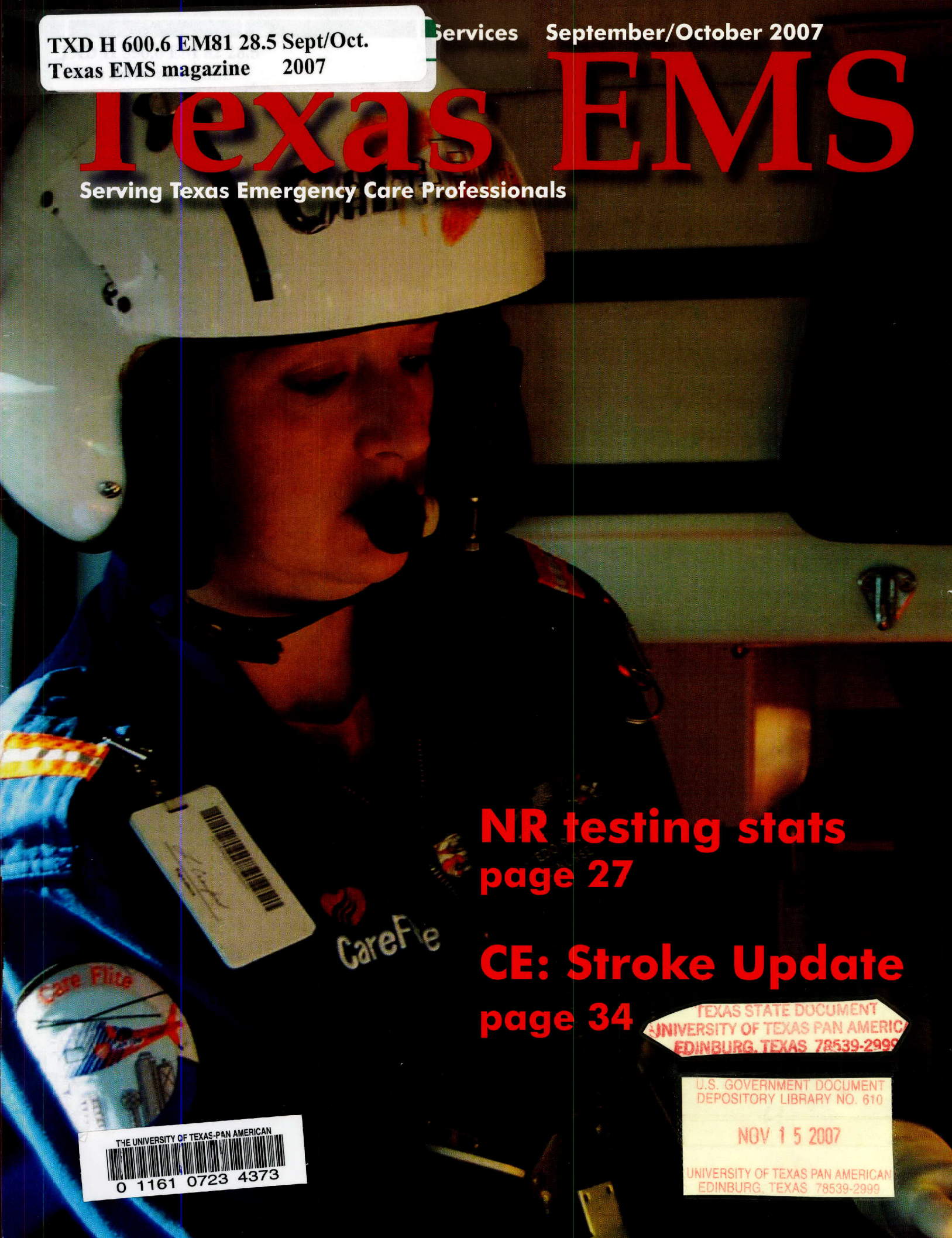


TXD H 600.6 EM81 28.5 Sept/Oct.  
Texas EMS magazine 2007

Services September/October 2007

# Texas EMS

Serving Texas Emergency Care Professionals



**NR testing stats**  
page 27

**CE: Stroke Update**  
page 34

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## FEATURES

- 7 **The Federal Aviation Administration is here to help – really.**  
Here are some basics on heliports and how to contact the FAA if you have questions.  
*By Ben Guttery*
- 13 **Texas EMS Conference 2007**  
Conference coverage starts here. You'll find registration information, a list of one- and two-hour workshops, preconference classes, hotel information, and a website link that will help you plan your fun after the conference day is over.
- 27 **Computerized testing**  
Texas went to National Registry computerized testing in January. How is Texas doing? We've got some statistics for you.

- 28 **The EMS Experience**  
Susie Jechow celebrates 25 years in EMS this year with some reminiscences and opinions about emergency medical services.
- 29 **Everything you need to know about being a paramedic**  
A few resources that answer any questions you have about being a paramedic in Texas  
*By Phil Lockwood*
- 30 **Profile: EMS Compliance Group - East**  
The state EMS staff works hard for you – get to know the East Group in the third in this series.
- 34 **Stroke Update**  
Earn 1.5 hours of medical CE while you learn about the epidemiology, pathophysiology, types of stroke, assessment and

treatment plans for the management of stroke.  
*By Kenny Navarro, LP*

## DEPARTMENTS

- 5 From This Side  
*Steve Janda*
- 6 Obituaries
- 8 On Duty  
*Kelly Harrell*
- 22 Local and Regional News  
*Dean Lofton*
- 32 Frequently Asked Questions  
*Mattie Mendoza and Phil Lockwood*
- 44 Did You Read?
- 46 Disciplinary Actions  
*Anthony Luna*
- 50 Calendar  
*Dawn Whitfield*

Table of contents photo by Audra Horton

Cover photo:  
CareFlite Frisco nurse/paramedic, Lisa Kohankie, provides patient care during flight from scene to trauma center.  
Photo by Watson Kohankie

# Texas Department of State Health Services

## Office of EMS/Trauma Systems Coordination

www.dshs.state.tx.us/emstraumasystems  
1100 W. 49th St., Austin, Texas 78756-3199  
(512) 834-6700

### EMS compliance offices by group

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

1109 Kemper  
Lubbock, TX 79403  
(806) 767-0488

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

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

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

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

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

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

622 S. Oakes Street, Suite H  
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(325) 659-7854

7430 Louis Pasteur  
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**Central group**  
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Austin, Texas 78756  
Physical: 8407 Wall St., Suite N-410  
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**East group**  
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Houston, TX 77023  
(713) 767-3333

1233 Agnes  
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(361) 889-3481

601 W. Sesame Drive  
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**GETAC**  
**November 17-19**  
**Hilton-Americas**  
**Houston**

# Texas EMS

M a g a z i n e

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

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

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## Flooding leaves, but effects linger

**FROM THIS SIDE**

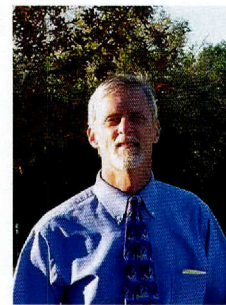
It's an "interesting" experience to be booted out of the home office for three weeks and to witness how it continues to affect services – even two months down the road. EMS/Trauma Systems staff are still recovering from disruption in services caused by a water main break at the Exchange Building in Austin on June 13. While we received the green light to return on July 2, not everyone in the building was so lucky. Flooding caused sufficient damage on the first floor that those offices may not be ready for occupancy for another nine months. We've been working overtime since then to catch up, especially those staff in EMS certification. Thanks to their perseverance, certifications are back to the normal time frames for turnaround. One note, however: some of the applications that were done online around middle of June may not have been successfully transmitted to DSHS. If you renewed your certification or license around that time and have not received your renewal, please give us a call at 512-834-6700. We can pull up the record as long as we have a trace number. This affects magazine subscriptions sent in with applications as well. We're greatly appreciative to our colleagues in the field offices across the state who stepped in for us in here in the central office while we had no access to our computer files or our offices.

The Comprehensive Clinical Management Program, or CCMP as it's most commonly known, continues to move forward. The DSHS Council approved the rule on August 6, and it now goes to the Health and Human Services Commission for review and approval. The rule will get one more public comment period and another review by HHSC before it is posted in the *Texas Register*. If all goes according to schedule, the rule could be effective as early as December 31. As you recall, GETAC endorsed the rule at its meeting earlier this year in May.

As we go to press with this issue of the magazine, we just stood down our 24/7 Hurricane Dean emergency operations center at the Exchange Building. We learned a lot from this "live" exercise, and we'll be compiling an after-action report in the coming weeks so the process will go even smoother next time. Because of the hurricane threat, the GETAC Retreat scheduled for the weekend in Kerrville and the August GETAC meetings were cancelled. The next GETAC meeting will be in November.

We certainly hope you can join all your colleagues in Houston for the 2007 EMS conference. Hotel space is going fast, so please make your reservations now (hotel information is on page 14). Also, you might take a quick look at some of our pre-conference classes--the deadline for registration ends soon. And finally, if you haven't nominated anyone for outstanding person or an organization for an award, please take the opportunity do so soon. There are so many folks doing good work out there in this great state, and virtually none of them get recognized often enough. These awards are a great way to salute the best among us. Check out the nomination form on our website by clicking on the conference link on the left side near the bottom of the page. GETAC committee meetings and task forces will take place at the Hilton on November 17 and 18, and GETAC itself will meet Monday evening, November 19, at the Hilton.

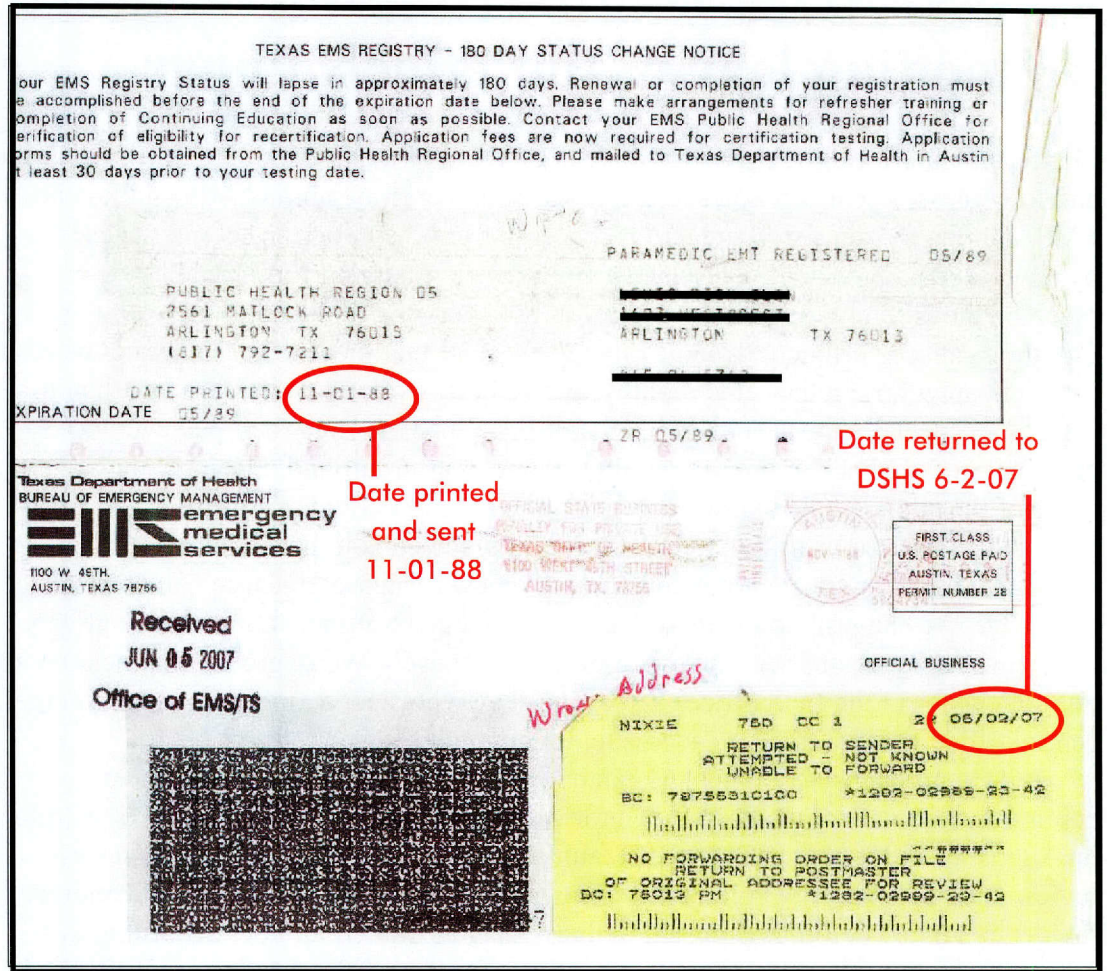
See you in Houston soon—believe it or not, Conference 2007 is just around the corner...



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

# It's in the mail – really

We know that it seems like it takes a long time for the state to get things done – but the post office has us beat on this one. This notice was mailed from the Arlington office on November 1, 1988. The paramedic had moved, so the notice was returned to us – on June 2, 2007. The lesson here is if you don't receive your notices, call us. There's no guarantee that we even know it was returned.



## Correction

Maybe it was the flood, maybe just the editor's inattention. But whatever it was, we definitely owe an apology to DSHS EMS Specialist Charles Smith in the Midland office. The South Zone Group profile lists his former employer incorrectly. Mr. Smith spent 28 years as EMS chief for the Odessa Fire Department. Our apologies to Mr. Smith and the Odessa Fire Department for not giving credit where it is due.

**GETAC  
meets  
November 17-19  
Houston**

## EMS Obituaries

**Maj. Gen. Robert Bernstein, MD (ret.)**, 87, of Austin, died on July 23. Bernstein served as the state commissioner of health from 1980 until his retirement in 1991. He was a long-time supporter of the Texas EMS Conference.

**Charles Edward Olsen**, 35, of Waxahachie, died June 21. Olsen had just returned from serving as a paramedic in Iraq with a private contractor. Previously Olsen worked as an EMT-P for Central/American Medical Response in Dallas, MedStar in Ft. Worth and CareFlite in Johnson County.

**Army Staff Sergeant Jimmy M. Malone**, 23, of Van Zandt, died near Baghdad, Iraq, June 23. He

was a firefighter with the Willis Point Fire Department. He had completed the EMT class, but was called to active duty before he was able to take the EMT exam.

**Roger Scalf**, 44, of Texas City, died June 24. He served as a firefighter with the Galveston Fire Department for 15 years, and was also an EMT.

**Aaron Garcia**, 35, of Harlingen, died August 6. He was an EMT-P with Pro-Medic EMS in San Juan, and formerly worked for Med-Care EMS, A-Stat EMS and Harlingen EMS.



# So you think you have a helipad?

by Ben Guttery

Federal Aviation Administration

It's just outside. You've seen it. Even seen a helicopter on it. Yes, there is definitely a helipad here, but is it legal?

The Federal Aviation Administration (FAA) looks after aviation safety, including licensing of pilots, mechanics and aircraft, and controlling air traffic. However, FAA is also responsible for studying the establishment of airports including hospital heliports. The terms airport, heliport, and helipad are used interchangeably as places to land an aircraft.

Federal Aviation Regulations, specifically Part 157 (14 CFR 157), requires you to notify the FAA at least 90 days before any construction, alteration, activation, deactivation, or change to the status or use of an airport or heliport.

The notice described above must be done by completing FAA Form 7480-1, Notice of Landing Area Proposal. You can find this form on the internet by searching for "FAA Form 7480." The form is one page long with another page of instructions. Also required is a specific USGS topographic map marked with the heliports location.

During the notice process, FAA conducts an aeronautical study to look at the impact of nearby objects. We also send an inspector out to look at the site to ensure a helicopter can safely arrive and depart from the landing site. Once the heliport is studied by FAA, we



photo by Alan Baker

send a letter indicating any issues with the site. If the site is already in use or about to open, we send the owner an Airport Master Record (FAA Form 5010) to complete. This is our official source of data on ownership and use of the heliport. Most importantly, this is the step that allows us to request a location identifier for your heliport. A location identifier is a code for the airport just like the ones on your luggage tags (AUS, DFW, SAT, IAH, HOU). Having a location identifier will assist the helicopter operators in filing FAA flight plans to your hospital. It also puts the facility in our official database that goes into onboard navigation equipment to aid in navigation to your facility. This service is free.

There are many hospitals out there that have not had FAA look at their helipads, even though there is a regulation that requires this. However, FAA's interest is more in safety than in enforcing this regulation. For your protection, you want to have a letter from the FAA saying your heliport is safe and all the proper paperwork in place.

There are a couple ways to confirm your helipad exists, officially. Both are on the internet.

First, try [www.airnav.com](http://www.airnav.com) and click on AIRPORTS and enter the name of your heliport, town, or city. You may need to go to the advanced search feature. Another system is operated by FAA's 5010 support consultant and is at [www.gcr1.com/5010web](http://www.gcr1.com/5010web). Again, enter the city and state to return all the registered sites. This latter system lists all of the official landing site information. If you find your record has some errors, print the form, handwrite corrections, sign it and send it to us. We will get the data updated.

What if you aren't on one of those lists? Don't panic. Just call our office to see if your helipad has ever been studied. Frequently, the first part of the process is completed, but the actual registration filing has been forgotten. No registration equals no helipad.

Using registered helipads has been a focus area of FAA's recent efforts on helicopter EMS (HEMS) activities. Our inspectors who work with the air ambulance operators have been reviewing the lists of hospitals they regularly serve to ensure they have been approved by FAA. We've found a lot that have never been studied. Many have been in existence so long everyone just thought they were registered.

Regardless of where you are, we can help you get it resolved. If you have any questions, please contact Ben Guttery, senior program manager, Texas Airports Development Office, FAA, Fort Worth, Texas; phone 817-222-5614; fax 817-222-5989; email [ben.guttery@faa.gov](mailto:ben.guttery@faa.gov).



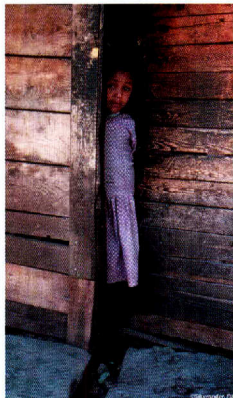
## Missing children center creates listserv

As part of the Innocence Lost National Initiative, the FBI and the National Center for Missing and Exploited Children have created a new listserv to distribute posters of missing children believed to be involved in child prostitution. The posters and updates will be forwarded on email as the posters become available.

To receive the missing posters, please e-mail FBI intern Paula Bird at [pbird@ncmec.org](mailto:pbird@ncmec.org) with your name, agency, telephone number, e-mail and mailing address. Feel free to pass this on to law enforcement, social services, community contacts or any other groups that may assist in locating the

missing children in your area. The group would like the posters distributed to hotels, truck stops,

Western Union branches, bus terminals, tattoo parlors or other locations.

