows ECAs to administer epi pens with the approval of their medical director and requires all ambulances to carry epi pens. DSHS has been working on rules to implement the legislation; those rules should become effective this summer. DSHS inspectors will begin including epi pens or similar device on the list of required equipment for ambulances beginning on July 1, 2008.

– Maxie Bishop





This answer sheet must be postmarked by June 20, 2008

CE Answer Sheet Texas EMS Magazine  
Anaphylaxis - Medical CE

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

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

Organization \_\_\_\_\_ Work Phone \_\_\_\_\_  
area code

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

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

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

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

Debra Cason, RN, MS  
EMS Training Coordinator  
The University of Texas  
Southwestern Medical Center  
5323 Harry Hines Blvd.  
Dallas, Texas 75390-9134

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

Answer Form

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

- |     |    |                          |    |                          |    |                          |    |                          |     |    |                          |    |                          |    |                          |    |                          |
|-----|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|-----|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|
| 1.  | A. | <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"/> |
| 2.  | 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"/> |
| 3.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 13. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | 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"/> | 14. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> |    |                          |    |                          |
| 5.  | 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"/> |
| 6.  | 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"/> |     |    |                          |    |                          |    |                          |    |                          |
| 8.  | 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"/> |     |    |                          |    |                          |    |                          |    |                          |
| 10. | 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?**



## Difference

*continued from page 29*

### Jacob Brochtrup

**Date:** July 1, 2005

**Responding:** Austin-Travis County EMS, STARflight

A flight medic later told Jacob Brochtrup that he looked like a goner when they saw him from the air. He doesn't remember what happened that summer day on Lake Travis. Brochtrup, who was 18 at the time, had been on a friend's boat when he went over the side and got his leg tangled in the moving propeller. The force severed his leg except for a bit of nerve tissue. While his friends frantically called for help, someone on a neighboring boat boarded and used a ski rope to make a tourniquet. By the time the boat Brochtrup was on had been towed to shore, he had nearly bled out. A bystander took over CPR until paramedics arrived. A few minutes later STARflight came and took him to University Medical Center at Brackenridge, a Level II trauma facility. Surgeons eventually had to amputate Brochtrup's leg at the hip. But he did survive, and is now taking college courses in Austin. And he's grateful to those who responded.

"Every one of those guys is my hero. Not just the ones who worked on me but everybody who does that," he says.

### Texas EMS/Trauma System

**Date:** 1989-Present

Sometimes making a difference goes global. Soldiers wounded in Iraq have trauma care roots right here in Texas. Several years ago, OEMS/TS asked whether military facilities could voluntarily be designated as trauma facilities; and if

they were designated, would they be allowed to share the state monies? The answer to both questions was yes. Four military facilities became designated: Wilford Hall Medical Center was designated first, followed by Brooke Army Medical Center, both in San Antonio; Carl R. Darnall Army Medical Center at Fort Hood; and William Beaumont Army Medical Center in El Paso. All four facilities participate in the Texas EMS/Trauma System, taking care of military and civilian trauma in their areas. Assistant Commissioner Kathy Perkins says it's a win-win situation.



*"I feel like we've made a difference in the care of a different way, and I'm very proud of that."*

*Kathy Perkins, assistant commissioner of DSHS' Division of Regulatory Services, was given a flag quilt by the trauma coordinators from the four military hospitals in Texas designated as trauma facilities. Concepts from the Texas EMS/Trauma System are being used to improve trauma treatment in Iraq and Afghanistan. Photo: Dean Lofion*



“By taking care of civilian trauma here, they are able to train nurses and physicians who will ultimately take care of our soldiers in Afghanistan and Iraq,” she says. “Not only has the partnership between Texas and military facilities helped our system, it has been instrumental in establishing new roles for active military nurses to function as trauma nurse coordinators ‘in theater’ and to assist in education and training for the battlefield.”

To honor the partnership between DSHS and the military facilities, active duty members that functioned as trauma nurse coordinators and the civilian trauma nurse coordinators who work in military facilities presented Perkins with a flag quilt to symbolize her contributions to the Texas EMS/

Trauma System at the

March meeting of the Texas Trauma Coordinators Forum.

“Because of Kathy Perkins’ passion and commitment to trauma in the State of Texas and her mentoring to trauma coordinators in Texas, she can be proud to say that the impact she has made in Texas is now global,” says Rose Bolenbaucher, Joint Theater Trauma System trauma nurse coordinator at the Institute of Surgical Research. “The present civilian trauma coordinators that work in military facilities have had a positive influence via Kathy Perkins

and now they in turn are carrying out the mission set forth to new trauma coordinators ‘in theater’.”

The gift of the quilt meant a great deal to Perkins, a veteran who expected to be career army nurse. When that path did not open up, she came to work at DSHS, never again expecting to have an impact on the care of soldiers.

“Maybe I would have made a difference in the care of soldiers if I’d stayed in the Army,” Perkins says, “but I feel like I’ve made a difference in the care of soldiers in a different way, and I’m very proud of that.”

