

Texas EMS

Serving Texas Emergency Care Professionals

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Texas EMS magazine



Hurricanes test Texas
page 26

**Medical CE:
Hypothermia**
page 32

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"EMS Questions and Answers about Citizen Participation" brochure. Answers questions about how to call, what to do and how the community can help EMS. (EMS-008)

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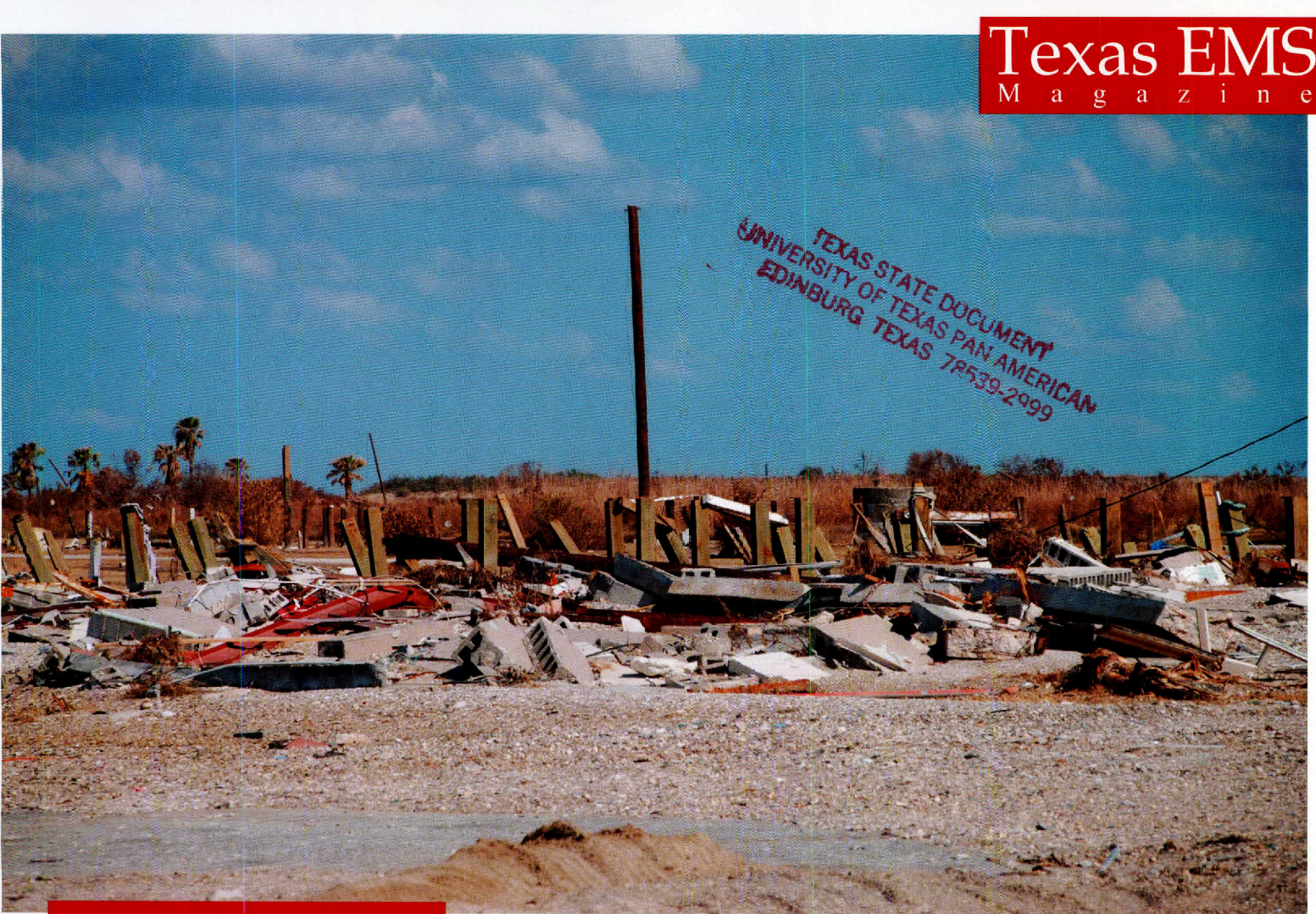
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On the cover: Licensed paramedics Traci Hardy, left, and Blake Hardy, helped with the evacuations during Gustav. Some patients from the Texas Coast were flown in C-130s to Austin Bergstrom International Airport and transported to facilities around the Austin area. While Gustav ended up striking the Louisiana coast, Texas was not so lucky when Hurricane Ike hit Galveston Island. Photo by Warren Hassinger.
Above: Rubble is all that remains of the Gilchrist Volunteer Fire Department. While some equipment was saved, their reserve ambulance ended up in the Gulf (see page 26). Many emergency responders in the area were left homeless as the storm spared only a handful of houses. Photo by Cindy Kretzer.

Texas Department of State Health Services

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EMS providers step up when Gustav and Ike come calling

We've devoted quite a few pages to hurricanes Gustav and Ike this issue, mainly because it dominated the months of August and September for many of us in Texas EMS. We cannot say thank you enough to the EMS providers and personnel who responded when the call went out. At the same time, our thoughts go out to all of those in our emergency response community who suffered losses to their homes, businesses and buildings.

I saw a news report yesterday tallying the losses to UTMB at more than \$700 million, a figure almost too big to imagine. But it's a big number and a big institution, so it's going to make the news. What's missing from the news reports are the losses suffered by the smaller EMS providers along the coast. Those losses might not make attention-grabbing headlines, but to these agencies, even a modest loss can mean shuttering the ambulance bays. In this case, government really *can* help. DSHS has grants available from the Extraordinary Emergency Fund, or EEF, for licensed EMS providers, hospitals and registered first responder organizations that suffer events that severely reduce or incapacitate emergency response capability. See page 9 for details.

Meet Jane Guerrero, who took over as unit director of the Office of EMS/Trauma Systems Coordination in September. The job that includes EMS and trauma facility designation requires an unusual skills set, and we're lucky to have someone who fits the bill. You can read an article about her on page 12. And when you see her at the conference, say hello.

We learned in September that Dr. Ed Racht, who has been chair of GETAC since its beginning, will be stepping down to take a position in Georgia (see page 6). Dr. Racht has provided a steady hand at the helm and has worked incredibly hard to build community and to foster consensus. He will be greatly missed by those of us in the GETAC world and I'm sure by those who serve under him at Austin-Travis County EMS. He is also a pretty good chili cook-off judge.

Another change happened in September. Thelma Lemley, tireless EMS advocate and general rabble rouser for the good, passed away suddenly. She had been diagnosed with lung cancer in July, but was told she still had a year or two left before the end came. She didn't. Thelma didn't have any qualms about sidling up next to people (or riding up on her red scooter) and giving them an assignment that would ultimately improve EMS in Texas – whether she knew you or not. Her voice is silent now, but we'll see the effects of her words for years to come. You can read more about this unique person on page 7.

Finally, as I write this in mid-October trying to get the magazine to press, the conference seems far away. However, I have too many conferences under my belt not to realize that after this magazine goes to press, time goes to warp speed. I hope to see you all in November in Fort Worth. I'll be the one in tennis shoes.

Kelly

FROM THIS SIDE



Kelly Harrell
Editor

EMS Obituaries

Billy Charles Amelunke, 59, of Terrell, died September 30, 2008, after a long illness. Amelunke had a long career in EMS in the Dallas area and was most recently with TLC Ambulance.

Jerry Donald Furry, 49, of Abbott, died September 10, 2008, after a long illness. Furry was a paramedic and educator with West EMS and has also worked with McGregor Volunteer Fire Department and ETMC-Waco.

Joseph Edward Hadley, Jr., 44, of Tomball, died October 13, 2008, in a motorcycle crash. Hadley was a 22-year veteran of the Houston Fire Department and was most recently a paramedic at Station 105.

Thelma Lemley, 70, of Manvel, died September 8, 2008, after an illness. During her career Lemley was an ambulance inspector, administrator and EMT instructor with the city of Houston Health Department. In retirement, she was vice chair of

Southeast Texas Trauma Regional Advisory Council.

Ken Merrell, 65, of Austin and St. Louis, died August 3, 2008, after a long illness. Merrell was a career firefighter and EMT with Austin Fire Department, serving from 1970 through 2002.

Keller Benjamin Verett, 24, of Waco, died September 17, 2008, of a gunshot wound. Verett was a recent graduate of Texas A&M University and was working as a paramedic with Legacy EMS in Bryan.

First responders honored at Star of Texas Awards

On September 11, Texas Secretary of State Hope Andrade presented the 2008 Star of Texas Awards at the Capitol, honoring first responders who were killed or seriously injured in the line of duty. The 78th legislature created the Star of Texas Awards and designated September 11 as "Texas First Responders Day" to honor the bravery, courage and determination of Texas men and women who assist others in emergencies. Andrade's presentation highlighted the continued presence of these qualities as the Texas coastline prepared for the impact of Hurricane Ike.

EMS first responders killed in the line of duty responding to a medical call:

Flight Nurse and licensed paramedic Jana Eileen Bishop, PHI Air Medical

Pilot, Captain Charles Wayne Kirby, PHI Air Medical

Flight Paramedic Stephanie Waters, PHI Air Medical

On June 8, 2008, Bishop, Kirby and Waters died in a helicopter crash while transporting a patient.

The following EMS first responder was killed in the line of duty responding to a call other than a medical call:

Firefighter Robert Knight, Teague Volunteer Fire Department

On July 5, 2008, firefighter and licensed paramedic Knight died of injuries received while battling a building fire in downtown Teague.

Governor makes new GETAC appointments

Governor Rick Perry announced several appointments to GETAC in August.

To expire January 1, 2010

Ryan Matthews
Holliday, Texas
(Mr. Matthews replaces F. E. Shaheen. He represents private ambulance providers.)

To expire January 1, 2014

John D. Smith
Abilene, Texas
(Mr. Smith replaces Gary Cheek. He represents fire departments.)

James R. Loflin, MD
El Paso, Texas
(Dr. Loflin replaces Dr. Fred Hagedorn. He represents emergency physicians.)

Tivy Whitlock
Mico, Texas
(Ms. Whitlock is reappointed, representing consumers.)

Ronald M. Stewart, MD
Helotes, Texas
(Dr. Stewart is reappointed, representing urban trauma facilities.)

Ed Racht leaves for position in Georgia

Ed Racht, MD, medical director for Austin-Travis County EMS and the only chair GETAC has had since its inception, is resigning from both organizations to take a position as the Vice President of Medical Affairs and the Chief Medical Officer in a healthcare system based in Atlanta. His last day in Austin is November 7th, although he does plan to speak at Texas EMS Conference and chair the November GETAC meeting.

Letters to the Editor



Ms. Thelma Lemley

To Texas EMS Magazine:

On Monday, September 8, 2008, Ms. Thelma Lemley ended her tenure as our EMS Hero, leaving a vacancy for another volunteer to fill and an emptiness no one else can. Just what is a hero? Christopher Reeve, following his paralyzing accident said, "A hero is an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles." In *Secrets of the Dragon Riders*, Josh Pantalleresco wrote, "Heroes do the right thing for no other reason than because it's the right thing." Thelma was our hero.

She spent many years in various roles refining the skills and experience that helped her become a great hero.

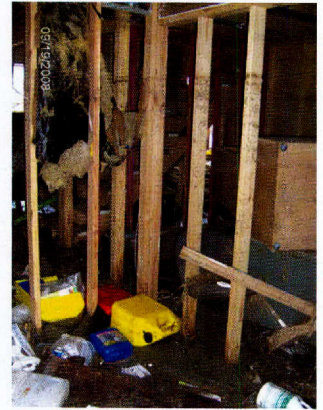
Looking over the challenges she met throughout her life, we see that each one provided experiences that added to her unique character. Thelma first found a way to care for others by becoming a registered nurse—a career that spanned more than 40 years. In her years of service at the Houston Health Department, she began a mobile clinic program, was an EMS instructor and coordinator, was an ambulance inspector and ran the city's Jail Health Program. She continued to be an EMS advocate by founding the Gulf Coast DWI Awareness Program and the Greater Houston EMS Council; authoring revisions to Houston's ambulance ordinance; serving on the SETTRAC Executive Committee, Manvel EMS board of directors and East Texas-Gulf Coast RAC board of directors; and staying involved in GETAC. But, most important of all, she was a devoted mom and a great and dear friend. Although these roles shaped her unique perspective, Thelma was also blessed with inherent qualities—caring, passion for what is right and a formidable determination—that were ideal for this work.

Her temperament also contributed to her success—reserved, quiet, laid back and non-confrontational. Oops, not *our* Thelma. She was stubborn, passionate, outspoken and driven, but always a true friend. She spared no effort to help, there was no time not given, no advice left untold and no support not offered. On every cause she would fight with all she was able to muster and then find a little more to give.

Thelma showed her selflessness in her community work, in her dedication to EMS and in her personal life. She did not ask for herself, only for others. When she volunteered you for a job, it wasn't to help her personally, it was more likely a project that would teach teenagers about DWI, change EMS rules, raise funds for a volunteer group or bring attention to a special cause. She wasn't a hero with supernatural powers, although we frequently saw a physical drive that stopped only for smoke breaks. She had special vision, too, able to see all the things you didn't get done that you told her you would. But her most interesting power was the ability to change people's minds in a single "conversation."

But as a hero, she used these powers and skills to help others. Even when it came time for her to concentrate on her own health, she never stopped thinking of how she could help. As Hurricane Ike spun in the Gulf, her only thoughts were of where she could go to be of some help. As Thelma passes her torch, each of us should take a long look at ourselves and listen for her voice—she may be calling your name as the next one to take on the challenge.

David Almaguer, Senior Captain, Houston Fire Department - EMS Command
David Rives, Executive Director, SETTRAC



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and hospitals who
have suffered losses
that could impact
emergency response
in their communities,
including losses from
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TEXAS EMS CERTIFICATIONS AS OF OCTOBER 15, 2008

ECA	3383
EMT	29229
EMT-I	3688
EMT-P	12951
LP	5639
TOTAL	54890

BASIC COORDINATOR	125
ADVANCED COORDINATOR	247
INSTRUCTOR	2115

NREMT adds to exam questions

Ever wonder how they come up with fair and relevant (we didn't say easy) questions on the NREMT



exams? NREMT hosted groups of paramedics in May and June to do just that. Each session included a Texas representative: Licensed paramedic Wes Ogilvie attended in May and Debbie Cason, RN, EMT-P, offered her opinions at the June meeting. Each of the 18 participants brought questions with them that were then exhaustively reviewed to ensure they met the requirements for test items.

The result was more than 500 new items for the paramedic level exam banks.

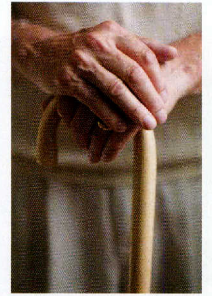


Disaster clean-up could be hazardous

The Centers for Disease Control and Prevention warns that anyone involved in flood cleanup should be aware of the potential dangers involved and should take proper safety precautions. For a list of hazards and how to handle them, go to www.cdc.gov/niosh/topics/flood.

Disaster triage tool for the elderly developed

The Baylor College of Medicine and the American Medical Association have published *Recommendations for Best Practices in the Management of Elderly Disaster Victims*, which provides detailed information for anyone responsible for frail elder and vulnerable adults. It includes a description of the "Seniors Without Families Triage" (SWiFT) tool to assess the needs of the frail and to identify or triage those requiring care most rapidly. The SWiFT screening tool is recommended as a pre- and post-disaster triage tool initially developed for community elders; however, its screening capabilities also extend to other vulnerable adults with disabilities and those living in nursing homes or assisted living facilities. The document can be downloaded at www.bcm.edu/pdf/bestpractices.pdf.



Free presentation on high visibility garments online

Effective November 24, 2008, first responders working in the right-of-way on federal highways will have to wear high-visibility clothing that meets certain standards. The Federal Highway Administration (FHWA) gave a webinar earlier this year that explains the new regulation. The presentations and a video of this webinar are now available online. Go to www.workzonesafety.org and click on High Visibility Clothing. There is no registration or cost for viewing.



Legislature convenes in January

'Tis almost the season – the legislative season, that is. The 81st Texas Legislature convenes on January 13, 2009, and calls *sine die* 180 days later. Bills are already being filed. You can follow the Legislature by going to www.capitol.state.tx.us and searching by bill number or subject. The site also lets you figure out who represents you in the House and Senate. After the session, *Texas EMS Magazine* will run a recap of all legislation passed that affects EMS and trauma systems in the July/August issue.

Funds released for hospitals

Funds in the 2008

Uncompensated Trauma Care Fund rose above the Legislative cap and OEMS/TS was able to make a second distribution from funds



to hospitals with contracts in place in September. DSHS is allowed to distribute accumulated funds up to \$51 million and then any funds that accumulate over \$98 million. The total amount of all three funding sources distributed to eligible hospitals in September was \$24,087,278.

The funds distributed could be used by hospitals to reimburse uncompensated trauma care. Because of the complexity of developing contracts, EMS and RAC contracts could not be developed before the monies lapsed in the new fiscal year.