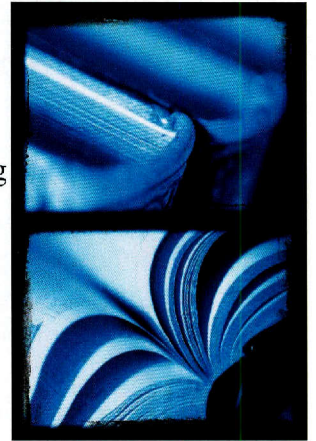


## Pop Quiz on criminal history

*Q: When reporting Criminal History for a background check how far back am I supposed to disclose?*

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

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



## Coming to the conference? Save a tree

If you're planning on attending Texas EMS Conference, please check our website before you come to make sure that you print off handouts for any classes that you might want to attend. We're trying to cut down on costs (and save paper) so we can continue to keep conference costs low. We will also be handing out CDs with all the handouts to registered attendees. If you have any questions, please email Dawn Whitfield at [dawn.whitfield@dshs.state.tx.us](mailto:dawn.whitfield@dshs.state.tx.us), or call her at (512) 834-6700, ext. 2363.





## Where's the cert query?

We know you've missed being able to look up certifications in real-time off our database. We have missed it too! We switched to a new regulatory licensing computer system in February and the piece that allows us to access the database from our website did not work. Since then, our contract programmers have been working on the problem. We have heard that a solution is near, but as of press time, the live cert query was not yet operational. We will continue to post the lists of certified and licensed personnel on our website each Wednesday and Friday until the cert query returns.



## DSHS launches site for organ donors

DSHS has launched a revised online organ donor registry to make it easier for Texans to register as organ, tissue and eye donors. The Glenda Dawson Donate Life - Texas Registry, at [www.DonateLifeTexas.org](http://www.DonateLifeTexas.org), has

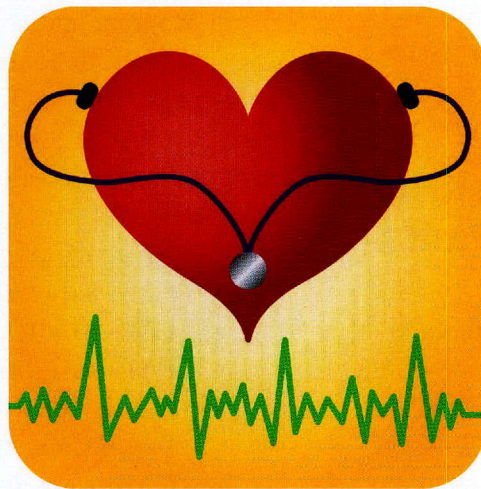
information about organ donation and instructions for registering online. Before the registry, there was no official state list in Texas of people who wanted to consent to being donors. For those who register, the list can help ensure their wishes are carried out after they die.

"One donor can save or enhance the lives of more than 50 people with gifts of organs, tissues and eyes," said Evelyn Delgado, DSHS assistant commissioner for Family and Community Health Services. "The website makes it easier for people to get the facts about organ donation and decide if registering as a donor is right for them."

Delgado said the web-based registry helps

streamline the donation process at a time when medical decisions and procedures must happen quickly. The registry helps make it faster to find out if a person who dies had wanted to donate organs, tissues and eyes, she said. Registration online takes less than five minutes. Donor information is protected. Only authorized organ procurement organizations and tissue and eye banks can access registrant information.

There is a critical shortage of organs available for transplants, with more than 7,000 people waiting for life-saving organs in Texas. Delgado said more than 400 people in Texas died last year waiting for organ transplants.



The registry is named in memory of State Rep. Dawson, a kidney transplant recipient, who championed the cause of organ donation. The Texas Legislature

mandated the creation of the statewide registry, which began Sept. 1, 2006, and stipulated in May that it be renamed in Dawson's memory.

On Duty



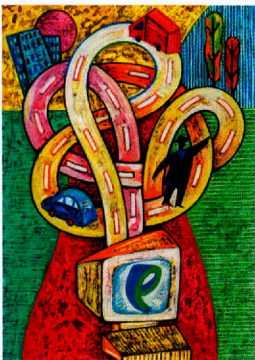
# On Duty

## How to change your address

Having an up-to-date address in the DSHS database is critical if you want to receive recertification and other important information in a timely manner. And if you're a magazine subscriber, the post office will **not** forward *Texas EMS Magazine* if you have moved. Changing your address is simple. Go to [www.dshs.state.tx.us/emstraumasystems/Address\\_Name\\_Change.pdf](http://www.dshs.state.tx.us/emstraumasystems/Address_Name_Change.pdf), fill out the form and fax or mail it to us. You will not receive a new card; you are still legal with your old card. When you recertify, your card will have the new address. And you also should provide your address change to the National Registry of EMTs (NREMT). Contact NREMT at [https://www.nremt.org/EMTServices/addr\\_change\\_verify.asp](https://www.nremt.org/EMTServices/addr_change_verify.asp).

## Houston website lists restaurants, attractions

Looking for things to do after a day of continuing education at Texas EMS Conference? The Houston folks have put together a website just for us listing restaurants, transportations and other attractions. Go to [www.texasemsconference.com](http://www.texasemsconference.com) then click on Houston Info. See you in Houston November 18-21!



## Award nominations due October 1

Know an outstanding medic, provider or trauma center? Nominate them for a Texas EMS Award. We've posted the award nomination form on our website at [www.dshs.state.tx.us/emstraumasystems/07AwardsIntroduction.shtm](http://www.dshs.state.tx.us/emstraumasystems/07AwardsIntroduction.shtm).

Save this Microsoft Word document to your computer and fill it out by clicking in the gray areas beside each question. When you finish, save the file and email it back to [EMSAwards@dshs.state.tx.us](mailto:EMSAwards@dshs.state.tx.us).



Each category honors a person or organization that exemplifies the best EMS/Trauma System has to offer. It's quite an honor to be nominated and to win.

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

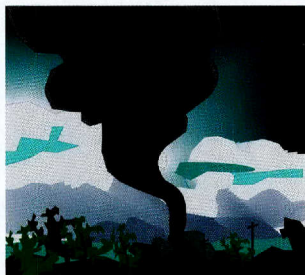
Send the file to us by email no later than October 1, 2007. The packets are then distributed to the OEMS/TS programs and sent to each EMS compliance group. Each program and compliance service group ranks the nominations for each category and returns the information to the OEMS/TS, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference in Houston.

### Award Categories 2007

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

# Have a catastrophe? Think EEF

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



The following organizations were awarded Extraordinary Emergency Funding recently:

**Smyer Vol Fire Dept (FRO)**

April 2007

\$31,000 for first responder vehicle

**View Volunteer Fire Dept (FRO)**

April 2007

\$22,696 for communications antenna

**McMullen County Emergency Services**

May 2007

\$3,241 for VHF pagers

**Willacy County EMS**

May 2007

\$64,100 for ambulance remount

**City of Whitewright EMS**

July 2007

\$3,736 for new stretcher

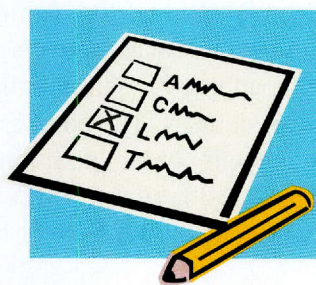
## Training available for ECAs

Emergency Care Attendant Training (ECAT) grant applications are now being accepted for fiscal year (FY) 2008. A total of \$50,000 is available for EMS training programs, registered first responder organizations (FROs), coordinators and/or instructors to conduct ECA courses in or near rural or underserved areas of the state that lack local EMS training resources. Grant

funds cover the cost of instruction and textbooks, as well as other expenses such as printing and supplies.

OEMS/TS will accept grant applications on a first-come, first-serve basis until the funds are exhausted. Thirteen ECAT courses were approved for funding in FY 2007. All EMS or FRO entities that meet the basic criteria listed below are encouraged to submit an application for this funding opportunity.

Eligibility requirements for ECAT 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 service provider or first responder organization, and (3) services 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 <http://www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm> or contact Arlen Bolenbaucher at (512) 834-6700 ext. 2706 or [arlen.bolenbaucher@dshs.state.tx.us](mailto:arlen.bolenbaucher@dshs.state.tx.us).

On  
Duty

# F.Y.I.

By Kevin Veal

**Q: I've heard that EMS Education Programs in Texas are still using the EMT Intermediate curriculum from 1985, but someone told me that there was a new one in 1999 that we are using. Which is correct?**

A: The short answer is neither. Texas never adopted the 1999 Intermediate curriculum, nor are we still using the 1985 Intermediate curriculum (although this is frequently misstated). Part of the confusion comes from the fact that there are references to the curriculum in several different areas including: education standards, National Registry (NR) testing and certification.

EMS Education Programs are actually required to teach Intermediate students a subset of the 1998 US Department of Transportation (DOT) paramedic curriculum. This was adopted in 2001 as an alternative to the 1999 Intermediate curriculum. The 1999 Intermediate curriculum did not offer an easy, direct pathway for individuals to advance from Intermediate to Paramedic certification. During the rulemaking process, it became clear that this pathway was very important to Texas EMS stakeholders and the adopted portions of the paramedic curriculum allowed for an easy transition between the two certifications while still increasing the standards to meet current practice.

The actual language from §157.32 *Emergency Medical Services Education Program and Course Approval* of the Texas EMS rules states that the minimum EMT-I curriculum shall include: all content required by the portions of the current national paramedic education standards and competencies as defined by DOT which address the following areas: (i) roles and responsibilities of the paramedic; (ii) well-being of the paramedic; (iii) illness and injury prevention; (iv) medical/legal issues; (v) ethics; (vi) general principles of pathophysiology; (vii) pharmacology; (viii) venous access and medication administration; (ix) therapeutic communications; (x) life span development; (xi) patient assessment; (xii) airway management and ventilation, including endotracheal intubation; and (xiii) trauma.

As anyone who has recently taken the Intermediate test will tell you, the National Registry requires each candidate to choose between an Intermediate 85 and Intermediate 99 exam. Although the National Registry creates their exams to test current practices and techniques, the outline or "blueprint" for the exams comes from the DOT curriculum knowledge objectives. These objectives determine the broad categories for the information that is tested. Since the exam from the 1999 blueprint has questions about information not required in Texas, the 1985 blueprint is the only one that fits within the adopted curriculum.

That said, some programs in Texas have chosen to offer courses based upon the Intermediate 1999 curriculum. As long as the adopted requirements are met, this is perfectly acceptable since the rule only sets the minimum standards for courses. The courses must still be approved by DSHS and students should be made aware that the course will contain additional hours and information. Coordinators must also be aware that the NR computer-based test requires DSHS to approve programs that will be testing students. As a result, coordinators should contact DSHS prior to offering an EMT-I 1999 course to set up the appropriate permissions.

Finally, regardless of which curriculum, program or exam that a student completes, there is only one EMT-Intermediate certification in Texas. Although someone who has completed an expanded curriculum may desire to fully utilize all the skills and knowledge that they have learned, and in many cases will have the opportunity to do so, individual scope of practice is determined by the service's protocols and physician medical director authorization.

For additional information, please visit these websites:

EMS Rules: <http://www.dshs.state.tx.us/emtraumasystems/TexAdminCode.shtm>

National Registry: [www.nremt.org](http://www.nremt.org)

USDOT NHSTA: [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)



# Texas EMS Conference 2007 REGISTRATION FORM

George R. Brown (GRB) Convention Center Houston

**\$150 until November 1**  
**\$175 after November 1**

(Please type or print clearly)

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

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Area Code

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

### General Information:

[www.dshs.state.tx.us/emstraumasystems/07conference.shtm](http://www.dshs.state.tx.us/emstraumasystems/07conference.shtm) (512) 834-6700

**Registration information: (512) 759-1720**

Credit card registration fax: (512) 759-1719

### PRECONFERENCE CLASSES

Preconference registration deadline: October 15, 2007

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Helicopter Operations, \$50          | <input type="checkbox"/> Radiological Preparedness, no cost    | <input type="checkbox"/> AST/MTF Leader Course, \$125             |
| <input type="checkbox"/> EMS Management 101, \$95             | <input type="checkbox"/> ACLS-EP, \$175*                       | <input type="checkbox"/> Emergency Pediatric Care, \$200          |
| <input type="checkbox"/> Vehicle Response Safety, \$60        | <input type="checkbox"/> Future of Technology Education, \$100 | <input type="checkbox"/> EMS Instructor Course, \$295             |
| <input type="checkbox"/> Who's Afraid of Kids?, \$100         | <input type="checkbox"/> Enhanced 12-Lead, \$75                | <input type="checkbox"/> Confined Space, \$125*                   |
| <input type="checkbox"/> Writing Multiple Choice Exams, \$135 | <input type="checkbox"/> Slap the Cap, \$75                    | <input type="checkbox"/> New Car Technology, \$125*               |
| <input type="checkbox"/> 12-Lead, \$150                       | <input type="checkbox"/> SLAM, \$350                           | <input type="checkbox"/> High Angle Rescue, \$125*                |
| <input type="checkbox"/> Patient Care Documentation, \$80     | <input type="checkbox"/> Trauma Life Support, \$325            | <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday |

\* Email address required.

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

No refunds after November 1, 2007.

### \$175 registration at the door

#### Sunday, November 18, 2007

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

#### Monday, November 19, 2007

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

#### Tuesday, November 20, 2007

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

Registration Information: (512) 759-1720

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

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 11/1/2007. No refund after 11/1/2007. There is an 18% administration fee if a refund is necessary.

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

### Official Use Only

MC  Visa  AmEx

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

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

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

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

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

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

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

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

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

# November 18-21, 2007

## Texas EMS Conference – Houston

(Exhibit Hall open November 18-20)

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

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

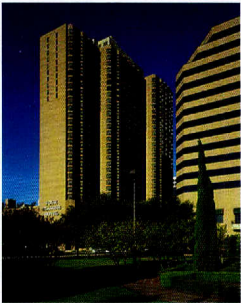
But, as always, we're not content to rest on our laurels. That's why this year we're expanding the selection of two-hour, hands-on classes, which were hugely popular when introduced in 2006. In addition, the exhibit hall will feature a new layout designed to make browsing as easy as possible, and the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

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

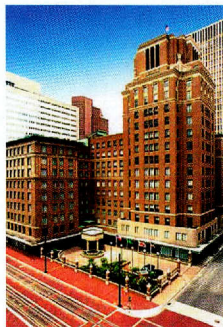
Special room rates for conference attendees and exhibitors are available at six downtown hotels. Hilton Americas-Houston, our host hotel, is connected to the convention center by a skyway, while the four others are just a short walk away. Don't pass up these great deals – make your reservation now before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

See you in November!

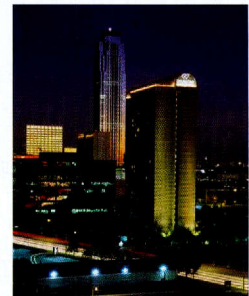
### HOTELS



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



Courtyard by Marriott  
916 Dallas Street  
Houston, TX 77002  
888-269-2163 Reservation code "EMS"  
[www.marriott.com/hotels/travel/houdt-courtyard-houston-downtown](http://www.marriott.com/hotels/travel/houdt-courtyard-houston-downtown)  
\$85/\$105



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



Hilton Americas-Houston  
1600 Lamar St.  
Houston, TX 77010  
713-739-8000  
[www.hilton.com](http://www.hilton.com)  
\$85/\$125  
online booking code: 1TM

Residence Inn by Marriott  
904 Dallas Street  
Houston, TX 77002  
800-730-3931 Reservation code "EMS"  
[www.marriott.com/hotels/travel/hourd-residence-inn-houston-downtown/](http://www.marriott.com/hotels/travel/hourd-residence-inn-houston-downtown/)  
\$105 includes shuttle Monday-Friday, Managers Reception Monday-Friday, hot breakfast for up to four guests in the room, internet, a kitchen and a pullout couch in each suite.



Holiday Inn Express  
1810 Bell Avenue  
Houston, TX 77003  
(713) 652-9400 Reservation code "EMS"  
[www.hiexpress.com](http://www.hiexpress.com)  
\$119 includes a hot buffet breakfast, parking, wireless internet, local calls and business center.

# Schedule

## Conference At-A-Glance

### Sunday, November 18

1:00 pm - 7:00 pm Registration in George R. Brown Exhibit Hall B3  
 3:00 pm - 7:00 pm Exhibit Hall opens with Welcome Reception

### Monday, November 19

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

### Tuesday, November 20

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

### Wednesday, November 21

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

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

### 2007 Texas EMS Photography Contest entry form

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

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

Address \_\_\_\_\_

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

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

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

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

**Deadline for entering: November 12, 2007**

Tape this form to the back of the photo.

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

### Photo Contest Rules

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





# Preconference classes

## November 16, 17 and 18 (class registration closes October 15)



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

that will set you apart from the crowd!  
For more information contact Dave Bradley at [dbradley@vfis.com](mailto:dbradley@vfis.com) or (717) 487-0170.

**EMS Management 101:** \$95; Sunday, 11/18; 1p-5pm, George R. Brown Convention Center; CE: Clinically Related Operations. Often new supervisors receive little training in supervisory techniques and management practices. They may have to rely on "the way things were done." This 4-hour course looks at the challenges of making the transition from Paramedic/EMT into a supervisory role. Using best practices and solid management principles this class will help the new supervisor build a solid foundation of skills. For more information contact Raphael M. Barishansky at [rbarishansky@gmail.com](mailto:rbarishansky@gmail.com) or (201) 530-0892.

**REP—Radiological Emergency Preparedness:** No cost; Sunday, 11/18; 8a-5p; George R. Brown Convention Center; EMS CE: 1 Pt Assess, 2 Med, 2 CRO, 3 Spec Cons. This 8-hour, performance-based course is designed for emergency first responders who may respond to a radiological incident (awareness level). Topics include radiation fundamentals, radiation detection instruments, survey techniques, radiological protective actions, decontamination procedures, patient handling and first responder actions, and radiological terrorist threats. A maximum of 8 Category I continuing medical education contact hours also are available for physicians, physician assistants and advanced practice nurses; 9.6 nursing continuing education contact hours is available for registered and vocational nurses. CE also available for fire, law enforcement and other personnel. For information, contact Mike Rutherford at [mike.rutherford@dshs.state.tx.us](mailto:mike.rutherford@dshs.state.tx.us), (512)/834-6688 ext. 2021 or

Keith Steinhurst at [keith.steinhurst@dshs.state.tx.us](mailto:keith.steinhurst@dshs.state.tx.us), (512) 834-6688 ext. 2137.