## EMS Hall of Fame

*continued from page 31*

to serve as the city’s first EMS medical director. Martin saw the need for continual improvement in patient care, and worked to develop LifeFlight and other EMS programs around the state. Moore says Martin was particularly proud of the work he did with NASA on a telemetry system developed for astronauts that could be used in ambulances.

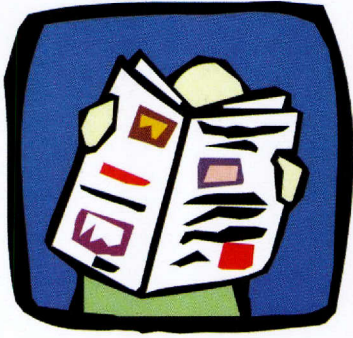
“He loved taking technology and putting it on the streets,” Moore says.

Martin continued to direct EMS operations until 1985 and then transferred to oversee operations for the Houston Office of Emergency Management. He retired in 1988 with 39 years of service. He was inducted into the Texas EMS Hall of Fame in 1991 for his leadership in EMS. After retirement, Martin continued to help modernize EMS across Texas as a consultant and served as an advisor for planning statewide systems in Arkansas and Missouri.

Martin is survived by his wife of 55 years, Doris, and three children and their families: Suzanne Moore, Steven Martin and Philip Martin, an EMT and firefighter in Houston.







# Did you read?

A study published in a March issue of the *New England Journal of Medicine* showed heart surgery patients who received transfusion of blood more than two weeks old were more likely to die or have complications. While many in the medical field believe older blood should be avoided, this study did not include patients representative of all transfusion recipients, so it's not considered the final word on the subject. The study renews concerns of blood deteriorating with age and the possible safety risk of blood stored more than six weeks.

The Food and Drug Administration's rule of keeping blood for six weeks helps blood centers with maintaining supply during donation shortages and with keeping a supply of rare blood types on hand. Dr. Colleen Gorman Koch of the Cleveland Clinic, who led the study, said another study is being conducted that could convince the FDA to consider changing the policy. The FDA released a statement calling the study's results "provocative,"

**"We are only now starting to realize what happens to blood when it is drawn out of a human body and sent to the blood bank for storage."**

but said more testing is necessary before it would review its policy. The agency did say doctors might want to consider the study when making treatment decisions.

While no one is certain why older blood causes risks, some researchers think it becomes depleted of oxygen-carrying chemicals. In storage, red blood cells become more rigid which impedes their flow through the body. Since there has been so much progress in screening donated blood for HIV and other infections, some people may feel there is no longer any concern about transfused blood. But Dr. Sunil Rao, a professor of medicine at Duke University says, "We are only now start-

ing to realize what happens to blood when it is drawn out of a human body and sent to the blood bank for storage."

From *Corpus Christi Caller-Times*, "Study: Age of blood may affect patients," March 20, 2008.

You might be better off single than in a bad marriage. At least your blood pressure might be. The quality of the marriage rather than just marital status has rarely been studied. Researcher Julianne Holt-Lunstad, an assistant psychology professor at Brigham Young University, published a study in March in the *Annals of Behavioral Medicine* comparing the blood pressure of married and single participants.

**The study showed a stressed out marriage can be worse for your blood pressure than being single.**

The married participants also answered questions about their marriage. The study showed a stressed marriage can be worse for your blood pressure than being single. The results were surprising since previous studies have shown married people tend to be healthier than single people. The long-term health impact will take more study.

From *Associated Press*, "Blood pressure study: Single life beats bad marriage," March 20, 2008.

Some states may add or toughen laws on booster seat usage for children who've outgrown car safety seats, but are not large enough to safely use regular seat belts. While all 50 states and the District of Columbia have laws requiring child safety seats for kids younger than age 4, not all states require booster seat usage. Only 21 states require booster seats until age 6; and 17 states and



the District of Columbia require booster seats until age 8. Texas does not require booster seats. The National Highway Traffic Safety Administration says about

## **The National Highway Traffic Safety Administration says about half of the children age 4-7 killed annually in car crashes were not restrained.**

half of the children age 4-7 killed annually in car crashes were not restrained.

Professor Ray Bingham of the University of Michigan Transportation Research Institute says a normal-sized seatbelt can cause serious injury to the intestines, liver and spleen if it slips from a child's pelvis up to the abdomen. The height of the booster seat makes the belt safe and effective.

The University of Michigan Transportation Research Institute's study last year showed parents are more likely to use booster seats if a law required it. Lawmakers who oppose new or tougher laws say their reasons include concern about interfering with parents, cost and the challenge of enforcement. Judith Stone, president of Advocates for Highway and Auto Safety, says, "The problem is, if you don't have a law in place, the parents aren't really going to do it. The law itself acts as a very good educational tool."

From *USA Today*, "States weigh booster seat laws for kids," March 7, 2008.