- \$23,004,289 from the Designated Trauma Facility and Emergency Medical Services (DTF\EMS) Account (3588 monies) was distributed to 251 eligible hospitals. The total distributed to eligible hospitals since this funding source became available is \$239,123,060.
- \$459,651 from the Emergency Medical Services and Trauma Care System Account (911 monies) and \$623,338 from the Emergency Medical Services, Trauma Facilities and Trauma Care Systems Fund (1131 monies) was distributed to 242 designated trauma facilities. The amount distributed to eligible hospitals since the combined 911 and 1131 monies became available is \$5,107,266.

Texas Health and Safety Code §780.004 directs DSHS to use 96 percent of funds in the DTF/EMS Account (3588 monies) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities or a hospital meeting "in active pursuit" requirements.

Additionally, Texas Health and Safety Code §773.122 directs DSHS to use at least 27 percent of funds from 911 and 1131 monies to fund a portion of uncompensated care provided at hospitals designated as state trauma facilities.

The funding formula and each facility's disbursement is on our website at www.dshs.state.tx.us/emstraumasystems/08FinalDisbursementSum8_2008.xls.

Funding available for emergencies

Have you had an emergency that caused a degradation of services to the community you serve? Extraordinary Emergency Funding is available to assist licensed EMS providers, hospitals and registered first responder organizations that suffer events that severely reduce or incapacitate emergency response capability. Here's who received money recently:



Canyon Lake Fire EMS

Canyon Lake
\$7,500 for operational expenses

Pilot Point Fire Department

Pilot Point
\$8,845 for ambulance repair

Bells Savoy CES dba Texas Vital Care EMS

Bells
\$3,801 for a stretcher

Central EMS

West Columbia
\$67,900 for an ambulance

On Duty

Training available for ECAs



Are you in a rural area that needs more EMS personnel? DSHS has a total of \$50,000 in this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and/or instructors to conduct ECA courses in 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-served basis until the funds run out for the fiscal year. All EMS or FRO entities that meet the basic criteria listed below are encouraged to submit an application. 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 or county. For more information, go to www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm or contact Roxanne Cuellar at (512) 834-6700 ext. 2377 or roxanne.cuellar@dshs.state.tx.us.

ECAT grants awarded since August

Crockett County EMS
Possum Kingdom Lake
Eastside EMS
Rankin EMS
McGregor Volunteer EMS
Angel Care Ambulance
(Beeville)

Committee selection coming soon

Interested in being on a committee of GETAC? Under the new GETAC structure, you could have an opportunity to serve on one of ten committees. Watch our website, the listserv and the magazine for an announcement of the availability of the application. We'll post the application on our website so it can be filled out electronically, saved, and emailed back to us. With the departure of Chair Ed Racht, MD, (see page 6) and the possibility of another chair being appointed by the governor, we are a bit unsure about the timeline, so keep checking our website for the latest information.



Wristband initiative launches at hospitals

A new initiative by Texas hospitals assigns different colors of wristbands to patients designating different conditions such as red for allergies, lavender for dialysis and purple for **physician-order** do-not-resuscitate orders valid inside a hospital or nursing facility (**not** Out-of-Hospital DNR). So why is a hospital bracelet important to EMS? The purple, **physician-order** DNR bracelet may inadvertently be left on a patient when he leaves the hospital. **EMS personnel do NOT honor physician DNRs but must honor OOH DNRs.** So remember this: EMS must honor any Texas Out-of-Hospital Do-Not-Resuscitate orders. This could be a signed Texas OOH-DNR form or a Texas OOH-DNR device such as a white, hospital-type bracelet with Texas or OOH-DNR metal bracelet or necklace. For more information on Texas OOH-DNR, visit our website at www.dshs.state.tx.us/emstraumasystems/dnr.shtm. For more information on the wristband project, go to www.texashospitalsonline.org and click on "Color-coded Wristband Standardization Process" under Featured Products.

EMS EXPO top products unveiled at Texas conference



Looking for the best new products? Texas EMS Conference is again partnering with EMS EXPO this year to bring you the latest winners of the best EMS products from the trade show in October. Join us on Monday, November 24, at 1 p.m., in the Texas EMS Conference luncheon room. Scott Cravens, publisher of *EMS Magazine* (not to be confused with *Texas EMS Magazine*), will be on hand to make the announcements. Each year, *EMS Magazine* seeks out the most innovative products from the exhibit hall at EMS EXPO and chooses the top 20 products. Winners announced at Texas EMS Conference 2008 will be featured in the January issue of *EMS Magazine*. EMS EXPO, which took place in this year in Las Vegas, is one of the largest EMS conferences in the nation.

GETAC meeting during conference

The Governor's EMS and Trauma Advisory Council and committees will meet November 22-24 at the Renaissance Worthington, 200 Main Street, in Fort Worth. For a complete schedule, agendas and meeting documents go to www.dshs.state.tx.us/emstraumasystems/governor.shtm. Copies of the documents will not be available at the meeting so please download GETAC documents from our website before you come.

On Duty

Are you on the list? Best to check

It's not always a good idea to be on someone's list, but in this case, it is. DSHS is updating the list of potentially eligible 911-providers for the FY09 EMS allotments, and we want to make sure your information is correct in our database. Go to our website at www.dshs.state.tx.us/emstraumasystems and click on "Eligibility List" under News/Features. The file name is Initial List of Potential Providers.xls. Please review the spreadsheet carefully for two things:

- 1) Is your EMS service listed as a provider in the counties where you operate?
 - If your EMS service is not listed in all counties in which you operate, please contact DSHS immediately so we may update the list.
- 2) Does our office have a contract on file for those counties, outside your county of licensure, where you provide emergency service?
 - If you are a provider operating in a county other than your county of licensure*, our office must have on file a copy of the contract or letter of confirmation from that county. The contracts we have on file are indicated in the "Contract if needed" column in the spreadsheet. If you ONLY operate in your county of licensure, we do not need a copy of the contract. What the terms mean in the "Contract (if needed)" column on the spreadsheet:
 - An "n/a" indicates that we do not need a copy of a contract because this is your county of licensure.
 - A "yes" indicates that this county is not your county of licensure and we DO have a copy of your contract or letter of confirmation in that county.
 - A "no" indicates that this county is not your county of licensure and we DO NOT have a copy of your contract with the county. Therefore, you will NOT be considered as an eligible EMS provider in that county, unless you provide us with a copy of the contract.

* Please Note: Rule 157.130 and 157.131 defines county of licensure as the county which lies within the location of the mailing address of a licensed ambulance provider, as indicated by the provider on the application for licensure that it filed with DSHS.

To update your EMS provider information on this list, please contact Linda Reyes at Linda.Reyes@dshs.state.tx.us or call at (512) 834-6684.

Guerrero takes helm of EMS/Trauma office



Jane Guerrero got her introduction to trauma patient care during her first shift on call as a brand new nurse in the operating room of Presbyterian Hospital in Dallas. It was a typical weekend night.

“It was the Friday night ‘knife and gun club’ that lasted all night and into the next morning,” she says. “The experience taught me that no matter the circumstance, I owed it to my patient to be the best I could – his or her life depended on it.”

Guerrero assumed the position of director of the Office of EMS/Trauma Systems Coordination in September. The Birmingham, Alabama, native has been a registered nurse for more than 30 years, with 25 years in the acute care setting. Her experience has been diverse: She’s taken on the roles of staff nurse, charge nurse, department director and finally as an administrator at a 253-bed hospital in San Antonio. One of 12 departments she managed there was the emergency room. The experience reinforced her understanding that emergency medical care is unlike any other.

“I dealt with ERs bursting at the seams at 10 p.m. on Friday night, going nuts trying to figure out where to put patients when someone rolls through the door and is coding,” she says. “What impressed me most was the staff dedication and professionalism even during difficult times. They always took care of the patient, no matter the situation.”

For the last eight years Guerrero has worked at DSHS as a health care surveyor for hospitals, End Stage Renal Disease (ESRD) facilities, organ transplant programs and as the manager for facility licensing. She has experience with rule development and collaborating with diverse stakeholder groups, at both the state and federal level. The key to rules, she says, “is to work closely with the stakeholders and continue to work with them through the process.”

She and her husband of 30 years divide their time between San Antonio and LaGrange. Living in both rural and metropolitan areas has given her an appreciation of trauma systems. “I saw trauma systems at work in the city, but I also have witnessed our trauma system at work in the rural area when a medical helicopter, responding to an MVA, landed on FM153 in front of my house. It gave me a sense of security knowing how quick the response and care was and how quickly decisions were made by the emergency health care professionals. Unfortunately, that day not all victims survived, but I am

sure without the quick decisions and actions of those emergency health care professionals there would have been no survivors.”

Guerrero says she is looking forward to working with EMS and trauma stakeholders, a group she’d heard about for years. Still, Guerrero did a little homework before she applied for this job, asking people she knew what they’d heard about the EMS and trauma community and OEMS/TS staff.

“I have a great respect for the men and women who make up the Texas EMS Trauma System. Without their dedication we could not hope that critically injured or ill persons get the right care, at the right place, in the right amount of time. The opportunity of working with such a group who was dedicated to improving emergency care across Texas was the deciding factor in accepting this position,” she says. “I’m looking forward to working with this dedicated group, building relationships so we can make the Texas EMS/Trauma System even better.”

— Kelly Harrell

Governor’s EMS and Trauma Advisory Council (GETAC) Renaissance Worthington Hotel 200 Main Street Fort Worth, TX 76102

Saturday, November 22, 2008

9:00am-10:30am Stroke Committee
10:30am-12:00pm Trauma Systems Committee
1:00pm-2:30pm Disaster/Emergency Preparedness Task Force
2:30pm-4:00pm Injury Prevention Committee

Sunday, November 23, 2008

9:00am-10:30am Medical Directors Committee
10:30am-12:00pm Air Medical Committee
1:00pm-2:30pm EMS Committee
2:30pm-4:00pm Education Committee
4:00pm-5:30pm Pediatric Committee

Monday November 24, 2008

6:00pm-Governor’s EMS and Trauma Advisory Council

Locations for these meetings may be found on the Renaissance Worthington Hotel daily schedule Reader Boards. Agendas will be available soon on our website (<http://www.dshs.state.tx.us/emstraumasystems>). For more information, please call the Office of EMS/Trauma Systems Coordination at (512) 834-6700.

Other meetings happening during the conference:

Saturday, November 22

RAC Chairs, 4 – 5:30, Renaissance Worthington

TETAF Divisions, 5:45 – 6:45, Renaissance Worthington

TETAF Board, 7 – 9pm, Renaissance Worthington

Sunday, November 23

EMS Association of Texas, 7 – 9pm, Renaissance Worthington

Valsalva Bowl (preliminaries), 5 – 7pm, Renaissance Worthington

Monday November 24

Texas Ambulance Association Board Meeting, 12pm – 4pm, Renaissance Worthington

Valsalva Bowl (finals), 12:15 – 1pm, Fort Worth Convention Center, Annex/Lunch

EMS Expo Top Products, 1:15 pm, Fort Worth Convention Center, Annex/Lunch

Tuesday November 25

Texas Ambulance Association Billing Seminar, 8am – 4pm, Renaissance Worthington

EMS Ride-Alongs MedStar Emergency Medical Services

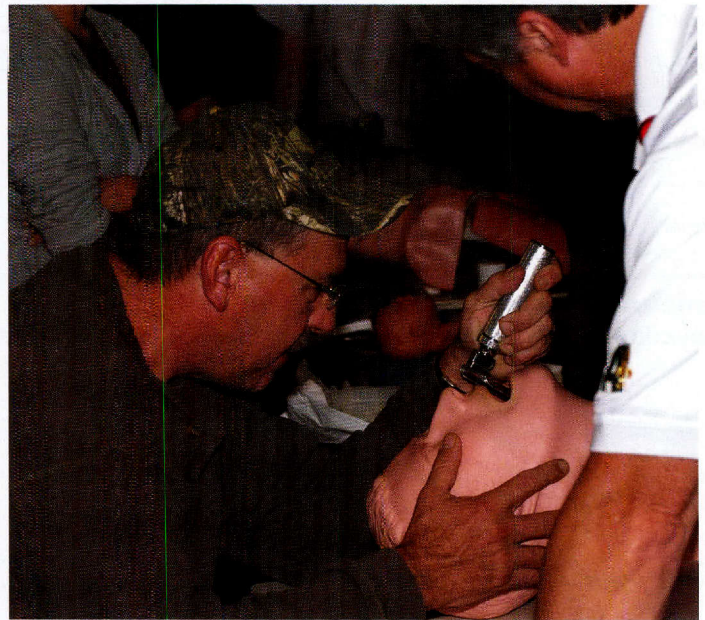


*Based on availability
 Reservations required*

Would you like to experience EMS in the Fort Worth area? MedStar EMS responds to more than 92,000 calls a year and is the exclusive 9-1-1 provider serving Fort Worth and 14 surrounding communities.

To schedule a ride along, please contact Anita Rivers in the Scheduling Department at 817-632-0531. You may also email her at arivers@medstar911.org.

November 23-26 Texas EMS Conference Fort Worth (Exhibit Hall open November 23-25)



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

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

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

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

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

See you in November!



Texas EMS Conference 2008

REGISTRATION FORM

Fort Worth Convention Center

(Please type or print clearly)

You may register online at www.texasemsconference.com

\$190

No refunds after November 1, 2008.

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.

Name _____

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

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Area Code _____ Email address: _____

Email address required

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

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

\$190 registration at the door

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

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

Conference Registration Fee \$ _____

Make check payable to:
 Texas EMS Conference

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

Sunday, November 23, 2008

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

Monday, November 24, 2008

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

Tuesday, November 25, 2008

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

Official Use Only	<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmEx <input type="checkbox"/> Disc	If paying by credit card, you may fax your completed registration to: (512) 759-1719
Date Rec'd. _____	Credit Card No: _____	
Type of Pmt. _____ <small>(If check, write #)</small>	Card Holder _____	Card Exp _____
Amt. Rec'd. _____	Signature of Card Holder _____	
	Zip Code of Billing Address _____	
You may register online at www.texasemsconference.com		

Airport Transportation Discount

GO Yellow Checker Shuttle is offering discount airport transportation (from either DFW or Love Field) for Texas EMS Conference attendees.
<http://www.yellowcheckershuttle.com/texasems>



Schedule

Conference At-A-Glance

Sunday, November 23

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

Monday, November 24

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

Tuesday, November 25

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

Wednesday, November 26

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

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

2008 Texas EMS Photography Contest Entry Form

Photographer's name _____

Employed by _____

Address _____

City _____ State _____ Zip _____

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

E-mail address _____

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

Deadline for entering: November 10, 2008

Tape this form to the back of the photo.

Brief explanation of scene: _____

Photo Contest Rules

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

Monday

General Session — 8:15 - 9:30 — Ballroom ABC — John Griswell, MD, FACEP, Medical Director MedStar EMS
Ethics in medicine: How does it affect me? (CE: Prep)

