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**CE: Setting up  
landing zones**  
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# Texas Department of State Health Services

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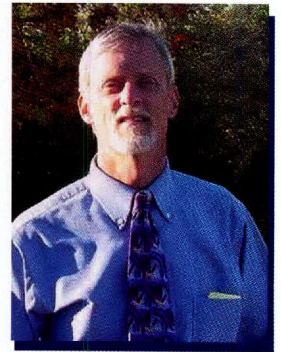
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Steve Janda  
Office of EMS/Trauma  
Systems Coordination

## HRSA piloting a program to evaluate statewide trauma systems

There's a hint of autumn in the air (somewhere in Texas, I'm sure), and one of the hallmarks of the approaching season is that your state government begins its new fiscal year on September 1, 2005. On that date, the clock begins ticking on much of the legislation that was passed by the 79<sup>th</sup> Legislature's 2005 session. In case you missed the article about legislation in the last issue of *Texas EMS Magazine*, you can always go to our website at [www.tdh.state.tx.us/hcqs/ems](http://www.tdh.state.tx.us/hcqs/ems) and click on *Texas EMS Magazine*.

A couple of bills that were signed into law directly affect the Governor's EMS and Trauma Advisory Council (GETAC). Senate Bill 330 directs GETAC to appoint a stroke committee to assist the Council in the development of stroke facility criteria for hospitals and a statewide stroke emergency transport plan. In part, the bill states "...a strong system for stroke survival is needed in the state's communities in order to treat stroke victims in a timely manner and to improve the overall treatment of stroke victims. Therefore, the Legislature intends to construct an emergency treatment system in this state so that stroke victims may be quickly identified and transported to and treated in appropriate stroke treatment facilities."

GETAC must submit a progress report to the governor, lieutenant governor, speaker of the house, representatives and executive commissioner of HHSC by January 1, 2007.

In addition, HB 2344 directs the Texas Council on Cardiovascular Disease and Stroke (TCCDS) to collaborate with GETAC, the American Stroke Association and other stroke experts to make recommendations to DSHS regarding rules on the recognition and rapid transportation of stroke patients to health care facilities capable of treating strokes 24 hours a day and recording stroke patient outcomes.

Created by the 76<sup>th</sup> Texas Legislature in 1999, the mission of the TCCDS is to educate, inform and facilitate action among Texans to reduce the human and financial toll of cardiovascular disease and stroke. TCCDS, similar to GETAC, meets quarterly in Austin and is working to develop an effective and resource-efficient cardiovascular disease and stroke prevention plan; conduct health education, public awareness, and community outreach; improve access to treatment; coordinate activities among agencies within the state; develop a database of recommendations for treatment and care; and collect and analyze information related to cardiovascular disease. Updates about this will be available by reading the GETAC Recap in upcoming issues of the *Texas EMS Magazine*.

There's news about the state trauma system as well. The federal Health Resources and Services Administration (HRSA) is piloting a program that evaluates the effectiveness of a planning/evaluation tool for trauma systems and a "public health system" approach that the agency has developed for trauma system development in the U.S. The public health system model includes three core functions: assessment; policy development; and assurance. HRSA hopes that the final evaluation tool will help states establish baseline indicators across a broad range of activities; to identify areas of success and those in greatest need of improvement; and to measure progress toward the attainment of various objectives over time.

The state of Texas, along with the states of Virginia and Utah, was offered a grant to participate in the HRSA pilot program. Although Virginia and Utah had their entire statewide trauma systems evaluated, the intent of the Texas survey was to focus on a large regional EMS/trauma system. Texas Trauma Service Area P, comprised of 22 counties and anchored by the (*continued*)

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## EMS Obituaries

*Michael Telschow, of Houston, passed away in July. He was 61. He began his career in EMS in 1974 and was the founder of South Houston EMS. He retired in 2001.*

*Kevin Voges, ECA, died May 7, 2005, in a four-wheeler crash at his home in Bastrop. He was 49. He had been a first responder for the Lower Colorado River Authority for many years.*

### FROM THIS SIDE *(continued)*

Southwest Texas Regional Advisory Council for Trauma (STRAC), was considered ideal for the pilot survey because of its geographical size and its combination of rural and urban counties. The survey took place in mid-August in San Antonio, and we'll report on the outcomes of the survey as they become available. The evaluation of this pilot project is something that will help all RACs to meet goals and objectives for trauma care and RAC designation.

Finally, the 20<sup>th</sup> annual Texas EMS

Conference 2005 will be here before we know it. You still have plenty of time to register for pre-conference classes before the cut-off date and for the conference itself before the price rises on November 1. Please turn to page 14 for more information.

On behalf of all of us at the Office of EMS/Trauma Systems Coordination, thank you again for the work you do on behalf of the patients of Texas...we greatly look forward to visiting with you at the conference.



## National Scope of Practice moving forward

**W**ondering what's happened to the National Scope of Practice (NSOP) draft? NSOP Draft 2.0 was released in April, and GETAC and its committees had the opportunity to discuss the draft at the May meetings. The EMS, Education and Medical Directors committees each decided to draft a letter detailing their comments on the draft, which were due to the NSOP committee in Washington, D.C., by June 1. Those letters, along with a cover letter from GETAC Chair Ed Racht, MD, are posted on our website at [www.tdh.state.tx.us/hcqs/ems/](http://www.tdh.state.tx.us/hcqs/ems/). EMS Committee Chair Pete Wolf represented the interests of GETAC at the NSOP meeting in Virginia in which they discussed the comments received from across the nation. The NSOP Draft 3.0 may be released in late August 2005 and may be available for the GETAC meetings August 31-September 2.

The idea of a National Scope of Practice came about as part of a commitment to realize the vision of the EMS Agenda for the Future ([www.nhtsa.dot.gov/people/injury/ems/agenda/emsman.html](http://www.nhtsa.dot.gov/people/injury/ems/agenda/emsman.html)). The National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) funded the project to develop a

document that defined all levels of EMS providers. NHTSA awarded a cooperative agreement to the National Association of State EMS Directors (NASEMSD) to lead this project. NASEMSD is working very closely with the National Council of State EMS Training Coordinators (NCSEMSTC).

The NSOP Model is part of an integrated plan to standardize EMS education as proposed in the EMS Education Agenda for the Future. The first component of this educational system is the EMS Core Content, which defines "the entire domain of out-of-hospital EMS education." The NSOP will rely heavily on the EMS Core Content to "define the national levels of EMS providers including their entry-level skills and knowledge."

Once the NSOP Model is completed, it will guide the development of National EMS Education Standards. The education standards are intended to guide programs in making appropriate decisions about what material to cover in classroom instruction. They will also be one of the components of program evaluation in the accreditation process and will be used by publishers to develop instructional material. Keep watching our website for updates on the NSOP. We will post the link to Draft 3.0 as soon as it's available.



# Send in your EMS Awards nominations

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

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

Send us your best in EMS and trauma! We've posted the award nomination form on our website at [www.tdh.state.tx.us/hcqs/ems/Awards2005.doc](http://www.tdh.state.tx.us/hcqs/ems/Awards2005.doc). Save this Microsoft Word document to your computer and fill it out by clicking in the gray areas beside each question. When you finish, save the file and email it back to [Kelly.Harrell@dshs.state.tx.us](mailto:Kelly.Harrell@dshs.state.tx.us).

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

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

- Send the file to us by email no later than October 15, 2005. The packets are then distributed to the OEMS/TS and sent to each EMS zone office. Each program and zone ranks the nominations for each category and returns the information to the OEMS/TS, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference, November 22, 2005, in Austin.

## Award Categories 2005

**EMS Educator Award** honors a state-certified EMS Instructor or Course Coordinator who has advanced EMS education in Texas.

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

**EMS Administrator Award** honors an administrator, researcher, or manager on the local, city, county, regional or state level who has made a positive contribution to EMS.

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

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

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

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

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

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

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

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



## AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

### \$50 paid for true trauma stories

Earn \$50 if your article is published in a future edition of *Traumagram*, the American Trauma Society's (ATS) quarterly newsletter. Submit your one- to two-page story for one or more of the following categories:

- A Trauma Prevention Program or successful trauma prevention story.
- A well-presented "great save" story of a remarkable case of successful trauma care management.
- A "trauma survivor" story which might provide a very compelling "human face" to what it means to experience significant trauma

For consideration, e-mail your article(s) to Dave Gell at [dgell@amtrauma.org](mailto:dgell@amtrauma.org). Articles should be in Microsoft Word format. Please include words "Traumagram Submission" in subject area of your e-mail. Go to <http://www.amtrauma.org/> for more information about ATS.

### Web addresses changing – probably

As of press time, all the web addresses for DSHS are scheduled to include our new name on September 1, 2005. Best of all, our new address will be shorter! However, just in case our IT folks run into some kind of technological snag, we're not going to publish the new web address until we're sure it's up and running. So continue to use our old website address, and even if the change is made, you will be redirected to our new website. Please be sure that you bookmark the new address as the redirect pages will be up only for a limited time.



### Agency name change means new DNR form

The next time you see a DNR, it may look slightly different. We recently had an opinion from our attorneys that allowed us to change the name of the agency on the form without going through the rules process, which has been under development. The new form has the Texas Department of State Health Services name at the top and a date of July 19, 2005. Important: you must still honor TDH OOH-DNR orders that have been properly executed on the old forms.

The new form is now available on the DSHS website at [www.tdh.state.tx.us/hcqs/ems/dnrhome.htm](http://www.tdh.state.tx.us/hcqs/ems/dnrhome.htm).





## New faces, new places

Hearing new voices in familiar places? How about familiar voices in new places? DSHS



EMS has several new hires in the zones. Raul Guerrero recently took over in the El Paso office. Guerrero has worked in the medical field for 20 years, 13 of those years in EMS, and has managed private services and first responder organizations. He also taught with the EMS program at El Paso Community College. In Houston, Marilyn Talley and Troy Wilkie join veteran EMS specialist Pam West in that office. Talley, a paramedic, was a volunteer medic at Pearland EMS for 12 years and worked at MacGregor Medical Center. Wilkie has been in EMS for 23 years, 13 of those years as a paramedic. He was with Cy-Fair VFD for 15 years. And Michael Hay, who was a EMS program specialist in Houston, is now in the San Antonio office. Hay, a licensed paramedic, has worked and taught in EMS for eight years and has served in the military since 1986.

In Austin, Lisa-Anne Rancy-Scillia has stepped into the role vacated by Mike Foegelle. A licensed paramedic, Rancy-Scillia has been in EMS for 20 years, mostly in the emergency room setting and in EMS education. She has trained soldiers from North Korea to Ft. Bliss, and most recently taught WMD to EMS providers. Also new to the Austin office, but a familiar face in Houston, is Aaron Patterson. He has been involved in EMS for 19 years and has a bachelor's of science degree in EMS management from George Washington University in Washington, D.C. The newest hire in Austin is Michelle Vega, who comes back to DSHS after several years with Dell. She is assisting Steve Janda carry out the administrative functions of the OEMS/TS.

## University adds public safety management program online

St. Edward's University, in Austin, will begin offering its Public Safety Management program this fall online. The



program is designed to provide a basic understanding of public accountability, including public relations, personnel administration, public finance and terrorism preparedness. The program was established by public safety officials to develop leaders,

promote career advancement and encourage collaboration among public safety agencies and with the public. The school decided to begin offering the program online to accommodate the sometime-irregular schedules that accompany emergency work. For more information, go to [www.stedwards.edu/pacepsm](http://www.stedwards.edu/pacepsm).

## Will a conviction bar me in EMS?



Wondering if you can get certified in Texas if

you have a misdemeanor or felony conviction? Unfortunately, we cannot give you a ruling until you actually apply for certification or licensure. At that point, your case would go before the Enforcement Review Committee (ERC), who would make a decision. You may appeal that decision to the State Office of Administrative Hearings. There are no absolute bars to becoming certified or licensed; each case is considered on an individual basis.

## ID on the scene

Did you know that EMS rules require you to be identified while you are on the scene?

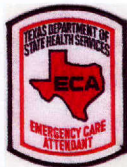
157.11(1)(5) [for providers] states that all personnel, when on an in-service vehicle or when on-scene, must be prominently identified by name, certification or license level and provider name.

157.14 (d) [for first responders] says that all personnel, when on-scene, must be prominently identified by name, certification level and organization.

# On Duty



## Emergency Care Attendant training funding available



In 2001, the 77<sup>th</sup> Texas Legislature enacted HB2446 to facilitate or provide initial training of Emergency Care Attendants (ECAs) in the rural or underserved areas of the state. It was re-appropriated in the 2005 session. Funds have been allocated for the purpose of providing training grants to Emergency Medical Services training programs, registered First Responder Organizations, coordinators and/or instructors to conduct ECA courses in or near communities that lack local EMS training resources. Applications are accepted from September 1 through May 31 each year. Grant funds will cover the cost of instruction and textbooks, as well as approved course costs such as instructor mileage, printing costs and supplies. Groups receiving funding for courses this year include:

- Throckmorton County EMS
- Hardeman County EMS
- Newton County First Responders
- Lone Star EMS
- Byers VFD/Dean Dale VFD (Co-Sponsored)
- Northeast Texas Community College
- Zavalla Volunteer Fire Department
- San Jacinto County First Responders, Inc.
- Kopperl Volunteer Fire Department First Responders
- Novice VFD/Blossom Volunteer Fire Department

There are seven classes pending for FY06. Eligibility requirements for these grants: (1) a minimum of three students, (2) students must agree to perform emergency care attendant services for at least one year with a local emergency medical services provider or first responder organization, and (3) service must be provided in a designated rural or underserved area of Texas, as determined by zip code and/or county.

For more information, go to [www.tdh.state.tx.us/hcqs/ems/ECATForm.PDF](http://www.tdh.state.tx.us/hcqs/ems/ECATForm.PDF) or contact Aaron Patterson, (512) 834-6700 ext. 2032 or [aaron.patterson@dshs.state.tx.us](mailto:aaron.patterson@dshs.state.tx.us).

## Local Projects RFP coming soon

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

Funds may be requested for purchase of EMS-related items such as vehicles, durable medical equipment, training and injury prevention projects. DSHS anticipates that the Local Projects Request for Proposal (RFP) will soon be published in Electronic State Business Daily (ESBD). The anticipated contract start date is projected for December 1, 2005. When the RFP is published, we will send out notifications through postcards and the various e-lists. After publication, a link to the RFP will be available from our website: [www.tdh.state.tx.us/hcqs/ems](http://www.tdh.state.tx.us/hcqs/ems).

If you have any questions, contact Ed Loomis at (512) 834-6700, ext. 2376, or [ed.loomis@dshs.state.tx.us](mailto:ed.loomis@dshs.state.tx.us); or Henry Eke at (512) 834-6700, ext. 2377, or [henry.eke@dshs.state.tx.us](mailto:henry.eke@dshs.state.tx.us).



## Reminder about patient 'parking' CMS warns of 'patient parking'

A reminder from the Centers for Medicare and Medicaid Services: Forcing a patient to wait with EMS in the hospital could violate the Emergency Treatment and Active Labor Act (EMTALA). Hospital staff may believe that unless a hospital 'takes responsibility' for a patient, the hospital is not obligated to provide care or accommodate the patient. In reality, this practice may result in a violation of EMTALA. A patient is considered to have "presented" to a hospital when a patient arrives on hospital grounds (defined as the main hospital building and any hospital owned property within 250 yards of the main hospital building) and a request is made on the individual's behalf for examination or treatment of an emergency medical condition. A patient who arrives via EMS meets this requirement when EMS personnel request treatment from hospital staff. Therefore, the hospital must provide a screening examination and stabilizing treatment, if necessary, to resolve the patient's emergency medical condition. A hospital's refusal to 'accept responsibility' for a patient in the hospital or on hospital grounds could be a violation of EMTALA. Additionally, delaying care of a patient (by forcing the patient to wait with EMS in the hospital) could also be a violation of EMTALA. For a copy of the memo, email a request to david.wright@cms.hhs.gov.