**T**he World Health Organization (WHO) is reporting drug-resistant tuberculosis cases are at the highest rates ever recorded globally in parts of the former Soviet Union. A WHO official said the findings, from the largest global survey of drug-resistant TB rates, show

the rates could rise even higher. Rates of TB are also disturbingly high in Azerbaijan, Kazakhstan, and in the Inner Mongolia and Heilongjiang regions of China.

The survey was the first one done in four years and confirms earlier predictions of governments losing control of tuberculosis in many areas. Health officials say it's because countries have not invested adequately in building, equipping and staffing laboratories to test for TB. Also countries have failed to ensure enough standard drugs are available and are not monitoring patients to be sure they finish a full course of therapy.

Without complete drug therapy, strains of TB can develop that are resistant to two or more drugs, a status known as MDR-TB. An infected individual with drug-resistant TB or drug-sensitive TB can transmit the disease through droplets from coughing, sneezing and other activities. If the resistant bacteria are not identified, patients can continue to suffer symptoms of fever, cough, weight loss and other chronic health problems, and could even die. A resistant form of TB may take two years of treatment with drugs more than 100

## **The survey was the first one done in four years and confirms earlier predictions of governments losing control of tuberculosis in many areas.**

times as expensive as the first-line regimen. Approximately one in 20 new cases of TB worldwide is resistant to first-line drugs.

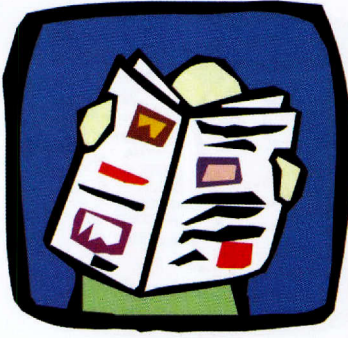
The Centers for Disease Control and Prevention reports that in the United States drug-resistant TB was only one percent between 1997 and 2006, down from 2.4 percent in 1993.

From *New York Times*, "Drug-resistant TB rates at record levels," February 27, 2008.



**Did you read?**





The U.S. Department of Agriculture is changing the food it allots for low-income families in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for the first time in 14 years. The changes include adding fruits, vegetables and whole grains to the list of foods covered by WIC to address obesity and improve nutrition. The changes are based on diet recommendations from the 2005 Dietary Guidelines for Americans from the U.S.

## The changes include adding fruits, vegetables and whole grains to the list of foods covered by WIC, to address obesity and improve nutrition.

Department of Health and Human Services and the USDA, and the infant-feeding practice guidelines of the American Academy of Pediatrics.

The WIC program provides vouchers for low-income pregnant, breast-feeding, and non-breast-feeding postpartum women, infants and children up to age 5 who are at nutritional risk and qualify for financial assistance. The current WIC foods include evaporated milk, milk, cheese, eggs, juice, cereal, dried beans, peanut butter, carrots, tuna, infant cereal and formula. New items on the list will include fruits, vegetable, soy-based beverages, tofu, wheat bread, brown rice, corn or wheat tortillas. States can begin the new program in February, but WIC officials in Texas expect the system-wide change to be ready in the second half of 2009.

From *El Paso Times*, "Nutrition program for moms, kids to add more healthy foods," January 14, 2008.

With more health care costs coming out of consumers' pockets instead of being paid by insurance companies, the phrase "consumer-driven health care"

describes the new reality. Patients now shop around for health care much as they do for cars. But instead of consumer reports, state and national organizations now rate and post information about hospitals and doctors online so patients can review hospital quality, pricing, patient safety measures, physicians' training and experience, find specialty doctors and services and see a doctor's hospital privileges.

"We're not going to transform health care into a high-quality industry until we make it transparent," said Samantha Collier, chief medical officer for HealthGrades, a nonprofit, Colorado-based health care ratings organization.

Last year the Texas Legislature passed a law requiring Texas Hospitals to make infection rates public. The Texas Medical Board licenses physicians and provides info, including disciplinary history, on the Physician Profile online.

HealthGrades started rating hospitals in 1999, and its site now includes nearly every major hospital and 32 procedures.

## "We're not going to transform health care into a high-quality industry until we make it transparent."

BlueCompare began providing evidence-based measures and pricing in early 2007. The Texas Hospital Association began Texas PricePoint last year and offers information on 64 types of hospitalizations representing half of all inpatient hospital visits.

Some web resources are: [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov); [www.txpricepoint.org](http://www.txpricepoint.org); [www.healthgrades.com](http://www.healthgrades.com); [www.dshs.state.tx.us/thcic](http://www.dshs.state.tx.us/thcic); [www.leapfroggroup.org](http://www.leapfroggroup.org).

From *Amarillo Globe-News*, "Web sites rate, compare hospitals," April 14, 2008.

Did you read?



## FYI

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

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

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

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

**Advicare Ambulance Service**, Houston, TX. July 27, 2007, Surrender of Provider License while disciplinary action was pending.

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

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

**Americana Ambulance**, San Antonio,

TX. September 26, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rule 157.11.

**American Medical Response d/b/a Hunt County EMS**, Greenville, TX.

October 24, 2007, assessed an administrative penalty of \$1,000.00, for violating EMS Rule 157.11.