Room	9:45am – 10:45am	11:00am – Noon	2:00pm – 3:00pm	3:15pm – 4:15pm	4:30pm – 5:30pm
Ballroom AB	America's School Shootings Bouvier <i>Trauma</i>	Bye-Bye to Boo-Boos: Assessment and Management of Pediatric Prehospital Pain Shah <i>Pedi</i>	The Medical Here and Now Bolleter <i>Medical</i>	In-Hospital Care Driven by EMS: Reversing the Traditional Paradigm Pepe/Racht <i>Pt. Assessment</i>	On Scene / Off Scene "You're the EMS Timekeeper" Bouvier <i>CRO</i>
Ballroom C	Room change out	Grand Mals and Memory Stalls Essman <i>Pt. Assessment</i>	Upside/Down Kids Scadden <i>Pedi</i>	The Future of Airway Management Beeson <i>Airway</i>	Understanding ST Elevation MI's (STEMI) in the Prehospital Setting Mabbitt <i>Medical</i>
200	Pediatric Jeopardy Scadden <i>Pedi</i>	MRSA Me! Teel <i>Medical</i>	Initial Management of Pediatric Head Injury Sheehan <i>Trauma or Pedi</i>	Adolescent Patients Sammons <i>Spec Cons</i>	Pre-eclampsia ... It's Not Just for the Pregnant Rinard <i>Medical</i>
201 (AB)	I Think I'm Having an MI Knappage <i>Medical</i>	The ABCs of Cardiac Arrest: Is the "B" Necessary? Navarro <i>Airway</i>	Critical Calls Take Critical Thinking! Mittelman <i>Medical</i>	Someone Get Me Some New Batteries!! There Is Something Wrong with My Patient - The Traps and Challenges of Patient Assessment Technology Ericson <i>Pt. Assessment</i>	Cookie Cutters and Blue Faces Ogilvie <i>Medical</i>
201 (C) Educator	Qualitative Evaluation: When Numbers Don't Matter Weller <i>CRO</i>	E-Learning for the EMS Educator Hernandez <i>CRO</i>	Education Standards—What They Mean to Me Cason <i>CRO</i>	Accreditation is NOT a Four Letter Word Cason/Hatch <i>CRO</i>	Accreditation 101: The Self-Study and Site Visit Process McDonald <i>CRO</i>
202 (AB)	Precious Cargo - Pediatric Emergencies Bolleter <i>Pedi</i>	Broncholitis, Croup or RSV - My Child Has What? Stafford <i>Spec Cons</i>	Pediatric Thermal Injuries: Case Presentations from a Regional Burn Center Buchannan <i>Trauma</i>	Saving Paramedic Ryan - Depression in the EMS Profession Cloud <i>Prep</i>	Transport Considerations with the Spinal Cord Injured Patient Essman <i>Pt. Assessment</i>
202 (CD) Nursing	Texas Emergency Nurses Association Emergency Preparedness Plan: "People Get Ready" Havron <i>Prep</i>	The Eyes of Texas: Non-traumatic Ocular Emergencies Dutton <i>Medical</i>	Hot, Hot, Hot... Pediatric Heat Emergencies Brandt <i>Medical or Pedi</i>	It's Crazy: Emergency Mental Health Care Baros <i>Spec Cons</i>	Sepsis Care in the ER: Rapid Response and Care Bundles Muhr <i>Medical</i>
203 (AB)	"Tell Me a Story" - The Importance of Good Documentation Perkins <i>Prep</i>	Break a Leg! Orthopedic Trauma Case Studies Braithwaite <i>Pt. Assessment</i>	Bad Bugs: Antibiotic Resistant Bacteria Navarro <i>Medical</i>	Advanced Concepts in Capnography Krauss <i>Airway</i>	Novel Pain Management Techniques McManus <i>Spec Cons</i>
203 (C) Admin	Multigenerational Issues Wood <i>CRO</i>	CareHouston: A New Approach to the Frequent Caller Harrison <i>CRO</i>	Leading with Love, Respect & Values Rodriguez <i>Prep</i>	Insurance - What You Don't Know Can Cost You Snively <i>CRO</i>	Dude, Where's My Chart: Information Technology in EMS Acosta <i>Prep</i>
204 (AB)	The Pediatric Call Dush/White <i>Pedi</i>	STEMI Care: From 90 to Nothing Through a Systems Response Wait <i>Medical</i>	OB Trauma Case Studies: My Patient's Pinned and Pregnant! Dush <i>Pt. Assessment</i>	NREMT Site Visit & Stakeholder Update Brown <i>Prep</i>	
102 Nursing	Computed Tomography in Trauma Duvall <i>Trauma</i>	Airway Management Strategies Marsolan <i>Airway</i>	Break It Up! Evaluating C-Spine Trauma Fitzgerald <i>Trauma</i>	Transfusion Therapy Bini <i>Medical</i>	Burns Vanek <i>Trauma</i>

Tuesday

Room	7:30am – 8:30am	8:45am – 9:45am	10:00am – 11:00am	2:00pm – 3:00pm	3:15pm – 4:15pm	4:30pm – 5:30pm
Ballroom AB	A Jew and a Redneck: The EMS Comedy Tour: II Grayson/Saffer <i>Spec Cons</i>	Dirty Little Secrets of EMS Racht <i>Medical</i>	Bringing the War Home: A Trauma Care Update Including the Iraq Experience Pepe <i>Trauma</i>	Crush Injuries Gordon <i>Trauma</i>	Show A Little Restraint Grayson <i>Spec Cons</i>	Is This Cool or What Racht <i>Medical</i>
Ballroom C	EMS Operations in Rural and Wilderness Vankawala/Hennington <i>CRO</i>	Why 12 Leads Are Not Enough! Page <i>Medical</i>	Hidden Clues to Child Abuse, Signs at the Scene: First Responders Recognizing and Responding to Suspected Child Abuse Lyn <i>Pt. Assessment</i>	Liability for Negligence of Paramedics and First Responders in Texas Madison <i>Pt. Assessment</i>	An Introduction to Hyperbarics for EMS Providers Burton <i>Medical</i>	Triaging Too Slow, Check Your RPMs Mitcham <i>CRO</i>
200	Tampering with Evidence-Based Practice Tubb <i>Prep</i>	EKGs You Don't Want to Miss Beeson/Puryear <i>Medical</i>	Texas EMS and Sexual Assault Story <i>Spec Cons</i>	"What's Cool About Austin" (Post-resuscitation Therapeutic Hypothermia) Hayes <i>Medical</i>	Slap the Cap: Practical Use of Capnography Page <i>Medical (2 hours)</i>	
201 (AB)	Small Town EMS: The Good and the Bad and the Stress of Caring for Our Friends and Family J. Jones <i>CRO</i>	The Top 6 Things That Have Changed EMS in the Past 10 Years (and What's to Come) Lundy <i>Spec Cons</i>	Traumatic Brain Injury, or "What Humpty Dumpty Taught Us..." Hayes <i>Trauma</i>	When You're 64! Scadden <i>Spec Cons</i>	Comotio Cordis - Coming to a Playground Near You Navarro <i>Spec Cons</i>	ABCs of EMS Management Perkins <i>Prep</i>
201 (C) Educator	High School Hysterics: Steps for a Successful EMT Program Struckmeyer <i>CRO</i>	Teaching Evidence-Based Medicine Navarro <i>CRO</i>	Is Your Intern Ready to Take Care of You? Creech/Ericson <i>CRO</i>	Coaching the EMT Student Sammons <i>CRO</i>	Controlling Controlled Substances Griffin <i>CRO (2 hours)</i> <i>(not educator track)</i>	
202 (AB)	EMS/Trauma Registry NEMSIS Upgrade Alegria/Castanon <i>CRO</i>	Neurological Assessment in the Field Burton <i>Pt. Assessment</i>	Critical Decision Making in EMS Fowler/Beeson <i>Pt. Assessment</i>	Pint-Sized Perspectives: Managing the Survivor of Prematurity Frost <i>Pedi</i>	Child Abuse Injuries Floyd <i>Pedi</i>	Think Child Safety/Think Senior Safety: Circle of Protection R. Jones <i>Spec Cons</i>
202 (CD) Nursing	Is Your ED Prepared to Care for Children? Snow <i>Pedi</i>	Mentoring the New Meat: How to Treat (Not Eat) Your Young Windham <i>Prep</i>	Through the Ages: Generational Diversity in the Workplace Powell <i>Prep</i>	The Second Disaster: Otherwise Known as Communication Issues St. Claire <i>Spec Cons</i>	I Wanna Hold Yer Hand!! Mansour <i>Trauma</i>	Room change out
203 (AB)	I am S.O.B. and Can't Figure Out Why Mittelman <i>Airway</i>	Case Studies in Trauma Care Braithwaite <i>Trauma</i>	Officer Down! How to Respond and How to React When the Call Comes In Turner <i>CRO</i>	There's Nothing "Basic" about Me Perkins <i>CRO</i>	Consent or Refusal: Two Sides of the Same Coin Turner <i>Prep</i>	The Hypothermic Patient: "Its Really Not That Cool..." Hayes <i>Medical</i>
203 (C) Admin	Phishing and Worms Rinard <i>Spec Cons</i>	EMS Public Health Partnership in Addressing Norovirus-like Outbreaks Coll <i>CRO</i>	EMS Vehicle Safety Wait <i>CRO</i>	Frontier and Rural Grants LaMay <i>CRO</i>	EMS Preparedness and Resilience: Ready or Not? Graham <i>Spec Cons</i>	EMS Law Wait <i>Prep</i>

Tuesday cont.

Room	7:30am – 8:30am	8:45am – 9:45am	10:00am – 11:00am	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
204 (AB)	Pediatric Hyperthermia Gandy <i>Pedi</i>	Mind Over Gray Matter: Preventing Secondary Brain Injury Essman <i>Trauma</i>	Pediatric Toxicological Emergencies Gandy <i>Pedi</i>	Rapid Sequence Intubation Panel <i>Airway</i>	Obstetrical Emergencies Gandy <i>Medical</i>	Difficult Airway Management Gordon <i>Airway</i>
102 Disaster	RAPID Care Framsted <i>Spec Cons</i>	I See Dead People - Responding to Mass Fatality Incidents Garcia <i>CRO</i>	Pandemic Influenza Planning & Response Graham <i>Spec Cons</i>	Disaster Medicine: When Clinical Standards are too Much Rinard <i>CRO</i>	From Dirty Bombs to Nuclear Attacks: A Primer on Radiation-Related Incident Pepe/White <i>CRO</i>	Managing Incidents and Patients Involving Explosives and Secondary Devices Whitener <i>Spec Cons</i>

Wednesday

Room	8:30 am – 9:30 am	9:45 am – 10:45 am	11:00 am - Noon
Ballroom AB	Electrophysiology for Dummies Ogilvie <i>Medical</i>	Neurological Trauma Bledsoe <i>Trauma</i>	Closing General Session Ballroom AB Forensic Medicine: An Overview for EMS Professionals Floyd <i>Spec Cons</i>
Ballroom C	Air Medical. Are We Flying Who Needs to be Flown? Campa <i>Prep</i>	Validity and Reliability: What is the Difference? Navarro <i>CRO</i>	
200	Africanized Honey Bees Bledsoe <i>Medical</i>	Understanding Pharmacology Instead of Memorizing White <i>Prep</i>	

Key to CE:

Airway = Airway

CRO = Clinical Related Operation

Medical = Medical

Pedi = Pediatric

Pt. Assessment = Patient Assessment

Prep = Preparatory

Spec Cons = Special Considerations

Trauma = Trauma

It is easy being green...

Just like last year, we're relying on you to bring printed copies of classroom handouts with you to Texas EMS Conference. **Printed copies of handouts will not be provided at the conference.** Instead, we're posting electronic versions on our website: www.dshs.state.tx.us/emstraumasystems/08conference.shtm. Before leaving for the conference, be sure to visit the site, download the handouts for any classes you might want to attend, and print them. We do it this way to save paper and continue to keep conference costs low. If you have any questions, please email Dawn Whitfield at dawn.whitfield@dshs.state.tx.us, or call her at (512) 834-6700, ext. 2363.



Look for the flier

Arriving at the conference on Saturday or Sunday? Ask your hotel concierge to give you a Texas EMS Conference flier that has maps showing you where to go to register in the convention center and where the preconference and GETAC meetings are being held.

Monday

Room	9:45 am – 11:45 am	1:00 pm – 3:00 pm	3:30 pm – 5:30 pm
101	Seizing the Moment with Infants, Children and Adolescents Franklin <i>Spec Cons</i>	Seizing the Moment with Infants, Children and Adolescents Franklin <i>Spec Cons</i>	Seizing the Moment with Infants, Children and Adolescents Franklin <i>Spec Cons</i>
103 AB	Advanced Airway Management and the Utilization of Capnography in the Field Weinzapfel <i>Airway</i>	Advanced Airway Management and the Utilization of Capnography in the Field Weinzapfel <i>Airway</i>	Advanced Airway Management and the Utilization of Capnography in the Field Weinzapfel <i>Airway</i>
104	Radiation Emergencies for EMS Responders Clawson <i>Spec Cons</i>	Radiation Emergencies for EMS Responders Clawson <i>Spec Cons</i>	Radiation Emergencies for EMS Responders Clawson <i>Spec Cons</i>
107/109	Stethoscopy for Dummies Page <i>Prep</i>	Stethoscopy for Dummies Page <i>Prep</i>	Stethoscopy for Dummies Page <i>Prep</i>
113AB/116	Violent Patient Management Frye <i>Spec Cons</i>	Violent Patient Management Frye <i>Spec Cons</i>	Violent Patient Management Frye <i>Spec Cons</i>
110 AB	Pig Trachea Workshop Gandy <i>Airway</i>	Pig Trachea Workshop Gandy <i>Airway</i>	Pig Trachea Workshop Gandy <i>Airway</i>
111	Grant Writing 101 LaMay <i>CRO</i>	Grant Writing 101 LaMay <i>CRO</i>	Grant Writing 101 LaMay <i>CRO</i>
121 A	TASER: Hands-on Exposure and Treatment Turner <i>Prep</i>	TASER: Hands-on Exposure and Treatment Turner <i>Prep</i>	TASER: Hands-on Exposure and Treatment Turner <i>Prep</i>
121 B	Pediatric ALS Skills Workshop Grayson <i>Pedi</i>	Pediatric ALS Skills Workshop Grayson <i>Pedi</i>	Pediatric ALS Skills Workshop Grayson <i>Pedi</i>
121 C	Math for Medics Jechow <i>Prep</i>	Math for Medics Jechow <i>Prep</i>	Math for Medics Jechow <i>Prep</i>

Valsalva Bowl at Texas EMS 2008!

We liked the Valsalva Bowl so much last year that we're bringing it to Fort Worth! In case you forgot, or never heard of it, the Valsalva Bowl, is a fast-paced quiz show featuring teams of three medics competing in a contest of speed, luck and oh yes, medical knowledge. The winners receiving Texas-sized trophies and of course bragging rights as the Champions of Texas!

Sponsored by the EMS Educators Association of Texas, the competition preliminaries will take place on Sunday night, November 23 at the Renaissance Worthington at 7:00 p.m. The finals will be at 12:15

p.m. on Monday, November 24, in the exhibit hall.

We will take the first 16 teams of three to sign up. Even if you don't get in, come to the event as some teams may lose their nerve once they see your team. Teams are HIGHLY encouraged to wear matching uniforms, shirts or whatever to show your team spirit!

The teams (ECA, EMT-B, EMT-I, EMT-P or LP, RN, MD, DO, whatever) compete against each other and the clock to correctly answer questions from EMS practice. The questions difficulty are about 60 percent basic, 30 percent ALS, and 10 percent

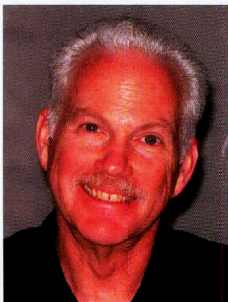
trivia! Each team member will have a buzzer to chime in with if you know the answer, but be fast, the other team may beat you to the buzzer and answer first. A large scoreboard with countdown timer keeps track of the game. And the questions and answers are up on the screen for everyone to see!

The MC and game show host and all-around amusing guy is Bob Page, native Texan and winner of the Valsalva Bowl in 1992. Don't delay! Send your team information today to Kelly Weller, EMSEAT, at Kelly.E.Weller@nhmccd.edu.



Tuesday

Room	7:30 am – 9:30 am	9:45 am – 11:45 am	2:00 pm – 4:00 pm
101	I Want a New Drug – Street and Club Drugs Yates <i>Medical</i>	I Want a New Drug – Street and Club Drugs Yates <i>Medical</i>	I Want a New Drug – Street and Club Drugs Yates <i>Medical</i>
103 AB	Moulage Stafford <i>Prep</i>	Moulage Stafford <i>Prep</i>	Moulage Stafford <i>Prep</i>
104	Tactical Ultrasound McManus <i>Trauma</i>	Tactical Ultrasound McManus <i>Trauma</i>	Tactical Ultrasound McManus <i>Trauma</i>
107/109	Jams and Pretzels: A Look at Spine Care Mittelman <i>Trauma</i>	Jams and Pretzels: A Look at Spine Care Mittelman <i>Trauma</i>	Jams and Pretzels: A Look at Spine Care Mittelman <i>Trauma</i>
110 AB	Guts and Gore: Lung Lab Clancy <i>Airway</i>	Guts and Gore: Lung Lab Clancy <i>Airway</i>	Guts and Gore: Lung Lab Clancy <i>Airway</i>
113AB/116	Effective Communication, Do You? What you should know when caring for deaf, hard of hearing, late deafened, and deaf/blind patients Stewart <i>Spec Cons</i>	Effective Communication, Do You? What you should know when caring for deaf, hard of hearing, late deafened, and deaf/blind patients Stewart <i>Spec Cons</i>	Effective Communication, Do You? What you should know when caring for deaf, hard of hearing, late deafened, and deaf/blind patients Stewart <i>Spec Cons</i>
121 A	Wilderness Rescue Green <i>CRO</i>	Wilderness Rescue Green <i>CRO</i>	Wilderness Rescue Green <i>CRO</i>
121 B	What do I Do Now? Fine Tuning Your Patient Assessment Skills Langford <i>Pt. Assessment</i>	What do I Do Now? Fine Tuning Your Patient Assessment Skills Langford <i>Pt. Assessment</i>	What do I Do Now? Fine Tuning Your Patient Assessment Skills Langford <i>Pt. Assessment</i>
121 C	MCI Triage: The “Cure” for a MASSive Headache Miller <i>Pt. Assessment</i>	MCI Triage: The “Cure” for a MASSive Headache Miller <i>Pt. Assessment</i>	MCI Triage: The “Cure” for a MASSive Headache Miller <i>Pt. Assessment</i>



Texas EMS Conference

Keynote address

**“Ethics in medicine:
How does it affect me?”**

John Griswell, MD, FACEP

Medical Director, MedStar EMS

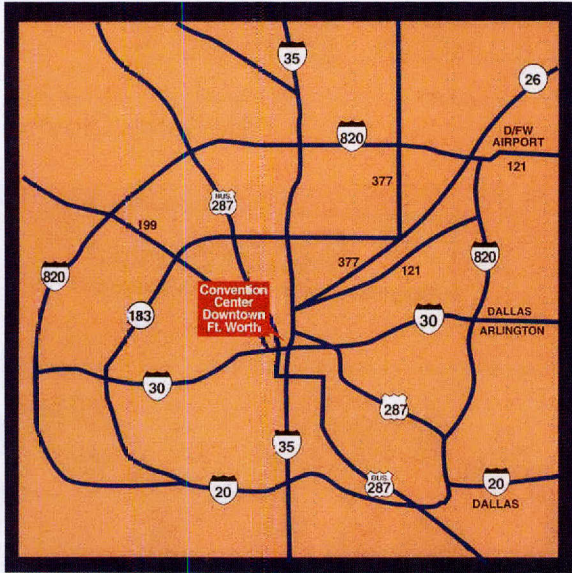
Sign up for two-hour classes starts at 10 a.m. on Sunday!