**Advanced Cardiac Life Support for Experienced Providers (ACLS-EP):** \$175; Sunday, 11/18; 8a-5p; George R. Brown Convention Center; CE: 1 Airway, 6 Medical, 1 Spec Cons. This presentation is the American Heart Association EP course designed for those renewing ACLS or who have experience in a critical care setting. This 8-hour course presents various ACLS in an in-depth format involving scenarios which require critical thinking and a focused treatment approach. All participants will have the opportunity to involve themselves in case-based discussion. This provides a more realistic and relaxed environment for those who are renewing ACLS, but have become tired of the usual renewal process every two years. Prior to the actual class, all attendees will be contacted so the scenarios and discussions can be formatted to the patients whom they commonly encounter. Attending students will have current BLS and ACLS skills verified and a written test on the current ACLS standards will be administered. This course will provide ACLS-EP certification and meets the requirements for the National Registry (ACLS card) and ACLS renewal for work requirements. For more information contact Mark Montgomery at [mark.montgomery@kimberkoch.com](mailto:mark.montgomery@kimberkoch.com) or (210) 858-9996.

**The Future of Technology Education in EMS is Now!:** \$100; Sunday, 11/18; 9a-12p; George R. Brown Convention Center; CE: Additional. Do you really know how to use educational technology? Or do you know just enough to be dangerous to yourself and your students? Do you maximize the ability to bring reality to the classroom through a multitude of audiovisual tools? Are your case-based scenarios as exciting as they could be? This 3-hour workshop

reveals the strengths and weaknesses of applying educational technology (ET) in the classroom. This session examines the logistics of bringing ET to your classroom and the proper way to harness this growing technology. It examines various teaching styles and their use to maximize the student's learning potential. Learn about webcasting and podcasting, incorporating distance education into your classroom via asynchronous mode programs such as Blackboard and WebCT, and the use of national training programs such as PEPP, EMT-B, and eACLS online. Learn how to deliver live quality education lectures online via synchronous mode distance education applications such as Microsoft LIVE Meeting, CENTRA, and others. Whether you are a technology novice or an advanced instructor, there is something here for EMS instructors of any level. It is not a clinical session and does not matter whether the attendees are BLS or ALS providers. Taught by Larry Newell, EdD., NREMT-P, CCCEM-P. For more information contact Patty Einstein at [peinstein@jbpub.com](mailto:peinstein@jbpub.com) or (201) 664-4437.

**Enhanced Multi-Lead Medics™ 12-Lead Course:** \$75; Sunday, 11/18; 8am-12pm; George R. Brown Convention Center; CE: Medical. Bob Page offers this course as a continuation of the Multi-Lead Medics course offered Saturday. This 4-hour enhanced course is designed to show acute care providers how to get extra information from a 12 or 15-lead ECG allowing greater insight into the pathophysiology behind the patient with cardiac or other problems. The course is designed for those who have already taken the Multi-Lead Medics™ Course and have a strong working knowledge and high level of comfort with the basic concepts taught in the course. Participants should also be experienced in caring for cardiac patients in an emergency or critical care environment. Topics in this course include LBBB and AMI, chamber enlargements,



# Preconference classes

## November 16, 17 and 18 (class registration closes October 15)

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

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

electrolyte changes, pericarditis and more. For more information contact Bob Page at [edutainment@mac.com](mailto:edutainment@mac.com).

### **Who's afraid of the Big, Bad Kids...?:**

*\$100; Sunday, 11/18; 1p-5p; George R. Brown Convention Center; CE: Special Considerations.* This 4-hour class covers advanced pediatric assessment and management of cardiovascular emergencies, respiratory emergencies, special needs children, pediatric maltreatment, how EMS makes a difference for children through advocacy, and the special circumstances of helping children in pre-disaster planning in the community. It includes hands-on skill station practice involving pediatric airway management, patient assessment scenarios and IV/IO skill demonstrations. This presentation fulfills the requirements of the National Registry Advance Pediatrics portion of the National Registry Advanced Refresher. Taught by Jules Scadden and Kelly Grayson. For more information contact Jules Scadden at [jkaymdc@aim.com](mailto:jkaymdc@aim.com) or (712) 660-0881.

### **Slap the Cap! Real Use for**

**Capnography in EMS;** *\$75; Sunday, 11/18; 1p-5p; George R. Brown Convention Center; CE: Medical.* You've had your introduction, heard about it, read about it, now it is time to get down to it. Capnography represents an important upgrade for your clinical assessment skills. In this 4-hour, non-stop session, participants will perform real waveform analysis of actual cases along with some

pretty incredible real time video of capnography. Come and see how the tool can be an incredible asset for the intubated and non-intubated patient. Taught by Bob Page. For more information contact Bob Page at [edutainment@mac.com](mailto:edutainment@mac.com).

### **SLAM Emergency Airway Provider**

**Course:** *\$350; Sunday, 11/18; 8a-5p; George R. Brown Convention Center; CE: Airway.* SLAM is an 8-hour program on emergency airway management. There will be 2 hours of lecture followed by 6 hours of hands-on. A cricothyrotomy workshop is also included using pig laryngeal tracheal segments. All aspects of emergency airway management are covered including airway assessment, SLAM flowchart, rapid sequence intubation, difficult intubation strategies, management of the crash airway, and rescue ventilation strategies. The textbook SLAM – Street Level Airway Management is the basic text for the course. For more information contact James Rich at [jrofdallas@gmail.com](mailto:jrofdallas@gmail.com) or (214) 717-7742.

### **Saturday/Sunday**

**Basic Trauma Life Support/ International Trauma Life Support:** *\$325; Saturday and Sunday, 11/17-11/18; 8a-5:30p (1 1/2 hours for lunch on own) George R. Brown Convention Center; CE: 1 Prep, 2 Airway, 3 Pt Assess, 10 Trauma.* This 16-hour comprehensive course is designed for providers who are first to evaluate and stabilize the trauma patient. The course provides complete training in the skills needed for rapid assessment, resuscitation, stabilization and transportation of trauma patients. The ITLS course provides the core of knowledge and skills appropriate for all levels of EMS personnel, including EMT-Bs, first responders and other technicians as well as builds on this knowledge, emphasizing evaluation steps and sequencing as well as techniques

for resuscitating and packaging patients. ITLS Advanced is appropriate for advanced EMTs, paramedics, trauma nurses, physicians and other advanced EMS personnel. Hands-on stations include patient assessment and management, basic and advanced airway management, needle chest decompression and fluid resuscitation, and many others. Taught by Michael Nelson and Leon Charpentier. For more information contact Michael A. Nelson at [nelsonmichael@air-evac.com](mailto:nelsonmichael@air-evac.com) or (817) 657-6050.

### **Ambulance Strike Team/Medical**

**Task Force Leader Course:** *\$125; Saturday and Sunday, 11/17-11/18; 8a-5:30 p (1 1/2 hours for lunch on own) George R. Brown Convention Center; CE: Clinically Related Operations.* This 16-hour course is the introduction to the position of the Ambulance Strike Team (AST)/Medical Task Force (MTF) Leader. The information presented in this course does not qualify individuals for the position of AST/MTF Leader, but does introduce the concepts. After taking this course, participants are encouraged to develop their skills further through continuing education and experience. Prior to attending this course, participants should be certified to the ICS 100/200 level (ICS 300 preferred) and complete NIMS training. Instructor: TEEEX EMS Staff. For more information contact Tony Garcia at [tony.garcia@teemail.tamu.edu](mailto:tony.garcia@teemail.tamu.edu) or (979) 458-3401.

### **The Emergency Pediatric Care (EPC) - Combined Provider and**

**Instructor Course:** *\$200; Saturday and Sunday, 11/17-11/18; 8a-5:30p (1 1/2 hours for lunch on own) George R. Brown Convention Center; CE: Special Considerations.* This NAEMT Course is designed as true continuing education for professionals interested in enhancing their pediatric assessment and treatment

### **WEB EXTRA**

Want more magazine?  
For more news about EMS  
see [www.dshs.state.tx.us/  
emstraumasystems/webextra.shtm](http://www.dshs.state.tx.us/emstraumasystems/webextra.shtm)

# Preconference classes

November 16, 17 and 18 (class registration closes October 15)



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

skills. Rather than simply reviewing basic skills, this 16-hour course goes beyond the traditional DOT material, making it useful for caregivers at all levels and experience. The Emergency Pediatric Care Course (EPC) is an in-depth study of the pre-hospital care of injured and ill children. This course emphasizes a pragmatic approach and format, based on teaching providers a problem-focused, assessment based approach while concentrating on what they need to know. The curriculum allows for a minimal amount of lecture and an ample amount of actual hands-on practice using case-based scenarios. The material covered in the resources supplements the cognitive material delivered in the program. Because medicine is ever changing, periodic revisions and updates will occur as the scientific and medical fields uncover new advances and techniques. Taught by Robert K. Waddell, II. For more information contact Robert K. Waddell at bobwaddell@bresnan.net or (307) 920-2020.

## Outdoor/Rescue Classes

**High Angle Rescue:** \$125, Saturday, 11/17, repeated Sunday, 11/18; 8a-5p; Off-site (meet at Hilton at 7:15a for bus transport); 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

john@texasroperescue.com. **Note: one-day class. Class repeats on Sunday.**

**Confined Space:** \$125; Sunday, 11/18; 8a-5p; Off-site (meet at Hilton at 7:15am for bus transport); CE: Clinically Related Operations. This course focuses on patient packaging and excavation in a confined space environment. This 8-hour course covers OSHA regulations, air monitoring, lockout/tagout, equipment review, retrieval systems and patient packaging (no IDLH training or on air scenarios). Student is required to be an active member on a confined space rescue team or ERT and is also responsible for having a working knowledge of rope systems, confined space operations and ICS. This class will satisfy the OSHA 1910.146 requirement for practicing a rescue in a confined space. Students will be required to bring: sturdy boots, rugged clothing, helmet (firefighting or industrial style), leather gloves (non-firefighting or hazmat), knee pads and elbow pads recommended, and canteen or water bottle. Lunch provided. For class information contact John Green at john@texasroperescue.com.

**New Car Technology:** \$125; Saturday, 11/17; 8a-5p; Off-site (meet at Hilton at 7:15am for bus transport); CE: Clinically Related Operations. Frontal crash airbags, side-curtain airbags -- car crash technology keeps improving and changing. Are you changing how you respond? This 8-hour course covers the best response to the ever-changing crash technology. The hands-on class, co-sponsored by the Houston Fire Department, uses extrication tools you probably already have on the car's new technology. Students will be required to bring: sturdy boots, rugged clothing, jacket, helmet (firefighting or industrial style), leather gloves (non-firefighting or hazmat), knee pads and elbow pads (recommended) and canteen or water

bottle. Lunch provided. For class information contact John Green at john@texasroperescue.com.

## And now, back by popular demand ...

Last year's two-hour classes were a great success! This year, in addition to the one-hour lecture classes at the Texas EMS Conference, we'll offer two-hour classes that will emphasize intense, hands-on experiences in a small classroom. We're still deciding which classes to offer, but you can bet we'll cover topics that you care about, from airway to wilderness rescue.

**Here's the important part:** Because these classes are limited in attendance, you MUST sign up for the class in advance and get a ticket to be admitted to class. Once the tickets for that class are gone, there will be no more issued. Sign-up for the classes at the conference registration desk beginning at 1 p.m. on Sunday, November 18.

**Dont forget to  
nominate!  
Texas EMS/Trauma  
Awards**



# Texas EMS Conference Classes

## November 19, 20 and 21

presenters and workshops subject to change

**Andy Alegria, BS**

Texas EMS/Trauma Registry: Old Dog, New Tricks

**Cristina Baker, MPH and John Hellsten, PhD**

Home Sweet Home: How Safe Are Our Kids?

**Raphael Barishansky, MPH, EMT**

- 1) It will be different when I am in charge!: The Myths versus Realities of EMS Supervision and Management
- 2) Please Don't Call Me Honey: Understanding Our Geriatric Patients

**Jeff Beeson, DO, LP**

Physics of Shock

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

- 1) Non-Invasive Respiratory Gas Monitoring
- 2) Sharpening Your Cardiac Diagnostic Skills
- 3) Obstetrical Emergencies

**Scotty Bolleter, EMT-P**

- 1) In Search of the Hunter Caregiver
- 2) Suffer the Children

**Gary Bonewald, LP, MED**

Gut Check: Medical Causes of Abdominal Issues

**Ken Bouvier, NREMT-P**

Motor Vehicle Collisions

**Lara Boyett, RN, AC-NP**

Toxicology: What Emergency Personnel Should Know

**Paul J. Breaux, LP, MPA**

Managing Conflict in Emergency Medicine

**Chris Cebollero, NREMT-P**

The Leadership Vision

**John Creech, LP, AAS**

How Do We Prepare Our Students to Be Caring, Compassionate, Competent and Pass the Test?

**Lynne Dees, MFA, LP, NREMT-P and Bill****Crawford, LP, NREMT-P, FF**

From Dream House to Nightmare: A Case Study in Carbon Monoxide Poisoning

**Angela Dillahunty, RN, CACP, SANE, SANE-A, CMIV, CFN**

ABC's of Forensic Nursing

**William Dunne, NREMT-P, MS**

- 1) Ventilation Through a Coffee Stirrer: Asthma
- 2) Extreme Makeover: Body Edition (Episode-Cardiothoracic Makeovers)

**Jason Dush, NREMT-P, CCEMT-P, FP-C**

EMS: The Evolution of Education

**Christopher Ebright, NREMT-P, BEd**

- 1) When Your Patient "Hits the Wall" : Pathophysiology of Shock
- 2) Trachs and Tubes and Shunts, Oh My! Care For Special Needs Children

**Bryan Ericson, NREMT-P, RN, MED**

- 1) Everything I Ever Needed to Know I Learned in EMT School: Patient Assessment Basics and Advanced Technology Pitfalls
- 2) National Registry Testing: Facts, Fiction, and the Hard Cold Realities

**Jennifer Derrough Essman, RN, CCRN, CNRN, CFRN**

- 1) Mind Over Grey Matter: Preventing Secondary Injury
- 2) Grand Mals & Memory Stalls: Altered Mental Status & Seizures

**Debbie Estes, RN, BSN**

Cutting Edge of Stroke

**Harold Etheridge, LP, NREMT-P, CCEMT-P**

Should I Stay or Should I Go: Watching Someone Die Can Change You

**Ray Fowler, MD, FACEP**

The Amazing Grace of Emergency Medicine

**William Gandy, JD, LP**

Documenting Patient Refusals

**Lisa Gilmore, CCEMT-P, FP-C, RN, CEN, CFRN**

- 1) The Down and Dirty of Neonatal Resuscitation
- 2) Don't Be Scared: Practical Tips for Assessing Children

**Kelly Grayson, NREMT-P, CCEMT-P**

- 1) Life, Death, and Everything In Between
- 2) Thinking at Light Speed: Developing Good Instincts in Your Students
- 3) EMS Myth Busters: Discarding the Dogma [with Gary Saffer]
- 4) Two Jews and a Redneck: The EMS Comedy Tour [with Gary Saffer and Mike Hatfield]

**Russell Griffin, EMT-P, NREMT-P, CCEMT-P, FF**

- 1) Fighting Fire with EMS - The Great Divide
- 2) Controlling Controlled Substances

**Don Gwynn, LP, NREMT-P, AAS**

EMS Education: Teaching a Dynamic Field Within a Static Environment

**Fred Haas, NREMT-P**

What to Do When Your Patient Forgot His Veins

**Jodie Harbert, LP**

Evidence-Based Medicine in EMS

**Michael Hatfield, EMT-P, FF**

Teeth to Tattoos

**Doug Havron, RN, BSN, MS, CEN and Lori Upton**

Emergency Preparedness: Medical Operations Centers

**Leslie Hernandez, NREMT-P, BS**

E-learning for the EMS Educator

**City of Houston Fire Department – Panel**

Disaster Response: The Real Story

**Houston Community College EMS Faculty – Panel**

Baptism by Fire: An Ongoing Assessment and Adjustment of Best Practices of EMS Education in a Large Urban Community College Setting

**Janene Jeffery**

How Do We Help Them Know What to Say?

**Cindy Jenkins, RN, BSN**

Shake, Rattle and Bicycle Kick: Neonatal Seizures

**Allen Johnson, LP, MPA**

Creating a Great Culture

**Kimberly Johnson, RN and Greg Wolf, EMT-P**

STEMI Protocol: A Collaborative Effort Between EMS and ED

**James Jones, EMT-P, CCEMT-P, FP-C**

Small Town EMS, the Good and the Bad of Treating Our Friends and Family

**Marcella M. Donaruma-Kwoh, MD, FAAP**

Child Abuse and Child Homicide: The Role of First Responders

**Jason Mabbitt, EMT-P**

Understanding ST Elevation MI's (STEMI) in the Prehospital Setting

**Bob Mabry, MD, FACEP, EMT-P**

Hemorrhage Control in the Tactical Prehospital Setting

**Cissy Matthews, LP, EMSC, MBA**

Study Strategies to Help Students Succeed

**John McManus, MD, MCR, FAAEM, FACEP**

Novel Pain Management Techniques

**Kevin Mifflin, LP, BBA**

Customer Satisfaction – Adding Value to the Prehospital Experience

**Louis Molino, Sr., EMT, NREMT, EMSI, FF**

Anaphylactic Reactions: Beating Life and Death

**Kenneth Navarro, LP**

- 1) Impedance Threshold Device: Improving Survival from Cardiac Arrest
- 2) Pediatric Tracheal Intubation: Is It Time For Us to Stop?

**Wes Oglivie, EMT, MPA, JD**

Survey Says: Understanding EMS Research Design and Methodology [with Kenneth Navarro]

**Bob Page, NREMT-P, CCEMT-P**

- 1) How Vital Are Vital Signs
- 2) Whole Lotta Shaking Going On: Understanding Seizures



# Texas EMS Conference Classes

## November 19, 20 and 21

presenters and workshops subject to change

### Timothy Perkins, EMT-P, BS

- 1) Are You An EMS Detective?
- 2) A Weighty Issues Prehospital Care of Bariatric Patients

### Brian Petrilla, EMT-P

Think Child/Senior Safety

### David Persse, MD

Making Research Work

### Warren Porter, LP, PNCCT, MS, BA

- 1) Women and AMI: Would You Treat Your Mother Like That?
- 2) Injury Prevention for EMS- It Just Makes Cents

### Edward Racht, MD

- 1) Anaphylaxis 2007: The New Epi Requirement
- 2) The How Impacts the What: Maximizing the Science by Focusing on the Art
- 3) STEMI in the Streets: Managing Acute Coronary Syndromes 2007

### Katharine Rickey, NREMT, NH EMS I/C

- 1) The "Twelve H's" of AMS
- 2) Emotionally Disturbed Patients: Crisis or Mental Illness

### Jules Scadden, NREMT-P

- 1) Velma and Louisa "Do" EMS [with Katharine Rickey]
- 2) Welcome to Munchkinland: They're Not Just Little Adults
- 3) Real Life Smurfs: The Blue Baby Syndromes

### Shirley Ann Schriber, EMT-P and Sherry Trouten, EMT-P

- 1) From Bake Sales to ESD
- 2) After the Vote-Now What?