**Anson General Hospital**, Anson, TX.

July 18, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rule 157.11.

**Baker, Timothy A.**, Houston, TX. July 16, 2007, Reprimand for violating EMS Rule 157.36.

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

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

**Belton Fire Department**, Belton, TX. July 16, 2007, Reprimand for violating EMS Rule 157.11.

**Billy, Leasa M.**, Waxahachie, TX.

September 24, 2007, Denial of EMT-Basic application, pursuant to EMS Rule 157.36.

**Blancas, Christina A.**, El Paso, TX. May 31, 2007, Reprimand for violating EMS Rule 157.36.

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

**Brewer, Natalie A.**, Dallas, TX.

September 18, 2007, Reprimand for violating EMS Rule 157.36.

**Britton, Chad A.**, Vernon, TX. May 28, 2007, Reprimand for violating EMS Rule 157.36.

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

**Caregiver EMS, Inc.**, Houston, TX. May 10, 2007, assessed an administrative penalty of \$250.00, for violating EMS Rule 157.11.

**Coleman, Rick E.**, West, TX. May 31, 2007, 24 month probated suspension, pursuant to EMS Rule 157.36.

**Cornerstone EMS**, Houston, TX. December 20, 2007, assessed a \$2,000.00

administrative penalty, for violating EMS Rules § 157.11(d)(1), 157.11(i)(1)(B), (D), (E), (L) and (M), 157.11(i)(3)(A), 157.11(i)(4)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Cruz, Juan J.**, Aransas Pass, TX. May 21, 2007, 1 year probation, pursuant to EMS Rule 157.36(f).

**Cunningham, Jeffrey D.**, Jacksonville, TX. May 28, 2007, Reprimand for violating EMS Rule 157.36.

**Davis, Bradley**, Eagle Pass, TX. May 10, 2007, Surrender of EMT certification in lieu of Enforcement action, for violating EMS Rule 157.36.

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

**Denton Fire Department**, Denton, TX. July 16, 2007, assessed an administrative penalty of \$3,000.00, for violating EMS Rule 157.11.

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

**Echols, Kelly**, San Antonio, TX. May 28, 2007, Reprimand for violating EMS Rule 157.36.

**Eppinette, Rose M.**, New Caney, TX. May 10, 2007, Reprimand for violating EMS Rule 157.36.

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

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

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

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

**Fritch EMS**, Fritch, TX. May 31, 2007, Reprimand for violating EMS Rules



157.11 and 157.16.

**Giannotti, Koy R.**, Sugarland, TX. June 7, 2007, Revocation of EMT-Basic certification, for violating EMS Rule 157.36.

**Gonzales, Mark A.**, San Antonio, TX. April 17, 2007, 6 month suspension followed by a 42 month probated suspension, for violating EMS Rule 157.36.

**Gonzalez, Fernando**, Zapata, TX. December 22, 2005, 48 months suspension with 45 months probated suspension, for violating EMS Rule 157.36.

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

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

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

**Grube, David A.**, Montgomery, TX. June 7, 2007, Revocation of EMT-Basic certification, for violating EMS Rule 157.36.

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

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

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

**Hollon, James D.**, Odessa, TX. August 29, 2007, Surrender of EMT-Intermediate certification while disciplinary action was pending.

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

157.11(l)(13) and 157.16(d)(12) related to failure to have an EMS vehicle adequately equipped and supplied at all times and failing to respond to Department request for information.

**Kent County EMS**, Jayton, TX. May 31, 2007, Reprimand for violating EMS Rule 157.11.

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

**Lifetime Ambulance Service, Inc.**, Houston, TX. May 17, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rule 157.11.

**Little Elm Fire Department**, Little Elm, TX. August 29, 2007, assessed an administrative penalty of \$700.00, for violating EMS Rules 157.11, HSC § 773.041(b) and HSC § 773.050(a).

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

**Lutz, Scott J.**, Stephenville, TX. May 17, 2007, Reprimand for violating EMS Rule 157.36.

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

**Martello, Joseph**, Cooper, TX. December 22, 2005, 36 month probated suspension, for violating EMS Rule 157.37.

**Martinez, Joshua J.**, Odessa, TX. May 28, 2007, Reprimand for violating EMS Rule 157.36.

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

**Mata, Daniel**, McAllen, TX. December 11, 2006, 24 month probated suspension, for violating EMS Rule 157.36.

**Med-Alert EMS**, McAllen, TX. May 21, 2007, assessed an administrative penalty of \$7,500.00, for violating EMS Rule 157.11.

**Medpro Emergency Medical Services**, Tyler, TX. May 31, 2007, assessed an administrative penalty of \$3,750.00, for violating EMS Rule 157.11.

**Medxpress EMS**, Kingwood, TX. October 9, 2007, assessed an

administrative penalty of \$11,250.00, for violating EMS Rule 157.11.