We’re bringing back the very popular two-hour classes that emphasize intense, hands-on experiences in a small classroom. Here’s the important part: Because class attendance is limited, 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, no more will be issued. Sign-up for the classes at conference registration beginning at 10 a.m. on Sunday, November 23.

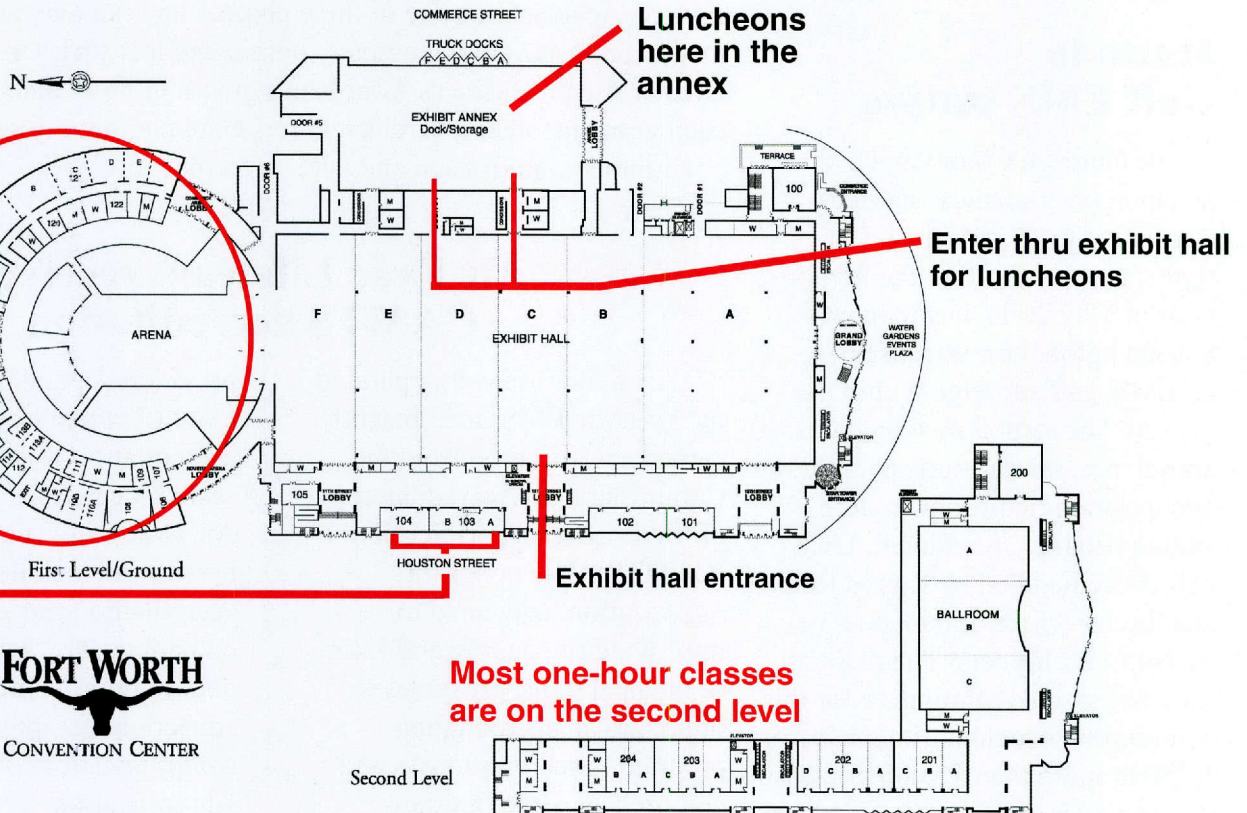
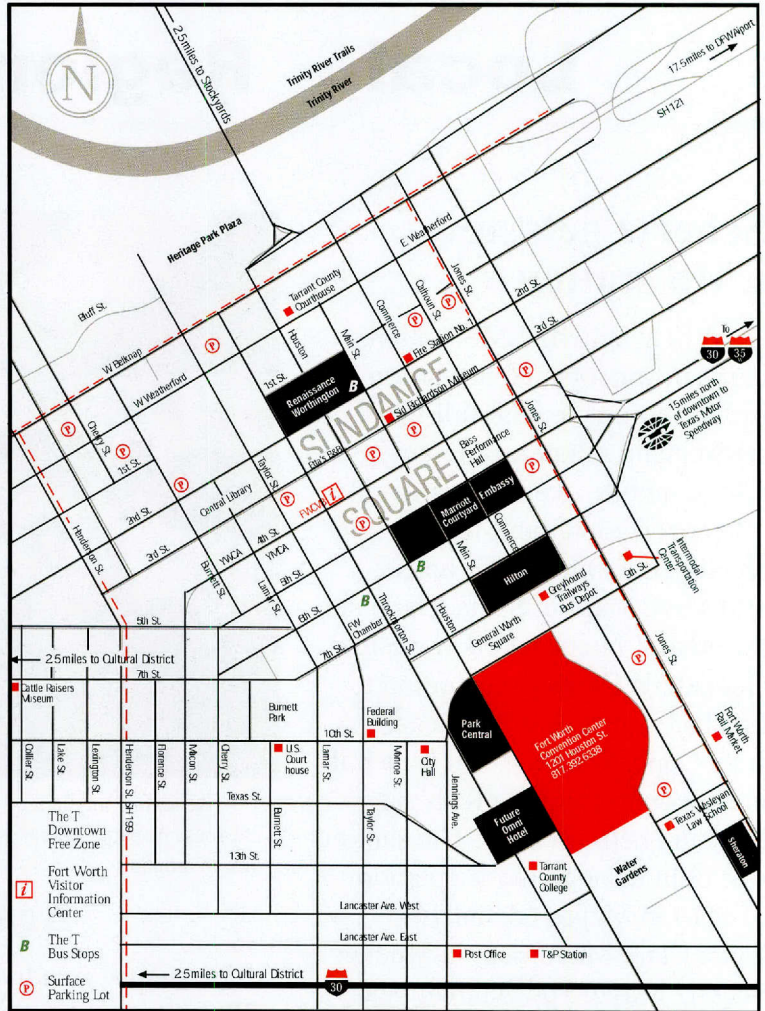
Don’t forget to check the blog!

Want the latest information about the conference? Check www.dshs.state.tx.us/emstraumasystems/confblog for any last-minute information on the conference.

Fort Worth



Downtown Fort Worth



Local & Regional EMS News

by Kathy Clayton

Schertz gets new EMS station

A new Schertz EMS station, number four, opened in Marion in July, complete with full-time staffing and a state-of-the-art rescue/mobile intensive care unit. The new station, built from a reclaimed FEMA trailer house, will serve Marion, Santa Clara and the area of Interstate 10 in western Guadalupe County. According to Precinct 4 Justice of the Peace Judy Cope, Station 4 will fill a hole in the county, and she feels safer knowing help is closer. The station was built through the cooperation of Marion Mayor Glenn Hild, Santa Clara Mayor David Mueller, Schertz Mayor Hal Baldwin and Schertz EMS Administrator Dudley Wait.

Hutto to staff EMS station

Williamson County opened an emergency medical services station in Hutto in August. The space, provided within the firehouse built in May 2006, has remained unused before now because of an EMS staff shortage within the county. The station now includes an ambulance, six full-time paramedics and a station lieutenant. Before the station became operational, EMS calls were handled by Round Rock and Taylor-based ambulances or by Hutto firefighters. The response time is expected to improve for this community, which has boomed from 1,250 to more than 17,000 citizens in the past eight years.



Acadian Ambulance Service in Austin was selected as a finalist for a 2008 Greater Austin Business Award. Acadian was one of three finalists for best customer service by a medium-sized company.

Acadian finalist for award

In August, Acadian Ambulance Service was one of 72 finalists for a 2008 Greater Austin Business Award, given by the Austin Chamber of Commerce. In the category of medium sized companies' customer service, Acadian was one of three choices and the only ambulance or medical transportation company nominated this year. Created in 2001, the Greater Austin Business Awards has grown to more than 1,000 attendees each year; the other award categories were community service, education, environment, innovation and take on traffic.

Air Evac Lifeteam receives CAMTS accreditation

Air Evac Lifeteam, operated by Air Evac EMS, Inc., recently earned accreditation from the Commission on Accreditation of Medical Transport Services (CAMTS). The nonprofit organization, dedicated to improving the quality and safety of medical transport services, organizes an accreditation program based on surveys and comprehensive reviews of

providers' operations. The Air Evac Lifeteam inspection and accreditation was the largest-scale process in CAMTS' history. Air Evac Lifeteam's 13 Texas bases were included in the accreditation process and evaluated on patient care, safety standards, quality improvement activities, education, equipment, staffing, communications, maintenance and administration.

Local & Regional EMS News

Presentations from CareFlite, Air Evac, Life Star and Southwest Med Evac on their air medical programs, requirements for air medical activation, and other topics were part of a day of air medical training hosted by Tech*Star EMS Education. Gorman Volunteer Fire Department, Ranger Fire/EMS, Desdemona Volunteer Fire Department, Gustine First Responders and Erath County Fire/EMS participated in the class.



EMS Week activities in Gorman

Tech*Star EMS Education organized a day of air medical training in Gorman as part of EMS Week activities in May. Local EMS providers, fire departments, first responders and law enforcement agencies were invited to attend presentations from CareFlite, Air Evac, Life Star and Southwest Med Evac on their air medical programs, requirements for air medical activation, who can request air services and other topics. Agencies that attended included Gorman Volunteer Fire Department, Ranger Fire/EMS, Desdemona Volunteer Fire Department, Gustine First Responders and Erath County Fire/EMS.

Tech*Star also closed local EMS Week festivities by hosting its sixth annual Air Medical Luncheon, honoring the air medical teams who service the surrounding areas. Staff from CareFlite, Life Star and Air Evac attended the luncheon.

The sixth annual Air Medical Luncheon topped off EMS Week activities in Gorman in May. Pictured left to right are Wayne Dennis, EMT-P, Tech*Star EMS Education; Lee Christiansen, Pilot, Life Star; Darren Pieren, EMT-P, Life Star; John Whitt, EMT-P, Air-Evac; Betsy Hurely, RN, Air-Evac; Bill Smith, Pilot, Air-Evac; and Rebekah Branden, RN, LP, Life Star.



Texas cities featured on *Call 911*

A Houston woman is car-jacked and calls 9-1-1 from her trunk; a kayaking trip turns dangerous at an Austin dam; and an El Paso dispatcher rallies first responders to gather Christmas presents for a family in need. These and other stories from around Texas and the nation are included in the current season of the *Call 911* series on Investigation Discovery

(one of the Discovery family of stations). This public safety communications-focused series is based on true public safety-oriented incidents that have a positive ending. The 20-episode series airs stories that show 9-1-1 telecommunicators and responding personnel at their best, illustrating what happens when everything goes according to plan and people are saved from imminent danger.

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

Send your news to:
Texas EMS Magazine
Kelly Harrell, Editor
kelly.harrell@dshs.state.
tx.us
(512) 834-6743
Fax (512) 834-6736

Local & Regional EMS News

Washington County EMS receives grant

LCRA Community Development Partnership Program provided a \$21,000 grant to Washington County EMS in September to purchase two Stryker Power Pro cots. The cots, which include battery-powered hydraulic lift systems, complement Washington County's four MICU-stocked Frazer ambulances. A total staff of 31 employees, 17 of whom are full time, operate three of the ambulances 24 hours a day, leaving the fourth stocked for pending calls.



This state-of-the-art cot is one of two recently purchased by Washington County EMS through a grant from the LCRA Community Development Partnership Program.

MCHD receives national award in emergency medicine

The Pinnacle Award of Excellence for 2008 was given to Montgomery County Hospital District (MCHD) in August. The award is presented at the Pinnacle EMS Leadership Forum, which is a nationwide conference for EMS leaders. Winning organizations or individuals exemplify a commitment to patient care innovation, system development and/or community involvement. MCHD was recognized in part for its focus on developing and retaining employees, including a wellness program that has boosted the overall health, morale and well being of the staff.

HEMS in North Texas leads safety roundtable

The quarterly meeting of the Helicopter EMS (HEMS) Operators of North Texas safety roundtable was expanded to include all helicopter operators in the Dallas-Fort Worth area for the first time this August. Given the recent events in Arizona and South Texas and an increase in the air medical accident rate, the council chose to invite members of flight training schools, law enforcement and media, as well as private operators to join the safety discussion. Representatives of the FAA, NTSB and Texas Department of State Health Services also attended.

Cardiac arrest patient meets rescuers in Austin

In August, Austin-Travis County EMS first responders had the opportunity to meet the survivor of a sudden cardiac arrest and his family. The 63-year-old man was visiting friends in south Austin when he suffered sudden cardiac arrest. Communications medic Heidi Bolloc instructed the family to begin chest compressions while paramedics Patrick Monckton and Sarah Bell and Engine 6 firefighters were en route. The paramedics administered defibrillation shocks, and once the victim was breathing on his own, they transported him to a nearby hospital. The family members requested this reunion so that everyone involved could meet under less stressful circumstances.

**Tell a friend: special discount for Texas EMS Magazine.
For details email Adrienne Kitchen at
adrienne.kitchen@dshs.state.tx.us.**

Local & Regional EMS News

RACS System operational in RAC-R

RAC-R recently acquired a new mobile medical station called the Regional Alternate Care Site (RACS) System. In the aftermath of Hurricane Rita, the RAC-R EMS providers agreed that an alternate care facility was needed for times when all of the area hospitals might be closed for several days. The original idea was to have a mobile facility that could provide an area for triage and stabilization of patients while they were waiting to be transferred out of the affected area during times of emergency or disaster. Enthusiastic support from RAC-R committees, nearly all of whom donated their individual project monies to the RACS System, and extraordinary participation from the private sector—one donor gave \$450,000—allowed RAC-R to bring the project to fruition in only two years.

Progressive Emergency Products developed its *Patriot Mobile Medical System (PMMS)* for this exact function, and it includes mobile units designed for quick deployment. The system is divided into RACS 1, RACS 2 and RACS 3. RACS 1 consists of a 54-foot, custom-built semi-trailer with a mounted 75kw generator. The trailer is built with slideouts that can form a command center; a kitchen that includes a side-by-side refrigerator, a microwave and a washer/drier; crew lockers; and restroom and shower facilities. There are also multiple crew desks and a second-story storage area. Canopies that are floored, insulated and air conditioned unfold from both



The Regional Alternate Care Site (RACS) System, a mobile unit intended to provide triage and stabilization of patients during a large-scale emergency or disaster, is made up of three individual units that can be set up in a few hours by a small number of people. RACS 1 is a semi-trailer with slideouts and two inflatable Zumro tents. RACS 2 and RACS 3 are 32-foot trailers packed with one Zumro tent each. The units can be deployed individually or in any combination of the three to provide up to 48 beds, as well as space for triage and nursing stations.

sides of the unit to provide space for patient triage on one side and staff operations on the other side. A 20' x 42' Zumro tent holds 16 patient beds, and a smaller tent, 15' x 30', serves as a nursing station and as a connector to other tents that are part of RACS 2 and RACS 3. A lighting unit on top of the trailer extends to light the entire perimeter of the system.

RACS 2 and RACS 3 are identical units; each is comprised of a 36-foot custom-built trailer that includes a restroom, shower, microwave and desks. Each trailer carries a Zumro 42' x 20' inflatable tent capable of housing 16 patients. Each tent is powered by 45kw trailer-mounted portable generators, which are capable of running heating and air conditioning in addition to powering the tent. All of the RACS 2 and RACS 3 tents and

trailers are lighted inside and out.

RACS 1, RACS 2 and RACS 3 can function separately as 16-bed units. Any two can combine into a 32-bed unit, and the three can combine into a 48-bed unit. RACS 1 is sponsored by CHRISTUS Jasper Memorial Hospital in Jasper, Texas. RACS 2 is sponsored by CHRISTUS St. Elizabeth Hospital Beaumont and CHRISTUS St. Mary Hospital Port Arthur. RACS 3 is sponsored by Brazosport Regional Health System in Lake Jackson, Texas.

The RACS system is designed to benefit the upper Texas Gulf Coast area including neighboring RAC-Q and the Houston area. Upon request by the state of Texas, it can be deployed anywhere within the state and set up in a few hours by six to eight people.