### Thom Seeber, NREMT-P, CCEMT-P, EMSC

The Rheumatoid Arthritis Patient

### Manish Shah, MD

Pediatric Cases for EMT Basics

### Maeve Sheehan, MD, FAAP

- 1) Pediatric Stroke
- 2) Essentials of Pediatric Resuscitation

### Sammy Sikes, EMT-B

Pandemic Planning for Fire and EMS Departments

### Paul Sirbaugh, MD

Case Studied in Pediatrics for ALS

### Sally K. Snow, RN, BSN

Is Your ED or EMS Service Prepared to Care for Children?

### Dave Spear, MD

Prehospital Ultrasound Guided Venous Access in Adults and Pediatrics

### Lanie St. Claire, RN

Pediatric Emergencies: Best EMS Communications and Transport to a Level I Trauma Facilities

### Jamie Street, EMT-P, EMSC

The Field Training Officer Experience: How Do You Prepare Our Future?

### Leslie Teel, LP, NREMT-P, BS

Dementia: The Epidemic We All Want to Forget

### Roger Turner, LP, BS

- 1) Pharming: Grandma's Garden Just Got Wired
- 2) GHB and Other Improvised Substances of Abuse

### Roman Valles, NREMT-P, I/C

Post Intra-Abdominal Trauma

### Robert Waddell, EMT-P, BS

- 1) Baby Not Breathing: If This is Your Daily Routine, Get Out of EMS – Common Medical Emergencies
- 2) Family Centered Care: EMS From the Heart

### Karl Wagenhauser, MD, FACEP

The Top 5 Things That Pucker My Sphincter

### Dudley Wait, NREMT-P, BBA

- 1) Heart Alert: From 90 to Nothing Through a Coordinated Response
- 2) Workplace Laws: An Intro for New Leaders and Those Who Want to Be
- 3) Ambulance Accidents: The Hidden Epidemic

### Rick Wallace, LP

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

### Chris Weinzapfel, NREMT-P, FF

Major Bleeding Control: What Are My Options? Dispelling Some Myths

### Chris Windham, RN, BSN and Kendra Windisch, EMT, MA

Reinventing the Wheel and Deal: A Collaborative Approach to Community Injury Prevention

### Shawn White, LP, RN

Pediatric Respiratory Emergencies

### Karen Yates, RN, BSN

- 1) I Can't Drive 55: Mechanism of Injury
- 2) I Want a New Drug: Street and Club Drugs [2-Hour] [with Henry Biddle]

### Mike Yudzky, LP

Bites and Stings of Summer

## 2 Hour Hands-On Workshops\*

**\*(offered 3 times unless otherwise noted - seating limited)**

### Dave Bradley, NREMT-P, BS

Patient Handling Preventing Provider Injuries and Patient Drops

### Julianne Clancy, EMT-P, MS and Kristine Kern

Guts and Gore: Lung Lab

### Lynne Dees, MFA, LP, NREMT-P

Spanish for EMS Providers

### William Gandy, LP, JD

Pig Trachea Lab

### Anthony Gilchrest, EMT-P, BS and Mona Shah, MD

Review of Basic and Advanced Pediatric Airway Management

### Harold Etheridge, LP, NREMT-P, CCEMT-P and Charles Skinner, BS, LP, CCPM

Resuscitation Science '07

### Lisa Gilmore, CCEMT-P, FP-C, RN, CEN, CFRN and Alicia Martin

Neonatal and Pediatric Emergencies: A Discussion and Skills Presentation

### Fred Haas, NREMT-P

Basic Chemical Research for EMS Responders

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

- 1) Capnography in EMS: An Emerging Standard of Care [*Given one time only, no repeat*]
- 2) Challenging Cases From the Field: How Would You Manage Them? [with Edward Racht, MD] [*Given one time only, no repeat*]

### John Green, EMT

Wilderness Rescue

### Debbie McCrea, RN, MSN, CEN, CFRN, EMT-P

When Sugar is Not Always So Sweet: 101 Things You Always Wanted to Know About Diabetes But Never Thought To Ask

### John McManus, MD, MCR, FACEP

Advanced Agents and Devices for Prehospital External Hemorrhage Control

### Bob Page, AAS, NREMT-P, CCEMT-P, I/C

Stethoscopy for Dummies [*Please bring your stethoscope*]

### Katharine Rickey, NREMT, NH EMS I/C

Alternative Medicine and the EMS Intersection

### James Shiplet, LP, EMSC, AAS and Jackie Langford, BFA, LP

Fine Tuning Your Patient Assessment

### Bernie Stafford

Moulage on a Budget

### Detra Stewart, BS, RRT, RCP

Can You Hear Me Now?

### Roger Turner, LP, BS

TASER: Hands on Exposure and Treatment

### Chris Weinzapfel, NREMT-P, FF

Advanced Airway Management and the Utilization of Capnography in the Field

# Local & Regional EMS News

by Dean Lofton

## Delivery by phone

One early morning in July, trainee dispatcher Julie Smith of the Williamson County Department of Emergency Communications received a 9-1-1 call from an anxious father-to-be in a subdivision west of Georgetown. While help from the Leander Fire Department and Williamson County EMS were en route to the scene, Smith stayed on the phone with the patient's husband, providing medical pre-arrival instructions from the nationally recognized emergency medical dispatch protocol. A healthy baby girl was delivered before the first responders arrived. Smith credited her training and coworkers' assistance with the successful delivery. She also praised the father saying, "Dad was great! He was so calm, followed instructions perfectly, and did exactly everything he was supposed to do."

## Howley retires after 26 years

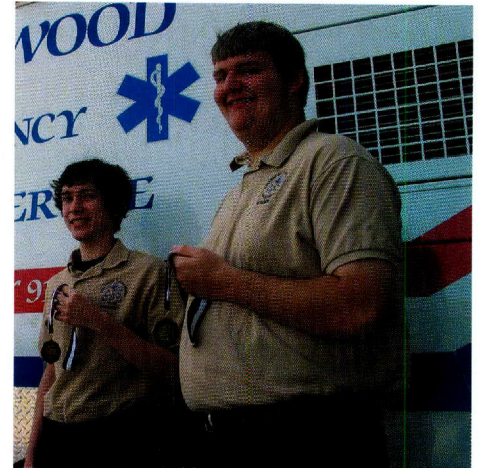
Jack Howley, EMT-P, recently retired as EMS supervisor for Val Verde Regional Medical Center EMS after 26 years of service. Jack received an award from EMS personnel in honor of the years spent serving the community of Del Rio and surrounding Val Verde county. State EMS Director Maxie Bishop also sent Jack an appreciation plaque for his efforts in support of his community and Texas.

## College of the Mainland EMS students place second in nation

Two students from the College of the Mainland (COM) EMS and Friendswood High School (FHS), Ryan Berry and Daniel Dunham, won second place in the EMT competition at the national Health Occupation Students of America (HOSA) conference in Orlando in June. This competition is for all HOSA high school students from across the nation and included a written exam and patient scenario demonstration.

Both Berry and Dunham completed COM's EMT-B program in the summer of 2006 while they were FHS students. In April, Berry and Dunham won first place at the HOSA state competition for EMT skills after winning the regional competition earlier this year.

Dunham, an EMT, graduated high school last May and began COM's paramedic program this fall. He works with the Friendswood Volunteer Fire



College of the Mainland EMS students Ryan Berry (right) and Daniel Dunham won second place in the EMT competition at the national Health Occupation Student Association conference in Orlando in June.

Department and plans to become a firefighter.

Berry is now a senior and will continue his EMS training after completing high school. Berry's interest in emergency medicine was sparked by a sports medicine class during his freshman year at FHS.

COM's Dean of Allied Health and Public Service Careers, Cissy Matthews, praised faculty members Kris Kern and Lisa Camp for the extra time they spent with the students.



Jack Howley retired from Val Verde after 26 years of service. On the back row, from left, Paula Kay Epperson, Pauline Erekson, Robert Ramos, Lisa Lozano, Laurie Clements, Susie Jechow, Wayne Ramsey, Sam Sampson. Cora Howley and Jack Howley are on the front row.

## Tragedy used to educate about drunk driving

On February 11, 2006, 21-year-old Amber Menefee's life ended when her car was struck by an SUV traveling the wrong way on a Lubbock road. The other driver's blood alcohol level was 0.147, nearly double the legal limit, at the time of her arrest. Amber grew up in Andrews, Texas, and was attending Texas Tech University, where she was majoring in early childhood education.

In the spring of 2006, Rodney Jones, a paramedic for the City of Paris EMS, was contacted by a childhood friend of Amber's about using the mangled car and her death to make a difference in the lives of others. Jones teamed up with Paris Police Officers' Association President Sam Owens to bring the wrecked car to Paris.

Once in Paris, several people and businesses quickly offered financial support and in-kind services making the Amber Menefee Mobile Memorial a reality. Amber's car is housed inside a 16-foot trailer with large



*The Amber Menefee Mobile Memorial helps educate the public about drunk driving and is available for community and school programs. Menefee was killed in 2006 by someone driving the wrong way on a road in Lubbock.*

windows on each side and a rear ramp for viewing. The trailer is equipped with five flat screen monitors that play a 12-minute video of Amber during her childhood, news coverage of the wreck and interviews with friends after the wreck.

The trailer debuted in Amber's hometown in April. The Amber Menefee Mobile Memorial is available for drunk driving awareness programs, schools and community events to show the catastrophic effects of drinking and driving. The trailer is one of only three in the nation. For more info, visit the website [www.ambersmobilememorial.org](http://www.ambersmobilememorial.org).

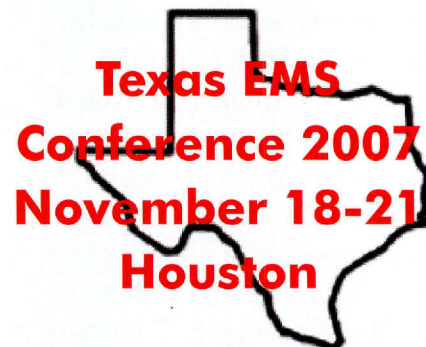
## Texas Task Force 2 operational for statewide activation

Texas Task Force 2 (TX-TF2) became operational in April as a Type III, Urban Search & Rescue Task Force, primarily serving the 16-county North Central Texas Council of Government (COG) Region. Located in Dallas, TX-TF2 is administered by the Dallas Fire Department and received training and developmental support from Texas Engineering Extension Service Texas Task Force 1 (TX-TF1). With more than 160 members trained in multiple disciplines, TX-TF2 is capable of deploying to areas across the state with one of three 42-member platoons. TX-TF2's response includes the capability to perform technical and canine searches and technical rescues; address medical needs; respond to hazmat incidents; and provide logistical support and planning, and a sophisticated interoperable communications platform. Future plans include upgrading the task force to an equivalent FEMA Type I Task Force, consisting of a minimum of 70 on-duty members.

## Trauma center size doubled

The number of trauma beds at Brackenridge Hospital will double, thanks to the Travis County Healthcare District board, who voted in April to spend \$1 million toward the expansion. Brackenridge's trauma center is part of the Seton Family of

Hospitals and cares for the most critically injured people in an 11-county region. More beds were needed to keep up with the population growth in the area. The hospital will spend \$6.74 million increasing the trauma center from nine to 18 beds.



# Local & Regional EMS News

## Blinn College EMS students learn in ambulance simulator

Imagine the benefit of a “redo” on an EMS call. Blinn College EMS students are now able to experience EMS calls and review every detail using a classroom ambulance simulator. All of the equipment students will encounter in the field is included in this “real life” training unit. This allows the student to learn to function in the confined space of an ambulance before entering the workforce. The instructor can observe and coach the students’ actions on a variety of EMS protocols by using remote webcams located inside the simulator. The students

also are able to review their actions through the recorded scenario.

In addition to the ambulance simulator, Blinn College EMS upgraded their SimMan patient simulator and purchased a VitalSim patient simulator. Blinn College offers EMT-Basic courses every semester and a paramedic academy that starts each August and runs for twelve months. Blinn College EMS has



*Blinn College EMS staff show off their new ambulance simulator. From left, Jason Segner, program director; John Tuohy, clinical coordinator; and Tim Hardy, EMS instructor.*

also entered into a partnership with PHI Air Med 12 based in Bryan to host PALS, ACLS and PHTLS classes on the Blinn Campus.

## Emergency supply kits delivered to elderly

In the aftermath of hurricanes Katrina and Rita, the Aging Services Council of Central Texas worked with city, county and state officials to identify the needs of older, isolated adults during emergencies. During these meetings it became apparent that to reduce the burden on community resources and shelters, it is necessary to help elders stay in their homes if possible. The Council delivered 800 emergency supply kits between January and March to adults age 60 years or older, living alone, and with an income up to 150 percent of the poverty rate. The kits include 72 hours of emergency supplies that enable

recipients to remain safely at home during a limited crisis. Each person receives a three-day supply of shelf-stable meals, water, toiletries, a flashlight with batteries, and a brochure with helpful emergency preparedness information.

For this project, the Council partnered with the City of Austin, Lower Colorado River Authority, Capital Area Food Bank, Travis County Health and Human Services and Veterans Services and the Roy F. and Joann Cole Mitte Foundation. In early 2008, each person who received a kit will be asked whether the kit’s contents are still intact or functioning, and if used,

for what emergency. Depending on success of project and future funding, the Aging Services Council will expand the project. An estimated 2,500 older adults in Travis County could benefit from the emergency supply kit.

The Emergency Preparedness Committee of the Aging Services Council also has plans to publish a guide to organizing and implementing this type of project so other community agencies, church groups, senior programs and civic groups can prepare and distribute their own kits.

When completed, this guide will be shared on-line at the Aging Services Council website. ([www.agingervicescouncil.org](http://www.agingervicescouncil.org)).



# Local & Regional EMS News

## Baby survives after near-drowning

When 14-month-old Mia Deuter was found unconscious in a swimming pool, it was her parent's worse nightmare. But thanks to the quick response of her father and EMTs, she is alive today.

Brian Deuter, Mia's father, was an important link in the chain of survival when he called 9-1-1 and started CPR seconds after pulling Mia out of the pool. Within minutes help was on the scene – from a caring neighbor to the Bulverde Volunteer Fire Department to the Bulverde and Spring Branch EMS and fire departments. In addition, San Antonio AirLife was dispatched to the scene and transported Mia to University Hospital, a Level I trauma center in South Texas. All of the links in Mia's chain of survival gathered during EMS Week in May at Bulverde Spring Branch EMS to celebrate Mia's recovery.



*Mia Deuter, who was revived by paramedics after being found unconscious in the family pool, waves to San Antonio's AirLife helicopter at an EMS Week event.*

## Austin / Travis County EMS launches Office of the Medical Director

The City of Austin/Travis County EMS System recently established the Office of the Medical Director (OMD), consisting of staff and resources provided by the City of Austin EMS Department, Travis County and the Austin Fire Department. The mission of the OMD is to provide comprehensive medical oversight for almost 2,000 credentialed providers in the system. In addition to the system medical director, Ed Racht, MD, the office will have eight staff members.

The OMD recently hired Jeff Hayes, former director of operations for Williamson County EMS, as the medical practice manager; and Louis Gonzales, former clinical commander for Williamson County EMS, as the system coordinator of quality, performance and research.

Responsibilities of the office will include the clinical practice of medicine, quality improvement/performance assessment, health care provider education, regulatory functions, public education and outreach, research, advocacy and OMD practice management, and participant collaboration.

## Dell Children's Medical Center's trauma staff work with EMS

Dell Children's Medical Center (DCMC) of Central Texas, the first stand-alone pediatric facility in Central Texas, opened its doors on June 30th. More than a week before the first trauma patient arrived, EMS providers from all over Central Texas attended a "mock trauma" at the new hospital to ensure that both teams were ready and able to work together on opening day.

"The relationship we have with our pre-hospital providers needs to be a very close, tight-knit relationship," said Dr. Todd Maxson, medical director of the trauma program at DCMC. Dr. Maxson says the event gave EMS personnel from the hospital's 46-county service area a chance to get up to speed on the layout of the emergency department.

DCMC will have the only pediatric-specific trauma service within the Seton Healthcare Network's 46-county service area. The trauma program consists of a multidisciplinary team of surgeons, nurse practitioners, nurses, data registrars, social workers, child life specialists, injury prevention educators, therapists, researchers and support staff who work together to ensure optimum care for injured patients. The trauma team is led by Laura Stephens, RN, who helped develop the trauma program at Children's Medical Center Dallas.

# Local & Regional EMS News

## Washington County paramedics deliver

It seemed like a typical Friday for a group of paramedics working in Washington County but it wasn't. At approximately 6:50 am on July 13th, Washington County EMS received a call for a woman in labor in Brenham. According to dispatch, the head was presenting and the paramedics were under the impression a typical delivery was about to occur. Upon arrival paramedics found quite the opposite. The baby was partially delivered and breech. The mother had apparently been in labor for quite some time and upon assessment, the paramedics found the prolapsed umbilical cord was not pulsating.

The paramedics quickly relieved pressure from the umbilical cord on the baby's head in attempts to gain circulation

back to the baby. Unsuccessful, the paramedics choose to deliver the baby and with two minutes they had delivered a 10.5 pound baby boy.

After an initial APGAR of 1, paramedics suctioned the trachea. The infant did not respond and they began ventilating via a BVM. The patient's pulse increased to 80. Attempts to stimulate and warm the infant were aggressively performed and at the second APGAR (five minutes) the infant scored a 6. With respirations spontaneous and heart rate increasing to 170, there was a sigh of relief from the paramedics. Mom and baby are now home and doing well. Paramedics on the call were Josh Guelker, EMT-P; Amy Klussmann, EMT-P; Richard Skinner, EMT-P; and Lt. Matt Vasquez, EMT-P.

## ETMC adds computer equipment to ambulances

East Texas Medical Center (ETMC) Regional Healthcare System began adding computers to 75 ambulances in May. The computers offer navigation and communication tools. Called RescueNet Nomad, the nine-inch computer screens, equipment and software will cost almost \$500,000.

"It will save lives," said Tony Myers, ETMC EMS vice president. "It will keep us from making mistakes when responding on location."

According to Myers, the installations will take four to five months.