## Emergency funding available to FROs, providers and hospitals

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

- Willacy County EMS - \$17,663 to purchase and install radio equipment
- Culberson Hospital EMS - \$64,930 to purchase a new remounted ambulance
- Jewett EMS - \$8,453 to assist repair of two ambulances

## Suicide Prevention Day set for September 10

Suicide is a major cause of death in Texas and the U.S. On September 10, suicide prevention advocates will gather in Washington, D.C. for World Suicide Prevention Day. The gathering is part of National Awareness Event, sponsored by Suicide Prevention Action Network USA. The group plans to deliver a petition to Congress to fully fund the Garrett Lee Smith Memorial Act (youth suicide prevention legislation); pass mental health parity legislation to ensure that insurance companies cover mental health in a manner equal to physical health; and support full implementation of the National Strategy for Suicide Prevention, our nation's blueprint for preventing suicide.

Each year, more than 30,000 Americans die by suicide and many more make a suicide attempt.

- An American dies by suicide every 17 minutes.
- Suicide deaths consistently outnumber homicide deaths by a margin of three to two.
- In 2002, twice as many Americans died from suicide than from HIV/AIDS.
- Suicide is the third leading cause of death for those between the ages of 10 and 24.
- The elderly, although they comprise only 12 percent of the population, account for about 18 percent of our nation's suicides.
- Research has shown that more than 90 percent of people who die by suicide have depression or another diagnosable mental or substance abuse disorder.
- In 2001, there were 2,225 suicides in Texas.

For more information, go to <http://www.spanusa.org>.

# On Duty



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By June McGuire

# Honesty is the fastest policy

## *Answering criminal history questions on applications*

Judging from the applications we receive, the criminal history section must be the most misunderstood section on the EMS application. Just how is someone supposed to answer that part of an application? Here's the bottom line: whether the application is initial or renewal, you are expected to answer as honestly and fully as you can.

And if you're thinking about seeing if we'll catch it, consider this: Since the fall of 2004, DSHS has done a background check for all EMS personnel applying for initial or renewal certification or licensure. Everyone who holds an EMS certification or applies to hold a certification is under scrutiny, regardless of time in service or level of service. It makes no difference. We will eventually find out if you have a criminal history, even if you do check 'no' to that question.

Let's say this is the first time you are applying for certification and you have a misdemeanor on your record. To comply and remain in good standing you check 'yes', and disclose all information. Very good! You just made sure your application would be cleared in the normal amount of time. Just follow the directions in the letter that we send to you and your application will be processed in a timely manner.

Instead, suppose you check 'no'

and fail to disclose your criminal history. Maybe you had a conviction or deferred adjudication that was more than seven years old. Or maybe you think, "I have disclosed this to my employer and they already have knowledge of my criminal history. I don't have anything new to disclose." If you check 'no' even though you have a conviction or a deferred adjudication, you could be guilty of falsifying a state document, and this is grounds for denial of certification or decertification according to EMS Rule 157.36:

*157.36 (b) Nonemergency suspension, decertification and revocation of a certificant or paramedic licensee. The department may suspend or decertify an EMS certificant or suspend or revoke a licensed paramedic for, but not limited to, the following reasons: ...*

*(15) falsifying or altering, or assisting another in falsifying or altering, any department application, EMS certificate or license; or using or possessing any such altered certificate or license.*

When we come across an application with 'no' checked but find a conviction or deferred adjudication, this will delay processing of your application. At that point, a letter will be sent asking you to show proof why the conviction or deferred adjudication was not required to be disclosed. The letter has information that explains the



specific documents needed, a request for fingerprints and the deadlines to return the documents. And remember, because you falsified your application, you could lose your certification or licensure.

And you must continue to disclose the criminal history every time you are asked on an application. That means when you fill out a renewal application, you will need to again disclose criminal history. And unless you have your criminal history information legally expunged from your record, criminal history will remain on record with the Texas Department of Public Safety in-

definitely. Remember you must actually expunge a deferred adjudication off your record; it does not just disappear after a certain period of time.

You are responsible for all of your criminal history, every bit, since you were considered to be a legal adult. So be honest, and the application process will go much more smoothly—and quickly.

To look at the EMS Rule 157.35, *Criteria for Denial and Disciplinary Actions for EMS Personnel and Voluntary Surrender of a Certificate or License*, go to [www.tdh.state.tx.us/hcqs/ems/TexAdminCode.htm](http://www.tdh.state.tx.us/hcqs/ems/TexAdminCode.htm) and search for 157.36.

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## Computer-based testing set for January 2007

Put down your pencils—computer-based testing (CBT) is just around the corner. Beginning in January 2007, Texas will transition to CBT, along with the other 45 states using NREMT. In June, NREMT signed a seven-year contract with Pearson VUE, the electronic testing business of Pearson Education, to provide computer-based EMS exams. As part of this agreement, Pearson VUE will also provide the NREMT with psychometric services. Psychometric analysis will help NREMT determine the validity of questions in the database.

The additional cost for using a testing center may be around \$50; however, actual costs will not be known until later. Please watch our website and this magazine for information. We will also post a map of Pearson VUE testing centers in Texas when we receive it.

As part of the transition to CBT, NREMT will also work closely with education programs and provide them with secure log-ins on its website so that educators can better manage the education and testing process.

CBT has several advantages to the current method, including the ability to schedule a test any time a test center is open; much faster results as the tests are scored electronically; greater security as each test will be tailored to that individual and less likely to be compromised. Again, as we get more information on this, we will post it to our website.

### CAT? CBT?

What's the deal? If you've been reading this magazine, you will notice that NREMT called the exam that you take on the computer CAT, for computer-adaptive testing. Now they've switched to CBT, which is computer-based testing. Hey, we're flexible.





November 20-23, 2005

# Texas Emergency Medical Services Conference 2005 Austin, Texas

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

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

The low conference rates are the same price as last year. That means that for the price of one registration, you'll get the always-popular conference bag, access to 15 hours of first-class continuing education, coffee breaks and two full lunches (including the famous chicken-fried steak lunch).

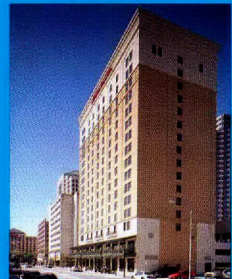
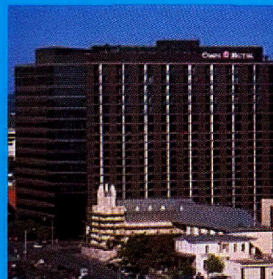
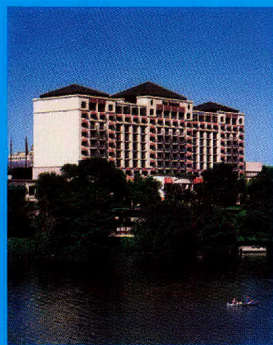
We have special conference rates at five downtown hotels—all within walking distance of the convention center. Make your hotel reservations early—space at the conference hotels goes fast, especially at the host hotel, the Hilton. See you in November!

## HOTELS

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

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

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



**Hilton-Austin**

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

**Radisson-Town Lake**

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

**Four Seasons Hotel**

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

**Hampton Inn & Suites –  
Downtown Austin**

\$80/\$80  
200 San Jacinto Blvd.  
Austin, TX 78701  
(512) 472-1500 or  
(800) HAMPTON

**Omni-Downtown**

\$85/\$85/\$115/\$115  
700 San Jacinto  
Austin, TX 78701  
(512) 476-3700  
(800) THE-OMNI

Hotel rates are tied to the state per diem rate, which increased 9/01/05. Some hotels chose to increase their previously published conference rates.



# Texas EMS Conference 2005 - REGISTRATION FORM

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

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

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

**\$135 until November 1**  
**\$165 after November 1**

First Name  Last Name   
(Please type or print)

Company  Your Address

City  State  Zip  -

Phone  -  -  e-mail address:

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

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

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

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

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

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

**\*Must provide email address**

For coordinator course, contact your zone office.

Registrations by fax will be accepted only if you are using a credit card—a check, money order or credit card number must accompany your mailed registration. No mailed or faxed registrations accepted after 11/1/2005. No refund after 11/1/2005. There is an 18% administration fee if a refund is necessary.

<input type="checkbox"/> Conference Registration Fee	\$ _____
PreConference class fee included	+
Total Amount enclosed	\$ _____

*\$165 registration at the door*

**Sunday, November 20, 2005**

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

**Monday, November 21, 2005**

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

**Tuesday, November 22, 2005**

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

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

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

Official Use Only	
Date Rec'd.	_____
Type of Pmt.	_____
<small>(If check, write #)</small>	
Amt. Rec'd.	_____

MC  VISA  AMEX

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

Credit Card No:

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

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





# Texas EMS Conference Classes

November 21, 22 and 23

## Andy Alegria

How to use the Online EMS/Trauma Registry System

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

Command: We Don't Need No Stinking Command

## Alan Baker, LP

Understanding ECG Blocks

## Jeff Beeson, RN, LP

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

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

Scenario Based Training and Education

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

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

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

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

## Ken Bouvier, NREMT-P

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

## Paul Breaux, LP

Reducing the Stress in Health Service Project Management

## Jasper Brown, EMT-I, EMD

Rescue Triage in the Communications Center

## Steven Butler, LP, NREMT-P

A 3-Dimensional Approach to EMS Education

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

Professionalizing Through Higher Education

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

- 1) Critical Thinking in the Classroom
- 2) Recruitment and Retention

## Leon Charpentier, EMT-P

Fire Scene Rehab

## Jay Cloud, BA, LP

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

## Darryl Coontz, LP

Ambulance Collisions: EMS's Dirty Little Secret

## Henry Cortez, CCEMT-P, LP

Penetrating Trauma: The Hole Story

## Brian Cudaback, LP

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

## James Davis, LP

Multiple Sclerosis: An Introduction

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

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

## Angela DeTulleo, LP

Clandestine Drug Labs

## Steven Dralle, EMT-P

Controlled Substances and You

## Jimmy Dunn & Wayne Morris

What Can the RAC do for You?

## Bryan Erickson, NREMT-P, RN, MED

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

## Harold Etheridge, LP

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

## H.T. Fillingim, BS, LP

Mentally Ill Patients: Who You Gonna Call?

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

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

## Bob Folden, EdD, MA, BA

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

## Jeff Fritz, LP

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

## Gene Gandy, JD, LP

HIPAA Update (2 Hours)

## Tony Garcia

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

## James Garrison, RN

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

## Donald Gordon, PhD, MD

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

## Steven Grayson, CCEMT-P

The Brady Bunch

## Reagan Grounds, EMT-P

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

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

Infection Control 101: How to Keep The Bugs Out

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

Prehospital Management of Acute Aortic Dissections/Transsections/Aneurysms

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

Tech Prep EMT-B

## Michael Hay

Rural Healthcare: A Healthy Alternative for Underserved Areas

## John Hellsten, PhD

Epidemiology of Injury in Texas

## Mike Hudson, LP

A Different Kind of Patient: EMS Considerations in Palliative Care

## Kelli Isaacks & Sam Gutierrez

Understanding and Using the TxDOT EMS Education Grant

## Kelly M.K. Johnson

Data and Reporting: How Are These Important to Me?

## Linda Jones, MSPH

Public Health Model of Injury Prevention and Control

## Daniel Kehoe

The Next Big Thing in EMS: Patient Advocacy Team



# Texas EMS Conference Classes

November 21, 22 and 23



## Robert Knappage, EMT-P

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

## Daniel Kocurek, MD

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

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

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

## Darren Lacroix, EMT-P

Managing the Tachycardic Patient

## Donald Locasto, MD

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

## James Loflin, MD, FACEP

Quality Improvement in EMS: A How-To

## Don Lundy, BS, NREMT-P

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

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

Predicting the Difficult Airway

## LTC John McManus, MD, FACEP

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

## Greg Middleton, EMT-P

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

## Louis Molino, Sr., EMT

Injury Prevention as an EMS Function

## Jamie Moore, RNC, WHCNP

Predator Drugs

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

Saving the Asthma Patient: In-Extremis

## Timothy Nall, NREMT-P

Trauma Code = Futility

## Kenneth Navarro, LP

Vasopressin: Magic Bullet or Snake Oil

## Michael Nelson

Determinate Dispatching: Saving the Lives of Life Savers

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

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

## Dave Page, MS, NREMT-P

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

## David Pearse, EMT-P

Helping Your Students Pass the NREMT Exam

## Paul Pepe, MD, MPH

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

## Brian Petrilla, EMT-P

Circle of Protection: Think Child Safety & Think Senior Safety

## David Phillips, BS, LP

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

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

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

## David Rainwater, LP

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

## David Retano, EMT-P

Tourette's Syndrome in a Box

## Greg Schaffer, EMT-P, BA

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

## Marc Scrivener, EMT

Vicarious Trauma in Prehospital Providers

## Shawn Sims, LP

Rapid Sequence Intubation in the Prehospital Setting

## Stephen Smith, MBA, LP

Geriatric Airway and Ventilation

## Dave Snavely, BS, EMT-P

Insurance: What You Don't Know Can Cost You

## Lon Squyres, EMT-P

Can't We All Just Get Along?

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

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

## S. Christopher Suprun, Jr.

Tales from the Crypt—Werewolves, Vampires & Giants

## Leslie Teel, LP, NREMT-P

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

## Rhonda Thomas

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

## A. Laura Torrez, CCLP

Gang Violence

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

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

## Roger Turner, BS, LP

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

## Lance Villers, MA, LP

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

## Bill Waechter, LP

Leadership Challenges for EMS

## Dudley Wait, BBA, NREMT-P

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

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

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

## Rick Wallace, LP

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

## Kelly Weller, BAAS, LP

Truth or Dare

## Shawn White, LP

- 1) EMS personnel in the emergency dept.
- 2) Your Airway Tool Belt: Responding to Respiratory Emergencies

## Molly Wilkins, CEN, CCRN

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

## Dave Williams, MS, LP

Generations in the Workplace

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

Why Mothers Kill Their Children

## Mike Yudizky, EMT-P

Bites and Stings of Summer



# Texas EMS Conference 2005 - EXHIBITOR REGISTRATION FORM

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

Austin, Texas

(Please type or print clearly)

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

1. Firm Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

FAX \_\_\_\_\_ Area Code \_\_\_\_\_ Website: \_\_\_\_\_

Type of product: \_\_\_\_\_ (Please be specific)

2. **Special marketing/ sponsorship opportunities available. See the back cover for more details.**

Have someone call and speak to:

Name \_\_\_\_\_

Phone No. (Area Code) \_\_\_\_\_

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

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

**Exhibit hall client passes:**

No charge for 10 or less; not personalized.

Number needed: \_\_\_\_\_

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

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

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

Let us choose for you

1st choice (s) \_\_\_\_\_

2nd choice (s) \_\_\_\_\_

3rd choice (s) \_\_\_\_\_

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

How many booths?