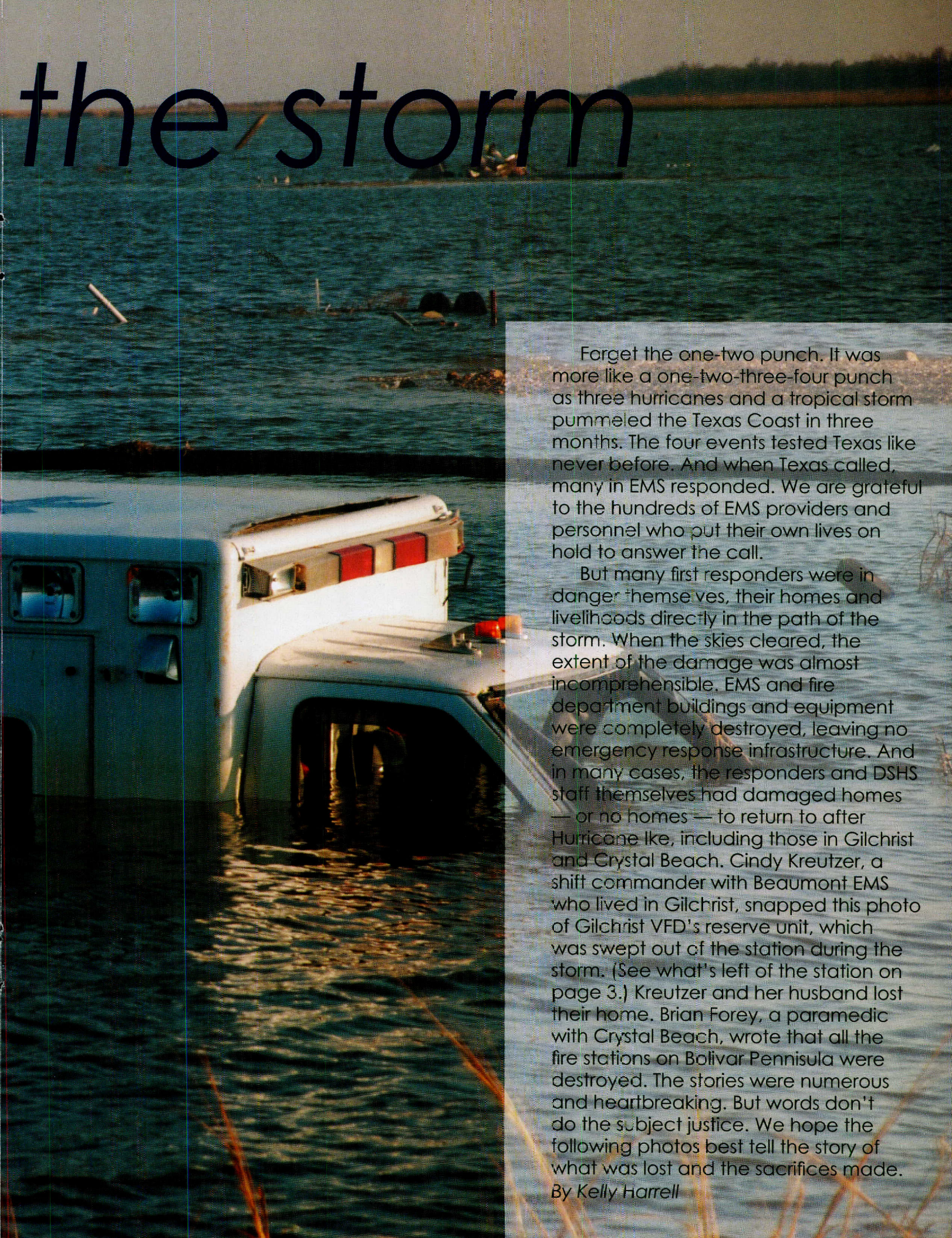
In the eye of



Gilchrist

EMS

the storm



Forget the one-two punch. It was more like a one-two-three-four punch as three hurricanes and a tropical storm pummeled the Texas Coast in three months. The four events tested Texas like never before. And when Texas called, many in EMS responded. We are grateful to the hundreds of EMS providers and personnel who put their own lives on hold to answer the call.

But many first responders were in danger themselves, their homes and livelihoods directly in the path of the storm. When the skies cleared, the extent of the damage was almost incomprehensible. EMS and fire department buildings and equipment were completely destroyed, leaving no emergency response infrastructure. And in many cases, the responders and DSHS staff themselves had damaged homes — or no homes — to return to after Hurricane Ike, including those in Gilchrist and Crystal Beach. Cindy Kreutzer, a shift commander with Beaumont EMS who lived in Gilchrist, snapped this photo of Gilchrist VFD's reserve unit, which was swept out of the station during the storm. (See what's left of the station on page 3.) Kreutzer and her husband lost their home. Brian Forey, a paramedic with Crystal Beach, wrote that all the fire stations on Bolivar Peninsula were destroyed. The stories were numerous and heartbreaking. But words don't do the subject justice. We hope the following photos best tell the story of what was lost and the sacrifices made.

By Kelly Harrell

At right, Texas Task Force 1 personnel were deployed just before Hurricane Ike hit to check Galveston Island for any residents who needed to be evacuated. After the storm, TxTF-1 conducted a house-by-house search of the island for survivors and accompanied residents back through the destroyed communities. Many streets were left with just a few houses still standing after the Category 2 hurricane hit the island in September. *Photo: Texas Task Force-1*

Below, when Ike took a turn north and set its sights on Galveston, the decision was made to evacuate UTMB. Acadian Ambulance personnel helped transfer NICU and critical care patients from Galveston to Austin before the storm. Nearly 200 patients went to facilities across the state, including several premature babies and two liver transplant patients. After arrival in Austin, Acadian and other services took patients to local facilities. *Photo: Lea Ann Broussard*

They didn't teach this in paramedic school! Below right, Lewisville FF/Paramedic Mark Murphree, Engineer/Paramedic David Pennington and Flower Mound Fire Captain Billy McWhorter carry a 4 1/2-foot alligator back to a bayou after they located it in a lawn while doing secondary searches in Bridge City Texas. The group was part of a team that searched for survivors in the rubble. Lewisville personnel were part of the





Denton County Task Force that responded to Galveston and Orange counties after the storm. *Texas EMS Magazine* received several photos of alligators left high and dry after the storm. *Photo: David Brown*

Below left, East Texas Medical Center EMS helps evacuate East Houston Medical Center before Ike came ashore. Hurricane Ike represented one of the largest evacuations of people in the history of Texas. Hundreds of ambulances from Texas and across the nation were used to evacuate medically fragile patients in the storm's path. East Texas Medical Center EMS sent crews during hurricanes Dolly, Gustav and Ike. *Photo: David Taylor*

Below right, just before the brunt of the storm, Northwest EMS responded to a roof collapse and fire at a local nursing home. By the time they arrived, the weather had deteriorated to the point that EMS had to shelter in place with 167 patients for about 18 hours until the storm winds subsided enough to allow for evacuation of the patients. All in all, about 30 ambulances and 19 buses responded. Northwest EMS Director Brian Petrilla directed the nursing home operations along with help from Waller County EMS Director Bevin Hollan. During the storm, a nearby hotel sustained damage, necessitating evacuation of about 90 people. *Photo: Northwest EMS*





Above, ambulances stage at Kelly Air Field in San Antonio, waiting on assignments from the Alamo Regional Medical Command. After Hurricane Ike turned to the north, the response shifted toward Galveston, where the Catastrophic Medical Operations Center, located in Houston, took command. Ambulances were staged and deployed out of San Antonio, Houston, and Beaumont after the storm. *Photo: Pat Campbell*

The fire/EMS departments on Galveston Island, including Gilchrist VFD, Port Bolivar VFD and Crystal Beach VFD, were left in shambles. Left, the Crystal Beach station is nearly unrecognizable except for the bay doors. Photographer Brian Forey says the storm surge and wind destroyed all the station's supplies and records. The storm destroyed the homes of many of the medics and firefighters who responded to emergencies on the island.

You can't call it fancy, but it was a place to get some rest. Above right, EMS responders from around Texas responded as Hurricane Dolly churned toward



South Padre Island. EMS responders got a chance to rest between shifts in dorm-like settings. Dolly was the first time the strike team leader model was used, assigning personnel and ambulances to strike leaders, who were responsible for several units. The model worked well for the next two hurricanes and tropical storms that affected Texas in 2008. *Photo sent in by Dudley Wait*

Right, hundreds of ambulances convoyed east from San Antonio after Hurricane Ike to evacuate medical facilities damaged in the storm. Many units stopped in Columbus to refuel and take a break at the rest stop. DSHS mobilized nearly ten strike team leaders and 100 units from across the state through its MOA with EMS providers. DSHS staff were available 24 hours a day to answer questions from those deployed. *Photo: Paul Smith*



The Hypothermic Patient: “It’s Really Not That Cool . . .”

By Jeff Hayes, BS, LP

Objectives

At the end of the CE module, the EMS provider will be able to:

1. Discuss the pathophysiology of hypothermia.
2. Identify the differences between mild, moderate and severe hypothermia.
3. Recognize the differences in management of patients with hypothermia versus the non-hypothermic patient.
4. Identify two general causes of hypothermia.



photo by Audra Horton

Case Scenario

It is a cool February morning and you and your partner are evaluating Mr. Sanders, a 72-year-old male, at his son’s home. The son states that Mr. Sanders lives with him and his family. The son tells you that his dad has been diagnosed with “dementia” and has a tendency to wander from the home if the house is not secured prior to bedtime. The son tells you that he found his dad asleep in his pajamas in a chair on the front porch this morning when he went out to get the paper. The forecasted temperature for the previous night was 30° Fahrenheit. Your evaluation of Mr. Sanders reveals a male in what appears to be good physical condition. He has a confused look on his face and responds to your questions with slow, slurred speech that varies in pitch. His skin is cool to the touch, his blood pressure is 106/68 and his pulse rate is 108. His respiratory rate is 24 breaths per minute. Your partner applies the ECG monitor, which reveals an irregular rhythm with what appears to be an anomaly in the ST segment. The son tells you his father takes only an aspirin a day and no prescription medications. He also tells you that he is not allergic to any medications. At this point you decide to prepare the patient for treatment and transport.

Introduction

The incidence of hypothermia is always greater in areas with cooler climates; however, we cannot always rule out hypothermia on a patient simply because the ambient temperature is above 32° C (90° F). EMS providers must be able to recognize hypothermia and understand the pathophysiology of hypothermia.

Hypothermia is defined as core body temperature less than 32° C (95° F), however, some authorities believe an alternate definition of hypothermia is any drop in the core temperature of 2° C (3.5° F) from the normal core temperature (normal core temperature is 37° C or 98.6° F). We can further break hypothermia into three classifications: mild, moderate and severe.

- Mild hypothermia is defined as a core temperature of 32°–35° C (90°–95° F).
- Moderate hypothermia is defined as a core temperature of 28°–32° C (82°–90° F).
- Severe hypothermia is defined as a core temperature less than 28° C (82° F).

Each of the above classifications present with unique conditions and causes and will be discussed in detail later in this article.

Causes of Hypothermia

Causes of hypothermia can be divided into two general categories: temperature regulation and increased heat loss. Let's look at each of them in more detail.

Temperature Regulation

Cold receptors located throughout the body — in the skin, mucous membranes and deep tissues — recognize temperature changes in the body and send a signal to the hypothalamus. The hypothalamus, located in the base of the brain, is the body's temperature regulation center. It is very sensitive and controls the body mechanisms that generate heat (e.g., shivering) or promote heat loss (e.g., sweating). For the purposes of this discussion we will focus only on heat generation.

Heat is generated through the release of a chemical mediator, norepinephrine. Norepinephrine, a catecholamine, exerts both primary and secondary stimulatory responses that result in vasoconstriction, which shunts blood away from the surface of the body and toward vital organs and muscles. Another mechanism of heat generation and body temperature control is the basal metabolic rate, or the rate at which the body's metabolism is occurring when completely at rest. The body continuously adjusts the metabolic rate in order to maintain the normal core temperature. In states of hypothermia, the chemical mediator adrenal cortisone (a hormone) increases the body's metabolic rate to promote the generation of heat.

Several endocrine abnormalities may cause decreased heat production, including hypopituitarism, hypoadrenalism and hypothyroidism. Other causes include severe malnutrition or hypoglycemia and neuromuscular inefficiencies seen in the extremes of age. A disruption in heat generation, regardless of air temperature, can lead to hypothermia.

When not related to external temperatures, a failure of the hypothalamus to regulate core body temperature commonly results in hypothermia; however, impaired temperature regulation may also occur with central nervous system (CNS) trauma, strokes, toxicologic and metabolic derangements, intracranial bleeding,

Parkinson's disease, CNS tumors, Wernicke disease and multiple sclerosis.

Increased Heat Loss

As stated previously, the body strives to maintain a constant core temperature at all times. However, external stimuli constantly act on the body and can accelerate heat loss, which can result in hypothermia if the body is unable to control or act on those stimuli.

We lose heat through several methods: conduction, convection, radiation, evaporation and respiration.

- **Conduction:** method of heat loss occurring as a result of direct contact of the body, or body parts, with a cooler object. Heat flows from a higher temperature object to a lower temperature object.
- **Convection:** method of heat loss occurring as a result of air currents passing over the body. Heat is first conducted to the air before convection can occur.
- **Radiation:** method of heat loss occurring as a result of heat dissipating from the body into the air. Heat transfers from an area of higher temperature to an area of lower temperature.
- **Evaporation:** method of heat loss occurring as a result of water evaporating from the skin or from the lungs during breathing.
- **Respiration:** method of heat loss through convection, radiation and evaporation during the breathing cycle. This particular heat loss method is not often considered a direct method of heat loss because it is the combination of other methods. But, physiologically, respiration or breathing can be a critical means of heat loss.

A rapid and unexpected increase in heat loss is probably the most common cause of hypothermia. This includes accidental hypothermia because of either submersion in or exposure to cold ambient temperatures. Patients may also present with peripheral vasodilatation caused by pharmacologic or toxicologic agents. Patients may have burns or



psoriasis, which decrease the body's ability to preserve heat, or they may be hypothermic as a result of our own treatment or management of a different condition. Cold fluid infusions, overenthusiastic treatment of heatstroke or emergency obstetrical deliveries may cause increased-heat-loss induced hypothermia.

Pathophysiology

Patients suffering from hypothermia experience a marked overall decrease in tissue oxygenation, due to respiratory depression. In addition, metabolism of organic acids from the liver decreases and lactic acid from the poorly perfused skeletal muscle builds up. These factors can lead to respiratory and metabolic acidosis. This acidosis can lead to enzymatic dysfunction because enzymes and some hormones are very sensitive to both pH and temperature changes. Without these enzymes, the ability to lower the energy barrier to carry out various chemical reactions within the body may be impaired.

Hypothermia can also manifest itself in liver dysfunction. Poor hepatic perfusion results in the depletion of glycogen, which can lead to profound **hypoglycemia**. However, **hyperglycemia** — a result of both a decrease in insulin production and release as well as inhibited peripheral sensitivity to insulin — may also present as a result of severe hypothermia.

Hypothermic patients may also experience renal complications. Patients may have an increase in diuresis (cold diuresis), which can result in significant volume depletion and electrolyte imbalance. Additionally, urine carries heat away with it, further exacerbating a hypothermic state.

Cardiac physiology is affected by hypothermia in various ways. In mild hypothermia, the body will attempt to compensate by increasing the heart rate, blood pressure and peripheral vascular resistance. Blood is shunted away from the periphery to vital organs, and the metabolic rate is increased to promote heat generation. In moderate hypothermia, these compensatory mechanisms will begin to fail, and you may witness atrial fibrillation or other atrial and ventricular arrhythmias. The heart rate will

progressively decrease with a resultant drop in cardiac output. A “J-wave” or “Osborn wave” may be seen on the ECG. It appears as a small, rounded wave at the J-point of the QRS complex, can sometimes mimic ST-Elevation and is best seen in V4. In severe hypothermia, compensatory mechanisms fail completely, and susceptibility to ventricular fibrillation and asystole is extremely high due to severe tissue ischemia, alterations in electrolytes, local tissue acidosis, contractility dysfunction and myocardial cell irritability.

Clinical Presentation

Hypothermia is fairly obvious in settings that involve severe environmental exposure. However, elderly, infirm or pediatric patients exposed to less extremes of cold may not present as obviously hypothermic. The same may be true for patients who are wet. Mild or moderate hypothermia can present with misleading symptoms, such as confusion, dizziness, chills or dyspnea.

Initial symptoms may be detected by friends and/or family members prior to your arrival and those symptoms will assist you in your assessment. They can include mood change, irritability, poor judgment and apathy. Bystanders may tell you the patient was removing clothing as though he or she was too warm (called paradoxical undressing). This action is in response to prolonged cold stress and is evident in the moderately hypothermic person. They may report that the patient was performing rhythmic or repeated motions, such as rocking. The patient may present with slurred speech and ataxia mimicking a stroke, alcohol intoxication or drug use. There are also other contributory factors such as the use of alcohol, overdose, psychiatric emergencies and major trauma that can be associated with an increased risk of hypothermia.

The key to determining an indication of hypothermia is the rapid determination of the patient's core temperature. In the field, core temperature may be difficult to establish reliably. A special low-reading thermometer can be used orally or rectally, but with less reliability, and it may not reflect a core temperature. Rectal thermometers must be placed at least 15 cm deep in order to obtain

any semblance of accuracy. Temporal or infrared tympanic temperature recording devices may be more accurate in the field than the rectal thermometer. Once in the emergency department, the patient's core temperature will be measured using a low-reading temperature probe in the bladder or rectum or an esophageal probe.