**Mize, Thomas W.**, Gun Barrel City, TX. July 18, 2007, Reprimanded for violating EMS Rule 157.36.

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

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

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

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

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

**North East Texas EMS**, Center, TX. July 18, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rule 157.11.

**Page, Samantha L.**, New Caney, TX. May 17, 2007, EMT-I certification revoked and re-certification application for EMT-I denied, for violating EMS Rule 157.36.

**Paul, Jon D.**, Rowlett, TX. July 18, 2007, Suspension of EMT-Basic certification through September 7, 2007, for violating EMS Rule 157.36.

**Pompa, Veronica**, Corpus Christi, TX. December 2, 2005, 36 month probated suspension, for violating EMS Rule 157.37.

**Powers, Matthew**, Arlington, TX. August 29, 2007, Surrender of EMT-Intermediate certification while disciplinary action was pending.

**Preferred Ambulance**, Mission, TX. July 18, 2007, assessed an administrative penalty of \$10,900.00, for violating EMS Rule 157.11.



## DISCIPLINARY ACTIONS

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

**Quality Ambulance Service**, Pleasanton, TX. May 10, 2007, assessed an administrative penalty of \$3,750.00, for violating EMS Rule 157.11.

**Quality Elite EMS LLC, Inc.**, Richmond, TX. July 18, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rule 157.11.

**Regional Ambulance**, Victoria, TX. July 18, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rule 157.11.

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

**Saenz, Hector**, Edinburg, TX. May 21, 2007, 1 year probation, pursuant to EMS Rule 157.36(f).

**Sanders, Thomas J.**, Lubbock, TX. September 24, 2007, 24 month probated suspension, for violating EMS Rule 157.36.

**Santos, Victor P.S.**, North Easton, Massachusetts. September 24, 2007, Reprimand for violating HSC § 773.041(b) & EMS Rule 157.36.

**Satellite EMS**, Houston, TX. August 27, 2007, assessed an administrative penalty of \$12,500.00, for violating EMS Rule 157.11.

**Schreiber, Kimberly**, Tomball, TX. October 9, 2007, Reprimand for violating EMS Rule 157.36.

**Seay, Jerry L.**, San Benito, TX. January 21, 2008, Reprimand for violating EMS Rule § 157.36(b)(1), (2), (15), (23), (25) and (26) related to failure to disclose criminal history on a Department application.

**Secure Ambulance**, Farmers Branch, TX. August 29, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 157.11, HSC §773.041(b) and HSC § 773.050(a).

**Skiles, Billy**, Dallas, TX. A one (1) month suspension followed by a forty-seven (47) month probated suspension through March 28, 2009, for violating EMS Rules 157.36, and/or 157.37. (March 28, 2005)

**Smith, Jacoby D.**, Odessa, TX. October 26, 2007, Reprimand for violating EMS Rule 157.36.

**Smith, L.J.**, Austin, TX. July 16, 2007, Revocation of ECA certification, for

violating EMS Rule 157.36.

**Smith, Ronald G.**, Abilene, TX. July 18, 2007, revocation of Paramedic License and Course Coordinator certification, for violating EMS Rules 157.36 and 157.43.

**Smith, Steven C.**, Midlothian, TX. October 26, 2007, Reprimand for violating EMS Rule 157.36.

**St. Anthony's Ambulance Service, Inc.**, Houston, TX. August 29, 2007, 18 month probated suspension and assessed an administrative penalty of \$10,000.00, for violating EMS Rules 157.11 and 157.16.

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

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

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

**Trans-Care Medical Transport**, Kennedale, TX. July 18, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 157.11 and 157.16.

**Valley Emergency Medical Services**, Edinburg, TX. May 31, 2007, Reprimand for violating EMS Rule 157.11.

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

**Victorino, Victor J.**, Austin, TX. July 27, 2007, Reprimand for violating EMS Rule 157.36.

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

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

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

**White, Jeffery D.**, Austin, TX. October 26, 2007, Surrender of EMT-Basic

certification while disciplinary action was pending.

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

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

**Willis, Reginald E.**, Burleson, TX. May 28, 2007, Reprimand for violating EMS Rule 157.36.

**Wilson, David R.**, Houston, TX. August 29, 2007, Reprimand for violating EMS Rule 157.36.

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

**Wolf, Darrell G.**, Red Oak, TX. May 17, 2007, Reprimand for violating EMS Rule 157.36.

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

**X-Tra Mile Ambulance Service**, Pharr, TX. July 18, 2007, assessed an administrative penalty of \$750.00, for violating EMS Rule 157.11.