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

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

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

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

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

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

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

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

**Mailing address:**  
 Texas EMS Conference  
 P.O. Box 100  
 Hutto, Texas 78634

**Official Use Only**

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

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

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

MC  Visa  AmEx

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

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

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

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

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



# Schedule

## Conference At-A-Glance

### Sunday, November 20

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

### Monday, November 21

7:00 am - 6:00 pm Registration in the Convention Center  
Inside Exhibit Hall 4  
8:15 am - 9:30 am Opening Session in Ballroom D  
9:45 am - 10:45 am Workshop Breakouts  
10:00 am - 6:00 pm Exhibit Hall Open  
11:00 am - 12 noon Workshop Breakouts  
12 noon - 1:00 pm Lunch in Exhibit Hall  
2:00 pm - 3:00 pm Workshop Breakouts  
3:15 pm - 4:15 pm Workshop Breakouts  
4:30 pm - 5:30 pm Workshop Breakouts  
*Workshop Breakouts in Ballroom D-G,  
Rooms 11-19*

### Tuesday, November 22

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

### Wednesday, November 23

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

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

### 2005 Texas EMS Photography Contest entry form

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

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

Address \_\_\_\_\_

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

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

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

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

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

Tape this form to the back of the photo.

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

### Photo Contest Rules

- **Winning categories and prizes:**  
One Grand Prize winner (either color or black and white)—wins \$250 and a plaque.  
One First place—wins \$175  
One Second place—\$100 and a ribbon.  
One Third place—\$75 and a ribbon  
One Honorable mention—\$50 and a ribbon
- **Deadline:** Entries must be received no later than **November 10, 2005**. All photos will be displayed at Texas EMS Conference and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmatted prints, in color or black and white (5 X 7 to 9 X 12 is best). Fill out the entry form, tape it to the back of your photograph, and mail your entry to: Texas Department of State Health Services/EMS, 1100 West 49th, Austin, TX 78756-3199.
- **For digital photos:** Please print out a copy and mail a printed copy with the entry form attached. You may also e-mail the photo in a .jpg format, use CMYK colors and e-mail to Dawn.Whitfield@dshs.state.tx.us.
- The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- The ownership of the negative will remain with the photographer.





# Pre-conference classes

**November 18, 19 and 20** (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 contact listed under each class description.**

## Friday, Saturday, & Sunday

**EMS Operations and Planning for WMD:** \$125; 11/18-11/20, 8am-5pm; Austin Convention Center; CE: Clinically-Related Operations. This 24-hour course will equip medical personnel with the skills needed to ensure proper patient triage, treatment and transportation in the event of exposure to weapons of mass destruction (WMD) or chemical, biological, radiological, nuclear and explosive (CBRNE) weapons. Exercises conducted in a WMD scenario will reinforce classroom lectures and interaction. First responders will use this training to demonstrate proper techniques for assessment, triage, mass decontamination, treatment and stabilization. In addition, course participants will receive training on the proper techniques for protecting themselves and limiting cross-contamination. For information on class content contact Tony Garcia at [tony.garcia@teemail.tamu.edu](mailto:tony.garcia@teemail.tamu.edu) or (979) 458-3401.

## Saturday only

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

erations. Students will have an opportunity to participate in hands-on exercises. Lunch provided. For information on class content call Casey Ping at (512) 854-6464 or email [Casey.Ping@ci.austin.tx.us](mailto:Casey.Ping@ci.austin.tx.us).

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

**Confined Space:** \$125; 11/19; 8am-5pm; Off-site (meet at Hilton at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This 8-hour course focuses on patient packaging and excavation in a confined space environment. This course covers OSHA regulations, air monitoring, lockout/tagout, equipment review, retrieval systems and patient packaging (no IDLH training or on air scenarios). Student is required to be an active member on a confined space rescue team or ERT and is also responsible for having a working knowledge of rope systems, confined space opera-

tions and ICS. This class will satisfy the OSHA 1910.146 requirement for practicing a rescue in a confined space. Students will be required to bring: sturdy boots, rugged clothing, helmet (firefighting or industrial style), leather gloves (non-firefighting or hazmat), knee pads and elbow pads recommended, canteen or water bottle. Lunch provided. For information on class content contact John Green at (512) 974-4166 or [john.green@ci.austin.tx.us](mailto:john.green@ci.austin.tx.us). Note: one-day class.

**Land Navigation:** \$125; 11/19; 8am-5pm; Radisson/Outdoors; CE: 4-Prep, 4-Special Consideration. This 8-hour course focuses on basic map reading and land navigation skills, and covers deciphering topographic map jargon, basic compass use including shooting an azimuth, determine 100-meter pace count, plotting Universal Transverse Mercator (UTM) points, a latitude and longitude explanation, and basic GPS usage—all helpful skills when setting up a landing zone in the outback or conducting a grid search for a lost person in the wilderness. Students will be required to bring: sturdy boots, rugged clothing, and compass (provided if you do not have one), note-taking materials, GPS (optional, if you want to bring a personal GPS), blank CD (if you want a copy of the presentation), canteen or water bottle. Lunch provided. For information on class content contact John Green at (512) 974-4166 or [john.green@ci.austin.tx.us](mailto:john.green@ci.austin.tx.us). Note: one-day class.



# Pre-conference classes



**November 18, 19 and 20** (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 contact listed under each class description.**

**Basic Disaster Life Support:** \$150; 11/19; 8am-5pm; Austin Convention Center; CE: Clinically-Related Operations. The Basic Disaster Life Support course was developed to address the need to standardize emergency response and treatment for mass disasters, terrorism and other public health emergencies. It is intended to provide a uniform standard of competencies, skills and knowledge to front line health care and public health responders. It focuses equally on the clinical and public health aspects of disaster. BDLS is a one-day training program in which participants are expected to gain a fundamental understanding and working knowledge of medical disaster management. The format of the BDLS course is lecture/didactic training. The curriculum is developed with an "all-hazards" approach to disaster response, and is presented using the D.I.S.A.S.T.E.R. paradigm which provides an organized approach for the management of disasters. For more information contact Raymond E. Swinton, MD, at beardogMD@aol.com or (817) 271-7801.

**Difficult Airway Management: Sensory Overload Lab:** \$150; 11/19; 8am-5pm; Austin Convention Center; CE: Airway. Managing the complicated airway is often one of the most difficult and stressful situations that EMS personnel face. Simple, unobstructed intubations rarely challenge the experienced provider but with complex airways, paramedics tend to do serial intubation attempts the same way in an effort to secure the airway.

Every attempt on the difficult patient should be approached differently if we are to expect different results (i.e., successful intubation). In this course, the student will be exposed to several rescue airway techniques as well as alternate intubation techniques. The lecture portion of this course is very brief and the students will be moved into a 'wet' lab to address suctioning techniques during intubation. Following the morning segment, the students will enter into the "sensory overload" portion of the course. During this section, the instructors and other students will work with the environment to generate high stress levels in the students and then require the student manage the airway of a Airman simulation manikin. For more information contact Steven Dralle at sdralle@amr-ems.com or (210) 559-8936.

**MORE Edutainment! Multimedia Magic:** \$125; 11/19; 8am-5pm; Austin Convention Center; CE: Additional. This class rocks! Develop eye-opening presentations, not just with PowerPoint, but by using the talents within you. An animated speaker can be shackled by a ho-hum presentation, just as a ho-hum speaker can be overshadowed by an overdone PowerPoint presentation. Anyone can teach a class, but an excellent teacher uses all of their hidden talents: dramatic actor, salesman, standup comedian, artist, self-help guru, motivational speaker and religious minister. Through example, Bob will show you how all of this is accomplished. NOTE: Boring people and cowards are not allowed in this

session. This session includes a four-hour advanced PowerPoint segment designed to help the educator fine-tune presentations and work on timing issues and solutions. Some participants will be able to present mini-presentations to show off their newly developed skills. Students need to bring a laptop computer. Instructor will send further instructions via email before conference. For information contact Bob Page at edutainment@mac.com or (417) 820-5451.

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

## Sunday only

**Swift Water Awareness:** \$115; 11/20; 8am-5pm; Radisson/Outdoors; CE: 4-Prep, 4-Spec Con. This 8-hour course focuses on awareness of flooding/swift





# Pre-conference classes

**November 18, 19 and 20** (class registration closes October 15)

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water safety and river reading skills. This course covers reading river hydrology, understanding of safety concerns, scene control, witness interviews, personal protective equipment selection and basic shore-based rescue techniques. Hands-on practice will consist of throw bag orientation and a skills course. Students will be required to bring note-taking materials, weather-appropriate clothing for outdoor skills practice, canteen or water bottle. *You will not be getting in the water.* Lunch provided. For information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. Note: one-day class.

**Slope Evacuation:** \$125; 11/20; 8am-5pm; Off-site (meet at Hilton at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This course focuses on low-level patient evacuation in a wilderness environment. This 8-hour course covers basic hauls/lowers, belays, wilderness anchors, patient packaging and patient movement in wilderness environment. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (fire, industrial or wilderness ok), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. Note: one-day class.

**Cave Rescue:** \$125; 11/20; 8am-5pm; Off-site (meet at Hilton at 7:15am); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This course focuses on pa-

tient packaging and evacuation in a cave environment. This 8-hour course covers cave navigation, cave search, patient packaging in a cave, and patient evacuation in a cave. Students will be required to bring: sturdy boots, rugged clothing, caving helmet (provided if you do not have one – no firefighting or industrial style), leather gloves (non-firefighting or hazmat), knee pads and elbow pads recommended, small flashlight, canteen or water bottle, small fanny pack or pack to carry personal equipment. You will get dirty. Lunch provided. For information on class content contact John Green at (512) 974-4166 or john.green@ci.austin.tx.us. Note: one-day class.

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

*current ACLS card to attend. The course will also renew ACLS certification.* For information contact Mark Montgomery at clfems505@aol.com or (210) 844-3306.

**Anatomy of Emergency Medicine and Suture Lab:** \$250; 11/20; 8am-5pm; Offsite (meet at Hilton at 7:15am); CE: Prep. This course, held at the Travis County Medical Examiner's building, uses a human cadaver to demonstrate emergency procedures. Common emergency procedures are discussed in a lecture format. Then the course participants actually perform the procedures. All participants are expected to do "hands-on" work with the cadaver. The procedures are assigned in a lottery-type fashion. Students will be introduced to procedures for simple interrupted sutures. Each student will participate in suturing of simple lacerations on cadavers. Class limit of 25 and this class fills fast! For more information contact Dave Spear, MD at dave@davemd.com or (432) 528-1985.

**HIPAA Compliance:** Securing the Information Without Breaking the Budget: \$100; 11/20; 8am-5pm; Austin Convention Center; CE: Additional. Do you HIPAA? If not, you'd better start as the feds begin auditing records. The student will be introduced to the specifics of information security as it relates to HIPAA. We will explore the essentials of information security and the means to both improve and document the process. The students will have the opportunity to explore their specific systems. The ma-



# Pre-conference classes



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for threats to computer security will be identified and explored, as will tips on eliminating or reducing them. The students will return to their workplaces with the skills to improve their information security posture. The course will also point the student to more extensive resources at low or no cost. These resources will enable them to improve their security posture and document it for any possible legal needs. For more information contact Bob Folden, EdD, at [bfolden@geusnet.com](mailto:bfolden@geusnet.com) or (903) 454-4327.

**Moulage for Patient Assessment Exercises:** \$135; 11/20; 9am-4pm; Austin Convention Center; CE: Additional. The basics for moulage will be presented including commercial and "make-your-own" supplies. Participants will be shown how to prepare simulated patients for classroom scenarios, disaster drills and practical skills evaluations. Techniques shown will be practiced by participants, on participants (simulated patient volunteers are being sought, but cannot be guaranteed). Participants should bring old clothes that can be cut, stained, burned and generally never used again, along with a 2nd set of clothes to wear when class is over. Note: Latex is used frequently in these techniques, so participants with known latex allergies are asked to bring necessary non-latex supplies. Attendees on own for lunch. For information contact Alan Baker at [alan.baker@victoriacollege.edu](mailto:alan.baker@victoriacollege.edu) or (361) 572-6443.

**Multi-Lead Medics:** 12-Lead ECG for Acute and Critical Care Providers:

\$125; 11/20; 8am-5pm; Austin Convention Center; CE: Medical. Bob will use his new book to present this 8-hour, highly motivating, non-stop interactive course on 12-lead ECG. Presented internationally, the course includes proper lead placement, axis and hemiblock determination, bundle branch blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG. The course includes a full-color book with practice problems and handy charts for rapid use in the field. Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly learned skill. There is also web site support of graduates of the program by continual competency and feedback from the instructor. Attendees on own for lunch. For more information contact Bob Page at [edutainment@mac.com](mailto:edutainment@mac.com) or (417) 820-5451.

**Spanish for EMS Providers – Beginning Level:** \$125; 11/20; 8am-5pm; Austin Convention Center; CE: Patient Assessment. Your patient speaks fluent Spanish; you don't. What do you do now? Designed for the non-native speaker, this class will enable you to obtain a patient history, complete the patient care report, improve your vocabulary and pronunciation, ask illness and trauma-specific questions,

tell your patient what you are doing, and best of all, how to encourage a short reply. Whether you are a gringo or habla a little, this course is for you! Attendees on own for lunch. For more information contact Lynne Dees at [tresgatos@comcast.net](mailto:tresgatos@comcast.net) or (214) 648-6981.

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



Thanks to EmCert for providing CE for this issue.



# Where can this patient go?

*With a record number of hospitals pursuing trauma designation, the question of where to take your patient can be a little more complex.*

*It pays to know the facts.*

**H**ow does an EMS service know which is the most appropriate place to take the severely-injured multiple-trauma patient? Is it the closest trauma-designated hospital or could it be an undesignated hospital with a higher level of capability?

The first question you should consider is how your EMS service created its current transport protocols. Are they based on factual information regarding a hospital's capability or are they based on how things have always been done?

The capability of some hospitals to treat trauma patients may have changed. With the increase of hospitals in active pursuit of designation, you may have more options for transporting a patient than in the past. A record number of hospitals have begun pursuit of trauma designation—71 since December of 2003. Currently, 216 hospitals in the state of Texas are designated trauma centers.

Taking a patient to a facility that has already been designated as a trauma center is usually the most appropriate choice. Trauma designation signifies that the hospital is providing the highest level of care to trauma patients according to its capabilities.

However, it is important to know that even though two hospitals may hold the same trauma designation level, the resources at each hospital can be differ-

ent. For example, one Level III trauma facility may provide only general surgery services while another may also provide orthopaedic and neurosurgical services in addition to general surgery services.

But what happens when the choice for transport is between a designated facility and a non-designated facility in active pursuit of designation? The goal for the EMS and trauma community is to base patient transport decisions on factual information. So it might be time to update your information on capabilities for area hospitals, and what could be a better transport decision.

The Office of EMS/Trauma Systems Coordination (OEMS/TS) recognizes that a non-designated hospital must develop a "track record" so that compliance with essential criteria (e.g. activation of the trauma team on EMS report, providing care based on Advanced Trauma Life Support/Trauma Nursing Core Course guidelines, etc.) can be demonstrated at its verification/designation site survey. The transport of patients by EMS to a facility seeking designation that is currently meeting verification/designation standards contributes to the facility's ability to document the performance of its trauma program to surveyors and does not negatively impact care for the patient.