Obtaining a core temperature is a valuable assessment tool to further assist the provider in determining whether the patient has an altered mental status caused by stroke, drug overdose, alcohol intoxication or mental illness.

Specific physical examination findings may vary among patients. However, upon examination, you will be able to classify the patients based on their presenting symptoms into mild, moderate or severe hypothermia.

Mild hypothermia (32–35°C or 90°–95° F): Between 34°C and 35°C, most people will begin to shiver vigorously, usually in all extremities. They may complain of muscle cramping as a result of the shivering. As their temperature drops below 34°C, they may develop altered judgment; amnesia; and slow, slurred speech. Patients may have difficulty controlling their voice qualities (varying high/low pitch and tone). Their respiratory rate may increase. At approximately 33°C, ataxia and apathy may be seen. Patients are still generally hemodynamically stable and are able to compensate for the symptoms. You may also observe hyperventilation, tachypnea, tachycardia and cold diuresis as renal concentrating ability is compromised.

Moderate hypothermia (28–32°C or 82°–90° F): The body's oxygen consumption will begin to decrease and you will see a depression of the CNS, resulting in hypoventilation and hyporeflexia (e.g., slow or absent reflexes). Paradoxical undressing may also occur. Most patients with a temperature of 32°C or lower will present in a stupor. As the core temperature reaches 31°C or below, the body loses its ability to generate heat by shivering. At 30°C, patients develop an increased risk for arrhythmias. Most commonly, atrial fibrillation and other atrial and ventricular rhythms become more likely. The patient's pulse will

continue to slow progressively, and cardiac output will be markedly reduced. As mentioned earlier, the "J-wave" or "Osborn wave" may be seen on ECG in moderate hypothermia. Between 28°C and 30°C, pupils may become dilated and minimally responsive to light, which may mimic brain death.

Severe hypothermia (<28°C or 82° F): At 28°C, the body becomes extremely susceptible to ventricular fibrillation and an increased depression of myocardial contractility. You may be able to observe pulmonary edema with ventilation. The patient will more than likely be comatose and hypotensive, and he or she will present muscular rigidity. In most cases, patients will also be unresponsive (with fixed pupils), apneic and pulseless.

Management of Hypothermia

Assessment and recognition are the keys to treating hypothermia; follow basic life support (BLS) principles, with attention to airway, breathing and circulation. When the patient is extremely cold but has maintained a perfusing rhythm, your responsibility is to focus on interventions that prevent further heat loss and begin to rewarm the victim. These interventions include the following:

- Prevent additional heat loss by removing wet clothing.
- Protect the patient from further environmental exposures.
- Maintain the patient in a horizontal position.
- Avoid rough handling (which may trigger arrhythmias).
- Monitor core temperature.
- Monitor ECG for cardiac arrhythmias.

For patients with moderate to severe hypothermia, management is determined by the presence or absence of a perfusing rhythm. If the hypothermic patient is not in cardiac arrest, attention should be focused on warming the patient with available methods. Handle the victim gently for all procedures; rough handling or manipulations have been reported to precipitate ventricular fibrillation.

If the patient is in cardiac arrest, BLS management should still target airway, breathing and circulation but with some



modifications. The hypothermic patient will have a slow pulse and respiratory rate that may be difficult to detect. As a result, the BLS provider should assess breathing and pulse for a period of 30 to 45 seconds to confirm respiratory arrest, cardiac arrest or bradycardia that is profound enough to require CPR. If the patient is not breathing, start rescue breathing immediately. If possible, administer warmed humidified oxygen during bag-mask ventilation. If the patient is pulseless with no detectable signs of circulation, start chest compressions immediately. If there is any doubt about whether a pulse is present, begin compressions.

The temperature at which defibrillation should first be attempted in the severely hypothermic patient and the number of defibrillation attempts that should be made have not been established. But if ventricular tachycardia (VT) or ventricular fibrillation (VF) is present, defibrillation should be attempted. If VF is detected, it should be treated with one shock then immediately followed by resumption of CPR. If the patient does not respond to one shock, further defibrillation attempts should not be attempted, and the provider should focus on continuing CPR and transporting the patient to a facility that can begin active rewarming.

For the advanced provider, if the patient is unresponsive or in arrest, endotracheal intubation is appropriate. Intubation serves two purposes in the management of hypothermia: It enables provision of effective ventilation with warm, humidified oxygen, and it can isolate the airway to reduce the likelihood of aspiration. ACLS management of cardiac arrest due to hypothermia focuses on more aggressive active core rewarming techniques as the primary treatment. The hypothermic heart may be unresponsive to cardiovascular drugs, pacemaker stimulation and defibrillation. In addition, drug metabolism is reduced as a result of disruptions caused by severe hypothermia. It is possible that cardioactive medications can accumulate to toxic levels in the peripheral circulation if given repeatedly. For these reasons, IV drugs are often withheld.

For the advanced provider, if the patient is not in arrest and is mildly or moderately

hypothermic, BLS measures should be instituted and maintained while transporting to the closest appropriate facility. If IV solutions are started on the patient, they should be warmed to a temperature of 43° C (109° F). Caution should be used in administering non-warmed IV solutions so that the core temperature does not decrease further. If IV medications are indicated, consideration should be given to the effectiveness of the medication compared to the patient's temperature. Online medical consultation may be the best resource prior to administering any medication.

As noted previously, a defibrillation attempt is appropriate if VF/VT is present. If the patient fails to respond to the initial defibrillation attempt or initial drug therapy, defer subsequent defibrillation attempts or additional boluses of medication until the core temperature rises above 30°C (86°F). Sinus bradycardia may be physiologic in severe hypothermia (i.e., appropriate to maintain sufficient oxygen delivery when hypothermia is present), and cardiac pacing is usually not indicated.

In-hospital treatment of severely hypothermic patients in cardiac arrest will be directed at rapid core rewarming. The techniques for in-hospital controlled rewarming include administration of warmed, humidified oxygen (42°C to 46°C or 108°F to 115°F); warmed IV fluids (normal saline) at 43°C (109°F); peritoneal lavage with warmed fluids; pleural lavage with warm saline through chest tubes; and/or extracorporeal blood warming with partial bypass and cardiopulmonary bypass.

In the field, resuscitation may be withheld if the patient has obvious lethal injuries or if the body is frozen so that CPR or ventilator assistance is impaired due to body stiffness or muscle rigidity.

Some clinicians believe that patients who appear dead after prolonged exposure to cold temperatures should not be considered dead until they are warmed to near normal core temperature.

Hypothermia may exert a protective effect on the brain and organs if the hypothermia develops rapidly in cardiac arrest. Sometimes it may not be possible to determine whether

arrest or hypothermia occurred first, in that case the provider should start with CPR. The provider should start measures to limit heat loss and begin rewarming.

Case Revisited

As you prepare Mr. Sanders for transport, you explain to the son that you think his father is hypothermic due to being exposed to the ambient cold temperature for an extended period of time last night. You apply an electronic temporal thermometer and it confirms your assessment. The patient's temperature is 33° C (93° F). You place Mr. Sanders supine on your stretcher and begin passive rewarming by wrapping him in blankets and moving him to the ambulance where you have instructed your partner to turn on the heater full blast to try to warm Mr. Sanders. You assess blood glucose level and determine it to be 90 mg/dl. If available, you will administer warmed, humidified oxygen and provide a smooth ride to the hospital. As an ALS provider, you administer an IV of normal saline, KVO that has been in an IV warmer that maintains the solution at a temperature of 43° C (109° F) and transport.

Jeff Hayes, a licensed paramedic, began his EMS career in 1986 as an EMT for Austin-Travis County EMS. He went on to become the Program Director of the EMS program at Austin Community College for five years. He later became the Director of Operations at Williamson County EMS and is currently the

Chief of Staff for Austin-Travis County EMS System's Office of the Medical Director. He holds a bachelor's degree in education from East Texas State University.

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Meeting dates GETAC 2009

February 25-27
Omni SouthPark, Austin

May 13-15
Omni SouthPark, Austin

August 19-21
Omni SouthPark, Austin

November 21-23
Omni Fort Worth

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Hypothermia Quiz

- Hypothermia is defined as a core body temperature below
 - 98° F
 - 95° F
 - 97° F
 - 92° F
- A core body temperature of 86° F would best correlate to
 - Fatal hypothermia
 - Mild hypothermia
 - Moderate hypothermia
 - Severe hypothermia
- Most body heat is lost through
 - Radiation
 - Conduction
 - Convection
 - Evaporation
- The temperature regulator of the body is
 - Pituitary gland
 - Medulla oblongata
 - Hypothalamus
 - Pineal gland
- Rectal temperature readings
 - Are less reliable than temporal or infrared tympanic temperatures
 - Are the most accurate method of obtaining core temperatures in hypothermic patients
 - Represent true body temperature as well as esophageal measurement
 - Rapidly respond to core temperature
- Clinical findings in moderate hypothermia include
 - Mild confusion and shivering
 - Loss of fine motor control and lethargy
 - Loss of detectable pulse
 - Loss of shivering and cardiac arrhythmias
- Poor perfusion of the liver results in
 - Hypoglycemia
 - Hyperglycemia
 - Both A and B
 - A only
- In mild hypothermia, cardiovascular compensation is evident from
 - Decreased preload and afterload
 - Decreased peripheral resistance and increased cardiac output
 - Increase in peripheral resistance and decreased central venous pressure
 - Increased pulse rate, blood pressure and cardiac output
- The significance of the presence of a J wave on an ECG is
 - The J-wave is a characteristic ECG finding in rewarming shock.
 - The J-wave is an indicator of severe hypothermia and is an ominous sign.
 - The J-wave is an ECG finding coupled with other symptoms to indicate hypothermia.
 - The J-wave is not part of an ECG finding.
- It is best to check pulse rate and respirations for _____ in hypothermic patients.
 - 10 – 15 seconds
 - 15 – 30 seconds
 - 30 – 45 seconds
 - Two full minutes
- The best position to transport a hypothermic patient is
 - Horizontal
 - Left lateral recumbent
 - Trendelenberg
 - Prone
- Defibrillation of ventricular fibrillation in hypothermic patients should be
 - Performed in three stacked shocks
 - Withheld until the core temperature reaches 90° F
 - Only done in synchronized mode
 - Limited to one shock
- Advance airway management of hypothermic patients by the ALS provider
 - Is indicated if the patients core temperature is <82° F
 - Is contraindicated
 - May be performed on the unresponsive patient
 - Is only indicated in the obtunded patient
- When administering warmed IV fluids, the temperature of the IV fluid should be
 - 104° F
 - 109° F
 - 114° F
 - 119° F
- In hypothermic patients, transcutaneous pacing
 - Is typically not required
 - Is considered safe and should be used according to ACLS guidelines
 - Is effective due to lowered pacing thresholds
 - Should only be used in the severely hypothermic patient
- Medications administered to hypothermic patients should be
 - Given twice the normal dosage due to decreased circulation and slow metabolism
 - Given at closer intervals to improve effectiveness
 - Generally avoided until the patient has been rewarmed
 - Withheld unless the patient is severely hypothermic (<82° F)
- The body generates heat several ways. Which of the following is one method of heat generation to counteract the effects of hypothermia?
 - Conversion of glycogen stores
 - Cold diuresis
 - Rewarming shock
 - Chemical mediators
- The best management of the hypothermic patient that is not in cardiac arrest is to
 - Prevent further heat loss and begin passive rewarming
 - Delay any rewarming efforts until delivered to the hospital
 - Deliver warm humidified oxygen
 - ECG monitoring
- Which of the following is considered the most common cause of hypothermia?
 - Loss of temperature regulatory mechanisms
 - Increased heat loss
 - Cold diuresis
 - Afterdrop
- Which classification of hypothermia would apply to Mr. Sanders, the patient in the scenario?
 - Mild hypothermia
 - Moderate hypothermia
 - Severe hypothermia
 - Hypothermic shock

This answer sheet must be postmarked by December 20, 2008

CE Answer Sheet Texas EMS Magazine
Medical CE: The Hypothermic Patient

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:

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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.

- | | | | | | | | | | | | | | | | | | |
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| 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"/> |
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Did you enclose your \$5 check or money order?

FAQ

Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

Q: I recently moved and need to notify EMS certification of my new address. How do I do that?

A: You need to submit an Address/Name Change form to the EMS certification office. You can find the form on our website at www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS. You can also update your address on your renewal application, on either the electronic application or the paper application, when you submit it. If you have a name change and will need a new Texas EMS certification card, you must submit a \$10.00 fee with the Address/Name Change form. If you have further questions, please call the EMS certification office at (512) 834-6700.

Q: I forgot to submit my renewal application, and it's now past the expiration date. Your website states that I must pay a late fee and have a Skills Verification form completed and signed by a Texas certified coordinator. Should I get this from an advanced coordinator or a basic coordinator?

A: The Skills Verification form that goes with the Late Renewal form can be signed by either a Texas certified advanced coordinator or a basic coordinator. You can find all of the information and forms for late renewal submission on our website at www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm#laterenewal.

Q: I am moving to another state and am trying to get EMS certified in that state. However,

they require that the Texas EMS certification department fill out a certification verification form.

What do I need to do?

A: When you send us a certification verification form from another state, Texas EMS certification will gladly verify your Texas certification and fax it to their certification department on your behalf. You may fax the form to EMS certification at (512) 834-6714, Attention: Sylvia.

Normal processing of out of state verification forms takes five to seven business days.

Q: I am about to complete an initial EMT course and was told by the instructor that I needed to submit an initial EMT application to DSHS, but I don't have my course completion number or National Registry number yet. Can I still submit the EMT Initial Certification application?

A: Yes. You can submit the application prior to completing your EMT course or before you have your National Registry number. You can print it from our website and mail it to us with a check, or you can submit the application electronically and pay with an electronic check or a credit card. If you don't have the course completion number or National Registry number yet, just leave that line blank. You will be mailed a "deficiency letter" requesting the missing information. Once you have taken and passed the National Registry exam, National Registry will send us your results.

If you receive notification that you have passed the National Registry exam, but we have not received your score from them, you can notify the EMS certification office yourself. We can then complete and approve your application. You can find the Initial EMT Certification application on our website at www.dshs.state.tx.us/emstraumasystems/certapps.shtm, and you can contact the EMS certification office at (512) 834-6700.

Q: Where can I get a list of EMT schools in my area?

A: We're not able to keep up a list of individual ongoing EMS courses due to the fleeting nature of EMS classes, but there are several ways you can track down an EMT school. First, you can find a training program (which holds multiple courses) through our online Public License Search, by selecting "EMS Initial Training Program" and searching by city. This search may require that you have broadband capability, as with dial-up you may get a "time-out" error during the search. The second way to search for a program is to download a database of currently approved initial EMS training programs from our website at www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#OpenRecords (scroll down to EMS Education Programs). The third choice is to contact the local DSHS EMS field office in your area (see www.dshs.state.tx.us/emstraumasystems/regions.shtm for other field offices) for more assistance.

GETAC recap

The Governor's EMS and Trauma Advisory Council (GETAC) met on Friday, August 15, 2008, from 9:08 a.m. to 1:11 p.m. Following are the motions put forward after the chair, staff, standing committees/task forces and other groups reported their most recent activities. For a more detailed recap of the GETAC meeting, go to www.dshs.state.tx.us/emstraumasystems/governor.shtm.

Action Items

A motion was made by Jodie Harbert and seconded by Marti VanRavenswaay to accept the proposed committee structure for GETAC. A friendly amendment to the motion was made by Shirley Scholz to accept the proposed committee structure for GETAC with the potential for 11 committees and the recommendation that the number of members per committee be set at 11; but with the potential to increase the number of committee members after discussions with the committee chair. Mr. Harbert expressed concern regarding the potential number of requests to increase the number of committee members and suggested a maximum be set for these requests. Ryan Matthews suggested that each committee chair should decide the number of members per committee; therefore, minimum or maximum numbers of committee members would not need to be established. Pete Wolf recommended the council proceed with the originally

proposed structure for a trial period, allowing the committees to adjust to the new structure. The final motion was made by Jodie Harbert and seconded by Marti VanRavenswaay to adopt the proposed committee structure for GETAC, as written, with the potential for 11 committees and the recommendation that the number of committee members be set at 11. The motion passed unanimously.

A motion was made by Shirley Scholz and seconded by Marti VanRavenswaay to adopt the idea of using CAMTS standards plus U.S. Senator Maria Cantwell's (D-Wash) points in Senate Bill 3229 as a survey tool for state licensure for air medical programs. The motion passed unanimously.

A motion was made by Pete Wolf and seconded by Shirley Scholz to endorse TETAF moving forward with the data gathering process for the Trauma Registry using the necessary survey(s) and possibly working with DSHS to complete these processes. The motion passed unanimously.

A motion was made by James Loffin and seconded by Jodie Harbert to endorse the state of Texas' adoption of the Physician Order for Life-Sustaining Treatment paradigm and to move forward with this process. The motion passed unanimously.