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

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

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



# Meetings & Notices

## Calendar

June 5-11, 2008. **The State Fireman's and Fire Marshal's Association's 132<sup>nd</sup> Annual Conference**, Beaumont, Texas. Offering EMS classes, visit [www.sffma.org](http://www.sffma.org) for more information. Training is approved for TFS grand funding. June 23-24, 2008. **2008 Carelite Emergency Care Update**. 7:00am – 6:00pm, Arlington Convention Center, Arlington, Texas. The conference is free, but you must pre-register at [www.carelite.com](http://www.carelite.com). August 7-8, 2008. **South East Texas Regional Advisory Council (SETTRAC) annual Emergency and Trauma Care Conference**. To suggest topics, speakers, and vendors, or for more information email [emsandtraumacare@yahoo.com](mailto:emsandtraumacare@yahoo.com). August 25-27, 2008. **14<sup>th</sup> Annual San Antonio Trauma Symposium** at the Henry B. Gonzalez Convention Center, San Antonio, Texas. Presented by the US Navy and National Trauma Institute. For more information visit [www.hjf.org/events/trauma.html](http://www.hjf.org/events/trauma.html) or [www.nationaltraumainstitute.com](http://www.nationaltraumainstitute.com). September 25-28, 2008. **EMStock 2008**. A unique gathering of EMS and public safety personnel designed to build and strengthen the EMS community by providing a place and time where everyone can meet on an equal basis and share ideas and dreams. Visit [www.emstock.com](http://www.emstock.com) for more information.

## Jobs

**Paramedic:** Scott & White is looking for dedicated trauma leaders looking for the perfect

### Deadlines and information for meetings and advertisements

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

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

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

career opportunity. Scott & White's Regional ground EMS serves a multi-county area and area 911 provider. Competitive wages and benefits, advanced training and equipment, and paid CE hours. If interested and have questions email [ghollie@swmail.sw.org](mailto:ghollie@swmail.sw.org). For more information and to apply online visit <http://careers.sw.org>. Scott & White, Human Resources Dept., 2401 S. 31<sup>st</sup> Street, Temple, TX 76508. +

**EMT/EMT-I/Paramedic:** Shackelford County EMS, in Albany, TX is currently seeking certified EMTs, EMT-Is, and paramedics. Full-time paramedic position available, as well as part-time for all levels. We are an aggressive 911 service with excellent pay and benefits for the area. For more information, please contact Shackelford County EMS at 325/762-3313, or mail resume to Shackelford County EMS, PO Box 1507, Albany, TX 76430. +

**Paramedic:** The City of Breckenridge and Stephens County are accepting applications to fill three immediate positions for paramedic. Dynamic 911 operation delivering integrated healthcare and based at Stephens Memorial Hospital. Competitive salary and benefits. Applications available from EMS Director, 200 S. Geneva, Breckenridge, TX 76424, or call 254/559-2241. +

**EMT/EMT-I/Paramedic:** Acadian Ambulance Service is seeking qualified medics to join our team in Southeast Texas (Orange/Beaumont area) and Austin. Become part of a world-class employee-owned company committed to quality care and enjoy stability, state-of-the-art equipment, competitive wages and benefits and comprehensive in-house training opportunities. Acadian is nationally-accredited and offers progressive protocols and career paths beyond ground services. Visit [www.acadian.com](http://www.acadian.com) to learn more and apply or call 1-800-259-3333 for a recruiter.

**EMS Instructor:** San Antonio College EMS Degree Program is accepting applications for part-time EMS Adjunct Faculty. Responsible for lectures, skills evaluations, and clinical rotation supervision. Minimum of an Associates degree in EMS or related field, three years prehospital experience, and National Registry or Texas certification. Prefer current instructor in a variety of EMS specialty courses to include ACLS, ITLS, PHTLS, PEEPP, PALS, or BLS. For more information contact Connie McKeag, Program Coordinator at [cmckeag1@yahoo.com](mailto:cmckeag1@yahoo.com) or call 210/733-2916. +

**Paramedic/LVN:** The Harris County Juvenile Probation Department is looking for positive and productive full-time paramedics and licensed vocational nurses to work in the new and expanding field of correctional medicine. We have several facilities located within Harris County, Texas. Interested individuals can apply at 1310 Prairie, Suite 170, Houston, Texas 77002. For more information and application visit [www.hctx.net/hrmm](http://www.hctx.net/hrmm) or call 713/755-2750. +

**Paramedic:** Refugio EMS is hiring a paramedic. Must have current Texas certification, good driving record and references. Refugio EMS is a stable rural system that is hospital based, low volume, progressive protocols and involved physicians.

Competitive salary and benefits. If interested or need additional information contact Bob Koonce at Refugio EMS, 107 Swift, Refugio, TX 78377 or by email [BKoonce@rcmhospital.org](mailto:BKoonce@rcmhospital.org).\*

**Firefighter/EMT-P:** The City of Burnet is accepting applications for a firefighter/EMT-P. This position directs firefighters trained as EMT-P while performing as medical crew. Duties include responding to emergency fire, rescue and medical incidents. Plans, organizes, directs and controls fire/rescue and medical service functions. For job description and application visit [www.cityofburnet.com](http://www.cityofburnet.com). EMT-Ps also welcome to apply.\*

**EMT/EMT-I/Paramedic:** Pecos EMS has moved to a paid staff EMS as a department within the Town of Pecos. Competitive wages for the area and excellent benefits. Submit resume to Town of Pecos, Attn: Dennis Thorp, 110 E. 6<sup>th</sup> Street, Pecos, TX 79772. For additional information call 432/445-2421.\*