Kim Petty, RN, is a trauma designation coordinator for OEMS/TS. She may be reached at 512-834-6700 x2346 or kim.petty@dshs.state.tx.us



As an EMS provider transporting a patient to a specific facility, it is not only important to know what services are available, but to see evidence that this facility is attempting to meet the standards of a designated facility. A non-designated hospital could educate its trauma community regarding its increased capability or enhanced services.

It is acceptable for a healthcare facility to inform the medical community about the specific resources/services it is providing (i.e. surgical services, trauma activation protocols, neurosurgical services, trauma performance improvement, response times, statistics of compliance, etc.). However, it is unacceptable for a non-designated facility to tell the public that it has met a higher level's capabilities when it has not been verified at a site survey.

Healthcare facilities and EMS should maintain open communications regarding each organization's status, capabilities and operations. This hospital information may be best distributed through the local regional advisory council (RAC), which has the ability to bring many organizations to the same table. Trauma Rule §157.123 specifies that a RAC's completed EMS/Trauma System Plan have, as one of its components, "planning for the designation of trauma facilities." A RAC should provide the venue where facilities can present evidence of their capabilities to the trauma community so educated decisions can be made when developing pre-hospital triage, facility triage and transport guidelines.

Every patient should have the opportunity to receive the highest level of care available. It may be appropriate to take a neuro-injured trauma patient to a facility 15 miles away that is not designated but has notified the community about its neurosurgical capabilities ahead of time and thus bypass a designated Level III trauma facility without neurosurgical capability that is ten miles away.



The EMS provider should base all transport decisions on factual information received before encountering the patient to prevent distraction by political or special interests. The caregiver on scene is not alone in making the final decision on the most appropriate destination and will need to utilize the resources of medical direction, protocols and/or regional pathways. By incorporating the knowledge of facility capabilities into these resources, the EMS provider will have given the personnel on scene the appropriate information to determine the right destination for the patient.

The fact that questions about the most appropriate facility are being asked is evidence that the trauma system in Texas continues to evolve. And that's a good thing.

For further details on this process, please refer to the technical assistance document on our website at: [www.tdh.state.tx.us/hcqs/ems/TraumaUpgrade.pdf](http://www.tdh.state.tx.us/hcqs/ems/TraumaUpgrade.pdf) or call our office at: 512/834-6700.

*One vehicle rollover. Photo for illustration only. Photo by Joella Lovvorn with Lamb County Leader News.*

### Number of designated trauma facilities

Level I	.....	13
Level II	.....	9
Level III	.....	39
Level IV	....	155
Total	....	216



# Local & Regional EMS News

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

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

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

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

## Trauma surgeon uses Texas model for trauma care in Iraq

Personnel at Val Verde Regional Medical Center and Laughlin Air Force Base recently learned how a San Antonio trauma surgeon was using the life-saving procedures in Iraq gleaned from lessons learned in the Texas Trauma Services Area P, also known as the Southwest Texas Regional Advisory Council. The 22-county region surrounds three Level I trauma hospitals in San Antonio. Lt. Col. Donald Jerkins, MD, took charge of changing the Iraq's trauma systems after he surmised that since the geography of STRAC is very similar to that of Iraq, ranging from heavily urban areas to far-flung desert regions, the soldiers in-

jured in Iraq could benefit from a system similar to the one used in STRAC. Creating the Joint Theater Trauma System, he worked with all the branches of the armed services and drew up a prioritization plan that called for an injured soldier to be transported to the nearest medical facility that had the staff and facilities needed to treat that soldier's injuries, regardless of the soldier's or the medical facility's affiliation. He created computer programs to document injuries and treatments received, link the injured to the most available surgical care facility and to facilitate communications across organizational lines, expediting transport and treatment. The computer programs also allowed information about wounded armed forces members to be sent to hospitals in

*During EMS Week, Hartley EMS personnel demonstrated how they would treat a child pedestrian victim of a car crash. Brandy Brown, EMT, narrated what actions EMS personnel took and the purpose of those actions for the Hartley students.*



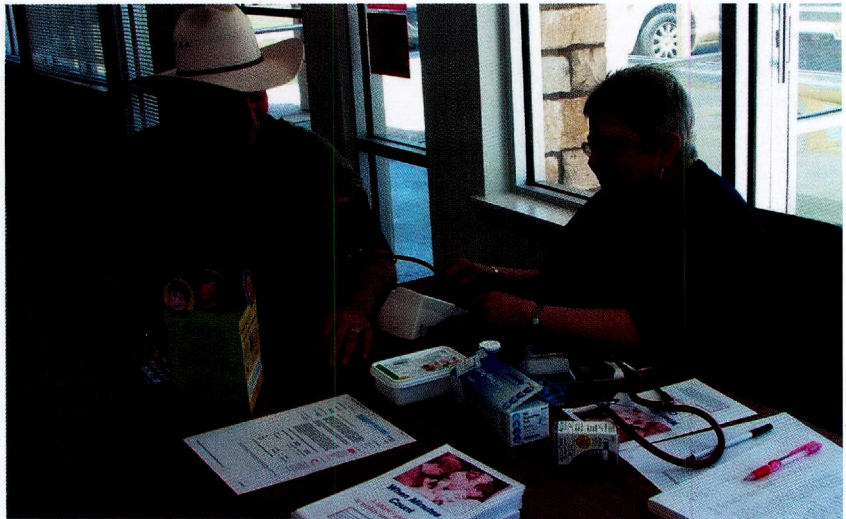


# Local & Regional EMS News

Germany and the U.S. so that advanced preparations to receive the patient could be made. Jenkins also implemented tactical combat casualty care training manuals and all armed forces medics are given this training prior to field deployment.

## HEMS/FD celebrates EMS Week

Hartley EMS-Fire Department recently celebrated EMS Week. Members of HEMS-FD worked a re-enactment of a scene in which a child is hit by a car. A HEMS-FD member explained who EMS personnel were and what they were doing during the re-enactment. After the event, the younger children toured the HEMS ambulance and received coloring books and stickers. The older students were given pens and a video called "Real Teens, Real Stories" was shown to them. HEMS personnel also held a blood pressure and blood glucose screening at the Hartley Post Office, with more than 50 citizens.



*During EMS Week, Hartley EMS personnel held blood pressure and blood glucose checks at the Hartley Post Office. Pictured, Barbara Thompson, EMT, checks Raymond Duyore's blood pressure.*

## Smith County emergency responders honored

Smith County emergency personnel were honored for their response to a February shooting incident at the Smith County courthouse in Tyler. Emergency responders helped injured victims while the shooter was still active in the area and then treated the shooter after he was fatally injured. The Smith County Judges Association and the Tyler

Chamber of Commerce presented all the emergency responders with certificates of appreciation and a writing pen.

## CareFlite announces new president/CEO

In July, CareFlite announced the appointment of James C. Swartz as the company president/CEO. Swartz has several years of experience in the air ambulance industry and aviation operations, including having led an air medical service through the Commission on the Accreditation of Medical Transport Systems process successfully. He has also served on committees in Arizona and New Mexico that changed and improved the air ambulance regulations in those states.

## Longview RMC celebrates trauma designation

In July, staff at the Longview Regional Medical Center officially





# Local & Regional EMS News

celebrated receiving designation as a Level III trauma facility from DSHS. Staff members spoke about the rigors of designation and how meeting the criteria of designation allows the medical staff to provide focused, immediate care and attention to each trauma patient.

## Safe Kids Val Verde receives van

The Safe Kids Val Verde Coalition recently received a new Safe Kids Chevrolet Express van and introduced it to the public in July. The van will be used as a



*The Safe Kids Val Verde Coalition recently introduced its new Safe Kids Chevrolet Express van to the community. The van, obtained through a Chevrolet and GM van grant, will be used to educate the public about preventing childhood injuries.*

mobile educational tool for Safe Kids Val Verde, allowing the coalition to increase the number of child injury prevention programs and the number of child passenger safety seat checks in which the coalition participates. The van was made available through Worldwide Safe Kids

and the Chevrolet and GM van grant. Members of Safe Kids Val Verde include local law enforcement, medical and health professionals, educators, business leaders, local media, parents and children.

## King County EMS receives new ambulance

King County EMS recently took delivery of a 2005 AEV Trauma Hawk ambulance. The ambulance was purchased with the assistance of an EMS Local Projects grant.

## Med-Care EMS responds to Emily

When Hurricane Emily hit the South Texas/Mexico border in July, Med-Care EMS in Hidalgo County was pressed into service, helping the local communities respond to the ever-changing weather situation. The service responded to more than 40 requests for service, ranging from sick calls, to motor vehicle collisions, to evacuation of special needs patients. Med-Care EMS serves a large part of Hidalgo County, providing 9-1-1 response to McAllen, Mission, Pharr, Hidalgo, La Joya, Alton,

*The father Christopher, far left, and mother Erica and eight-day old Christopher Divine, seated, received a "Welcome to the World" gift from, from left, Schertz paramedic Mike Berghofer; UCFD EMT-I Juan Chavez; and Schertz paramedic Raymond Arredondo.*



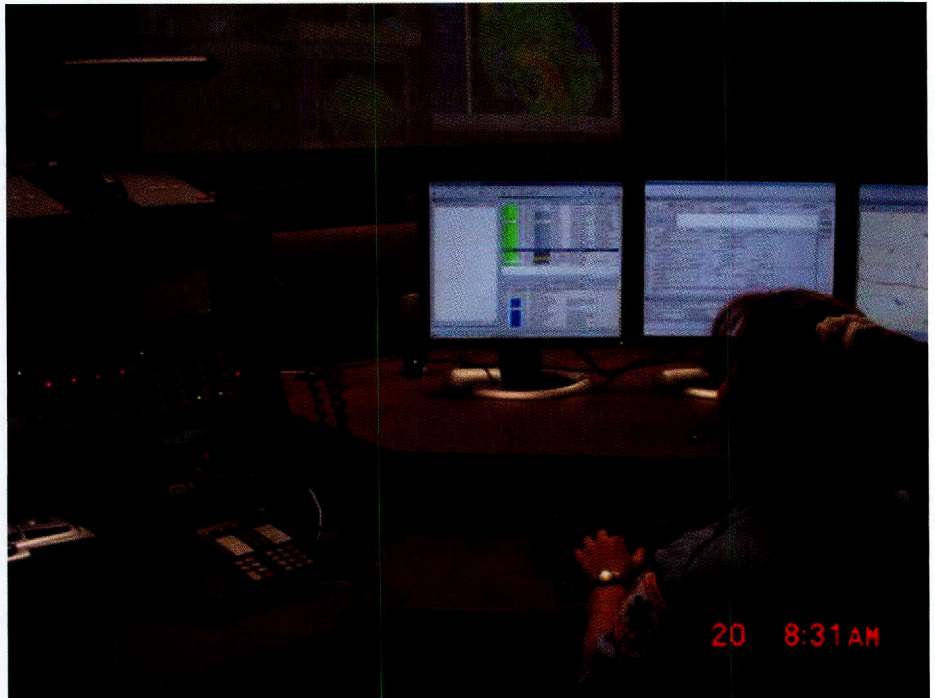


# Local & Regional EMS News

McCook and ESD #4 and Precinct 3.

## Schertz EMS, Schertz Fire & Rescue and Universal City FD deliver

One morning in June, personnel of Schertz EMS, Schertz Fire & Rescue and Universal City FD got to make a very special delivery when Universal City resident Erica Divine pulled into the UCFD parking lot in labor. Raymond Arredondo, EMT-P, SFR; Mike Berghofer, LP, SEMS; and Juan Chavez, EMT-I, UCFD, responded. After assessing her condition, medics for SMES and UCFD moved her to an ambulance and headed for the hospital. They didn't make it – nine-pound Christopher Divine II was delivered in the back of the unit. The delivery had no complications, and mom and baby were delivered to the hospital in good shape.



An EMD dispatcher in Hidalgo County handles emergency calls from the communication center and shelter during Hurricane Emily.

## Cy-Fair College celebrates graduation of inaugural paramedic class

Cy-Fair College, in northern Harris County, recently gradu-

ated six cadets from its inaugural paramedic class. The graduates earned an Emergency Medical Services Professions Paramedic Certificate. The six graduates were Scott Sanders, Tom Sanchez, Gary Richards, Jean Pean, K. Rex Meyer and Sarah McConnell. Cy-Fair College has a partnership with Emergency Services District #9 and Cy-Fair VFD to help fill the community's needs for emergency response personnel. Cy-Fair College is part of the North Harris Montgomery Community College District.

*Cy-Fair College celebrated the pinning ceremony of its inaugural paramedic graduates. Graduates are, back from: left, Scott Sanders, Tom Sanchez and Gary Richards; front from left: are Jean Pean, K. Rex Meyer and Sarah McConnell.*





By Linda Reyes

# FAQ *EMS Standards*

*Q: The Certification Query shows an employee's status as "Continued (Administrative)." What does this mean?*

A: This means that a candidate is applying to renew certification and the previous certificate or license has been continued administratively by the department. This may occur when the department is unable to issue the renewal due to internal mitigating circumstances, review of a criminal background or investigation of an alleged practice violation. The candidate who holds this status is allowed to practice at the appropriate EMS certification/licensure level until the administrative review is completed and the department makes a final determination. This certification is a continuance of the previous certificate, not a recertification.

*Q: I sent a request for an exam appointment and I received a confirmation. Now I can't make that date. How can I reschedule?*

A: Go to our website and send a request for another exam date. When your new exam date is confirmed, you will be removed from the original exam date you requested. You will not be allowed to test at the original exam appointment even though you have an email confirmation for that exam site. You are allowed to hold only one exam appointment at any time.

*Q: I'm planning to renew my EMT application through Texas Online. What is the Third Party Pay option?*

A: Scheduled to be available in late September, this is the new option for payment of your EMS certification or license electronic application through Texas Online that allows some providers to pay the fees at a later date. This option allows you to complete the appropriate

application at the Texas Online site. If your provider has been issued a Third Party Pay ID number (see below), the provider can go to the site later to pay your certification/license fee. And providers will be able to pay several EMS certification/licensing application fees at one time. This payment method is entirely optional for the provider.

*Q: The provider I work for has agreed to pay for my certification fee through the Texas Online site. How will this work?*

A: If your provider has been issued a Third Party Pay Identifier number and has given you permission to use their Third Party Pay ID, you can click on the Third Party Pay option when you reach the payment page of the electronic application at Texas Online. You will be asked to enter your provider's Third Party Pay ID. You can also enter an email address on this page (you choose who gets the email). This will be used by Texas Online to notify you when the payment has been received. Texas Online will hold your unpaid application for 14 days. This payment method is entirely optional for the provider.

*Q: I'm administrator for a small provider agency. How can I get a Third Party Pay Identifier number to pay for certification fees for my personnel?*

A: The Department of Information Resources is working with Texas Online to issue Third Party ID numbers and passwords for a group of providers that will be given the opportunity to use the Third Party Pay option. Providers have been selected and will be notified by mail soon. Other providers will be added to the Third Party Pay list at a later date, but numbers have been limited at this time.