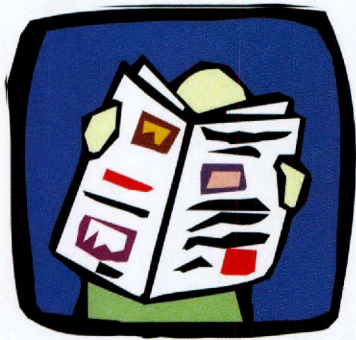
A motion was made by James Loffin and seconded by Pete Wolf to endorse the following statement presented by the

Medical Directors Committee: *It is the position of the Medical Directors Committee of the Governor's EMS and Trauma Advisory Council that medical directors should fulfill their responsibilities under Texas Rule-Chapter 197; and be actively involved in the EMS arena. The committee consensus is also to delegate medical practice and provide the best opportunity for the delivery of optimum care for patients when called upon by the Texas EMS and trauma systems.* The motion passed unanimously.

A motion was made by Mike Click and seconded by Shirley Scholz to approve the drafted DSHS rule, Section 157.133 Requirements for Stroke Facility Designation. The motion passed unanimously.

A motion was made by Jodie Harbert and seconded by Mike Click to revise the committee structure so the current structure still holds 11 members per committee, but the committee chair can ask to increase that number, with the approval of the council. The motion passed unanimously.

GETAC committees meet again on November 22 and 23 at the Renaissance Worthington hotel in Fort Worth; GETAC meets on November 24 at the Renaissance Worthington. For a detailed schedule, go to www.dshs.state.tx.us/emstraumasystems/2008-11.pdf



Did you read?

A new campaign from the surgeon general seeks to inform Americans of the dangers of blood clots. Often signaled by simple leg pain, deep vein thrombosis (DVT), can strike seemingly healthy people in what should be normal circumstances, such as being in the cramped quarters of a long airplane flight. Once the clot forms, patients are at deadly risk of it moving into the lungs. Acting Surgeon General Steven Galson calls the problem a “silent killer” that is “hard to diagnose.” Symptoms, which include swelling, pain (especially in the calf), a warm or red spot on the leg or shortness of breath, should not be ignored, especially by patients who have had recent surgery or a broken bone; a fall

Smoking, obesity and increasing age all elevate the risk of developing blood clots.

or car crash; pregnancy or hormone treatments (including birth control); or have been immobile for a long period of time. Smoking, obesity and increasing age all elevate the risk of developing blood clots. Great care should be taken in diagnosis because clots can be easily missed—they cross many areas of medicine. A 12-page booklet for consumers and a 60-page booklet for doctors and hospitals will be produced to increase DVT awareness and treatment.

From *usatoday.com*, Leg pain can signal deadly blood clot, September 15, 2008.

Is it true? Is there a link between cold weather and heart attacks? In recent years epidemiological studies have looked for connections, and several studies have found interesting associations. For example, a 2004 study examined data from the World Health Organization, tracking heart attack rates in women over 50 in 17 countries. The study found that a nine degree drop in temperature was generally

The notion that cold weather brings more heart attacks is not without statistical support.

associated with a seven percent increase in hospital admissions for stroke and a 12 percent

rise in admissions for heart attack. The various studies still have mixed results, but whether from additional inflammation caused by cold viruses, stress and indulgence associated with the holidays or increased blood pressure from narrowed blood vessels, the notion that cold weather brings more heart attacks is not without statistical support.

From *The New York Times*, The Claim: Changes in weather can spur heart attacks, Anahad O’Connor, September 16, 2008.

In a study published in July, researchers followed 140 English-speaking patients discharged from emergency departments in two Michigan hospitals and measured their understanding in four areas—their diagnosis, their ER treatment, instructions for their at-home care and warning signs of when to return to the hospital. The results indicate that 78 percent of patients did not understand at least one area and about 50 percent did not understand two or more areas. The greatest lack of understanding involved at-home care, such as medication, rest, wound care and follow-

Efforts are underway to train physicians on how to predict a patient’s level of understanding.

up visits. Similar results have been found for patients leaving hospitals, not just emergency rooms. Not surprisingly, the emergency department is a poor location for complete understanding—doctors are often rushed and do not know the patients, and the patients themselves are usually anxious, upset and not as able to absorb information.

Because the problem is particularly acute when it comes to prescription drugs and older patients are particularly vulnerable, efforts are underway to train physicians on how to predict a patient’s level of understanding. The study found people were often not aware of what they did not understand, and methods such as a “teach back” approach are being encouraged. Dr. Eric Coleman of the Care Transitions Program at the University of Colorado goes a step further, recommending hospitals coach patients on self-management skills, encourage questions, make follow-up calls to patients and

generally be available for as much as 72 hours following discharge.

From *The New York Times*, E.R. patients often left confused after visits, Laurie Tarkan, September 16, 2008.

Over the past decade, a growing number of scientists have predicted that climate change will ultimately shift disease patterns in the state. According to a June report from the Food and Agricultural Organization of the United Nations, climate change is “altering the distribution, incidence and intensity of animal and plant pests and diseases.” Examples such as the recent cases of typhus in Travis County and West Nile

A growing number of scientists have predicted that climate change will ultimately shift disease patterns in the state.

virus in El Paso encourage researchers to closely examine how temperature changes have affected disease-carrying insects. A 2005 paper in the *New England Journal of Medicine* noted that “Mosquitos . . . are very sensitive to temperature changes. Warming of their environment . . . boosts their rates of reproduction and the number of blood meals they take, prolongs their breeding season and shortens the maturation period for the microbes they disperse.” Although researchers disagree on the extent to which climate change has an effect—changes in land use or population density may have a greater effect on disease rates—scientists at the U.S. Centers for Disease Control and Prevention state that more time is needed to fully understand patterns and make generalizations.

From *Austin American-Statesman*, As climate changes, will patterns of disease shift as well? Asher Price, September 5, 2008.

The stockpiles of human rabies vaccinations have been dwindling over the past few months. Health officials across Texas are urging careful prevention to protect the limited supply. At this time, private doctors and clinics must get permission from public health agencies and then order

directly from the manufacturer if they need the vaccine. In August, standing inventory for state facilities dwindled to 146 doses. Although some emergency departments and

Health officials across Texas are urging careful prevention to protect the limited supply of human rabies vaccinations.

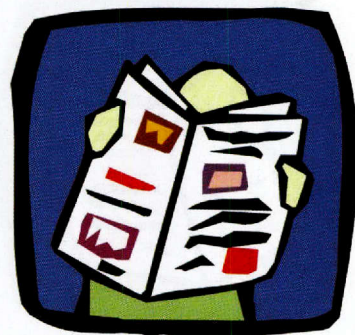
large clinics sometimes keep their own inventory, the situation remains tenuous. Sanofi Pasteur, a French company that was providing most of the vaccine, has a finite supply until it completes FDA-mandated factory renovations. Renewed production at that plant is expected for mid- to late-2009. Novartis, the second leading supplier, underestimated demand, thus creating the limited supplies. Until production is back to normal levels, state officials request that citizens pay particular attention to safe rabies practices: vaccinate pets, keep pets and people away from strays and wild animals and understand that the vaccine may not be given unless the bite or exposure is from a high-risk animal such as a bat, raccoon, coyote, fox or other confirmed carrier.

From Centers for Disease Control and Prevention website, Rabies vaccine supply situation, September 4, 2008 and *San Antonio Express-News*, Rabies vaccine for humans is running low, Don Finley, August 21, 2008.

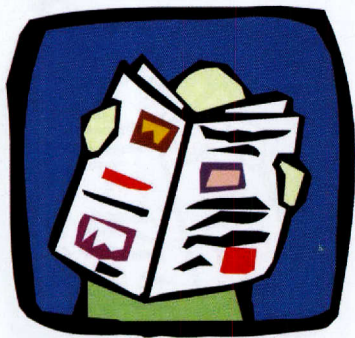
Diabetes now affects nearly 24 million people in the United States, up approximately 3 million over the past two years, according to 2007 data released in June by the Centers for Disease Control and Prevention. Another 57 million are estimated to have pre-diabetes, which increases the risk for developing

The seventh leading cause of death in the country, diabetes is associated with high levels of blood glucose resulting from defects in insulin production.

diabetes. Although it is a grave concern that increasing numbers of people are developing the disease, a positive aspect of the figures lies in the fact that more people are aware that they have diabetes. This level of patient knowledge indicates



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that efforts to increase awareness are working, and, therefore, people are better prepared to manage the disease and its complications. The seventh leading cause of death in the country, diabetes is associated with high levels of blood glucose resulting from defects in insulin production and can lead to heart disease, blindness, kidney failure and lower-extremity amputations.

The new data from the CDC breaks down rates of diabetes for men, women, age groups, ethnic groups and by county so that states can target their efforts to meet the needs of specific communities.

From Centers for Disease Control and Prevention through NVFC Heart-Healthy E-news, Number of people with diabetes increases to 24 million, July 1, 2008.

According to a report by researchers from the Johns Hopkins Schools of Medicine and Bloomberg School of Public Health, patients older than 65 are less likely to be taken to a Maryland trauma center than younger patients with the same medical emergencies. The study, published in August, analyzed data of about 26,000 trauma patients throughout Maryland from 1995 though 2004. Combined with information from the Maryland Ambulance Information System, researchers found that 50 percent of

Patients older than 65 are less likely to be taken to a trauma center than younger patients.

patients 65 and older were not taken to trauma centers as opposed to 18 percent of younger patients. In interviews, emergency medical services and medical professionals mentioned lack of training, unfamiliarity with transportation protocol and possible age bias as the biggest factors for the disparity.

From *Baltimore Sun*, Trauma care bias found, Kelly Brewington, August 19, 2008.

Smoking among U.S. adults has fallen below 20 percent, according to a report by the Centers for Disease Control and Prevention. The study shows that in 2007, 19.7 percent of adults 18 and older were smokers—a person is considered a smoker if he or she smoked

more than 100 cigarettes in their lives and now smokes at least some days—this represents a

Smoking among U.S. adults has fallen below 20 percent.

significant drop from 24.7 percent just 10 years ago. Other data from the report indicate that men smoked more than women, and white people smoked more than black or Hispanic people. According to James Gray of the American Cancer Society in Texas, communities with smoke-free workplaces, including bans in restaurants and other public places, as well as those with anti-tobacco programs that target young people have seen the biggest reductions.

From *Austin American Statesman*, Smoking falls below 20 percent for first time, Mary Ann Roser, September 22, 2008.

Donald Redelmeier and Robert Tibshirani recently published a study in *The Journal of the American Medical Association*. The researchers looked at traffic-related deaths during polling hours on presidential Election

On average 24 more people died in car crashes during voting hours on presidential Election Days than on other October and November Tuesdays.

Days, the two Tuesdays before and the two following Tuesdays over a 30-year span. The study found that on average 24 more people died in car crashes during voting hours on presidential Election Days than on other October and November Tuesdays. The study is based on an analysis of the highway traffic safety agency's fatal crash data. Their collected data does not indicate where the involved drivers, passengers or pedestrians were going when crashes occurred. However, rushing to get to polling places before or after work, driving on unfamiliar routes and being distracted by thinking about the candidates were among possible reasons cited by the researchers.

From Voting could prove deadly, study finds, *Houston Chronicle*, Lindsey Tanner, October 2, 2008.

Stroke plan aims to educate 10 percent of medics in Texas

Stroke kills or disables nearly 800,000 people in the United States each year. Quick and knowledgeable response by prehospital providers is vital to survival and to minimize disability. A free online training course geared for EMT-Bs was offered this year through the American Stroke Association (ASA) with a goal of training ten percent of the state's certified medics in stroke response. The course was developed as part of the Stroke Systems of Care Initiative, a set of four recommendations from GETAC's Stroke Committee. The course was launched by the DSHS Cardiovascular Health and Wellness Program, in partnership with the American Heart Association (AHA) – South Affiliate. DSHS and AHA collaborated to provide Trauma Regional Advisory Councils (RACs) 5700 keycodes (educational modules) at no charge to prehospital providers as part of the Initiative's Stroke Prehospital Care Pilot Project. By October of this year, nearly all of the modules had been assigned to medics.

The self-paced course teaches prehospital providers about the two types of stroke and demonstrates stroke-related complaints. It includes the pathophysiology and risk factors of stroke as well as recognition, assessment and management of potential stroke. Developed by the ASA, the course uses the most current science, compatible with the 2005 American Heart Association Guidelines for CPR and ECC. This pilot project for Texas medics, called the Prehospital Care Online Program, marks the first time the training has been offered in the U.S. This pilot course was designed for prehospital care at an EMT-B level. For prehospital providers who need a higher-level training, Acute Stroke Online, a course for more experienced providers, will be available from onlineAHA.org this fall. There is a charge for that course.

In 2005, the 79th Texas Legislature created a statewide stroke committee within GETAC that would develop a statewide stroke transport

plan and recommend rules to be developed by DSHS. The Stroke Systems of Care Initiative was a result of this legislation and collaboration. GETAC's Stroke Committee, partnering with AHA and DSHS' Cardiovascular Health and Wellness Program, then made the four recommendations as part of the Initiative: development of Regional Stroke Transport Protocols; development of Stroke Committees in RACs; EMS training; and development of Stroke Centers within hospitals. These components were used as a basis for the §157.133 Proposed Stroke Rule, developed with extensive stakeholder input by DSHS. Besides rule development and training for medics, the Stroke Systems of Care Initiative has made progress on another of the recommendations as well: More than half of the RACs have created stroke committees and are working on stroke transport protocols or plans.

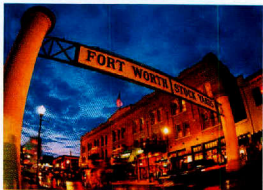
The Stroke Committee meets at 9 a.m. on Saturday, November 22, at the Renaissance Worthington in Fort Worth.



DSHS Extraordinary Emergency Funds available for EMS providers, FROs and hospitals who have suffered losses that could impact emergency response in their communities, including losses from hurricanes. For more information, contact Roxanne Cuellar at 512-834-6700, ext. 2377, or Roxanne.cuellar@dshs.state.tx.us.

**See you
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FYI

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

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

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

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

Air-Evac Lifeteam EMS, West Plains, MO. June 2, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

Allen, James K., Parker, TX. November 6, 2007, reprimanded for violating EMS Rule §157.36.

American Medical Response, San Antonio, TX. August 3, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and supplied at all times.

Armstead, Evelyn S., Blanco, TX. May 19, 2008, placed on an eighteen (18) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

Arnold, Stacy L., Friendswood, TX. August 14, 2008, placed on a twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

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

Berniard, Tina, Brownwood, TX. July 2, 2008, reprimand for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(22), 157.36(b)(28) and 157.36(b)(29) related to failing to notify the department within 30 days of final sentencing of any criminal offense which resulted in a final conviction and failing to disclose complete criminal history on a department application.

Big Spring Fire Department, Big Spring, TX. October 13, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(3), and 157.11(l)(13) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

Blackwell VFD, Blackwell, TX. January 21, 2008, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(g), 157.11(i)(1)(A), 157.11(i)(1)(C), 157.11(i)(1)(F), 157.11(i)(1)(L), 157.11(i)(1)(M) and 157.11(i)(4)(A)

related to failure to have an EMS vehicle adequately equipped and supplied at all times.

Borden County EMS, Inc., Fluvanna, TX. August 4, 2008, assessed a \$750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

Boswell, David A., Round Rock, TX. April 29, 2008, placed on a forty-eight (48) month probated suspension for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

Bullock, William J., San Antonio, TX. September 12, 2008, placed on a twelve (12) month suspension with the initial six (6) months being an actual fully imposed suspension followed by a six (6) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26) and 157.36(b)(28) related to failing to properly assess and/or provide appropriate medical care to a patient.

Calk, Christopher B., Utopia, TX. October 13, 2008, reprimand for violating EMS Rules §157.36(b)(3), 157.36(b)(4), 157.36(b)(26), and 157.36(b)(28) related to falsifying a patient care report.

Carols Ambulance, Inc., Odessa, TX. April 24, 2008, assessed a \$3,000.00 administrative penalty for violating HSC §773.041(b) and HSC §773.050(a) and the EMS Rules §157.11(b)(1), 157.11(d)(1), 157.11(d)(3)(B), 157.11(i)(3)(A), 157.11(l)(1), 157.11(1)(3), 157.11(l)(5) and 157.11(l)(15)(B) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls and failure to have an EMS vehicle adequately equipped and supplied at all times.

Caruthers, Sean E., Houston, TX. August 4, 2008, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(26) and 157.36(b)(28) related to inappropriate sexual contact with a child younger than eighteen (18) years of age.

City of Beaumont, Beaumont, TX.

DISCIPLINARY ACTIONS

March 31, 2008, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

City of Presidio EMS, Presidio, TX. August 14, 2008, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

Coleman, Rick E., West, TX. May 31, 2007, twenty-four (24) month probated suspension pursuant to EMS Rule §157.36.

Cornerstone EMS, Houston, TX. December 20, 2007, assessed a \$2,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(1)(B), (D), (E), (L) and (M), 157.11(i)(3)(A), 157.11(i)(4)(A) and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

Criswell, John S., Forney, TX. May 5, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(23) and 157.36(b)(26) related to failure to notify the department within 30 days of a misdemeanor conviction.

Currington, Rodney D., The Woodlands, TX. August 22, 2008, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(26) and 157.36(b)(28) related to inappropriate sexual contact with a child younger than eighteen (18) years of age.