Have news for  
Local & Regional?  
Send to [kelly.harrell@dshs.state.tx.us](mailto:kelly.harrell@dshs.state.tx.us)

## EMS Week celebrated at Lake Jackson

Lake Jackson EMS celebrated EMS Week with a visit to the fourth grade of A.P. Beutel Elementary with Ready Teddy. The visit included talks about the importance of being safe, calling 9-1-1 and how not to be scared of EMTs and paramedics. After shaking hands with Ready Teddy and promising to be safe, the children took a tour of the ambulance. Later in the week, Lake Jackson EMS set up at Brazos Mall and the Wal-Mart pharmacy to give away candy, bicycle helmets and balloons.



Lake Jackson celebrates EMS week. From left, A.P. Beutel Elementary School Assistant Principal Loretta Werling; A.P. Beutel 4th graders; Chance Sims, NREMT-I; Betty Blackman, EMT-P; Ready Teddy; Michele Grace, EMT-P; and Brian Morrison, NREMT-B.

# Testing by the numbers

## National Registry stats show Texas lags in some areas, but not by much

By Maxie Bishop

It's been about eight months since Texas switched to computerized testing through National Registry. How are we doing? It's all in the numbers. Or is it? What you don't see is how students from individual programs fare. We are compiling statistics for each program to give us a better idea of whose students have the best chance of testing successfully on the first try – and whose don't. We'll be working in the coming months to congratulate those who are doing well and to help improve those who aren't.

### Nationwide National Registry statistics (all attempts) January 1 – June 30, 2007

Certification Level	Passing Percentage
ECA	76%
EMT-B	71%
EMT-I	65%
EMT-P	53%

### Texas National Registry statistics (all attempts) January 1, 2007- August 3, 2007

This chart includes the total number of testers in Texas, with some candidates testing more than once.

Certification Level	Total Number Testers	Passed	Failed	Passing Percentage
ECA	318	239	79	75%
EMT-B	3506	2164	1342	62%
EMT-I	364	240	124	66%
EMT-P	1328	568	760	43%

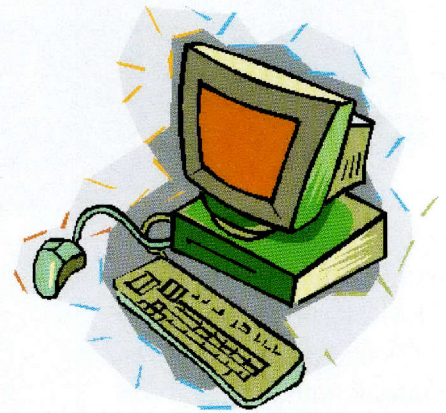
In the following table, testers who passed, regardless of attempts, counted as a passing. Testers who failed all attempts are counted as failing.

Certification Level	Passing Percentage
ECA	79%
EMT-B	72%
EMT-I	72%
EMT-P	58%

#### New NR testing site added to Houston area

Spring Independent School District  
900 Wunsche Loop  
Spring, 77373  
832-764-7692

For a full list of testing sites, go to [www.pearsonvue.com](http://www.pearsonvue.com).



# The EMS experience

Saluting those with 20 years or more in EMS

**Donna Sue (Susie) Jechow, paramedic**  
**Val Verde Regional Medical Center EMS**  
**Del Rio**  
**Advanced Coordinator**  
**Southwest Texas EMS Training**

## When was your first day on the job?

I was hired as an EMT-Basic at Val Verde Memorial Hospital EMS on Feb. 8, 1982, after completing the course in December. I was 19 years old. Advanced life support was new; my supervisor was in Special Skills school. We had no paramedics. I usually worked the



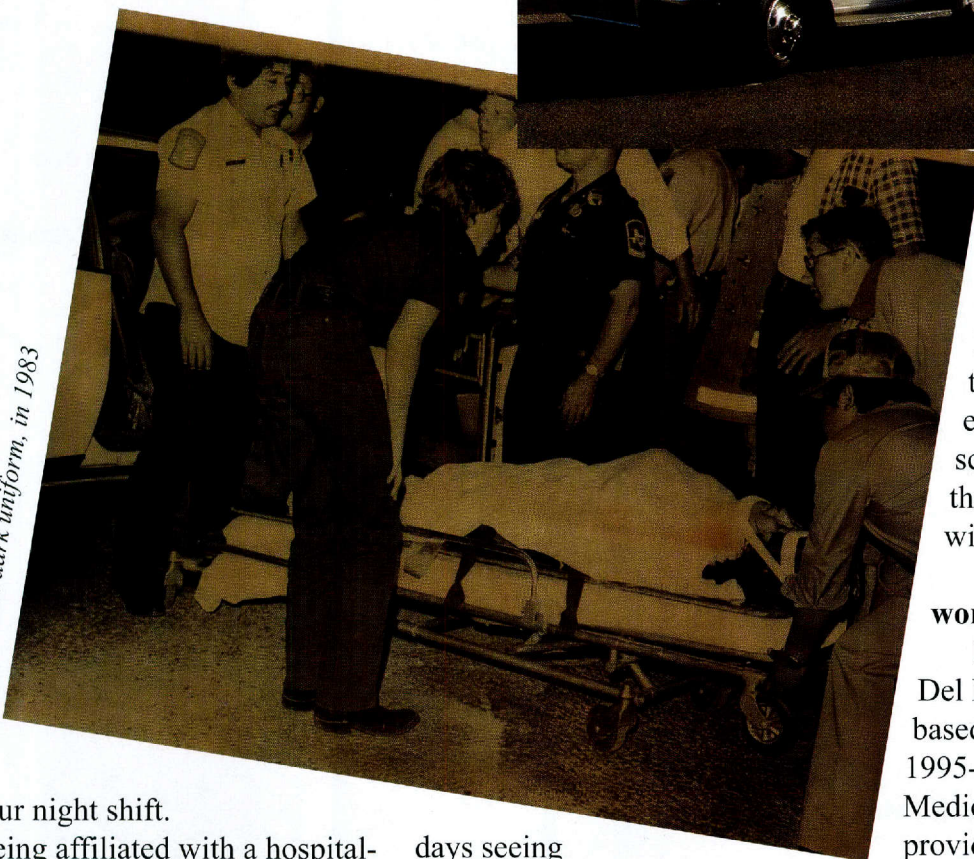
*Jechow in 2007*

save a trauma patient's life and wanted to be available should he need someone to hold a rib spreader. It was a time when all medics were eager to learn and to help. Our scope of practice was whatever the physician asked us to assist with.

## Which services have you worked for over the years?

I spent most of my career in Del Rio working at a hospital-based EMS from 1982-84 and 1995-present. Val Verde Regional Medical Center EMS is an MICU provider which, in my opinion, employees some of the best medics in the state. My former director, Jack Howley, remains the epitome of a role model of self-sacrifice and service to not only the citizens, but

*continued on page 43*



*Jechow, in dark uniform, in 1983*

12-hour night shift.

Being affiliated with a hospital-based EMS has its advantages: the EMTs and paramedics were and continue to be utilized for emergencies within the medical center. I remember in my early

days seeing our vascular surgeon, Dr. Terry Lindsey, walking briskly into the ER. I would follow (stalk) him as I knew he would do something amazing in an attempt to

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# Everything you need to know about paramedics

by Phil Lockwood

We got an email a while back asking us a bunch of questions about being a paramedic. We spent some time researching the question and we thought the information was too good not to share.

## Required coursework

Paramedics must complete a state-approved course (must meet national standard), pass the National Registry of EMTs exam and submit an application and fee to receive state certification/licensure.

- DOT National Standard Curricula: <http://www.nhtsa.dot.gov/> (Enter National Standard Curricula in the search field and click on the Emergency Medical Services/ National Highway Traffic Safety link)
- Also see EMT-basic. It is a prerequisite for paramedic certification.
- Initial certification info: <http://www.dshs.state.tx.us/emstraumasystems/CertInfo.shtm>

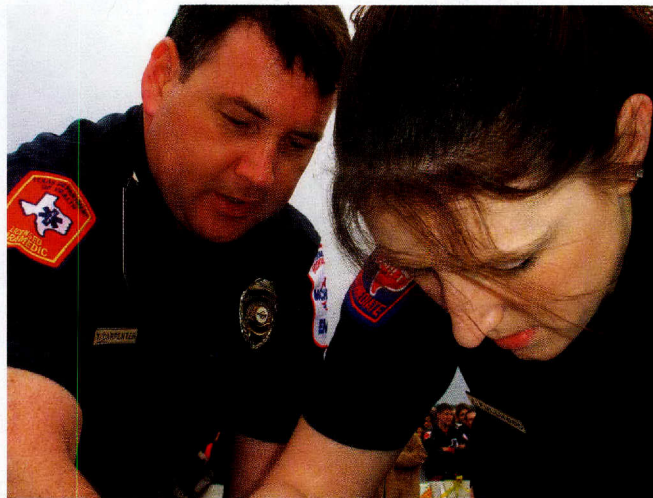


photo by Bobby McMinn

## CEU requirements to maintain certification/licensure

- Minimum CE content hours for EMS personnel: <http://www.dshs.state.tx.us/emstraumasystems/scehours.shtm>
- General CE information for EMS personnel: <http://www.dshs.state.tx.us/emstraumasystems/continuing.shtm>
- Renewal requirements for EMS personnel: <http://www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm>

## Whose license they operate under

- Paramedics perform advanced life support at the direction of a physician medical director. See Texas Medical Board EMS rules, Title 22 of the Texas Administrative Code, Chapter 197, Section 197.1: [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.viewtac](http://info.sos.state.tx.us/pls/pub/readtac$ext.viewtac). (Click on Title 22 scroll down to Part 9 and Chapter 197 is located towards the end of the page).
- Also see Health and Safety Code, Chapter 773, Section 773.049 – EMT-Paramedic Qualifications: <http://tlo2.tlc.state.tx.us/statutes/hs.toc.htm> (Click on the Search tab and enter Section 773.049)

## Research facility positions

Our statute and rules primarily address EMS personnel who staff ambulances and/or as initial responders to 911 calls. The following was written as a general guideline for addressing a situation outside of emergency response.

- White paper re: employment of EMS personnel in healthcare facilities: <http://www.dshs.state.tx.us/emstraumasystems/EMSinFacilities.shtm>

## Examples of job descriptions

- Functional job description: <http://www.dshs.state.tx.us/emstraumasystems/JOBDESC.SHTM>
- Functional job description (UT Southwestern Medical Center website): <http://www.utsouthwestern.edu/utsw/cda/dept29240/files/53272.html>

# Profile: EMS Compliance – East Group

EMS Compliance East Group extends from the tip of South Texas to past Beaumont, with offices in Houston, Beaumont, Corpus Christi and Harlingen. Eight staff provide technical guidance and regulatory services to 612 licensed EMS providers and countless certificants and licensees across 47 counties, two health regions (and parts of two others) and 6 RACs.

Staff actively participate in the regional advisory councils (RACs), and provide regional and local public health information and services. EMS Compliance is part of the Patient Quality Care Unit in the Health Care Quality Section. The Section is in the Division of Regulatory Services. Kathy Perkins is assistant commissioner for the Division; Renee Clack is director of the Section; and Derek Jakovich is director of the Unit.

## **Aaron P. Patterson – Houston Manager, East EMS Compliance Group**

**Past/current EMS certifications**  
First Responder (ECA) in New York; EMT-Basic in New York, Washington, D.C., Texas and NREMT; paramedic in New York and Texas; bachelor of science degree in EMS management from George Washington University

### **How long in EMS?**

21 years (started at age 14 as a Fire Explorer)

### **How long with the state?**

3 years (10 months in Houston as an EMS Program Specialist; 16 months in Austin as special assistant to the state EMS director;



*East group staff include, from left, Brian Singleton, Marilyn Talley Aaron Patterson, Pam West and Jaime Vallejo.*

10 months EMS Compliance - East Manager)

### **Phone number/email:**

713-767-3333

aaron.patterson@dshs.state.tx.us

## **Pam West, Brian Singleton, Jaime Vallejo and Marilyn Talley – Houston**

The Houston office provides customer service along with regulatory services to more than 300 licensed EMS providers throughout a region of 16 counties in Southeast Texas. Approximately 200 providers are in Harris County alone, with the majority of those in Houston. On October 2006, Houston office welcomed the addition of RAC N, which entails approximately 11 providers in a five-county region. RAC N now joins RAC Q in the promotion of public health issues, safety awareness and injury prevention throughout the region.

## **Pam West**

### **Past/current EMS certifications**

First Responder in Virginia (1970); ECA in Texas (1975); certified at the special skills level; currently

certified EMT- P.

### **How long in EMS?**

37 years

### **How long with the state?**

4 years

### **Phone number/email address:**

713-767-3335

pam.west@dshs.state.tx.us

## **Brian Singleton**

### **Past/current EMS certifications**

ECA (1996); EMT-Basic (1999); volunteer firefighter from 1995 - 2001.

### **How long in EMS?**

11 years

### **How long with the state?**

9 months

### **Phone number/email address:**

713-767-3334

## **Jaime Vallejo**

### **Past/current EMS certifications**

Current EMT-P; former NREMT - Paramedic

### **How long in EMS?**

3 years

### **How long with the state?**

10 months

### **Phone number/email address:**

713-767-3336

jaime.vallejo@dshs.state.tx.us

## **Marilyn Talley**

### **Past/current EMS certifications**

EMT-Basic, former AHA CPR Instructor trainer and current EMT-Paramedic

### **How long in EMS?**

17 years

### **How long with the state?**

2 1/2 years

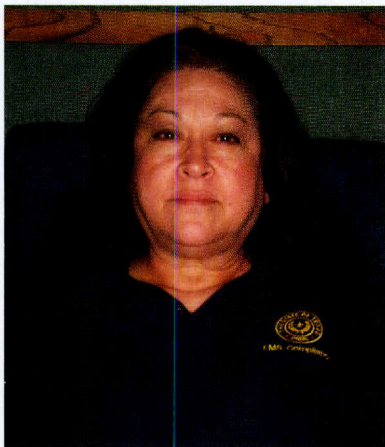
### **Phone number/email address:**

713-767-3332

marilyn.talley@dshs.state.tx.us

**Noemi Sanchez – Harlingen**

The southernmost field office is in Harlingen near the border of Mexico. Counties serviced in this area are Starr, Hidalgo, Willacy and Cameron counties. There are approximately 243 EMS ground providers, one rotor wing provider and a couple of fixed wing providers. TSA-V is the RAC in this area. There are three educational facilities who are providing EMS training: University of Brownsville-TSC (Texas Southmost Council), Texas State Technical College-Harlingen, and South Texas College-McAllen.



Noemi Sanchez

**Past/current EMS certifications**

EMT-I (Inactive)

**How long in EMS?**

19 years

**How long with the state?**

More than 29 years (ten with Environmental Health with TDH and 19 with EMS. EMS program manager for Region 11 from 1995 thru 2002).

**Phone number/email address:**

(956) 444-3280

noemi.sanchez@dshs.state.tx.us

**Reyes Flores – Corpus Christi**

The Corpus Christi field office covers 18 counties that run along the Texas Coast. Twelve of the counties are in TSA-U, Coastal Bend Regional Advisory Council; six are in TSA-S, Golden Crescent



Reyes Flores

Regional Advisory Council. There are about 45 EMS providers, five FROs, nine education programs, several CE training programs, 16 Level IV hospitals and three Level III hospitals. This office works closely with local and state agencies involved with the planning and preparation of evacuating special needs persons along the coastal region in the event of a mass evacuation during a hurricane.

**Past/current EMS certifications:**

Volunteer Firefighter (1992), ECA (1995), EMT-B (1996), EMT-P (1997), Examiner (1998), Licensed Paramedic (1999), AHA CPR Instructor (2000) EMS Instructor (2003)

**How long in EMS?**

12 years

**How long with the state?**

A little more than 2 years

**Phone number/email address:**

(361) 888-7837

reyes.flores@dshs.state.tx.us

**Joey Ancelet-Beaumont**

The Beaumont office opened December 1, 2006, to handle the Golden Triange. Prior to that, the area was handled by the Houston office. The Beaumont office is primarily responsible for counties within RAC-R. Within that RAC are nine counties with approximately 24 licensed EMS providers, 12 hospitals, eight education programs and several first responder organizations. RAC-R is an integral partner in promoting public health issues, safety awareness and injury prevention.



Joey Ancelet

**Past/current EMS certifications**

EMT (2/1992), EMT-I (6/1992), EMT-P (1995)

Examiner (1996), Basic Coordinator (2001)

**How long in EMS?**

15 years

**How long with the State?**

3.5 years

**Phone Number/e-mail Address**

409.951.3090

joey.ancelet@dshs.state.tx.us

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# FAQ Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

**Q: Soon there will be a new certification query available on the website. Are there any terms that may need clarification?**

**A:** When you look up your status on the new certification query, if your certification is not expired and you are in Active Status, your Certification Status is going to be listed as Current, Active. That means that you are legal to work in Texas. If you are in Inactive status (no longer practicing as an EMT, but didn't let your certification expire), your status is going to be listed as Current, Inactive. If your certification is expired, your status is going to be listed as Expired **and** either Active or Inactive. You are **not** legal to work as an EMS professional in Texas with either an Expired or Inactive status. To legally work as an EMS professional in Texas, your status must read Current, Active and your expiration date must not have passed. When the new certification query is up and running, if you have any questions concerning your status listed on the web site, please call the EMS Certification section at 512-834-6700.

There may be instances when an enforcement action is listed as a status, such as Probated Suspension, Suspension or Decertified. If you have questions concerning those, please call 512/834-6700 and ask for either the Enforcement or Compliance section.

**Q: I am currently in inactive status. What do I need to do to return to active status and work in Texas?**

**A:** First you will need to submit the Inactive/Active Certification/Licensure application and fee. You can find the application on our website at: [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems). Click on the link for Recertification/Relicensure Info. Scroll down to EMS Inactive Certification and look for Inactive Certification/Application. Click on the link. To regain active status you will complete Section 3 of the application, choosing one of the two renewal options, **and** you must take and pass the National Registry Assessment Exam. You can gain information about the National Registry Assessment Exam from their website at: [www.nremt.org/about/nremt\\_news.asp](http://www.nremt.org/about/nremt_news.asp).

**Q: Do I have to wait until I complete my initial EMT course to submit my state application for certification?**

**A:** No, you can submit your application for state certification anytime. In fact, we recommend you submit your application prior to completion of your course. Your application will be classified as deficient until we get all of the requirements, including your National Registry number. But your state application will remain open and you will have two years to submit all of the requirements.

Submitting your application prior to completion of your course allows DSHS staff to complete some processing early, including fee processing, data entry and criminal background check, which normally takes 4-6 weeks. You can find the initial application for state certification on our website at: [www.dshs.state.tx.us/emstraumasystems/CertInfo.shtm](http://www.dshs.state.tx.us/emstraumasystems/CertInfo.shtm).

**Q: I'm choosing Option 1, the written exam, to renew my EMT certification. What exam do I need to take?**

**A:** The written exam you need to take if you choose Option 1 on the Recertification/Relicensure application as your certification renewal option is the National Registry assessment exam. You can request that exam using National Registry's web site at: [www.nremt.org](http://www.nremt.org). You can review all of your state certification/licensure renewal options on our website at: [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems).