**EMS/Trauma Systems  
web home page address:**

[www.tdh.state.tx.us/  
hcqs/ems](http://www.tdh.state.tx.us/hcqs/ems)

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

**Internet certification  
and application verifica-  
tion** now on web site at:

[http://160.42.108.3/  
ems\\_web/  
blh\\_html\\_page1.htm](http://160.42.108.3/ems_web/blh_html_page1.htm)

**Certification verifica-  
tion phone line:**

512-834-6769

**Fax number:**

512-834-6714

**email address:**

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



By Aaron Patterson, BS

# FAQ *EMS Education*

*Q. I am considering taking the paramedic class and becoming certified at that level. Is it possible to only take the state test and not the NREMT? I am currently an EMT-B.*

A. There is no longer a 'state' test. All levels of certification in Texas (ECA, EMT-Basic, EMT-Intermediate, EMT-Paramedic and Licensed Paramedic) must take the National Registry (NREMT) test in order to become eligible to be DSHS-certified.

*Q. I am currently an RN and wish to become certified as an EMT-Paramedic. How can I do this?*

A. If you are a registered nurse and want to become a paramedic, you must work with an existing higher education program that has an established process for RNs who wish to become paramedics. You must work with an EMS course coordinator at one of these programs in order to become a paramedic.

Please note: In addition, you must take an Emergency Medical Technician – Basic NREMT Test and become DSHS-certified as an EMT-Basic prior to taking an EMT-Paramedic Test. This may be done while working with a course coordinator on your paramedic certification.

*Q. I have taken several CE courses and need to have them broken down into individual CE categories such as medical, special considerations, trauma, medical, airway management, preparatory, patient assessment, etc. Can DSHS break these into the categories for me?*

A. No, it is the responsibility of the certificate holder to place the CE into the required categories. The EMS/Trau-

ma Systems website has a page, titled Continuing Education Content Area, that gives some examples of what CE falls into the given categories: [www.tdh.state.tx.us/hcqs/ems/ceareas.htm](http://www.tdh.state.tx.us/hcqs/ems/ceareas.htm)

Remember, the certificate holder should keep all information regarding CEs for a period of five years, as a certificate holder may be randomly audited by DSHS during that time period.

*Q. If I take a national card course (such as ACLS, CPR Provider), can I use it for Texas CE?*

A. Yes, you may use a national card course for CE as long as you use an approved CE program through the state of Texas or they are approved by other accrediting agencies as per Policy \*-A. The link to these accreditations is: [www.tdh.state.tx.us/hcqs/ems/sotherce.htm](http://www.tdh.state.tx.us/hcqs/ems/sotherce.htm).

In order to break these national card courses into categories, visit our website for a sample of some national card courses and how they break down into categories. The link is: [www.tdh.state.tx.us/hcqs/ems/ceapprov2002.pdf](http://www.tdh.state.tx.us/hcqs/ems/ceapprov2002.pdf).

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

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





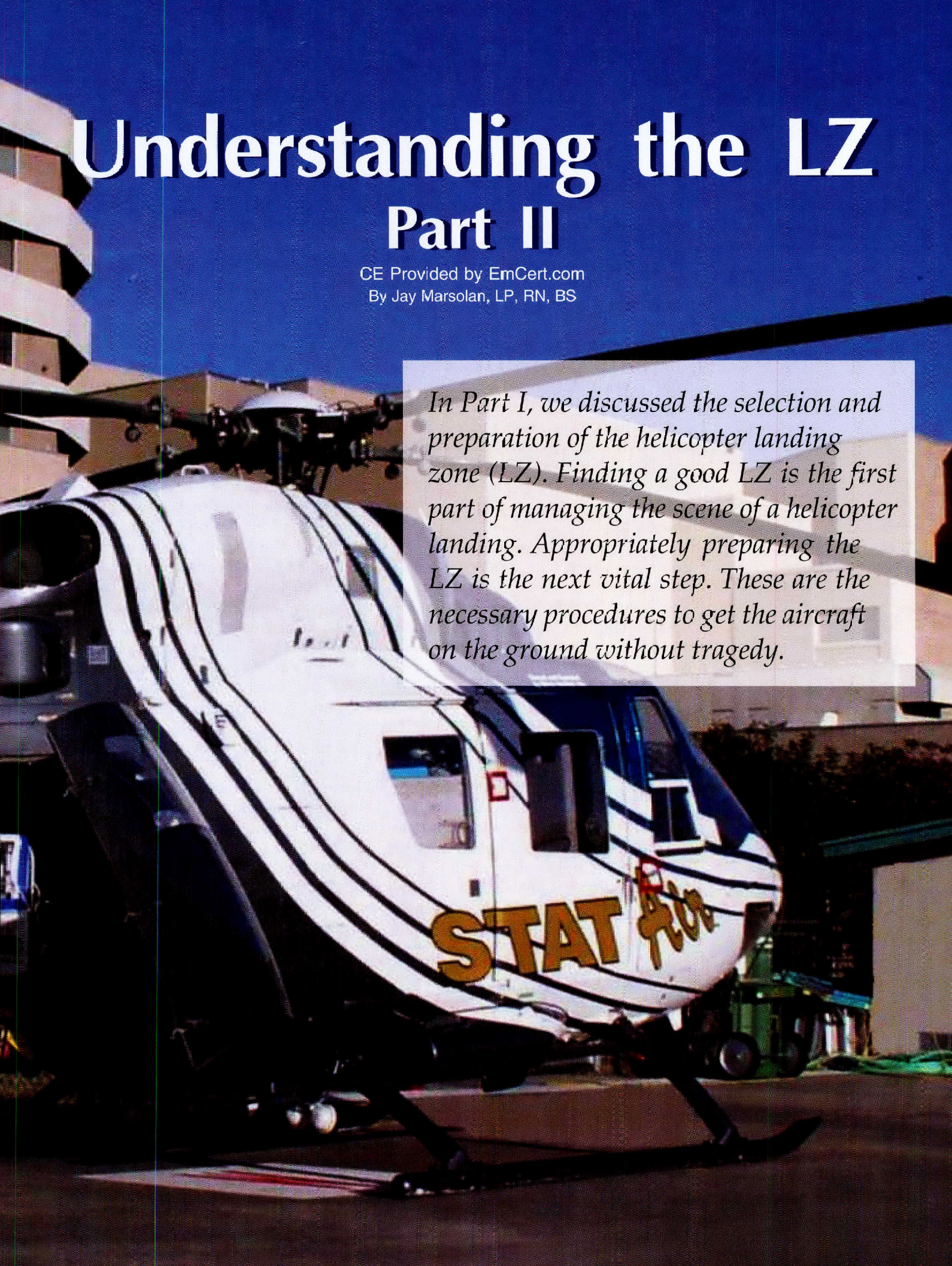


# Understanding the LZ

## Part II

CE Provided by EmCert.com  
By Jay Marsolan, LP, RN, BS

*In Part I, we discussed the selection and preparation of the helicopter landing zone (LZ). Finding a good LZ is the first part of managing the scene of a helicopter landing. Appropriately preparing the LZ is the next vital step. These are the necessary procedures to get the aircraft on the ground without tragedy.*





## Introduction

Once the helicopter has landed, understanding how to safely operate around the aircraft is essential. Every person at the scene must be accountable for his or her own actions and behavior while working around the aircraft. Knowing how to approach the aircraft, which areas to avoid, and how to appropriately prepare the patient for air medical transport are among a few of the necessary requirements. This article will address these and other issues that will help you perform successful ground support for medical helicopter operations.

### *Hot vs. cold*

If you've been around EMS long enough to work with a helicopter, you've probably heard the terms "hot" and "cold" in reference to helicopter operations. Obviously, these terms are not used to denote the temperature around the LZ, but rather the relative intensity of the situation and safety risk to those at the scene.

### *The hot LZ*

When the LZ is hot, the engines remain on and the rotor blades continue turning while the helicopter is on the ground. The flight crew will make the decision on whether or not to keep the aircraft "hot" based on several factors. In general, if the patient is appropriately prepared (packaged) and the pilot and crew are confident that the LZ is adequately controlled, the helicopter will remain hot. Based on the weight and the number of the patients, the pilot may elect to leave the aircraft running in order to burn off fuel and reduce payload weight.

Anytime the aircraft engines are running and the rotor blades are turning, everyone working around the helicopter must remain alert to the safety hazards and adhere to the LZ safety rules.

### *The cold LZ*

If the patient is not ready for transport when the aircraft arrives or if the flight crew believes that the LZ is not effectively controlled, the helicopter will most likely be shut down. The LZ is cold. With the engines off and the rotor blades not turning, the safety risks of working around the helicopter are drastically reduced. It is important to remember, whether hot or cold, personnel should always practice safety when operating around the aircraft.

## On the ground

Once the helicopter is safely on the ground inside the LZ, it is imperative that both the air medical crewmembers (AMCs) and the ground support personnel work together. The emotion of the situation, coupled with the increased noise, wind and excitement, can distract personnel and bystanders. Losing focus can result in a fatal mistake when working around a helicopter.

### *LZ coordinator functions*

While the helicopter is on the ground, the LZ coordinator (discussed in Part I) should maintain an open line of communication with the pilot. Even if the pilot and crew elect to shut down the aircraft, the LZ coordinator must work closely with the pilot and crew to ensure the continued control and safety of the LZ.

The work of the LZ coordinator doesn't end when the aircraft lands. The LZ coordinator must continue to secure the LZ, working with other personnel to keep vehicles, bystanders and other moving obstacles out of the LZ. It is crucial that no one approach the aircraft until directed by the pilot or an AMC. Working with the AMCs to coordinate patient loading into the aircraft and ensuring personnel safety while entering and



exiting the LZ are all part of the LZ coordinator's role.

### **Tail rotor guard**

The tail rotor is by far the most dangerous part of the aircraft while it is on the ground and running. The tail rotor spins at several thousand revolutions per minute (RPM). While difficult to see during the daylight, it can be nearly invisible at night. Tail rotor strikes have caused several fatal or debilitating injuries.

As the medical crew members exit the aircraft, typically one will proceed to the patient while the other stays with the aircraft to help the pilot. One of the primary roles of the air medical crew member who stays with the aircraft is tail rotor guard. The tail rotor guard stays in close communication with the pilot while constantly monitoring the tail rotor and the area around it. If anyone begins to approach the tail rotor, the tail rotor guard will notify the pilot and then alert the person to halt his or her approach.

Depending on the procedure of the local air medical service, the AMC serving as tail rotor guard may elect to delegate this responsibility to one of the ground support team members. The person serving as the tail rotor guard must be dedicated to this task and cannot be expected to perform any other functions. The person should stand at the 4:00 position, relative to the aircraft, and far enough away so that they can be seen and communicate by hand signals with the pilot, as well as have a clear line of vision of the tail rotor and area around it. For the most accurate information on the expectations of the tail rotor guard, contact your local air medical service provider.

### **Patient preparation**

Effective patient preparation for

helicopter transport can significantly reduce the scene time of the aircraft. The majority of the patient preparation can be performed by the ground medical crew prior to the arrival of the aircraft in most cases. Here are some important considerations that can make the transition from ground to air go more smoothly and quickly for the patient.

### **Focus on the ABCs**

We all learn about the ABCs of emergency medical care during EMS training. Unfortunately, the fundamental principals of the ABCs can become clouded by years of experience, new technology and the chaos of the scene. Remember to stay focused on the ABCs until they are effectively managed. Effective suctioning, proper bag-valve-mask ventilations and hemorrhage control help prepare the patient for the helicopter crew and can significantly reduce scene time for the helicopter.

Airway management is a huge concern in the air medical environment. Much like inside a moving ambulance, intubation can be difficult in the helicopter. Early airway management by ground personnel, especially intubation (if indicated), can drasti-





cally reduce scene time for the helicopter. Ensuring that the endotracheal tube (ET) has been properly placed and confirmed reduces the time needed for the helicopter to assess the airway. Securing the ET effectively and at the proper depth also facilitates patient preparation for helicopter transport.

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

1. Describe the difference between "hot" and "cold" landing zone operations and the safety concerns for each.
2. Describe the functions of personnel operating in and around the landing zone.
3. Identify the essential considerations for preparing a patient for helicopter transport.
4. Recognize the safety hazards and guidelines when working around the helicopter.
5. Become familiar with helicopter crew configurations and flight crew responsibilities.
6. Be introduced to the basic emergency procedures for handling a helicopter crash.

### **Spinal motion restriction**

Trauma is one of the most common reasons for helicopter transport of patients. For most of these patients, spinal motion restriction is indicated. Before these patients can be moved into the aircraft, they must be properly secured with the spinal motion restriction equipment. The patient's body must be secured to the long spine board so that if the patient must be rolled while in the helicopter, he or she will not slip off the board. The cervical collar and head immobilizer device should also be properly placed. Correct application of spinal motion restriction significantly reduces scene time for the helicopter.

### **Transport to the LZ**

Many times, it is not possible for

the helicopter to land immediately adjacent to the scene. This situation requires that the patient be loaded into the ambulance and transported to the aircraft. If this must be done, ensure the ambulance stays at a safe distance from the aircraft. Ambulance personnel should never approach the helicopter unless instructed to do so by the flight crew.

### **Pitfalls in patient preparation**

Some things that prepare the patient for helicopter transport have been discussed. These are some of the things that can cause unnecessary delays in transport and problems for the patient.

One of the most common myths of patient preparation for helicopter transport is that the patient must have IV access prior to flight. In the critical trauma patient, transport either by ground or air should never be delayed in order to establish IV access. The only exception to this would be establishing IV access in order to deliver sedation and paralytic medications necessary to secure the patient's airway.

Proper and effective spinal motion restriction prevents the flight crew from having to re-package or adjust the patient in restriction prior to flight. Application of a rigid cervical collar, head immobilizer device and placement on a long spine board are paramount. Before the trauma patient can be moved into the aircraft, he or she must be

*Patients must be properly secured before being loaded onto aircraft.*





properly secured with spinal motion restriction in order to allow the patient to be turned on the side in the event the patient begins to vomit. When possible, be sure the patient who requires spinal motion restriction is effectively secured before the arrival of the helicopter.

## Patient loading

**Packaging** Before being loaded into the helicopter, the patient must be properly packaged for air transport. This typically involves:

### 1. Ensure the patient is appropriately prepared for transport.

Patient preparation must be completed prior to helicopter transport. Effective management of the ABCs and spinal motion restriction (when necessary) are essential components of patient preparation for air transport.

### 2. Transfer the patient to the helicopter stretcher.

Most helicopters are equipped with their own patient stretchers. This requires that the patient be transferred to the helicopter stretcher prior to transport. Some of these stretchers do not have an undercarriage with wheels, so this type of stretcher must be hand carried or placed onto another stretcher to be moved.

### 3. Ensure all tubes and lines are secured and readily accessible to the flight crew.

Endotracheal tubes, naso/oro-gastric tubes, foley catheters and other lines and tubes must be appropriately secured to the patient to prevent accidental dislodgement during patient loading. Wires such as ECG leads should be arranged in such a way so as to not create a hazard by dragging on the ground or hanging up in the aircraft stretcher during loading. IV lines should be positioned in the same way.

Because of the configuration of some aircraft, it sometimes is necessary to position IV bags, ECG leads and other lines and tubes at or near the patient's head in order for the flight crew to be able to

access them once inside the aircraft.

### 4. Ensure all loose items are secured.

Patient clothing, sheets and papers can become FOD (foreign object debris) if they are picked up by the air currents under the helicopter rotor system. It is essential that all of these loose items are secured tightly under the safety belts of the stretcher, or in such a way to prevent them from blowing off. Personnel should also ensure that any loose items on themselves, such as hats or papers, are also secured prior to approaching the aircraft.

## Moving to the helicopter

When moving the patient to the helicopter, safety is the primary concern. Most of the time, the flight crew will request the assistance of personnel at the scene to help with loading the patient into the aircraft. It is helpful if personnel who are assisting the flight crew are familiar with the procedure for loading the patient.