**EMT/EMT-I/Paramedic:** Falls County EMS in Marlin, Texas, is looking for paramedics, EMT-Is, and EMT-Bs. Pay scale is negotiable, call Rob Douglas 254/422-3268 for an application packet.\*

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

**Education Director:** Texas Tech University Health Science Center at El Paso, Texas is seeking a qualified individual for the position of Associate Education Director with the Department of Emergency Medicine, Division of EMS in El Paso. The position will be responsible for coordinating and/or instructing EMS certification courses at all levels. Requires detailed knowledge of EMS systems and educational curriculum at all levels, superior organization skills and the ability to work independently within established guidelines and procedures. Current certification/licensure as a Texas paramedic or Texas RN license preferred. To apply contact Texas Tech University HSC, Human Resource Department, 4801 Alberta Ave., El Paso, TX 79905, or call 915/545-6515.\*

**Assistant Professor:** The University of Texas Health Science Center – San Antonio is recruiting for a full-time faculty position, academic rank of Instructor of Assistant Professor depending on education and experience; primary duties include field evaluation and classroom instruction of EMS paramedics. Requirements for the position: registered nurse with Texas paramedic license, or Texas licensed paramedic; bachelor's degree; three years emergency/critical care or 911 prehospital experience; two years EMS teaching experience. Prefer Texas EMS instructor certification, BCLS, ACLS, PHTLS, PEPP instructor certification. Qualified applicants should send resumes to: Mr. Joseph Lindstrom, Dept of EHS, 4201 Medical Drive, Suite 120, San Antonio, TX 78229-5631 or fax 210/567-7887. For more information call



# Meetings & Notices

210/567-7860.\*

**Instructor:** The University of Texas at Brownsville and Texas Southmost College seeks an Assistant Master Technical Instructor to teach in the area of Emergency Medical Science. Bachelor degree required, but a master's degree preferred. This is a full-time, tenure-track position. Please submit an application, letter of interest, vita, transcripts (copy is acceptable), and a list of five references with name, address, telephone number and email. Address to Human Resources, UTB/TSC, 80 Fort Brown, Brownsville, TX 78520. For more information and application visit [www.utb.edu](http://www.utb.edu) or call 1/800-544-8205, 956/882-8205 or fax 956/882-7476.\*

**Paramedic:** PPD, a leading global provider of discovery and development resources for pharmaceutical and biotechnology companies, has openings for PRN and full-time paramedics in Austin. Qualified candidates must be Texas certified EMT-P with ACLS certification and have previous experience on an ALS unit with minimal supervision. Must be able to work evenings, nights, and weekends. If interested apply online at [www.ppd.com](http://www.ppd.com).\*

**Paramedic:** West Harris County EMS is seeking full-time paramedics for a progressive 911 service west of Houston. 24/72 hour shifts with benefits. Email resume to [ericbank@whcems.org](mailto:ericbank@whcems.org).\*

## For Sale

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

## Miscellaneous

**EMS Night Out:** Presented by PHI Air Med 12. Enjoy free pizza, sodas and two hours of CE. Everyone is invited. Second Wednesday of every month, Coulter Air Field, 6120 East Hwy 21, Bryan, TX, 77808. Call 979/778-6028 for more information. +

**Dive Team Training:** Thinking about starting a dive team? Have a loose team in need of training? State of the art procedures, diver rescue scenarios, nationally recognized public safety diver certification. Contact Mark Pavey at 281/813-4421 or email [dive960@aol.com](mailto:dive960@aol.com). +

**EMS Courses:** National EMS Academy-Texas is offering EMS courses. The classes will be held at Acadian's Austin location at 4100 Ed Bluestein Blvd., Austin, TX 78721. For more information on these classes or for info on ITLS, ACLS, CPR, or PALS, contact Eddie Walker at 512/674-9803 or Susan Simmons at 512/674-9848. +

**Online Education:** The University of Texas Health Science Center at San Antonio, School of Allied Health Sciences, Emergency Health Sciences Department offers an online Bachelor of Science

Completion degree in Emergency Health Sciences for eligible paramedics. Enroll full or part-time, from in or out-of-state, participating when your schedule allows. Curriculum offers advanced studies for paramedics in pathophysiology, pharmacology, electrocardiography, human diseases, disaster management, behavioral medicine, EMS system management, human resource development, EMS research, and education principles. Also offering full-time paramedic program and EMT-Basic programs see website for more on these programs. For more information visit [www.uthscsa.edu/emt](http://www.uthscsa.edu/emt) or email the Allied Health Welcome Center website at [AHwelcome@uthscsa.edu](mailto:AHwelcome@uthscsa.edu) or call 1-866-802-6288. +

**Continuing Education:** Brookhaven College EMS Program at 13614 Midway Rd., Suite 203, Farmers Branch, Texas is offering continuing education in ACLS, PALS, CPR for Healthcare Providers and National Registry Practical Exam. For more information visit [www.brookhavencollege.edu/course-schedules/non-credit/health\\_care\\_careers.aspx](http://www.brookhavencollege.edu/course-schedules/non-credit/health_care_careers.aspx).\*