**Q: What type of liability insurance is required for ambulances and at what limits?**

**A:** The liability insurance requirement for EMS providers is the minimum required by the Transportation Code (601.081 – 083) regarding standard proof of vehicle liability insurance. The current minimum coverage amounts are: \$20,000 for bodily injury to, or death of one person



# FAQ

## Frequently Asked Questions

in one accident; \$40,000 for bodily injury to or death of two or more persons in one accident, subject to the amount provided by Subdivision (1) for bodily injury to, or death of one of the persons; and \$15,000 for damage to, or destruction of property of others in one accident. We also ask that the service provide us a copy of the certificate showing DSHS as the certificate holder (so we'll be informed if it expires or is cancelled). In the last legislative session, Senate Bill 502 was passed, increasing the minimums to \$25,000 / \$50,000 / \$25,000 in April of 2008 and to \$30,000 / \$60,000 / \$25,000 in January of 2011.

**Q: I am trying to find out the scope of practice for a paramedic. What is allowed for patient treatments, limitations, etc.?**

**A:** Texas does not have a rigid scope of practice for EMS personnel defined in rule or law as some other states do. That's because Texas Medical Board rules allow physician-medical directors to delegate medical tasks to EMS personnel as long as they've trained and/or verified and documented the training, in the context of the Texas Medical Board language of 22 Texas Administrative Code, Section 197.1. Medical personnel with specific training and competencies may be able to perform skills outside the

bounds of traditional practice if their medical director evaluates, provides additional training, authorizes them accordingly and develops protocols to match. For the purpose of this explanation, traditional practice may be defined as the knowledge and competencies described in the DOT National Standard Curriculum at each EMS training level.

**Q: Would a licensed ambulance service be in violation of Texas Administrative Code if it has a unit respond to a call with only person on the unit and then once on scene, pick up the second crew member to place the unit in service?**

**A:** Responding to a scene with only one person is not considered a violation of EMS rules, but it's

not advisable. The definition of an "in-service" EMS vehicle is found in Texas Administrative Code Title 25, Part 1, Chapter 157, Subsection A, Section 157.2 (76): When in-service — *The period of time when an EMS vehicle is at the scene or when en route to a facility with a patient.*

An EMS provider will be required to explain how they will meet the in-service staffing requirement, especially when the resources of the provider may not always allow them to have two certified staff (paid or volunteer) on the vehicle when it responds. We strongly encourage all EMS providers to have a staffing plan that prevents the occurrence of only one EMS person arriving at the scene, therefore being potentially unable to transport the patient.

**Questions about  
certification? Call EMS  
Certification at  
(512) 834-6700. Or email  
emsinfo@dshs.state.tx.us**

# Stroke Update

By Kenny Navarro, LP



## Objectives:

At the end of this CE module, the student will be able to:

1. Describe and discuss the epidemiology, pathophysiology, and types of stroke.
2. Discuss the assessment finding associated with stroke.
3. Formulate a treatment plan for the management of stroke.

## Introduction

Stroke is a nonspecific term that has come to mean a sudden interruption of blood flow to a portion of the brain with a resulting loss of neurological function. On average, someone in the United States suffers a stroke every 45 seconds and stroke is the third leading cause of death in this country ranking behind heart disease and cancer.<sup>1</sup>

In 1995, the National Institute of Neurological Disorders and Stroke study group reported that early administration of new “clot-busting drugs” could reverse the symptoms in some patients who had suffered an ischemic stroke.<sup>2</sup> It did not take long for the Food and Drug Administration to approve this new drug. Today, many medical professionals who once considered a stroke to be a debilitating event now recognize that stroke victims can have a complete recovery if detected and treated early.

EMS personnel play a pivotal role in the initial evaluation and treatment of stroke and must understand its pathophysiology, clinical presentation and current treatment strategies.

## Pathophysiology

Two major types of stroke exist based on the etiology: hemorrhagic or ischemic. The ischemic group accounts for about 88 percent of all strokes in this country.<sup>1</sup> Ischemic strokes are most often caused by blood clots from one of two sources.

Emboli are clots that form in the body and are carried to the brain by the bloodstream.<sup>3</sup> A thrombus is a clot that develops within an artery that serves the brain.<sup>4</sup> In either case, the clot blocks blood flow to a portion of the brain.

Within seconds to minutes of the loss of perfusion, a series of events begin that can ultimately lead to an area of irreversible brain tissue death. Surrounding this dead tissue is a zone of salvageable ischemic tissue that EMS can influence by helping to provide proper treatment.

Time seems to be a critical factor in reversing the ischemic cascade that ultimately kills the zone. Initial animal and human studies have shown that restoring blood flow using clot-busters within three hours provides the greatest opportunity for a complete recovery.

Because the window of opportunity

is so short for reversing the signs and symptoms, any delay in recognizing and treating the stroke must be minimized. The American Heart Association has developed the “Seven D’s of Stroke Survival and Recovery” as a memory aid for healthcare providers.<sup>5</sup> EMS personnel must be keenly aware of the role they play within this Stroke Chain of Survival.

### Stroke Chain of Survival

The first link in the chain is **detection**. The window of opportunity to reverse the neurological deficits begins as soon as the stroke occurs. Early treatment depends on the patient, bystanders or family members being familiar with the signs and symptoms of stroke. Unfortunately, the American Heart Association estimates that fewer than one out of ten patients was informed about the warning signs before they suffered their event.<sup>6</sup>

Unlike a heart attack, stroke rarely produces any pain. Almost all patients however, will experience some type of neurological impairment. Mild signs and symptoms include facial weakness, difficulty speaking or slight dizziness. Presentations that are more dramatic include paralysis on one side of the body or unconsciousness.

Mild symptoms may go unnoticed or be ignored altogether. Many times, the stroke occurs during sleep. Since there is no pain, the signs and symptoms are not discovered until the patient wakes. Still in other cases, the stroke may leave the victim too incapacitated to call for help.

Once the stroke is recognized, the **dispatch** link in the chain begins with activation of the EMS system. Patients arrive at the hospital by ambulance only about half of the time<sup>7</sup> even though ambulance transport offers the safest mode of transport for stroke victims. Many stroke victims contact their primary care doctor before contacting EMS or allow family members to drive them to the hospital. Both of these actions delay arrival at the

hospital when compared to ambulance transport.<sup>7</sup>

EMS dispatchers have played critical roles in reducing the amount of time it takes for stroke victims to arrive at the hospital. Trained dispatchers recognize the potential for stroke when they receive a call for help and can assign a high priority to the call, which can minimize the amount of time it takes for a properly equipped rescue team to arrive at the patient’s side. Appropriately trained dispatchers can also assist bystanders or family members with pre-arrival instructions to minimize deterioration until the EMS personnel arrive.

The third “D” in the stroke Chain of Survival represents the **delivery** of the patient to the hospital. Historically, initial training programs devoted little time to the subject of stroke, considering it a form of altered mental status. Prehospital treatment protocols attempted to identify correctable causes of mental status problem. Finally, when the exam suggested a stroke, little emphasis was placed on rapid transport.

Now that a wider variety of treatment options are available, including for the first time the ability to completely reverse the stroke, EMS systems are beginning to organize their approach to stroke care like never before. The goals during the pre-hospital time period are to identify those patients who are potentially suffering from a stroke, provide supportive care for life-threatening symptoms and rapidly transport those victims to a medical facility which is properly prepared to care for this patient.

### Stroke Evaluation

Identifying the potential stroke victim has gotten easier with the introduction of the highly accurate Cincinnati Prehospital Stroke Scale.<sup>8</sup>

The Cincinnati Prehospital Stroke Scale evaluates three physical findings to predict the likelihood of stroke: facial droop, arm drift and abnormal speech. EMS personnel begin by asking the patient to smile or



show their teeth. A normal facial droop test reveals equal movement on both sides of the patient's face. If one side of the face does not move as well as the other side, an abnormal test exists.

To evaluate for arm drift, have the patient close his or her eyes and support the patient's arms as he or she holds them straight out, palms down. Tell the patient you are going to let the arms go and to hold their arms still. Under normal circumstances, both arms move equally down or remain straight when you let go. If the patient has had a stroke, one of the arms will drift downward while the other does not.

The final step in the Cincinnati Prehospital Stroke Scale is the abnormal speech test. Ask the patient to repeat a simple phrase such as, "You can't teach an old dog new tricks." If the patient has had a stroke, the patient will not be able to speak, uses incorrect words, or will have slurred speech.

If the evaluation suggests the likelihood of stroke, EMS personnel must work to quickly move the patient to an appropriate facility. The greatest chances of reversing the debilitating effects of the stroke come from transporting the patient to a specialized center within a few hours of the symptom onset. However, even when the window of opportunity has passed, stroke patients usually have better outcomes when treated at a facility that provides specialized stroke services.

### **Field Management of Stroke**

Prehospital management should focus on support of airway, breathing and circulation along with rapid transport to an appropriate facility. If the exam suggests cervical trauma in addition to a stroke, implement spinal movement precautions early.

The stroke may result in paralysis of the muscles of the mouth and throat. This could represent a threat to the patient's airway by interfering with the swallowing

process and allowing saliva to pool in the back of the throat. Frequent suctioning and positioning the patient to allow for drainage of secretions might help protect the airway.

The use of an oropharyngeal or a nasopharyngeal airway can provide further airway support. If basic airway management is ineffective, endotracheal intubation may be considered. This is especially true for comatose patients. The American Heart Association now considers supra-glottic airways to be suitable alternatives to endotracheal tubes for some patients.<sup>9</sup>

Administer supplemental oxygen if the patient is hypoxic, but consider administration even if no evidence of hypoxia exists.<sup>9</sup> Use a pulse oximeter to determine the effectiveness of your oxygen therapy.

Cardiac arrest in the stroke victim is relatively uncommon<sup>9</sup> and usually only develops after respiratory arrest. However, cardiovascular abnormalities including arrhythmia and blood pressure disturbances are frequent and require close monitoring. Hypotension rarely develops and usually is a sign of something other than a stroke. The prehospital treatment of hypertension in the stroke patient is not usually recommended.<sup>9</sup>

Cardiac arrhythmia may point to the underlying cause or origin of the stroke. Atrial fibrillation suggests a cardiothrombotic origin of stroke. Bradycardia suggests hypoxia or an elevation of intracranial pressure. Life-threatening arrhythmia is rare in ischemic stroke, but may occur in about 20 percent of hemorrhagic stroke.<sup>10</sup> Other researchers have demonstrated a high incidence of arrhythmia within the first 48 hours of a hemorrhagic stroke.<sup>11</sup>

Advanced personnel may establish IV access with normal saline at a keep open rate and perform a 12-lead ECG assessment; however, this action should not delay the transport of the patient.

Hypoglycemia can cause focal

neurological signs that very closely mimic those found in acute stroke. For that reason, every patient that presents with aphasia, hemiparesis or any other signs of stroke must have a fingerstick blood glucose evaluation performed. If hypoglycemia is present, treat with 50 percent dextrose and reassess the patient.

Do not administer 50 percent dextrose to stroke victims whose blood glucose values are normal or unknown. Animal and human studies have demonstrated a relationship between hyperglycemia and more severe brain injury in stroke.<sup>12,13</sup>

Seizure is another condition whose signs and symptoms may closely mimic those of stroke. Post-ictal aphasia and paresis may last for several hours after grand mal activity. However, there are some clues that suggest seizure rather than stroke including lacerations on the side of the tongue or the lips and urinary or fecal incontinence. Stroke patients do have seizures, but they occur in only about 5 to 10 percent of ischemic strokes and are more frequent in hemorrhagic stroke.<sup>14,15</sup>

EMS personnel must aggressively manage active seizures as they can potentially worsen the stroke. The EMS treatment of choice for seizure has traditionally been IV benzodiazepines, although intra-nasal administration with specially designed atomizers is becoming very popular. Regardless of the route used, monitor the patient's vital signs carefully for early signs of respiratory depression and hypoxia.

### Hospital Care

Up to now, the first three steps in the Stroke Chain of Survival, **detection** or early recognition, **dispatch** of EMS, and **delivery** to a specialized stroke service facility have occurred. The final steps of the seven Ds in the stroke chain of survival now belong to the hospital.

The fourth D represents the **door**, or emergency department triage. The hospital must be ready to move very quickly to

organize the personnel and equipment necessary for the effective treatment of the stroke patient. The staff will have to gather **data**, the fifth step in the chain. A rapid physical exam must be performed and a thorough history gathered in order to identify those candidates who will likely benefit from the clot-busting drugs.

The patient will need to receive a CT scan very soon after arrival. The CT scan is the single most important diagnostic test for identifying acute ischemic stroke.

If the CT scan suggests the presence of an ischemic stroke, the medical staff along with the patient and the family must make a **decision** about the subsequent therapy, the next step in the chain of survival. The medical staff must carefully review the risks and benefits of the clot-busting drugs with the patient and the family. The original National Institute of Neurological Disorders study found a 30 percent increase in the chances that clot-busters will completely reverse the stroke, a 7 percent increase in the chance of a hemorrhagic stroke and about a 3 percent increase in the chance of death.<sup>2</sup> The patient will have to decide if he or she is willing to take those risks. If the decision is to proceed, the final step, receiving the **drug** will occur.

### Conclusion

Stroke care has significantly improved the patient's chances of recovery over the last decade. For the first time, patients have hope of returning to a normal life following a stroke. However, the window of opportunity to help these patients is very short. If any link in the stroke chain of survival is weak, reversal of symptoms will not occur and the damage becomes permanent.

EMS plays a vital role in the chain of survival. Early detection of stroke along with rapid transport to a facility capable of reversing the debilitating effects of the stroke offers the greatest hope of a normal life.



Continuing Education

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## DSHS wants you... to sign an MOA



With hurricane season in full swing, DSHS is extremely grateful to the Texas EMS providers which have committed ground and air ambulances for state facility evacuations and/or state missions during disasters. Currently 188 EMS ground units and three air providers have committed to both facility evacuations and/or state missions by signing a Memorandum of Agreement (MOA). Signing an MOA ensures prompt payment from DSHS, instead of waiting on reimbursement from the Federal Emergency Management Agency (FEMA). For MOA information, please go to [www.dshs.state.tx.us/emstraumasystems/moalist.shtm](http://www.dshs.state.tx.us/emstraumasystems/moalist.shtm).

## New laws go into effect September 1

DSHS is working on rules to implement the legislation passed earlier this year, but rules can take some time to get thoroughly vetted and approved. Here are two things you need to know now about the new legislation. First, only licensed EMS providers may transport patients by stretcher beginning September 1. This means even medical vans, if they transport by stretcher, must be licensed by DSHS. Second, ECAs may now administer epi pens with the approval of their medical directors. The provision that requires all ambulances to carry epi pens will not go into effect until rules are written and passed. We will update our website and this magazine as we get more information on rules. – *Maxie Bishop*

# Stroke Update

## Quiz

1. Stroke is the \_\_\_\_\_ of death in the United States

- a. leading cause
- b. second leading cause
- c. third leading cause
- d. fourth leading cause

2. The overwhelming majority of strokes in the United States belong to which group?

- a. ischemic
- b. hemorrhagic
- c. transient
- d. CVAs

3. Some ischemic strokes are caused by emboli. An embolus is defined as a

- a. weakened area of a blood vessel that ruptures
- b. layer of an artery that separates from the surrounding tissue
- c. clot that develops within an artery that serves the brain
- d. clot that forms in the body and is carried to the brain by the bloodstream

4. Within seconds to minutes of the stroke, a series of events begin that can lead to an area of irreversible brain tissue death. This dead tissue will be surrounded by a zone of ischemic tissue that can still be salvaged if the blood flow is restored within \_\_\_\_\_ hours.

- a. 3
- b. 7
- c. 9
- d. 12

5. The first step in the American Heart Association's "Seven D's of Stroke Survival and Recovery" is

- a. Dispatch
- b. Detection
- c. Diagnosis
- d. Delivery

6. Your 76 year-old patient's wife reports that the patient has been stumbling around for the past thirty minutes. You ask the patient to close his eyes and you support his arms as he holds them out in front of him with the palms down. When you let go, the left arm falls while the right one is held out. Which of the following statements about your evaluation is MOST CORRECT?

- a. This patient has likely suffered a stroke
- b. This patient probably has not suffered a stroke
- c. There isn't enough information to determine the likelihood of stroke
- d. Asking the patient to hold his arms out is not part of the evaluation for stroke

7. Of the following signs or symptoms, which is the LEAST LIKELY to be present in a patient experiencing a stroke?

- a. Pain
- b. Facial weakness
- c. Difficulty speaking
- d. Paralysis on one side of the body

8. Under all but the most extreme circumstances, the safest mode of transport to the hospital for victims suffering from a stroke is

- a. EMS
- b. taxicab
- c. driving themselves
- d. having a family member drive them

9. During the pre-hospital interval, your goals for the patient include all of the following EXCEPT

- a. identify those patients who are potentially suffering from a stroke
- b. administer the "clot-busting" drugs
- c. provide supportive care for life-threatening symptoms
- d. rapidly transport the victim to a medical facility that is properly prepared to care for this emergency

10. A thrombus, responsible for some strokes, is defined as a

- a. weakened area of a blood vessel that ruptures
- b. layer of an artery that separates from the surrounding tissue
- c. clot that develops within an artery that serves the brain
- d. clot that forms in the body and is carried to the brain by the bloodstream

11. During your evaluation of a previously normal 64-year-old male, you ask the patient to smile as big as he possibly can. You notice that one side of the face does not move as well as the other side. Which of the following statements about your evaluation is MOST CORRECT?

- a. This patient has likely suffered a stroke
- b. This patient probably has not suffered a stroke
- c. There isn't enough information to determine the likelihood of stroke
- d. Asking the patient to

smile is not part of the evaluation for stroke

12. While assessing your 63-year-old patient, you find unequal grip strength and slurred speech. The patient's wife says these signs began about twenty minutes ago while shopping. Based on this assessment, the MOST APPROPRIATE destination for this patient is

- a. a trauma center
- b. any hospital the patient chooses
- c. the closest hospital
- d. a specialized stroke services hospital

13. Your 72-year-old patient is reported to have had an episode of left-side weakness about thirty minutes ago. Patient assessment reveals an unconscious and unresponsive man with B/P - 164/98, pulse - 64, respiration - 6, RaSpO<sub>2</sub> - 98%, ET-CO<sub>2</sub> - 68 mmHg, and sinus rhythm on the monitor. Which of the following airway management techniques is the MOST APPROPRIATE for this patient?