In most helicopter programs, one of the air crew members will act as a safety officer while the patient is being loaded. This person ensures that all personnel involved in the loading maintain appropriate safety precautions and adhere to procedure. The safety officer will escort the loading personnel and patient to the aircraft and, depending on aircraft type, will position himself or herself to monitor the loading and mitigate any potential mishaps. A common example is the safety officer for a rear-loading aircraft. The safety officer will stand behind the loading personnel and forward of the rear stabilizer fins to ensure that no one approaches the tail rotor of the aircraft. The best way to familiarize yourself with the procedure for loading is to contact your local helicopter EMS provider for more information.

It is best to use the minimum number of personnel to safely move the patient to the helicopter. Typically, this means one AMC and three other per-



sonnel positioned at each corner of the stretcher. The other flight crew member will act as safety officer. Too many people assisting with the loading procedure can be hazardous.

The flight crewmember moving the stretcher should be in the position where he or she can properly align the stretcher in the aircraft and direct the loading of the patient. Again, helicopters have several different stretcher configurations and loading procedures. After the patient has been loaded into the aircraft, personnel should exit toward the front of the helicopter as a group and only when instructed to do so by a flight crew member. Never walk toward the rear of the aircraft. Always observe the LZ safety rules and follow the instructions of the flight crew.

### Other safety considerations

#### Head strike areas

Several areas around the helicopter can cause injury to personnel. Working around the tail of the aircraft, the tail boom itself, antennas and other protruding objects can cause injury to personnel, many times by striking the head. Always remember that these objects are above and around you while working near the helicopter. Keep your head down and be alert for safety hazards.

### LZ safety rules

These are some of the essential rules to follow when working around a helicopter.

- **DO NOT** approach the helicopter unless directed by the flight crew.
- **DO NOT** run around the helicopter.
- **DO NOT** throw things around the helicopter.
- **DO NOT** approach the tail of the helicopter
- **DO NOT** assist the flight crew with opening or closing the aircraft doors.
- **DO NOT** load or unload the equipment unless instructed by the flight crew.
- **DO NOT** smoke within 50 feet of the helicopter.
- **DO NOT** drive emergency vehicles within 100 feet of the helicopter.
- **DO NOT** shine lights at the helicopter. (It can disrupt the pilot's night vision.)
- **DO NOT** lift anything higher than your head while the rotor blades are in motion.
- **DO NOT** wear caps or hats, or have loose items around the helicopter.
- **DO NOT** fire flares unless specifically instructed to do so by the pilot.
- **ALWAYS** approach the helicopter from the front and maintain contact with the pilot at all times.
- **ALWAYS** designate only one person to control the LZ (the LZ coordinator).
- **ALWAYS** keep bystanders at least 100 feet from the LZ at all times.
- **ALWAYS** report any hazards to the pilot immediately, even if overlooked the first time.
- **ALWAYS** ask if you have any questions.

### Antennas

There are several antennas located on the external body of the helicopter. They may be oddly shaped and, in some instances, look like hand holds. Never grab or lean on any of the tubes or lines that are on the body of the aircraft.

### Pitot tubes

Pitot tubes are simply two pipes or tubes that point directly forward from the front of the helicopter. As the aircraft flies forward, air is forced into the tubes and increases the pressure inside. This pressure is converted to a number which is displayed on a gauge inside the cockpit which shows the pilot the helicopter's airspeed. These tubes can be very hot after a flight, so be careful when walking around the front of the helicopter. They can also catch loose clothing or cause injury if personnel accidentally walk into them.

### The helicopter crew

While most of the content of this article as well as Part I concentrates on the logistics of ground operations for helicopter support, it is helpful to better understand what to expect from the personnel onboard the helicopter. While this varies extensively from program to program, this information may offer some insight on the training and design of what is commonly referred to as the helicopter crew.

#### Crew configuration

Helicopter EMS programs choose different crew configurations based on customer needs, program market, medical director preference and local or regional standards. The following types of medical personnel are most often found on helicopter transport teams:

- Physician
- Registered nurse
- Paramedic
- Respiratory therapist



Many programs use varying combinations of these personnel. Many times, patient condition and need will dictate which combination a helicopter program may utilize. Sometimes, a specialty team may also be used, such as for neo-natal transports.

## Helicopter crew member responsibilities

### Pilot

Piloting a helicopter is an extremely challenging task. The pilot must constantly use both hands and both feet to control the helicopter's movements while simultaneously monitoring a host of gauges and radios. Of course, he or she also must make time for the occasional glance outside the cockpit. These are the normal demands of a helicopter pilot. Now, imagine having to perform all these tasks while flying into an unknown area and landing on a roadside or in a parking lot.

Because of the extreme demands of flying EMS missions, most pilots who fly EMS helicopters have logged thousands of hours of rotor-wing flight time. Many services require EMS helicopter pilots to have logged a minimum of 3000 hours of helicopter time as the Pilot In Charge (PIC). Some services also utilize dual pilot aircraft to reduce some of the risks involved with flying EMS missions.

When the helicopter is running, the pilot will typically stay in the cockpit behind the controls. Most pilots, even when the LZ is cold, can be found close by while on the ground. After a quick inspection of the departure route, the pilot will often double check the aircraft to ensure nothing changed during flight. Nothing is assumed or taken for granted. Whether on the ground or in the air, the pilot's primary responsibility is the safety of helicopter and the crew.

### AMCs

The responsibilities of the AMCs

are two-fold. First and foremost, all AMCs are concerned with the safety of their crew, scene personnel and the patient. The inherent risks of rotor-wing medical operations demand a focus on safety. Everything is always considered in light of the impact the decision will have on the safety of the operation. For example, whether or not to allow an emotional family member to accompany a pediatric patient must be carefully considered. If the adult is not allowed to fly along, consent and definitive care could be delayed. Conversely, an emotional and irrational passenger can distract the crew and jeopardize the mission.

Providing patient care is the second of the AMCs primary responsibilities. Two of the greatest advantages to helicopter evacuation of patients are speed of transport and treatment capabilities of the AMCs. Most helicopter programs utilize advanced providers capable of delivering more advanced therapies and definitive care. These two benefits have been shown to significantly decrease the morbidity and mortality of critically ill or injured patients transported by helicopter.

### Departure Procedures

After all personnel are clear of the aircraft, you will hear the engines pick





up speed as the helicopter prepares for liftoff. During this time, LZ personnel should observe for any abnormalities. Leaks, items hanging from the aircraft and fires should immediately be communicated to the pilot. For this reason, it is essential that the LZ coordinator maintain radio contact with the pilot during departure and liftoff.

The responsibility of the LZ personnel does not end as soon as the aircraft departs the LZ. The LZ coordinator should keep the LZ clear for at least five minutes after the departure of the aircraft. Should the helicopter experience an emergency, this provides the crew with a secure and familiar LZ to return to. The LZ coordinator should also continue to monitor the radio channel used to communicate with the aircraft for at least five minutes after departure.

### **Emergency procedures (crash situation)**

A helicopter crash can be an extremely dangerous situation both for the flight crew and rescuers. In the event that the unthinkable happens, rescuers must be prepared to handle a helicopter crash. It is important to remember that the majority of helicopter crashes occur during liftoff and landing. Couple this with the fact that incident scene LZs often have inherent hazards making liftoffs and landings even more difficult. Here are some considerations and tips to remember.

#### ***Scene safety***

As with any incident scene, safety is the single most important factor for the rescuers. Helicopter crashes are no exception. When a medical helicopter crashes, it is always an extremely emotional incident. Because the rescuers often know the flight crew, there is a strong temptation to throw caution to the wind and rush into the scene. Rescuers must remember to stay focused and not forget their own safety. A dead or injured rescuer cannot help anyone and only adds more cha-

os to the situation.

As the helicopter crashes, there will be large amounts of flying debris as the main rotor and tail rotor make contact with the ground and other objects. Typically, the rotor blades disconnect from the aircraft or fragment into pieces as they strike. Rescuers should take immediate shelter if they see the aircraft assume an unusual attitude during liftoff or landing to prevent being hit by flying debris during a crash.

Once the helicopter is on the ground, rescuers should never rush to the aircraft. All personnel should stay back at a safe distance until the rotor blades stop and the engines are off. Firefighting personnel can direct water onto the engine air intakes to help "choke out" the engines. This will stop the rotor blades and help reduce the likelihood of a fire.

#### ***Accessing the aircraft***

Once the engines and rotor blades have stopped and any fire has been extinguished, personnel can approach the aircraft. Constant attention to safety and stability of the aircraft and situation must be maintained. Rescuers should also consider shoring the aircraft if it does not appear to be stable. The next step is to access the flight crew.

Aircraft doors are quite different from the doors of automobiles. Helicopters come equipped with door jettison latches that can be used to release the doors from their hinges. It is helpful for rescuers to become familiar with the location of the door jettisons on the aircraft they commonly assist.

Once inside, rescuers should complete the following tasks:

#### **1. Move the throttle(s) to the OFF position.**

In most helicopters, the throttle lever(s) are located in the overhead center console of the cockpit. There are three positions for the throttles, which are "Flight," "Idle" and "Off." For most helicopters, the rear



(aft) position is OFF and requires that the safety trigger beside the throttle lever be depressed to move the lever to the OFF position. Moving the throttles to the OFF position helps to ensure that the engines will not restart during the rescue operations.

### 2. Close the fuel valve(s).

Closing the fuel valves cuts off the fuel supply to the engines, further ensuring that the helicopter's engines cannot restart spontaneously. The fuel valve closure switches are typically located in the lower center console of the cockpit directly beneath the throttle levers. The switches are usually covered by two red protective shields to prevent them from accidentally being tripped. To close the fuel valves, flip the red protective shields up and then flip the switches to the opposite position that they were found in. This will close the fuel valves. Because the fuel valves are electrically controlled, it is essential that this step be performed **before** step 3.

### 3. Turn off the battery switch.

After the fuel valves have been closed, the battery switch should be turned off. This shuts off all power to the aircraft. The battery switch is located close to the fuel valve closure switches in most aircraft. The switch may be labeled as "Master Power" or "Battery." Turn the switch to the OFF position.

These procedures ensure that the aircraft is properly secured and dramatically increases safety for the flight crew and rescuers. Remember, when dealing with a helicopter crash, safety is the single most important factor for all involved.

### Extrication of the flight crew

Once the helicopter has been secured, the flight crew should be extricated. The two most common types of injuries sustained during a helicopter crash are burns and spinal cord injuries.

Thermal burns typically result from

fires inside the cockpit or patient compartment of the aircraft. Turbine heat, sparks, fuel spills, patient oxygen and composition of the airframe provide all the necessary elements for an extremely hazardous fire. Because of the metals used in the airframe, helicopter fires can burn at incredibly hot temperatures and be very difficult to extinguish.

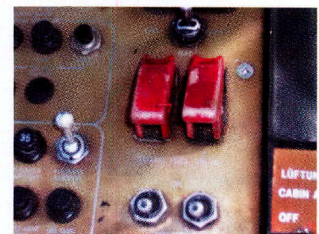
Due to the compressive forces experienced by the flight crew when the aircraft strikes the ground, axial loading injuries of the spine are likely. Both cervical and lumbar vertebral fractures and spinal cord injuries have been documented in helicopter crashes. Rescuers should take all necessary precautions to protect the spines of the flight crew during extrication and transport.

## Conclusion

Helicopter transport of the critically ill and injured has been shown to significantly reduce morbidity and mortality in these patients. It is essential that public safety personnel understand both when and how to utilize helicopter medical transport.

Safety is the single most important consideration during a helicopter operation. The best way to ensure that each helicopter operation goes safely and smoothly is to practice. Agencies should contact their local helicopter EMS provider to arrange on-site training. Frequent review and scenario practices with setting up LZs and working around the helicopter will improve safety and increase ease of transition for the patient.

Jay Marsolan currently serves as the clinical practice supervisor for Scott & White Prehospital Services in Temple, Texas. Jay is a registered nurse, licensed paramedic and certified flight paramedic, and has a bachelor's degree in biology. Jay has served many roles in EMS including paramedic, flight paramedic and EMS shift commander.



*The fuel valve closure switches are usually covered by two red protective shields to prevent them from accidentally being tripped. To close the fuel valves, flip the red protective shields up and then flip the switches to the opposite position that they were found in.*



## CE questions—Clinically Related Operations

Answer all questions.

- When the helicopter is on the ground inside the LZ with its engines running and rotor blades turning, the LZ is referred to as:
  - Hot
  - Cold
  - Red
  - Alpha
- Which of the following is a factor in determining if the helicopter will remain "hot" inside the LZ?
  - Ground winds are minimal.
  - The patient is appropriately packaged.
  - Too much noise in the LZ.
  - There is a working fire within 1 mile of the LZ.
- While at the scene, the flight crew determines that they will be transporting two large adult patients on the aircraft. Because of the additional weight, the pilot may choose to:
  - Request that one of the flight crewmembers remain behind on the ground.
  - Tell the flight crew to arrange for one of the patients to be taken by ground.
  - Leave the aircraft engines running while in the LZ to burn off fuel.
  - Ask one of the flight crewmembers to wait at the scene with one of the patients while the other is transported.
- After the patient has been properly immobilized and ABCs have been effectively managed, the next most important step in preparing the patient for air transport is:
  - Move the patient to the LZ.
  - Establish an IV.
  - Recheck vital signs.
  - Repeat the ABC primary survey.
- The primary concern when moving the patient to the helicopter is:
  - Speed.
  - Noise.
  - Wind.
  - Safety.
- You are the LZ coordinator. You are having difficulty controlling bystanders who want to approach the aircraft which is still running inside the LZ. You should:
  - Request that the pilot lift off to get out of the LZ.
  - Tell the pilot to increase the engine speed to deter the bystanders.
  - Stand under the tail rotor to make sure no one approaches it.
  - Ask the pilot to shut down the engines until the crowd can be contained.
- The person who stands toward the rear of the aircraft to ensure that no one approaches is the:
  - Tail rotor guard.
  - Flight safety officer.
  - Helicopter crossing guard.
  - Rotor officer.
- The flight crewmember serving as tail rotor guard has delegated this task to you. You should:
  - Stand at the 8:00 position and watch the tail rotor for smoke or fire.
  - Stand at the 4:00 position and ensure that no one approaches the tail rotor.
  - Stand at the 6:00 position and ensure that no one approaches the tail rotor.
  - Stand at the 12:00 position and watch the tail rotor for smoke or fire.
- One of the greatest benefits to having the patient properly packaged for air transport upon arrival of the helicopter is:
  - Decreased stress on the flight crew.
  - Decreased payload weight for the aircraft.
  - Decreased scene time for the aircraft.
  - Decreased use of skills by the flight crew.
- On the ground, you are caring for a 28-year-old male who was involved in a head-on motor vehicle collision. The patient is unconscious and has shallow respirations. What procedures should be performed prior to the arrival of the aircraft to prepare the patient for air transport?
  - Blood glucose check, spinal immobilization and 12 lead ECG
  - Oxygen by non-rebreather mask, ECG and IV access
  - Spinal immobilization, IV access with fluid administration and ECG
  - Oxygen by BVM, intubation if possible and spinal immobilization
- When packaging the patient for air transport, an important consideration is:
  - Remove the patient's shoes and place them at the foot of the stretcher.
  - Ensure all tubes and lines are readily accessible to the flight crew.
  - Disconnect all IV lines and ECG wires from the patient.
  - Place all tubes and lines at the foot of the stretcher.
- Before moving the patient under the rotor disc of the aircraft, the following should be performed:
  - Place a sheet or blanket on the patient's face to protect the face from debris.
  - Disconnect all oxygen as it can be a fire hazard around the aircraft.
  - Ensure all loose items are secured and will not blow off.
  - Turn the patient backwards on the stretcher (head of patient at foot of stretcher) for proper loading position.