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

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

**Health Claims Plus:** EMS and fire department billing. Excellent rates and services. Electronic billing, weekly and monthly reports and

educational workshops. Contact 888/483-9893 or visit [www.healthclaimsplus.com](http://www.healthclaimsplus.com).\*

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

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

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

**Medical Billing:** Providers Billing Service is an electronic billing and collection service for Texas EMS, volunteer and paid departments. HIPAA compliant. Call for more information 888-473-0920 or fax a request for information to: PBS, Request info, Attn: Mascha. Fax number 877-687-7471.\*

**EmCert.com:** All courses DSHS/CECBEMS accredited and meets National Registry requirements. Offers competitive individual, group and military rates. Want outstanding courses, prices, and administrative features and customer support? Visit [www.emcert.com](http://www.emcert.com) or call 877-EMS-HERO.\*

**Ambulance Supplies:** Basic supplies for ambulance inspections. We have what it takes to pass inspections. Contact us for a list of supplies you need at the prices you will like. Call Ellett Medical at 713/501-3310.\*

+ This listing is new to the issue.

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

## Placing an ad? Renewing your subscription?

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

**Moving?** Let us know your new address—the post office may not forward this magazine to your new address. Use the subscription form on page 2 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!

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## EMS Profile: Friendswood VFD EMS

Standing, from left: Robert Ebert, LP; Greg Hagerty, EMT-I; Kris Kern, LP; Lisa Camp, LP; Andrew Chalk, EMT-P; Robbie Williams (retired); Letha Camp, EMT-P; Ken Camp (retired); Rick McFee, LP. Kneeling from left: Tyrone Clark, EMT; Van Williams, LP; Daniel Dunham, EMT.



**Number of Personnel:** Friendswood VFD EMS (FVFD EMS) has a staff of 53 volunteer members (13 licensed paramedics; 13 paramedics; six intermediates; and 21 EMTs) and 16 part-time employees (15 paramedics and 5 EMTs) led by EMS Chief Lisa M. Camp, BA, LP. The volunteer members cover the weeknight and weekend shifts, and the 16 part-time employees provide staffing for the day shifts. FVFD EMS has one full-time employee, Captain Greg Hagerty, who oversees the daily operations for the paid day personnel.

**Years of service, number of units, and number of calls:** FVFD EMS was organized in 1972 as a division of the Friendswood Volunteer Fire Department. The division started with a 1960s model Ford station wagon converted into an ambulance. Van Williams worked with city council for funding and received the first Type I ambulance in 1973. He then organized EMT classes and brought certified EMTs onto the ambulances. Other founding members, Letha Camp and Robbie Williams, along with other women in the division, were the backbone of the daytime response until

the early 1990s when part-time, paid, day-shift paramedics began handling the increasing call volume. EMT Ken Camp is credited with organizing the FVFD EMS in the 1950s and worked with EMS until his retirement after 44 years of service to the community.

Today the FVFD EMS has three Type I Frazer units that are BLS with MICU capability available in the city 24/7. There are four first responder vehicles equipped with BLS supplies and AEDs; one supervisor vehicle staffed with ALS equipment; and one chief's vehicle equipped with ALS equipment. In 2007 FVFD EMS responded to 2,083 9-1-1 calls in the 27-square-mile radius for the City of Friendswood.

Currently Rick McFee, LP, oversees the management of the FVFD EMS organization as president. Assistant Chief Andrew Yee maintains a preventive vehicle maintenance program. FVFD EMS offered over 100 hours of continuing education credit last year under the direction of Assistant Chief Kris Kern, DSHS's 2007 EMS Educator of the Year. In 1997, the FVFD EMS began offering the volunteer members a pension program.

FVFD EMS is currently under the medical direction of Oscar Boultinghouse, MD. Working with FVFD EMS, Dr. Boultinghouse has developed a STEMI protocol that is providing Plavix and Heparin to patients who meet the qualifications in the field. FVFD EMS is participating in ICE (Induced Cooling by EMS) therapeutic hypothermia trial protocol with League City EMS, CLEMC and Alvin EMS, transporting patients to Clear Lake Regional Medical Center. This study is under the direction of Dr. Abel Longoria.

**Current activities:** FVFD EMS is very active in the community, providing community CPR classes, free childhood vaccination clinics, photo ID kits, car seat inspections, Vial of Life program, safety clown and puppet education program. FVFD EMS started a bike medic program in 1996 and currently has ten members on the team. In 2007 FVFD EMS partnered with College of the Mainland and Friendswood High School HOSA program to teach the EMT program to the HOSA students during the spring semester.

FVFD EMS received the Greater Houston EMS Council award for Public Information in 2007 and was honored to receive the DSHS Volunteer EMS Provider of the Year award in 2001 and 2007. FVFD EMS is supported by the mayor, city council and the citizens of Friendswood. Recently FVFD EMS was honored to receive a resolution from State Representative Larry Taylor thanking EMS for its dedication to the citizens of Friendswood. ★



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