- a. high-flow oxygen with a non-rebreather mask
- b. nasopharyngeal airway and non-rebreather mask with high-flow oxygen
- c. oropharyngeal airway and non-rebreather mask with high-flow oxygen
- d. endotracheal intubation and BVM with high flow-oxygen

14. Seizure is common in patients who have suffered an ischemic stroke, occurring about half of the time.

- a. True
- b. False



15. You have a 66-year-old female with slurred speech and unequal grip strength who is conscious and follows commands to the best of her ability. The patient agrees to be transported to the closest open specialized stroke service facility. Which of the following in the MOST APPROPRIATE form of oxygenation and airway control for this patient?

- a. Insert a oropharyngeal airway and administer high-flow oxygen with a non-rebreather mask
- b. Have the patient sit upright in a position of comfort and apply oxygen with a nasal cannula at 2-4 lpm.
- c. Insert a nasopharyngeal airway and administer high-flow oxygen with a non-rebreather mask
- d. Endotracheal intubation and BVM with high-flow oxygen

16. Your 76-year-old male patient has one arm that falls during the arm drift test. The vital signs are B/P 190/104, pulse 100, resp 12, SpO2 on room air 93% and a sinus tachycardia on the monitor. Which of the following strategies BEST describes the treatment of the hypertension in this patient?

- a. 1-2 sprays nitroglycerin
- b. 1 spray nitroglycerin every five minutes until the systolic blood pressure is below 150 mm Hg
- c. Aggressive ventilation with 100% oxygen to correct the hypoxia
- d. The prehospital treatment of hypertension in the

stroke patient is not usually recommended

17. EMS dispatchers play a critical role in reducing the amount of time it takes for stroke victims to arrive at the hospital.

- a. True
- b. False

18. Which of the following medical conditions MOST closely mimics the focal neurological signs that are found in stroke?

- a. hypoxia
- b. hypoglycemia
- c. acute myocardial infarction
- d. hypothermia

19. If the patient recognizes that he or she is having a stroke, calls 911 and is brought to a specialized stroke service facility without delay, has the stroke confirmed with a CT scan and receives the "clot-busting" drugs within the three-and-a-half hour window of opportunity, the chances that all the stroke symptoms will be resolved is about

- a. 10%
- b. 20%
- c. 30%
- d. 40%

20. The receiving hospital must have which of the following specialized services if they are going to give the patient the best chances of complete recovery from a stroke.

- a. MRI
- b. X-rays
- c. CT Scan
- d. Ultrasound

**This answer sheet must be postmarked by October 20, 2007**

**CE Answer Sheet Texas EMS Magazine/Medical  
Stroke Update**

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

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

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

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

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

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

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

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

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

**Answer Form**

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

- |     |    |                          |    |                          |    |                          |    |                          |     |    |                          |    |                          |    |                          |    |                          |
|-----|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|-----|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|
| 1.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 11. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 2.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 12. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 3.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 13. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 4.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 14. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> |    |                          |    |                          |
| 5.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 15. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 6.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 16. | 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"/> | 17. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> |    |                          |    |                          |
| 8.  | 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"/> |
| 9.  | 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"/> |
| 10. | 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"/> |

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

also of the EMS community both local and regional.

During those eleven years in between, I was a volunteer provider and educator with Nueces Canyon EMS in the Camp Wood/Barksdale area. During most of this time, I was the volunteer director of services. Training and working with volunteers taught me much about the compassion and sacrifice of an often overlooked and underrepresented group. What they lacked in the image of professionals they made up for exponentially with their sense of duty to their fellow man in need.

As an educator, I've taught for many programs and coordinators in southwest Texas. I started Southwest Texas EMS Training in an effort to provide initial and refresher courses in order for providers to 'grow their own.' Of the nearly three hundred students that I had the honor to instruct, most are still active in EMS and many have taken on leadership roles. Most have made me proud.

**Why did you get into EMS?**

Originally, I didn't want to be in EMS. I took a seasonal job with the National Park Service as a park technician at Amistad National Recreation Area during the summer of 1981. Unfortunately, during my first time to vote in a presidential election, I voted for Ronald Reagan (1980) who permanently furloughed my job. I took a PADI course, Coast Guard Boat Operator's Course, and an EMT-Basic course to attempt to regain my job. After my clinicals

in EMS, I was hooked. Not that I was any good at first (I was book smart without experience) -- I had to work very hard and learn from more experienced medics. Eventually, it was second nature.

**How has the field changed since you've been in it?**

Through the years, I've adjusted/promoted the changes for the better: CE programs, competencies, NR testing, etc. I've shifted with the paradigms.

Lately, it seems that the focus has shifted away from the public servant mentality that I've adopted as my role to that of a business. EMS systems, even those that are tax supported, are placing a priority on reimbursement over that of patient care. I'm not so naive to think that the EMS system cannot progress without improved compensations for our services. Issues exist such as better pay for personnel, rising costs of healthcare and the diminishing resources to cover these expenses. The problem is not just isolated to EMS. I've always resolved that I take care of my little corner of the world.

**Was there a particular moment or call that stands out?**

Too many. I have seen tragedy and miracles, human interest and EMS abuse. I'm reminded of a story a former partner recently told me while riding our bikes along the highway near the lake. He confided to me that he dreams often of many things in his life. He closes his eyes for a brief nap and he dreams. But since he left EMS in 2000, he has never once dreamt of a call. I close

my eyes and wish for the same.

**What was your favorite part of your career in EMS?**

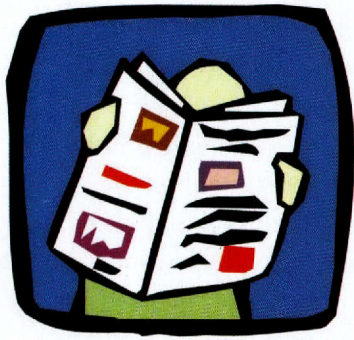
Teaching. In my classes, I have each prospective student hand write their applications including a summary as to why they want to be in the class. The value, in addition to literacy, is for purpose. Students who succeed show purpose in their task.

Most if not all say that they want to take the class to help people. They've often been in situations where they felt helpless.

My favorite part of my career in EMS is when former students call or email me and tell me how they handled a particular incident so well that they were even proud of themselves.

While I realize that I was not the only one involved in their learning, I've always felt that by teaching, I've duplicated my own efforts to help people.

# Texas EMS Conference November 18-21 Houston



# Did you read?

Experts are confounded by studies showing obese people are more likely to have heart attacks, but at the same time are more likely to survive one. A June paper in the European Heart Journal reported on German and Swiss doctors' study of over 1600 patients for three years after having heart attacks. Nearly 10 percent of normal-weight patients had died, and only 3.6 percent of fat patients had died.

A 2005 study by Duke University scientists followed 16,000 people in 37 countries. One year after a heart attack normal-weight patients' death rate was 4.3

## **Obese people are more likely to have heart attacks, but at the same time are more likely to survive one.**

percent, and obese patients' death rate was only 2.2 percent.

Doctors don't have a good explanation for the differences, but point to many theories. For instance, thin patients have a higher prevalence of smoking.

There could be a physiological difference in the hearts of obese and normal-weight people.

The hearts of obese people, which have the ongoing stress of obesity, may simply be better conditioned to handle the stress of a heart attack.

And perhaps since even moderate weight loss greatly improves recovery from heart attacks, the obese may have more ways to improve their health, while normal-weight people may just be stuck with bad genes after a heart attack.

The survival rate is not a big enough difference to alter health care. And the other health problems caused by obesity do

not offset the slight advantage of surviving a heart attack.

From: *San Antonio Express-News*, "Obese survive heart attacks better," July 10, 2007.

Texas is above the national average on one health statistic: one-third of Texas' 4 million public school children considered overweight. The Texas Education Agency (TEA) will manage the execution of a new fitness-focused law to test fitness levels of Texas school children in grades three through 12. The test will cover aerobic endurance, body fat, flexibility and muscle strength.

TEA officials expect the test results to lead to research on possible links between physical health and student's achievement, attendance and behavior. Some research also shows healthy children are able to concentrate better.

The testing tool, created by Dallas physician Kenneth Cooper, an aerobics pioneer, will cost \$2.5 million. While the goal is for students to score in the 80<sup>th</sup>

## **Some research also shows healthy children are able to concentrate better.**

percentile, students who don't pass won't be penalized.

Officials said focus on standardized testing has taken time away from physical education. The new law requires an increase in physical education with a minimum of 225 minutes over two weeks for elementary students and four out of six semesters for middle school students. High schools will not change their requirement of a year and a half of physical education.

From: *The Dallas Morning News*: "State to test students' fitness," July 11, 2007.



**A** new law requires Texas drivers age 90 and older to take a vision and driving test every two years. Effective September 1, the law is named Katie's Law, after Katie Bolka, a Dallas teenager killed in 2006 in a wreck by a speeding 90-year-old driver who ran a red light.

With age, some drivers experience a slowdown in response time, poorer vision and hearing, a loss of strength and flexibility, drowsiness from medication and less ability to focus or concentrate.

Older drivers are encouraged to make their driving habits safer. Some adjustments that may help include: not driving at night, dawn nor dusk; limiting driving to familiar locations; avoiding freeways and rush hour traffic; allowing extra time for driving; and not driving alone. There also are senior safety driving

### **With age, some drivers experience a slowdown in response time.**

courses available from organizations such as the American Association of Retired Persons. The National Highway Traffic Safety Association provides more tips in a brochure called "Driving Safely While Aging Gracefully" available at [www.nhtsa.gov](http://www.nhtsa.gov).

From: the *Victoria Advocate*, "Driving while old? Even elderly drivers agree that those over 90 should be tested," July 19, 2007.

**T**he Diabetes and Glandular Disease Clinic, a new facility, is scheduled to open in San Antonio in February 2008. It will be the largest private diabetes research center in the world. The 80,000-square foot building will have 100 beds for inpatient research and space for outpatient visits. The clinic will see hundreds of people

daily, including many with limited incomes.

"A lot of the patients who are involved in inpatient studies really do not have medical insurance. A lot

### **The new clinic will see hundreds of people daily, including many with limited incomes.**

of them don't have their own physicians. So, this is a way for them to get in with a physician," said Anthony Busa, president and COO of DGD Research.

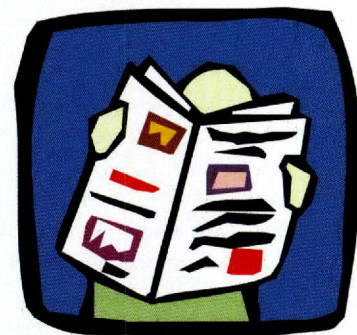
From KENS 5, "Facility will bring S.A. to forefront of diabetes research," July 13, 2007.

**P**roblem drinkers usually benefit from even a few short conversations with a health professional. A new study shows that telephone counseling could be equally as effective as live meetings to reduce excessive drinking. In the August issue of *Alcoholism: Clinical and Experimental Research*, researchers report that telephone counseling "could help overcome barriers that often hinder

### **A new study shows that telephone counseling could be equally as effective as live meetings to reduce excessive drinking.**

access to conventional alcohol treatment such as stigma, transportation, child care and scheduling conflicts."

From: the *New York Times*, "Awareness: counseling by phone benefits drinkers," August 7, 2007.



**Did you read?**

**FYI:**

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

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

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

- Acosta, Oscar**, El Paso, TX. April 26, 2007, Reprimand, for violating EMS Rule 157.36.
- All Nations Group DBA Ang EMS**, Houston, TX. September 30, 2006, assessment of an administrative penalty in the amount of \$9,750.00, for violating the EMS Rules 157.11 and 157.16.
- Anson General Hospital**, Anson, TX. July 18, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 157.11.
- Arguello, Luis**, San Juan, TX. December 22, 2005 through December 22, 2007, 24 month probated suspension, for violating the EMS Rules 157.37 and Texas Occupation Code Chapter 53 and the Texas Health and Safety Code § 773.061.
- Baker, Timothy A.**, Houston, TX. July 16, 2007, Reprimand, for violating EMS Rule § 157.36.
- Baileys, Anson**, Arlington, TX. Forty-eight (48) month probated suspension of EMS certification through July 21, 2008, for one (1) misdemeanor conviction, and two (2) felony convictions. EMS Rules 157.37 and 157.36(b) and (c).
- Basra, Gurjeet K.**, Webster, TX. December 11, 2006, Reprimand, for violating the EMS Rules 157.36.
- Bayou City EMS Group, INC.**, Houston, TX. April 17, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 157.11.
- Belton Fire Department**, Belton, TX. July 16, 2007, Reprimand, for violating EMS Rules 157.11.
- Bernal, Luis**, Houston, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.
- Bishop, Chance C.**, Lockhart, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.
- Bishop, James T.**, Stephenville, TX. November 20, 2006, Reprimand, for violating the EMS Rules 157.36.
- Black, Otilia O.**, Edna, TX. September 27, 2006, Reprimand, for violating the EMS Rules 157.36.
- Blancas, Christina A.**, El Paso, TX. May 31, 2007, Reprimand, for violating EMS Rule 157.36.
- Boldra, Michael**, San Antonio, TX. 1 month suspension, followed by 48-month probated suspension through February 2008 of the EMT certification. EMS Rules 157.36(b)(1), (2), (17) and (28).
- Bonilla, David**, Mission, TX. Thirty-six (36) month probated suspension of EMS certification through November 4, 2007, for one (1) felony deferred adjudication, and one (1) misdemeanor conviction. EMS Rules 157.37 and 157.36(b) and (c).
- Border Ambulance**, Carrizo Springs, TX. October 18, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.
- Britton, Chad A.**, Vernon, TX. May 28, 2007, Reprimand, for violating EMS Rule 25 TAC § 157.36.
- Brown, Nicholas G.**, Portland, TX. March 22, 2007, Reprimand, for violating the EMS Rules 157.36.
- Cantu, John F.**, Arlington, TX. September 30, 2006, Reprimand, for violating the EMS Rules 157.36.
- Caregiver EMS, Inc.**, Houston, TX. May 10, 2007, assessed an administrative penalty of \$250.00, for violating EMS Rules 157.11.
- Carmona, Jose E.**, Rio Grande City, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.
- Castro-Garay, Joseph**, San Antonio, TX. September 11, 2006, EMT certification revoked, for violating the EMS Rules 157.36.
- Clarke, Russell G.**, Midland, TX. June 5, 2006, 19 month 26 day suspension, for violating the EMS Rules 157.36.
- Classen, Trent M.**, Round Rock, TX. February 22, 2007, Reprimand, for violating the EMS Rules 157.36.
- Clements, Elizabeth A.**, Tyler, TX. July 21, 2006, Revocation, for violating the EMS Rules 157.36.
- Coastal Transportation Services, Inc.**, Victoria, TX. April 26, 2007, Reprimand, for violating EMS Rules 157.11.
- Cobb, James E.**, Dallas, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.
- Coleman County Medical Center**, Coleman, TX. April 17, 2007, Reprimand, for violating EMS Rule 25 TAC §§ 157.11.
- Coleman, Rick E.**, West, TX. May 31, 2007, 24 month probated suspension, pursuant to the EMS Rules 25 TAC § 157.36.
- Collier, Nita F.**, Clifton, TX. November 20, 2006, 1 year suspension through November 19, 2007, for violating the EMS Rules 157.36.
- Cooper, Keith A.**, El Paso, TX. September 27, 2006, Reprimand, for violating the EMS Rules 157.36.
- Crain, Chad E.**, Abilene, TX. February 24, 2007, Reprimand, for violating the EMS Rules 157.36.
- Cruz, Juan J.**, Aransas Pass, TX. May 21, 2007, 1 year probation, pursuant to EMS Rule 157.36(f).
- Cunningham, Jeffrey D.**, Jacksonville, TX. May 28, 2007, Reprimand, for violating EMS Rule 25 TAC § 157.36.
- D & L EMS**, Porter, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.11.
- David, Jessie J.**, San Antonio, TX. April 17, 2007, 6 month suspension followed by a 42 month probated suspension, for violating the EMS Rules 157.36.
- Davies, Roger**, Anna, TX. February 22, 2007, EMT certification revoked, for

## DISCIPLINARY ACTIONS

violating the EMS Rules 157.36.

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

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

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

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

**Denton Fire Department**, Denton, TX. July 16, 2007, assessed an administrative penalty of \$3,000.00, for violating EMS Rules 25 TAC § 157.11.

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

**Downs, Marcus P.**, Baytown, TX. October 1, 2006, ECA certification revoked and application for ECA renewal denied, for violating the EMS Rules 157.36.

**Duke, Brian R.**, Houston, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

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

**Dupree, Gregory W.**, Powderly, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

**East Texas Medical Center EMS**, Tyler, TX. December 11, 2006, assessed an administrative penalty of \$37,300.00; however \$35,300.00 of the administrative penalty is probated for 12 months through December 10, 2007, for violating EMS Rules 157.11 and 157.16.

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

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

**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).

**Experts EMS**, Houston, TX. April 23,

2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rule 157.11.

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

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

**Firmin, Susan**, Longview, TX. March 16, 2007, 3 month suspension followed by a 9 month probated suspension, for violating the EMS Rules 157.36.

**Flower Mound Fire Department**, Flower Mound, TX. September 30, 2006, assessment of an administrative penalty in the amount of \$1,050.00, for violating the EMS Rules 157.11.

**Fritch EMS**, Fritch, TX. May 31, 2007, Reprimand, for violating EMS Rules 157.11 and § 157.16.

**Garcia, Albert S.**, Kingsville, TX. February 27, 2007, ECA certification revoked and application for ECA renewal denied, for violating the EMS Rules 157.36.

**Gemni Ambulance**, San Antonio, TX. April 26, 2007, assessed an administrative penalty of \$1,500.00, for violating EMS Rules 157.11.

**Giannotti, Koy R.**, Sugar Land, TX. February 15, 2006, 24 month probated suspension, for violating the EMS Rules 157.36

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

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

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

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

**Graham, Kevin W.**, Nemo, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.36.

**Graham/Young County EMS**, Graham,

TX. September 11, 2006, Reprimand, for violating EMS Rules 157.11.

**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).

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

**Guthrie, Tammy L.**, Kempner, TX. August 14, 2006, 24 months suspension with 23 months probated suspension after serving an actual one-month suspension, for violating the EMS Rules 25 TAC § 157.36.

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

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

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

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

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

**Highland Village Fire Department**, Highland Village, TX. April 26, 2007, Reprimand, for violating EMS Rules 157.11.

**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).

**Johnson, Doyle D.**, New Caney, TX. February 22, 2007, Revocation of EMT-Basic certification, for violating the EMS Rules 157.36.

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

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

**Kinney County EMS**, Brackettville, TX. February 22, 2007, Reprimand, for violating EMS Rules 157.11 and 157.16.

**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).

**Knox County EMS**, Knox City, TX. March 22, 2007, Reprimand, for violating EMS Rules 157.11.

**Krodel, James R.**, Royse City, TX. December 2, 2005 through December 2, 2007, 24 month probated suspension, for violating the EMS Rules 157.36.