13. For a rear-loading aircraft, personnel should always stay \_\_\_\_\_ of the rear safety officer.
- In front.
  - Behind.
  - To the left side.
  - To the right side.
14. After the patient has been loaded into the aircraft, personnel should always exit toward the \_\_\_\_\_ of the aircraft.
- Rear.
  - Front.
  - Pilot side.
  - Co-pilot side.
15. Emergency vehicles should remain at least \_\_\_\_\_ feet from the helicopter while it is in the LZ.
- 500.
  - 1000.
  - 100.
  - 50.
16. After loading the patient, you notice that the helicopter door is not secured. You should:
- Close the door yourself.
  - Assume that the flight crew will close the door when ready.
  - Notify the incident commander.
  - Immediately tell one of the flight crewmembers.
17. The air speed indicator tubes located at the front of the helicopter are called:
- Pitot tubes.
  - Air speed tubes.
  - Speed converter tubes.
  - Pressure converter tubes.
18. The Pitot tubes located at the front of the aircraft are a hazard because they:
- Become very cold from flying at high altitude and will instantly freeze the skin.
  - Become very hot, burning skin, and catch loose clothing and cause a fall.
  - Are energized with electricity and can shock if touched.
  - Blow super-heated air that can cause a burn if you stand in front of them.
19. The two essential responsibilities of the helicopter flight crewmembers are:
- Ensuring short response times and minimal scene times.
  - Loading the patient and communicating with the pilot.
  - Safety of all personnel and providing patient care.
  - Contacting the LZ coordinator and loading the patient.
20. How long should the LZ remain clear after the helicopter has departed?
- 1 minute.
  - 10 minutes.
  - 5 minutes.
  - 20 minutes.
21. You are the LZ coordinator at a scene when the helicopter crashes shortly after departure. After the crash, your primary responsibility is:
- Sending rescuers into the crash immediately.
  - Calling the helicopter's base of operations to notify them of the crash.
  - Request a hazmat team for the scene.
  - Ensure that no one enters the crash site until all hazards are mitigated.
22. After a helicopter crash, the engines are still running and rotor blades are turning, preventing rescuers from entering the crash site. As the LZ coordinator you should:
- Instruct the fire department to direct water into the aircraft engine intakes.
  - Simply wait until the flight crew shuts off the engines or they run out of fuel.
  - Enter the crash site and pull the emergency fuel release to drain the fuel tank.
  - Climb inside the aircraft, hit the emergency stop button and apply the rotor brake.
23. Now that the crash site is secured, you are attempting to extricate the pilot from the helicopter. You are unable to open the pilot door. You should:
- Break the forward glass and remove the pilot through the windshield.
  - Access and release the door jettison lever located on the forward part of the door.
  - Wait for the arrival of another flight crewmember to open the door.
  - Remove the pilot seat and extricate the pilot through the rear of the aircraft.
24. To prevent fire or accidental restart, what procedures should be performed by rescue personnel once entry is made into the downed helicopter?
- Turn off the ignition, remove the keys and cut the battery cables.
  - Move the ignition levers to OFF and activate the emergency fuel release valves.
  - Move the throttles to OFF, close the fuel valves and turn off the battery switches.
  - Set the rotor brake, move the throttles to OFF and turn off the battery switches.
25. The most common types of injuries experienced by the flight crew following a helicopter crash are:
- Tibial fractures and facial lacerations.
  - Head injuries and spinal fractures.
  - Head injuries and pulmonary contusions.
  - Burns and spinal cord injuries.



# CE questions—Clinically Related Operations

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

## CE Answer Sheet *Texas EMS Magazine*

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

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

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

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

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

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

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

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

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

### Answer Form

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

- |                                 |                             |                             |                             |                                 |                             |                             |                             |
|---------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 14. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 2. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 15. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 3. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 16. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 4. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 17. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 5. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 18. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 6. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 19. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 7. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 20. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 8. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 21. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 9. A. <input type="checkbox"/>  | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 22. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 10. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 23. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 11. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 24. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 12. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 25. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 13. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |                                 |                             |                             |                             |

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



Researchers recently found that a simple hug from your spouse can lower blood pressure and reduce the effects of stress. The warm partner contact lowered the blood amount of cortisol and norepinephrine, stress hormones, while increasing the blood levels of oxytocin in both men and women. These hormone changes might cause a positive cardiac effect in the individual. The levels of oxytocin in women were found to be higher, and researchers theorize that the chemical similarities between oxytocin and the female hormone estrogen may explain why women respond more to oxytocin. The researchers also found that friends and pets can also illicit a positive hormonal change. Oxytocin is a hormone known for causing "tend and befriend" behaviors in response to stress. From *Houston Chronicle*, "Stressed out? Just hug somebody," by Sadia Latifi, August 2005.

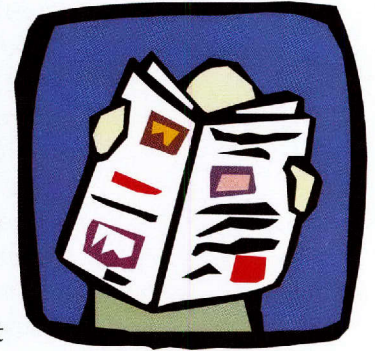
Insomnia itself may be the one of the leading causes of elderly falls. A study at the University of Michigan found that nursing home residents with untreated insomnia were 90 percent more likely to have a fall, whereas those given a sleep aid were 29 percent more likely to have a fall. While past studies have shown that sleeping medications contributed to falls, researchers theorized that those studies didn't take the effects of insomnia itself into account. Researchers suggested that many insomniacs could benefit from a carefully chosen sleep medication, as many of the newer drugs work through the body faster and do not detrimentally affect mental functioning for as long as older sleep medications did. Sleep loss from insomnia can cause daytime sleepiness, impaired mental status, slowed reaction times and changes in muscle performance. From *The New York Times*, "Aging: A New Culprit in Nighttime Falls," by Eric Nagourney, April 18, 2005.

New studies have found that pregnant women given low-dose epidurals early in labor are not at an increased risk of Caesarean section. An epidural is a pain control technique that reduces the pain of childbirth for women by delivering numbing medication into the mother's back, affecting the spinal nerves by proximity but not actually placing the medicine in the mother's bloodstream. For many years, doctors have believed that epidurals given early in the birthing process caused numbness in women, interfering with the woman's pushing ability, prolonging labor and possibly causing a C-section to be performed. However, new findings show that epidurals are not asso-

**Researchers recently found that a simple hug from your spouse can lower blood pressure and reduce the effects of stress.**

ciated with prolonged labor or with an increased rate of C-section. More than 3.5 million women go through labor each year in the U.S. and more than 1.5 million of them request an epidural. From *Houston Chronicle*, "Earlier epidurals OK, study suggests," by Jeff Donn, February 17, 2005.

Type I diabetes might actually be caused by an attack on the pancreas by other cells in the body, according to two recent studies. A study at Harvard Medical School found that patients with type I diabetes had certain white blood cells that actually attacked insulin, while similar cells from people who did not have type I diabetes did not target insulin. In a separate study, researchers altered the gene that produces insulin in mice and found that the mouse immune system did not attack the altered insulin and the mice



**Did you read?**



with the altered gene did not develop diabetes. The researchers theorized that the insulin itself was the trigger for the development of type I diabetes and the studies suggested that altering the immune system's attack on insulin might one day be a possible treatment for type I diabetes. From *Wall Street Journal*, "Scientists suggest insulin is culprit in type 1 diabetes," by Marilyn Chase, May 12, 2005.

On the verge of being eradicated in 2004, new polio infections have recently been found in Yemen. Four Yemeni children ages 18 months to 7 years have been diagnosed with paralytic polio since March 2005. Since only one in 200 cases leads to paralysis, there could be as many as 800 people infected as carriers in Yemen. The World Health Organization has

### Nigeria halted polio vaccinations in 2003 because of rumors: one was that the vaccine was a Western plot to sterilize Muslim women.

treated outbreaks of polio in several African and East Asian countries, such as India, Pakistan, Yemen, Sudan, Ethiopia, Saudi Arabia and Nigeria. All the polio cases in that region have been tied to Nigeria, which halted polio vaccinations in 2003 because of rumors that the vaccine was a Western plot to sterilize Muslim women, it carried the HIV virus and that it contained pork products. Vaccinations in Nigeria began again in 2004, but by that time, the disease had spread into surrounding countries and beyond. Yemen, a North African country along the Arabian Peninsula, shares a long border with Saudi Arabia that is not well guarded and only unofficially defined. From *The New York Times*, "Polio Back in Yemen after 6-Year Absence," by Donald G. McNeil Jr., April 22, 2005.

Practicing yoga might just help prevent, or at least minimize, the weight gain of one pound a year that individuals usually gain between the ages of 45 and 55. Researchers asked study participants if they participated in three specific activities—walking, weight lifting, and yoga—and if they did moderate or strenuous exercise. The participants' diets were assessed with a questionnaire. Researchers found that people who practiced yoga for more than three years for at least 30 minutes a week had a 3.1-pound lower weight gain among those who were of a normal weight at 45 and an average 5-pound weight loss for those who were overweight at 45. For *The New York Times*, "Yoga May Help Minimize Weight Gain in Middle Age," by Nicholas Bakalar, August 3, 2005.

Scientists are beginning to explore why bone marrow cells are replaced with fat cells as the human body ages. Recently scientists discovered that stem cells in the bone marrow can turn into bone or fat, depending on the signal the cells receive. Bone scanning studies have found that people with osteoporosis have significantly more fat in their bones than those without the disease, and that other factors that influence bone loss such as immuno-suppressant steroid use and bed rest can also cause fat to accumulate in the bones. Scientists used to believe that fat in the bones was a natural sign of aging, but now it's believed that fat is used in the bones to increase the strength of the fairly hollow interior of the bones or as an energy storage system for the body. Researchers are now studying to find out if the cells can be changed to bone or fat and then back again while in the human body. From *The New York Times*, "With osteoporosis, fat seems to fill old bones," by Gina Kolata, July 26, 2005.



## DISCIPLINARY ACTIONS

THE INFORMATION IN THIS SECTION IS INTENDED TO PROVIDE PUBLIC NOTICE OF DISCIPLINARY ACTION BY THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES AND THE OFFICE OF EMS/TRAUMA SYSTEMS COORDINATION AND IS NOT INTENDED TO REFLECT THE SPECIFIC FINDINGS OF EITHER ENTITY.

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

TO FILE A COMPLAINT REGARDING AN EMS SERVICE OR PERSONNEL, CALL (800) 452-6086 OR EMAIL [EMS\\_Complaint@dshs.state.tx.us](mailto:EMS_Complaint@dshs.state.tx.us)

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

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

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

TDH Index of EMS/Trauma Systems Policies can be found at [www.tdh.state.tx.us/ems/spolicy.htm](http://www.tdh.state.tx.us/ems/spolicy.htm)

**Addington, Dorothy**, Arlington, TX. 24 month probated suspension of EMS certification through September 19, 2005, misdemeanor conviction, felony conviction and a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).  
**Alaniz, Rene**, Mission, TX. 48 months probated suspension of ECA certification through August 29, 2006, a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or (c).  
**Anguiano, Frank**, Arlington, TX. 24 month probated suspension of EMS certification through September 26, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).  
**Armijo, Michael**, Corpus Christi, TX. 24 month probated suspension of EMS certification through July 21, 2006 for 1 felony conviction and 4 misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

**Atascocita V.F.D.**, Atascocita, TX. \$5,000 administrative penalty, 36 month suspension against the EMS provider license all of which is probated through October 2006. EMS Rules 157.16(d)(1), (8), (10), (12), (14), (16), (19); 157.11(d)(1); 157.11(i)(1), (3); 157.11(e)(1); 157.11(l)(1), (13).  
**Baileys, Anson**, Arlington, TX. 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).  
**Bandera County EMS**, Bandera, TX. \$1,000 administrative penalty probated through September 2005. EMS Rules 157.16(d)(1); (14); (19); 157.11(l)(1); (2); (13).  
**Bean, Shawn**, Dripping Springs, TX. 24 month probated suspension of EMT certification through December 6, 2005, felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).  
**Binch, Donald**, EMT, Lola, Texas, Emergency Suspended for violating EMS Rule 25 TAC § 157.36. (February 1, 2005)  
**Binkowski, Casey**, Houston, TX. Twelve (12) month probated suspension of EMS certification through October 6, 2005, for one (1) misdemeanor deferred adjudication probation. EMS Rules 157.37 and 157.36(b) and (c).  
**Boatright, Mercy**, EMT, Ingleside, Texas, placed on a twelve (12) month probated suspension through April 4, 2006, for violating EMS Rules 25 TAC § 157.36, and/or 25 TAC 157.37. (April 4, 2005)  
**Boldra, Michael**, San Antonio, TX. 1 month suspension, followed by 48-month probated suspension through February 2008 of the EMT certification. EMS Rules 157.36(b)(1), (2), (17) and (28).  
**Bonilla, David**, Mission, TX. Thirty-six (36) month probated suspension of EMS certification through November 4, 2007, for one (1) felony deferred adjudication, and one (1) misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).  
**Brakefield, Leah**, Palestine, TX. 36 month probated suspension of EMS certification through May 5, 2006 for felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).  
**Brewer, Benjamin**, Lubbock, TX. 36 month probated suspension of EMS certification through July 11, 2006, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).  
**Bullard, Chris**, Mesquite, TX. Twelve (12) month probated suspension of EMS certification through October 6, 2005, for one (1) misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).  
**Burge, Traci**, Emory, TX. 1 month suspension, followed by 24 month probated suspension through December 2005 of EMT-P certification. EMS Rules 157.36(b)(1), (2), (3), (6), (9), (26) and (28).  
**Butera, Jeffrey**, Sugar Land, TX. 24 month probated suspension of EMS certification through September 25, 2005 for misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

**Byers, Danny**, Earth, TX. 60 month probated suspension of EMT-P certification through March 2007. EMS Rules 157.36(b)(1), (2), (23), (25), (26), (28) and (29); 157.37(a)-(c); and Occupations Code Chap 53.  
**Caldwell, Kenneth**, San Antonio, TX. 48 months probated suspension of EMT certification through August 2006, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).  
**Campbell, Connan**, Hardin, TX. 24 month probated suspension of licensed paramedic thru November 2005. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).  
**Care First EMS**, Dallas, TX. Administrative penalty for \$4,270. EMS Rules 157.11, HSC 773.041, and HSC 773.050. (June 16, 2005)  
**Cordona, Elizabeth**, Only, TX. 24 month probated suspension of EMS certification through December 31, 2005 for misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).  
**Cox, Michael**, Texhoma, Oklahoma. Twelve (12) month probated suspension of EMS certification through September 3, 2005, for one (1) misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).  
**Crowe, Gary**, Dale, TX. 48 months probated suspension of EMT certification through November 5, 2005. EMS Rules 157.37(c)(2)(3)(G).  
**Dandois, Pace**, Waco, TX. 36 month probated suspension of EMS certification through June 2006, misdemeanor deferred adjudication probation, misdemeanor convictions, felony convictions. EMS Rules 157.37, 157.36(b) and (c).  
**Daniels, Cherise**, EMT, Victoria, Texas, Emergency Suspended for violating EMS Rule 25 TAC § 157.36. (April 13, 2005)  
**Decesare, Edward**, Schertz, TX. Probated suspension of the EMT-I certification through July 2006. EMS Rules 157.36(b)(1); (2); (6); (8); (9); (26); (28); (29).  
**Dickey, Shane**, Azle, TX. 48 months probated suspension of EMT-P certification through October 2006, felony or deferred adjudication. EMS Rules 157.37, 157.36(b) and (c).  
**Dowell, Alina**, Temple, TX. 36 month probated suspension of EMT certification through November 2005, felony deferred adjudication and misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or (c).  
**Dozier, Jerry**, Andrews, TX. 48 months probated suspension of EMT-P certification through April 2007, felony convictions. EMS Rules 157.37, 157.36(b) and (c).  
**Elizalde, Edovigen**, El Paso, TX. 24 month probated suspension of EMS certification through October 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and (c).  
**Escamilla, Daniel**, Corpus Christi, TX. 48 month probated suspension of EMS certification through September 2007, misdemeanor convictions and misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).  
**Etheredge, John**, Fort Worth, TX. 24 month probated suspension of EMS certifi-



cation through November 20, 2005, misdemeanor convictions and misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

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

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

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

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

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

**Folsom, Gregory Douglas**, The Woodlands, TX. 12 month suspension probated for 12 months. EMS Rules 157.36 and 157.37. (June 28, 2005)

**Freeman, Brian**, EMT, San Angelo, Texas, Emergency Suspended for violating EMS Rule 25 TAC § 157.36. (February 18, 2005)

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

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

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

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

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

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

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

**Grabs, Teresa**, Valley Mills, TX. 108 months probated suspension of LP through Sep-

tember 26, 2010. EMS Rules 157.37(c)(2)(3)(G).

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

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

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

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

**Guerra, Humberto**, EMT, Roma, Texas, placed on a twelve (12) month probated suspension through April 4, 2006, for violating EMS Rules 25 TAC § 157.36, and/or 25 TAC § 157.37. (April 4, 2005)

**Guevara, Erica Patricia**, Mission, TX. 12 month suspension probated for 12 months. EMS Rules 157.36 and 157.37. (June 3, 2005)

**Gulf EMS, LLC**, Houston, TX. Reprimand for violating EMS Rules 157.2 and 157.11. (June 16, 2005)

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

**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).

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

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

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

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

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

**Hiltbrunner, Lois**, Shamrock, TX. 48

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

**Hobbs, Charles**, Pottsboro, TX. Twelve (12) month probated suspension of EMS certification through September 3, 2005, for two (2) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

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

**Ibarra, Gabriel, III**, EMT, Laredo, Texas, placed on a twelve (12) month probated suspension through April 4, 2006, for violating EMS Rules 25 TAC § 157.36, and 25 TAC § 157.37. (April 4, 2005)

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

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

**Johnson, Matthew**, EMT-P, Houston, TX. Assessed a Reprimand, for violating EMS Rules at 25 TAC §157.36. (July 19, 2005)

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

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

**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).

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

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

**Llano County EMS**, Llano, TX. Assessed twelve (12) month probated suspension through July 13, 2006, for violating EMS Rules at 25 TAC §§157.11 and 157.16. (July 13, 2005)

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

**Martin, Barbara**, Laporte, TX. Twelve (12) month probated suspension of EMS certification through November 1, 2005, for one (1) misdemeanor deferred adjudication



probation. EMS Rules 157.37 and 157.36(b) and (c).

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

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

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

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

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

**McGinnis, Zachary**, EMT, El Paso, Texas, placed on a twelve (12) month probated suspension through April 6, 2006, for violating EMS Rules 25 TAC § 157.36, and/or 25 TAC § 157.37. (April 6, 2005)

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

**McMurdo, Jay**, EMT-P, Corpus Christi, Texas, placed on a twelve (12) month probated suspension through April 4, 2006, for violating EMS Rules 25 TAC § 157.36, and/or 25 TAC § 157.37. (April 4, 2005)

**Mendoza, Reymundo**, EMT-P, Edinburg, TX. Assessed a Reprimand for violating EMS Rules at 25 TAC §157.36. (July 13, 2005)

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

**Mercury EMS**, Corpus Christi, TX. 12 month suspension probated for 12 months and administrative penalty for \$5,000. EMS Rules 157.11 and 157.16. (June 16, 2005)

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

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

**Murray, Chad W.**, Hillsboro, TX. Reprimanded for violating EMS Rules 25 TAC § 157.36. (July 8, 2005)

**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).

**Ollervides, Arturo**, EMT-P, Laredo, TX. Assessed a twelve (12) month probated suspension through July 13, 2006, for violating EMS Rules at 25 TAC §157.36.(July 13, 2005)

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

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

**Peacock, James A**, Hubbard, TX. 6 month probated suspension through January 8, 2006. EMS Rules 157.36. (July 8, 2005)

**Perkins, John**, EMT-I, Pasadena, Texas, placed on a twelve (12) month probated suspension through April 4, 2006, for violating EMS Rules 25 TAC § 157.36, and/or 25 TAC § 157.37. (April 4, 2005)

**Piedra, Carlos**, Houston, TX. Twenty-Four (24) month probated suspension of EMS certification through September 9, 2006, for two (2) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

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

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

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

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

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

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

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

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

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

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

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

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

**Skiles, Billy**, EMT, Dallas, Texas, a one (1) month suspension followed by a forty-seven (47) month probated suspension through March 28, 2009, for violating EMS Rules 25 TAC § 157.36, and/or 25 TAC § 157.37. (March 28, 2005)

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

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

**Spiller, Robert**, EMT-I, San Antonio, Texas, Emergency Suspended for violating EMS Rule 25 TAC § 157.36. (April 21, 2005)

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

**Unity Ambulance EMS**, Houston, TX July 13, 2005, assessed administrative penalty in amount \$4,275.00, and a probated suspension for six (6) months through January 13, 2006, for violating EMS Rules at 25 TAC §157.11, HSC 773.041, and HSC 773.050. (July 13, 2005)

**Vela, Raul**, Edinburg, TX. Reprimand for violating EMS Rules 157.36. (June 16, 2005)

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

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

**Williamson, Bobby**, EMT, Belton, Texas, placed on a 24 month probated suspension through April 6, 2007, for violating EMS Rules 25 TAC § 157.36, and/or 25 TAC § 157.37. (April 6, 2005)

**Younger, Robert**, Irving, TX. Reprimand for violating EMS Rules 157.36. (June 16, 2005)



# Meetings & Notices

## Calendar

September 16-17, 2005. **TCEP's 2005 EMS Medical Director's Seminar**, Crowne Plaza Hotel, San Antonio, TX. Register online at [www.texacep.org](http://www.texacep.org) or call Nancy Davis, (800) 839-2237, for information.

October 7-8, 2005. **27th Annual Texas Rescue Competition**. Held at Garner State Park. Additional information and applications are available at [www.texasrescue.net](http://www.texasrescue.net). Contact DJ Walker at 512-751-6010.

## Jobs

**EMT/EMT-I/Paramedics:** Calhoun County EMS. EMT \$31,526 (\$9.47 per hour); EMT-I & EMT-P, \$300 per year certification pay; LP, \$1500 per year licensure pay. Contact Henry Barber or Carl King for application and interview. Contact (361) 552-1140, email [hbarber@cableone.net](mailto:hbarber@cableone.net) for information.+

**Paramedics:** Texas Lifeline Corp, TLC Ambulance, based in

### Deadlines and information for meetings and advertisements

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

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

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

Dallas, is seeking applicants for a growing 911/transfer operation. Competitive pay; paid in-house CEs; state-of-the-art equipment with aggressive protocols; benefits package for full time employment including retirement package paid for by the company. Download application at [www.tlambulace.com](http://www.tlambulace.com) or call (214) 327-8222.+

**EMT/EMT-I/Paramedic:** Sabinal EMS is accepting applications for full/part-time positions. Sabinal EMS covers an area of 250 sq. miles in eastern Uvalde County. Applicants must be TDSHS certified or licensed. Contact John-Paul Garcia at [SabinalEmsInc@yahoo.com](mailto:SabinalEmsInc@yahoo.com) or send resumes to PO Box 104, Sabinal, TX 78881.+

**Paramedics:** Biophysical Corporation performs specialized blood testing on individuals for the purpose of advanced health assessment. EMT-P required (LP preferred), will serve as on-site phlebotomists in clients' homes or offices. BC anticipates no more than 2 encounters between 7-9 am per day. Requirements: confident skills in phlebotomy, strong communication skills, reliable transportation, current driver's license and vehicle insurance. A commitment of at least 2 days a week; draws will only be M-Th. Contract position, pay is \$75 per draw with paid mileage. Contact Catherine Pfeiffer at [cpfeiffer@biophysicalcorp.com](mailto:cpfeiffer@biophysicalcorp.com).+

**Paramedics/Dispatchers:** Rockwall County EMS is accepting applications for full-time paramedics and dispatchers. Applications can be downloaded at [www.RockwallEMS.com](http://www.RockwallEMS.com) or call (972) 772-4148.+

**EMTs/Paramedics:** Scott & White Prehospital Services is accepting applications for openings. S&W PHS provides 9-1-1, non-emergency transport services to Temple and surrounding areas. We also operate a critical care transport and air medical program. Salaries: EMTs \$27,000 - \$32,000; Paramedics \$34,000 - \$40,000. Send letter of intent and resume to Chuck Person, Operations, email [caperson@swmail.sw.org](mailto:caperson@swmail.sw.org) or fax (254) 724-0019.+

**EMT-I/Paramedics:** Montgomery County Sheriff's Office has openings for correctional medics. Above average pay, great benefits, retirement

and paid time off. Contact Randy Longdon at (936) 760-5861. +

**EMS Faculty:** University of Texas at Brownsville looking for a faculty member for the emergency medical technology program. Will plan, organize, implement, instruct and evaluate a specific area of instruction. Reports to director of program. Full-time. Must be NREMT-P with 5 years experience in emergency/field setting and 2 years of college teaching experience. Bachelor's or master's degree preferred. Experience as RN with critical care desirable. Must be eligible for certification as paramedic instructor. For more information, go to [www.utb.edu](http://www.utb.edu), or call Elizabeth Chavez at 956-882-5015. +

**Director of Operations:** Small non-profit organization seeks energetic self-starter to fill role of director of operations, supervising EMS and search and rescue divisions. Must have minimum 5 years experience in EMS, with at least some familiarity with SAR. Strong marketing skills a must, as responsibilities include developing new customers and expanding market share. Contact Texas Air Corps (attn: Mike Jones) at [texasaircorps@hotmail.com](mailto:texasaircorps@hotmail.com) or by phone at 281-449-0340.

**EMS Field Evaluator:** Methodist Dallas Medical Center, a 478-bed high-acuity trauma center near downtown Dallas, is accepting applications. Must be certified or licensed paramedic with Texas or National Registry. Requires 2 years 9-1-1 experience and EMS Instructor certification. Associate's degree, ACLS, BCLS, and PALS certification preferred. Competitive salaries, comprehensive benefits, relocation assistance offered. Candidates may email: [mmcjobs@mhd.com](mailto:mmcjobs@mhd.com), call 214-947-6510, fax 214-947-6529 or apply online at [www.methodisthealthsystem.org](http://www.methodisthealthsystem.org).\*

**EMS Instructors, PRN:** Join Methodist Dallas Medical Center, a 478-bed hospital. Requires paramedic and EMS instructor certifications. Competitive salaries/benefits, relocation assistance. Candidates may email: [mmcjobs@mhd.com](mailto:mmcjobs@mhd.com), call 214-947/6510, fax 214-947-6529 or apply online at [www.methodisthealthsystem.org](http://www.methodisthealthsystem.org).\*

**EMT/EMT-I/Paramedic:** StarPlus EMS, is currently accepting applica-



# Meetings & Notices

tions for full/part-time positions for all levels. Candidates must be Texas-certified or licensed. Contact Britton Waldron, bwaldron@starplussems.com or send resume to Star Plus EMS, 310 Industrial Blvd #103, McKinney, TX 75069.\*

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

**Paramedics:** Galveston Area Ambulance Authority. FT/PT paramedics. Progressive protocols and high call volume. Send resume by email to [khall@gchd.org](mailto:khall@gchd.org), by fax to 409/938-2243, or by mail to Attn: Human Resources, PO Box 939, La Marque, Texas 77568. For details contact Human Resources at 409-938-2260 or visit [www.gchd.org](http://www.gchd.org). \*

**Paramedic:** Full/part-time. Huntsville-Walker County EMS in Huntsville, Texas. We provide 9-1-1 coverage for Walker County as well as transfer service for the local hospital. Salary based on experience. Call 936-295-4848 or email [ksb3634@hotmail.com](mailto:ksb3634@hotmail.com) for more information.\*

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

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

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

**Paramedics:** Williamson County EMS. One year 9-1-1 ALS experience required. 24/48. Excellent pay/benefits. Go to [www.wilco.org](http://www.wilco.org). Pre-employ-

ment physical/drug testing required. Provide criminal history with application. Application process includes written exam, scenario and interview. Call 512/943-1264.+

**EMS Director:** Hamilton Hospital is accepting applications for EMS director. Paramedic experience required. Pick up an application in Human Resources at 901 W. Hamilton St., Olney, TX, 76374, or fax resume to 940/564-3705.

## Miscellaneous

**Experts Medical Billing:** Specializing in private ambulance services. Electronic claim submission, appeals and monthly comprehensive reports. Billing done by EMS personnel trained in medical billing. Competitive rates. Call (713) 777-4038.+

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

**APCO Institute:** Training for Public Safety Communications Professionals. Visit [www.apcoinstitute.org](http://www.apcoinstitute.org) for more information.\*

**Bachelor of arts in public safety management:** St. Edward's University classes available in an online format, as well as, in the regular accelerated seminar format. Contact Craig Campbell, PhD, Director, at [craigc@admin.stedwards.edu](mailto:craigc@admin.stedwards.edu); or [www.stedwards.edu/pacepsm](http://www.stedwards.edu/pacepsm).\*

**Health Claims Plus:** EMS & Fire department billing and free run report software available. Excellent rates and services! Electronic billing, weekly and monthly reports and educational workshops. Contact 1-888-483-9893 or visit [www.healthclaimsplus.com](http://www.healthclaimsplus.com).\*

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

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

**EmCert.com:** Offers online CE courses, approved by DSHS and CECBEMS, for EMS/Fire professionals. Cost-effective subscription pricing for individuals or groups. Visit online for free 1-hour CE or call toll-free 1-877-367-4376 for more info.\*

**Join TAA:** Texas Ambulance Association, website [www.txamb.com](http://www.txamb.com).

**Globalstar Handheld Satellite Tri-Mode Phone:** A compact, lightweight phone that can be used as a cell phone or satellite phone. LEO satellites enable Globalstar to eliminate voice delay and ensure reliable superior voice quality 24/7/365 most anywhere in the world. Contact: NOR-PAT Inc., Omaha, NE at (402) 553.4155, [norpat@bidinfo.net](mailto:norpat@bidinfo.net). +

+ This listing is new to this issue.

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

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