**Langdale, Charles T.**, Killeen, TX. September 27, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.

**Lifeguard Ambulance Service**, Dallas, TX. September 6, 2006, assessed an administrative penalty in the amount of \$5,650.00 with \$50,850.00 administrative penalty probated for 12 months, for violating the EMS Rules 157.11 and 157.16.

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

**Lopez, Frank X.**, Houston, TX. April 17, 2007, Reprimand, for violating the EMS Rules 157.36.

**Lugo, Karim**, Houston, TX. February 27, 2007, Reprimand, for violating the EMS Rules 157.36.

**Luna, Stephanie D.**, Lewisville, TX. June 5, 2006, 15 month suspension, for violating the EMS Rules 157.36.

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

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

**Martin, Brandon R.**, Texarkana, TX. September 30, 2006, application for EMT certification denied, for violating the EMS Rules 157.36.

**Martinez, Desiderio**, La Feria, TX. September 30, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.

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

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

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

**Matagorda County EMS I, LLP d/b/a Americare EMS**, Bay City, TX. April 26, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 157.11.

**McDonald, Larry**, Paris, TX. September 14, 2006, Reprimand, for violating the EMS Rules 157.36.

**McGarity, Todd A.**, Fort Worth, TX. May 31, 2007, 6 month probated suspension, for violating the EMS Rules 157.36.

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

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

**Mid-Valley EMS**, McAllen, TX. April 23, 2007, assessed an administrative penalty of \$5,800.00, for violating EMS Rules 157.11 and 157.16.

**Mitlacher, Carol L.**, Leander, TX. June 7, 2006, 18 month 23 day suspension, for violating the EMS Rules 157.36.

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

**Naccarato, Cameron J.**, Abilene, TX. February 8, 2007, EMT certification revoked, for violating EMS Rule 157.36.

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

**Nichols, James J.**, Lavon, TX. April 19, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.

**Nix, Jaime L.**, Cleburne, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.

**North East Texas EMS**, Center, TX. September 14, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.

**Padron, Jason**, San Antonio, TX. October 18, 2006, Reprimand, for violating the EMS

Rules 157.36.

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

**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).

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

**Pirkle, Lisa L.**, Cleburne, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.

**Pitts, Edward D.**, Teague, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.36.

**Pointer, Lonnie W.**, Whitewright, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.36.

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

**Possum Kingdom Lake Volunteer EMS**, Graford, TX. February 22, 2007, Reprimand, for violating EMS Rule 157.11.

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

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

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

**Ramsey, David W.**, Mabank, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

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

**Ridings, Bert**, Plano, TX. September 14, 2006, 6 month suspension of EMT certification, for violating the EMS Rules 157.36.

**Rio Grande Ambulance Service**, El Paso, TX. January 25, 2007, assessed an administrative penalty of \$1,000.00, for violating HSC 773, EMS Rules 157.11 and



157.16.

**Rivera, Adrian G.**, Houston, TX.

November 20, 2006, Reprimand, for violating the EMS Rules 157.36.

**Roberts, Michael Y.**, Lewisville, TX.

October 24, 2006, Reprimand, for violating the EMS Rules 157.36.

**Rones, Robert S.**, McKinney, TX. April 26, 2007, Reprimand, for violating EMS Rule 157.36.

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

**Scarborough, Samuel L.**, Stephenville, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

**Schertz EMS**, Schertz, TX, February 27, 2007, assessed an administrative penalty of \$1,220.00, for violating HSC § 773, EMS Rules 157.11 and 157.16, these violations were self-reported to the Department.

**Sherman Fire Department**, Sherman, TX. December 23, 2007, assessed an administrative penalty of \$1,260.00, for violating EMS Rule 157.11.

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

**Simmons, Kevin W.**, Bryan, TX.

September 6, 2006, Reprimand, for violating the EMS Rules 157.36.

**Singletary, Barabara**, Nocona, TX.

September 14, 2006, ECA certification revoked, for violating the EMS Rules 157.36.

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

**Smith, L.J.**, Austin, TX. July 16, 2007, Revocation of ECA certification, for violating the EMS Rules 157.36.

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

**Snowden, Casey L.**, League City, TX. March 1, 2006 through March 1, 2008, 24 months probated suspension, for violating the EMS Rules 157.36.

**Snyder EMS, Inc.**, Snyder, TX. February 22, 2007, Reprimand, for violating EMS Rule 157.11.

**St. Emmanuel EMS**, Houston, TX.

February 22, 2007, Reprimand, for

violating EMS Rule 25 TAC §§ 157.11.

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

**St. Mary's Ambulance Service, Inc.**,

Westlaco, TX. February 27, 2007, Reprimand, for violating HSC § 773.061 and EMS Rules 157.11 and 157.16.

**Stat Services Of Jefferson County, LLP d/b/a Stat Care EMS**, Beaumont, TX.

April 17, 2007, Reprimand, for violating EMS Rules 157.11 and 157.16.

**Stonewall County Ambulance Service**, Aspermont, TX. February 22, 2007, Reprimand, for violating EMS Rule 157.11.

**Sutton, Brian M.**, Sherman, TX.

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

**Thompson, Syler R.**, San Antonio, TX.

February 27, 2007, EMT certification revoked, for violating the EMS Rules 157.36.

**Timpson Volunteer Ambulance Service**, Timpson, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.11.

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

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

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

**Vernon Fire/EMS Dept.**, Vernon, TX.

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

**Villa, Baldemar**, Edinburg, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

**Vols, Allen L.**, Pottsboro, TX. February 22, 2007, ECA certification revoked and application for ECA renewal denied, for violating the EMS Rules 157.36.

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

**Walker, Mark**, Seabrook, TX. July 16,

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

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

2007, 2 month suspension of EMT-Basic certification, for violating EMS Rule 157.36.

**Wike, David W.**, San Angelo, TX. March 22, 2007, Reprimand, for violating the EMS Rules 157.36.

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

**Williams, Stanley J.**, Port Neches, TX. March 22, 2007, EMT certification revoked and re-certification application for EMT is denied, for violating the EMS Rules 157.36.

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

**Wilson, Alvin**, Palestine, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

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

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

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

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

# Meetings & Notices

## Calendar

September 4-October 11, 2007. **EMT Basic Refresher/Recertification Course.** San Jacinto College, Houston, Texas Theory and skills necessary to meet national and state requirements for certification. Tuesday and Thursday evenings. Call 281/476-1838 to register.

November 1-December 13, 2007. **EMT Basic Refresher/Recertification Course.** San Jacinto College, Houston, Texas Theory and skills necessary to meet national and state requirements for certification. Tuesday and Thursday evenings. Call 281/476-1838 to register.

## Jobs

**Paramedic:** Offshore vessel paramedics, Gulf of Mexico. Also responsible for the on-site Health, Safety and Environmental functions. Excellent pay and benefits. 28 days on/off. Apply by email to [employment@deepmarinotech.com](mailto:employment@deepmarinotech.com) or fax 713/996-2852. For more information visit [www.deepmarinotech.com/employment](http://www.deepmarinotech.com/employment). +

**EMT:** HEB warehouse medic, EMT with minimum 1 year experience working in a warehouse or distribution center required. Will attend to injured employees, maintain an onsite medic station, monitor work injury activities to

## Deadlines and information for meetings and advertisements

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

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

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

ensure compliance with physical restrictions/limitations imposed by treating physician, communicate with medical providers within assigned locations and conduct safety and health related training. Must live in San Antonio or surrounding area or be willing to relocate at own expense. For more information see posting on Monster.com. Submit your resume and expected hourly rate to [uhrar@heb.com](mailto:uhrar@heb.com). +

**EMS Instructors:** Austin Community College District has an immediate opening for multiple part-time adjunct EMS professions instructors. Instructors for classroom, laboratory and clinical settings. EMS adjunct instructor job #AD0628, EMS skills lab adjunct instructor job #AD0642, apply online at [www.austinctc.edu/hr/apply](http://www.austinctc.edu/hr/apply) or contact Rachel Jenkyn at 512/223-7538 or [rjenkyn@austinctc.edu](mailto:rjenkyn@austinctc.edu). + **EMT/EMT-I/EMT-P:** Priority One EMS, serving the SETX region is seeking DSHS certified personnel for all shifts, to include 10/12/24 hour shifts. Service responds to urban and rural areas, both 911 and non-emergency. Benefits package and sign-on bonus available. Contact Jennifer Cooper at 409/832-0121 or [jcooper@priorityoneems.com](mailto:jcooper@priorityoneems.com). +

**Paramedic:** Williamson County Emergency Medical Services is a county-based third service, north of Austin, Travis County. We are a dual paramedic, ALS 911 System, under excellent medical direction, progressive management, quality equipment, paid in-house education, competitive benefits package, paid sick, vacation, and holiday time. For more information visit <http://wcporthals.wilco.org/ems/Employment/index.html> or call Jeff Hayes or John Sneed at 512/943-1264. +

**EMT:** Master Train Inc. in San Antonio, Texas has an opening for an EMT with an interest in teaching. Email resumes to [pcash@mastertrain.net](mailto:pcash@mastertrain.net) or fax to Paul Cash 210/832-0421. +

**Paramedic:** Harris County Community Supervision and Corrections Department is looking for Texas certified paramedics to work in a residential substance abuse treatment facility located in downtown Houston. Full and part-time positions available. Interested individuals can apply at 1310 Prairie, Suite 240, Houston, TX 77002. For more information visit [www.co.harris.tx.us/hrrm](http://www.co.harris.tx.us/hrrm) or call 713/755-2750.\*

**EMT/EMT-P:** Fort Stockton EMS is hiring all levels of EMT/EMT-P. FSEMS is a rural 911 service covering 3200 sq miles. We are city based, with good benefits and retirement. ACLS and PALS are paid for in addition to in-house CE and online CE. We offer a variety of shifts and great pay. We have excellent equipment and aggressive protocols. Positions also open in dispatch and the police

department. For immediate consideration and information contact Shanna Worthington at [fsems@ci.fort-stockton.tx.us](mailto:fsems@ci.fort-stockton.tx.us).\*

**EMT-I/Paramedics:** Harris County Emergency Services District 1 is hiring for full-time and PRN positions. We are a busy 911 service covering Harris County north of Houston. Competitive pay, hours and benefits. Full-time and PRN employees have free access to our education department. To apply, visit [www.hcesd-1.org](http://www.hcesd-1.org) and go to the employment section or call 281/449-3131 with questions.\*

**EMT-I/Paramedics:** The City of Mont Belvieu is accepting applications for certified paramedics and/or EMT-Is. Competitive salary, benefits, retirement, educational reimbursement assistance and CE expenses paid. For more information visit [www.montbelview.net](http://www.montbelview.net). Mail resumes to: Director of Emergency Services, City of Mont Belvieu, P.O. Box 1048, Mont Belvieu, TX 77580. Vacancies open until all positions filled.\*

**EMT-B/EMT-I/Paramedic:** Houston Ambulance Service is now hiring full and part-time EMT and other positions with competitive salaries. For information contact Guess at 713/225-5367 or email a resume to: [info@houstonambu.com](mailto:info@houstonambu.com).\*

**Faculty Position:** University Health Science Center – San Antonio, Department of Emergency Health Sciences has an immediate opening for a full-time faculty position, instructor or assistant professor rank, based on education background and experience. Candidate will assume responsibility for didactic instruction, student advocacy, and as course director. Some evening and/or weekend work necessary. Requirements include: Bachelor Degree in Education, Health Sciences, or related field required, Masters level preferred. Current DSHS and/or NREMT Paramedic certification; Texas EMS Instructor certification preferred; 3 years formal teaching experience; 2 years experience in advanced prehospital emergency care. Qualified applicants may send resumes to: Lance C. Villers, UTHSCSA/Emergency Health Sciences, 7703 Floyd Curl Drive, Mail Code 7775, San Antonio, TX 78229-3900 or call 210/567-8760.\*

**EMT-Paramedic:** Baptist St. Anthony Health System EMS in Canyon, TX has an immediate opening for an experienced full-time paramedic. Applicants must hold a paramedic certification or licensure by DSHS, BLS, ACLS, PHTLS, PALS, or PEEP and NIMS within 80 days of employment. Candidate must have an excellent driving record with a valid, minimum Class C Texas drivers license, restriction "A" permissible. Field experience preferred. Benefits package, with continuing education and more. Interested applicants

# Meetings & Notices

can apply online at [www.bsahs.org](http://www.bsahs.org) or contact Dustin Knowles at 806/655-7726.\*

**Paramedics:** The Montgomery County Hospital District EMS is seeking experienced Paramedics. We have a challenging, innovative and supportive environment focused on patient and employee satisfaction. To apply contact Human Resources at 936/523-1132, or by email at [scox@mchd-tx.org](mailto:scox@mchd-tx.org) or visit [www.mchd-tx.org](http://www.mchd-tx.org). \*

**EMT-B/EMI-I/Paramedic:** Permian Basin Ambulance has immediate openings with competitive wages. Contact 432-550-9410 or apply online at [permianbasinambulance.com](http://permianbasinambulance.com).\*

**EMT:** Master Train inc., San Antonio, has an opening for an EMT with an interest in teaching. Email resumes to [pcash@mastertrain.net](mailto:pcash@mastertrain.net) or fax to Paul Cash at (210) 832-0421.\*

**Paramedic:** competitive salary and benefits, 3-5 years experience preferred but will consider all. Position will be at Martin County Hospital District in Stanton, Texas. Accepted candidates must relocate to Stanton, Texas. Opportunity exists for advancement to EMS director for the right candidate. Contact Paul McKinney, Administrator 432-756-3345 ext. 225 or mail resume to P.O. Box 640, Stanton, Texas 79782.+

## For Sale

For sale: two 2005 Type III E-450 ambulances, Ferno 93 stretchers, loaded. For information, contact Bobby at 903-572-0689 or email [B5X5@swbell.net](mailto:B5X5@swbell.net).+

## Miscellaneous

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

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

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

**Health Insurance:** N3A is a national ambulance association making an impact when it comes to health benefits for your employees. We've developed the EMS profession's ONLY non-profit Health and Benefits Trust that

is owned by those ambulance services who participate. The N3A Health Plan offers quality, cost effective healthcare with many benefits such as plan design flexibility, an average 20% cost savings and over 60+ PPO networks nationwide. \*

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

**Education:** The Houston Community College EMS Department is currently accepting applications for ALL levels of EMS courses to meet your educational requirements. Academy style (full-time) and traditional semester course format are designed to meet your schedule. Contact the HCC EMS Program at 713/718-7401 or visit <http://hccs.edu> for more information on upcoming courses. \*

**Emergency Medical Spanish:** The Firefighters and Paramedics of Protección Civil Guayabitos and Hotel Peñamar invites you to the beach for CE. 16 hours of CE provided by San Mateo County California CE provider. For more information on class dates and package pricing contact Suzanne Plaskett at 530/370-1971, by email at [EMSpanish@sbcglobal.net](mailto:EMSpanish@sbcglobal.net) or visit [www.EMSpanish.com](http://www.EMSpanish.com) \*

**EMS Staffing Agency:** EMS Connect Staffing Agency is now accepting membership in Houston, Galveston, Beaumont, Austin, San Antonio, and Dallas. We have full or part-time employment opportunities for all emergency personnel. Annual membership fee is \$65.00. You have your choice of assignments anywhere from working on an ambulance to offshore. Don't limit yourself to the same old routine.

We connect you to thousands of companies needing skilled professionals like yourself. Work as few or as many hours as you wish. Join the first emergency personnel staffing company designed just for emergency personnel. For more information visit [www.staffingemsintexas.com](http://www.staffingemsintexas.com) or call 713/688-2003 or 877-212-2003 or by fax at 713/688-2033. \*

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

**EMS Book Resources:** all publishers' new titles and best sellers available at [www.majorsbooks.com](http://www.majorsbooks.com) with next day shipping. Call for a current list of hot EMS titles at 800-435-3378.\*

**National Registry Prep Course:** 16-hour, two day review to prepare you for the NREMT written exam. Visit [www.nationalregistryprep.com](http://www.nationalregistryprep.com) for further information.\*

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**Training Systems:** Emerisys has developed two revolutionary systems that will allow any EMS provider to integrate medic performance with medic training. Implementing the user-friendly online solutions from Emerisys will help reduce costs and medical errors. For more information, visit [www.emerisys.com](http://www.emerisys.com), or contact Amy Weaver at 214/783-3641 or at [aweaver@emerisys.com](mailto:aweaver@emerisys.com). \*

+ This listing is new to the issue.

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

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# EMS Profile: Medina Valley EMS



Medina Valley EMS units

**Number of personnel:** Medina Valley EMS is a paid BLS with MICU-capable service with a staff of five full-time and four-part time paramedics; three part-time EMT-Intermediates; and five full time EMT-Basics. Administration staff includes Director Mike Farris; Deputy Director Don Johnson; HR Director Christy Merendon; Senior FTO Bob Trouten; Maintenance Officer Mike Bendele; Transfer Coordinator Billie Tolbert; Education Directors Angelo Pagonis and Kathy Winters; and Medical Director Lloyd VanWinkle, MD. Medina Valley EMS' service area consists of eastern Medina County.

**Years of service and number of units:** Medina Valley EMS began service in October 1975 with volunteer staff and a used suburban converted to a BLS unit. In 2002, Medina Valley EMS became fully paid and operates one full-time MICU unit and a second and third unit for second out calls and special events. The area consists of the recreational area of Southern Medina Lake, rural ranch and farm land that is rapidly becoming urbanized, as well the cities of Castroville and LaCoste. Additional crews are dispatched to the Medina Lake area

during peak times due to the extended distance from the station located in Castroville.

**Number of calls:** The Medina Valley EMS service area encompasses over 400 square miles with a population of approximately 25,000 residents. Run volume has increased from 194 in 1975 to 1207 in 2006. Medina Valley EMS plans to place an additional unit in service in 2008 to transport non-emergent patients to various appointments. It is our belief that non-emergent patients deserve the same professional care that emergent patients have always received from our service.

**Current activities:** Medina Valley EMS is very active in STRAC, which covers Trauma Service Area P. Members of MVEMS currently chair the Pre-Hospital Committee; serve on the Executive Committee, P.I. Committee and Education Committee, as well as the STRAC Strike Team. Medina Valley's EMS director also sits on the EMS Committee for GETAC. Medina Valley EMS holds "in house" continuing education generated out of the QA/QI program. The goal is to ensure educational offerings to MVEMS personnel are relevant to services provided. Other services in the area are always welcome to attend. Medina Valley EMS administrative staff often acts as mentors to small rural and frontier services and to new EMS directors. Community CPR and first aid classes are offered on a regular basis. In 2004, Medina Valley EMS placed a wheelchair van in service to assist disabled citizens in their travels to and from various appointments or special events.



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