Davis, Jessie J., San Antonio, TX. April 17, 2007, six (6) month suspension followed by a forty-two (42) month probated suspension through April 16, 2011, for violating EMS Rule §157.36.

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

East Texas Medical Center EMS, Tyler, TX. August 1, 2008, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(l)(2), 157.11(l)(3), 157.11(l)(5), 157.11(l)(13) and 157.16(d)(14) related to failure to staff

an EMS ambulance vehicle deemed to be in service and/or response ready with appropriately and/or currently certified personnel.

Encisco, Martiniano, Baytown, TX. June 23, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(3) and 157.36(b)(26) related to failing to properly assess a patient and accurately documenting a patient's condition.

Experts EMS, Inc., Houston, TX. April 24, 2008, assessed a \$750.00 administrative penalty for violating HSC §773.041(b) and HSC §773.050(a) and EMS Rules §157.11(d)(1), 157.11(f), 157.11(i)(1)(D)(K), 157.11(l)(1), 157.11(l)(3) and 157.11(l)(5) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

Express EMS Services, Inc., Houston, TX. August 8, 2008, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

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

Gardner, Mike C., Converse, TX. September 12, 2008, placed on a twelve (12) month suspension with the initial six (6) months being an actual fully imposed suspension followed by a six (6) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26) and 157.36(b)(28) related to failing to properly assess and/or provide appropriate medical care to a patient.

Gonzales, Mark A., San Antonio, TX. April 17, 2007, six (6) month suspension followed by a forty-two (42) month probated suspension for violating EMS Rule §157.36.

Gonzalez, Fernando, Zapata, TX. December 22, 2005, forty-eight (48) months suspension with forty-five (45)

months probated suspension for violating EMS Rule §157.36.

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

Graford Volunteer EMS, Graford, TX. August 6, 2008, assessed a \$2,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(3)(A), 157.11(l)(i)(4)(A) and 157.11(l)(9) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

Grand Saline Fire Department, Grand Saline, TX. July 14, 2008, assessed a \$500.00 administrative penalty for violating the EMS Rules §157.11(c), 157.11(d)(1), 157.11(l)(i) and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

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

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

Holub, Clinton M., Palo Pinto, TX. May 8, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(4), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

Hughes, Julie A., Mabank, TX. May 9, 2008, denial of application for EMT-Basic certification pursuant to EMS Rules §157.36(c)(1), 157.36(c)(2), 157.36(c)(5) and 157.37(a), the denial is based on felony and misdemeanor convictions that directly relate to the profession of EMS personnel as described in §157.37 of this title.

Huntsman, Jeremy J., San Antonio, TX. September 12, 2008, placed on a twelve (12) month suspension with the initial six (6) months being an actual fully imposed suspension followed by a six (6) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26)

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and 157.36(b)(28) related to failing to properly assess and/or provide appropriate medical care to a patient.

Hyde, Susan N., Cleburne, TX. April 17, 2008, revocation for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(7), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

Integrity EMS, Inc., Houston, TX. December 20, 2007, assessed a \$14,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(g), 157.11(i)(1)(B), 157.11(i)(1)(D), 157.11(i)(1)(K), 157.11(i)(1)(M), 157.11(l)(1), 157.11(l)(5), 157.11(l)(9), 157.11(l)(13) and 157.16(d)(12) related to failure to have an EMS vehicle adequately equipped and supplied at all times and failing to respond to department request for information.

Jackson, Jeremy, Farmersville, TX. August 22, 2008, reprimand for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

Kellems, David B., Forney, TX. October 13, 2008, reprimand for violating EMS Rules §157.36(b)(2), 157.36(b)(15), and 157.36(b)(28) related to failure to disclose criminal history on a department application.

Kiessling, Joshua, Friendswood, TX. April 29, 2008, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

Knox County EMS, Knox City, TX. July 24, 2008, assessed a \$1,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(1)(A), 157.11(i)(1)(D), 157.11(i)(1)(L) and 157.11(i)(3)(A) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

Leon Valley Fire Department, Leon Valley, TX. August 4, 2008, assessed a \$500.00 administrative penalty for violating EMS Rules §157.16(c), 157.16(d)(14), 157.11(l)(3) and 157.11(l)(13) related to failure to staff

an EMS ambulance vehicle deemed to be in service and/or response ready with appropriately and/or currently certified personnel.

Lone Star Ambulance, Eagle Pass, TX. September 19, 2008, assessed a \$5,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

Long, Rhiannon, Highlands, TX. July 7, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(3) and 157.36(b)(26) related to failing to properly assess a patient and accurately documenting a patient's condition.

Martello, Joseph, Cooper, TX. December 22, 2005, thirty-six (36) month probated suspension for violating EMS Rule §157.37.

Mata, Daniel, McAllen, TX. December 11, 2006, twenty-four (24) month probated suspension for violating EMS Rule §157.36.

Maxxim Care EMS, Spring, TX. January 21, 2008, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(g), 157.11(i)(1)(A), 157.11(i)(1)(C), 157.11(i)(1)(F), 157.11(i)(1)(L), 157.11(i)(1)(M) and 157.11(i)(4)(A) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

McMain, Mark, Blanco, TX. September 24, 2008, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(7), 157.36(b)(14), 157.36(b)(15), 157.36(b)(18), 157.36(b)(19), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to failure to disclose criminal history on a department application and misappropriation of a controlled substance from an employer.

Medical Ambulance Service, Laredo, TX. July 22, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

Needham, Christopher, Troup, TX. Twelve (12) month suspension followed by a thirty-six (36) month probated suspension of EMS certification through

November 4, 2008, for EMS rule violations. EMS Rules §157.37 and 157.36(b)(1), (2), (26), (27), (28), and/or (29).

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

Olney EMS, Olney, TX. April 24, 2008, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

Pompa, Veronica, Corpus Christi, TX. December 2, 2005, thirty-six (36) month probated suspension for violating EMS Rule §157.37.

Powell Professional Services, LLC, dba Guardian EMS, Columbus, TX. June 30, 2008, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(l)(3), 157.11(l)(5) and 157.11(l)(13) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

Ralls Volunteer Ambulance Service, Ralls, TX. May 9, 2008, reprimanded for violating EMS Rules §157.11(c), 157.11(d)(1), 157.11(l)(i) and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

Rankin Volunteer Ambulance Service, Rankin, TX. October 13, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(3), and 157.11(l)(13) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

Roberts, Kevin, Athens, TX. August 8, 2008, reprimand for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(28) related to failing to notify the department within ten (10) days of an arrest involving alcohol and failing to disclose criminal history on a department application.

San Antonio Fire Department EMS,

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).

San Antonio, TX. April 25, 2008, assessed a \$10,500.00 administrative penalty for violating HSC §773.041(b) and HSC §773.050(a) and EMS Rules §157.11(l)(1), 157.11(l)(3) and 157.11(l)(5) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

Sanders, Thomas J., Lubbock, TX. September 24, 2007, twenty-four (24) month probated suspension for violating EMS Rule §157.36.

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

Simonson, Robert D., Houston, TX. January 21, 2008, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(2) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

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)

Southeast Texas EMS, Beaumont, TX. August 6, 2008, assessed a \$5,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(J), 157.11(l)(i)(L), 157.11(l)(i)(2)(B), 157.11(l)(i)(2)(C), 157.11(i)(4)(D) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

St. Anthony's Ambulance Service,

Inc., Houston, TX. August 29, 2007, eighteen (18) month probated suspension and assessed an administrative penalty of \$10,000.00 for violating EMS Rules §157.11 and 157.16.

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

Throckmorton Memorial Hospital EMS, Throckmorton, TX. June 2, 2008, assessed a \$3,700.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(3)(B), 157.11(i)(3)(A) and 157.11(l)(1) related to failure to have EMS vehicles adequately equipped and supplied at all times.

Wade, Matthew A., San Antonio, TX. March 27, 2006, thirty-six (36) month probated suspension for violating EMS Rule §157.37.

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

Walker, Paul E., Missouri City, TX. June 2, 2008, reprimanded for violating EMS Rules §157.36(b)(15), 157.36(b)(22), 157.36(b)(23) and 157.36(b)(26) related to failing to notify the department within 10 days of an arrest involving alcohol and failing to notify the department within 30 days of final sentencing of any criminal offense which resulted in a final conviction.

Watauga Department Of Public Safety-EMS, Watauga, TX. October 13, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(3), and 157.11(l)(13) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

Wills Point Fire Department/EMS, Wills Point, TX. June 23, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all

times.

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

Wright, Brent L., Hurst, TX. August 6, 2008, revocation for violating EMS Rules §157.36(b)(18), 157.36(b)(28) and 157.33(a)(3) related to falsifying clinical and/or internship reports during clinical rotations.

Zajicek, Beverly J., Ganado, TX. May 9, 2008, placed on a forty-eight (48) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

Two years, 23 emergency suspensions

Since September of 2006, DSHS has emergency suspended 23 people who had EMS certifications. Two more voluntarily surrendered their certifications (in lieu of emergency suspension). Of the 23, 13 were drug-related, while ten were sex-related. Nine of the ten involved children. If you see a situation that needs to be reported, call our complaint line at (800) 452-6086 (leave a message) or go to www.dshs.state.tx.us/emstraumasystems/Qihome.shtm. Complaints involving threats to health and safety receive highest priority.

Meetings & Notices

Calendar

November 17-19, 2008. **2008 Traffic Safety Conference.** Marriott - Houston Hobby Airport, 9100 Gulf Freeway, Houston, Texas. For more information go to: http://tti.tamu.edu/conferences/traffic_safety/.

December 9-13, 2008. **Texas EMS Rodeo National Refresher and EMS Conference.** For more information visit www.consurgo.org/rodeo.html.

February 9-13, 2009. **Texas EMS Rodeo National Refresher and EMS Conference, Part II.** For more information visit www.consurgo.org/rodeo.html.

Jobs

EMS Quality Improvement Coordinator: The Arlington Fire Department is seeking an EMS Quality Improvement Coordinator. This civilian position is part of a dynamic team that manages the Arlington Emergency Medical System. Responsible for developing and advancing the quality of practice through the provision of patient care, consultation, collaboration, education and research. Requires six years experience as a EMT-P or LP, with at least two years experience in EMS program management. DSHS instructor certification; bachelor's degree in business administration, public administration, computer science, or related field plus two years EMS experience preferred. Any equivalent combination

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, MC 0285, PO Box 149347, Austin, TX 78714-9347. Call 512/834-6700 if you have a question about the meetings and notices section.

of education and experience will be considered. Computer analysis experience strongly preferred. This system is a high performance partnership with the city of Arlington's accredited 911 communications center, fire-based advanced life support first responders, a private ambulance contractor, and local hospitals. For more information or to apply visit www.ci.arlington.tx.us and click on the employment link. +

Paramedic: Moore County Hospital District is seeking a full-time paramedic. Must be DSHS certified, possess current ACLS and PEEP, or PALS, must be NR paramedic or working toward certification and must possess a valid Texas Class C drivers license. Competitive pay and benefits. Professionally stimulating practice environment. For more information, stop in for a visit, call to arrange a tour, or visit www.MCHD.net. Call 806/934-7852 or email Careers@mchd.net + **EMT-I/Paramedic:** City of Seminole EMS is accepting applications for EMT-I and paramedic positions. Must have Texas DSHS certification or license, recent graduates are welcome. The Seminole EMS response area covers 1100 sq miles of Gaines County, located on the South Plains of Western Texas. Medical direction is through South Plains EMS. Benefits, CE, and uniform allowance. Applications available by contacting Bryan Taylor, Director, at emsdir@mywdo.com or submit resumes to Seminole EMS, 302 S. Main, Seminole, TX 79360 or call 432/758-8816.

Paramedic: Big Spring Fire Department is seeking paramedics to cross train as firefighters. Up to \$7,500 sign on bonus for EMT-P plus \$2,400 relocation incentive. Contact the human resource department at 432/264-2347. +

EMS Program Coordinator: Weatherford College is seeking a full-time EMS program coordinator. Bachelors degree in teaching discipline preferred. Must have a minimum of an Associates degree in teaching discipline. Advanced Coordinator from DSHS, at least two years teaching experience preferred and must meet SACS academic, oral proficiency and written English criteria. For more information visit www.wc.edu/ for application or call 800/287-5471. +

EMT-I/Paramedic: The city of Mont Belvieu is accepting applications for paramedics and/or EMT-I. Competitive salary and benefits, educational reimbursement assistance, CE expenses paid by the city, uniforms and equipment provided. We are a municipal third service 911-only provider with a moderate call volume. Visit www.montbelvieu.net for more information. Mail resumes to: Director of Emergency Services, city of Mont Belvieu, PO Box 1048, Mont Belvieu, TX 77580. +

EMS Instructor: Hill College has an opening for an EMS Instructor. Associate degree required. Must be certified as an advanced EMS course coordinator or be qualified to obtain advanced course coordinator certification. Should have knowledge of how to teach via new instructional formats (internet, 2-way video, etc.) or willing to train on new formats. Responsible for the

planning of course materials, preparation of lectures, meeting all scheduled classes, informing students of course requirements, and grading students. Responsibilities also include scheduling, supervising, teaching, and evaluating students in a clinical setting. For more information or to apply contact Human Resources, Hill College, 112 Lamar Drive, Hillsboro, TX 76645, call 254/582-2555, ext. 229 or visit www.hillcollege.edu/employment. +

Paramedic: Dalhart EMS is seeking full-time paramedics. ACLS/PALS preferred but not required, new paramedics encouraged to apply. Contact human resources department 806/244-4571 or visit www.dhchd.org for more information. +

Paramedic: Washington County EMS is seeking paramedics. 24/48 and PRN. For more information visit http://www.co.washington.tx.us/ips/cms/WCEMS/Special_Events.html. +

Paramedic: Emergency Services District for North East Gaines County is seeking a full-time paramedic. Must have Texas certification and recent graduates are welcome. Pleasant atmosphere, state-of-the-art equipment and excellent work environment, competitive salary and benefits. Contact Pam Smith, Director, at 806/387-3440 or email 407pss@live.com.*

Faculty Instructor: University of Texas Health Science Center at San Antonio, Department of Emergency Health Sciences, has an immediate opening for a full-time faculty position, instructor, or assistant professor rank, based on educational background and experience. Responsible for didactic instruction, student advocacy, and as course director. Duties include classroom and web-based instructions, clinical supervision of EMT, paramedic, and EHS degree students; teaching AHA Life Support courses to HSC students; and testing EMS skills using criteria from NREMT. Requires a bachelor degree in education, health sciences, or related field. Masters level preferred. Current DSHS and/or NREMT paramedic certification; Texas EMS instructor certification preferred; three years formal teaching experience; two years experience in advanced prehospital emergency care. Send resumes to: Dr. Lance Villers, UTHSCSA/Emergency Health Sciences, 7703 Floyd Curl Drive, Mail Code 7775, San Antonio, TX 78229-3900 or call 210/567-8760.*

EMS Instructor: University of Texas Health Science Center at San Antonio, Department of Emergency Health Sciences, has an immediate opening for five part-time faculty positions at the rank of instructor. Responsible for clinical preceptor activities and skills lab instruction for all levels of EMT students. Requires current Texas DSHS certification; two years formal teaching experience; two years experience in advanced prehospital emergency care. Bachelor degree and Texas EMS instructor certification preferred. Send resumes to: Shawn Komom, UTHSCSA/Emergency Health Sciences, 7703 Floyd Curl Drive, Mail Code 7775, San Antonio, TX 78229-3900 or call 210/567-8760.*

Meetings & Notices

Paramedic: Graham/Young County EMS is accepting applications for DSHS-certified paramedics. Two full-time positions available. We are a 911 service based at Graham Regional Medical Center serving the city of Graham and Young County. Offering competitive salaries with benefits, sign-on bonus, educational opportunities, and state-of-the-art equipment. For more information or if interested, contact Kelley Hudson, EMS Director, at 940/521-5316, khudson@grahamrhc.com. Applications available online at www.grahamrhc.com under career opportunities.*

Assistant/associate professor, non-tenured, clinical - program director, Emergency Medicine Education: UT Southwestern Medical Center. Qualification: Bachelor's degree in related field, prefer Masters or Doctorate; ten years teaching experience, five in EMS; physician, paramedic certification or Texas Registered Nurse; five years supervisory experience. For more information, visit <http://www8.utsouthwestern.edu/utsw/cda/dept27752/files/241987.html>.*

Communications Specialist I: duties include call taking and dispatching for 9-1-1 as well as non-emergency and rotor and fixed wing operations. Must have a high school diploma and pass the pre-employment screening test. Apply online at www.careflite.org or for more information contact Jennifer Griffith at (972) 339-4203 or jgriffith@careflite.org.*

The City/County of San Saba, Texas is searching to hire an **EMS Director** for their Volunteer EMS. Call Charles Peeler at (325) 372-1240.+

EMT, Paramedic, LVN or RN: Washington County Jail Medical Program. Great benefits, salary dependent on experience. Contact Personnel and Benefits Dept at (979) 277-6200, ext. 135 or 137, or Courthouse, 100 E. Main, Ste 1, Brenham, TX.+

For Sale

For sale: We closed our ambulance service last year and have equipment for sale. Bird Avian Ventilator \$2000, Autovent 3000 \$2000, LifePak 11 \$1850, Zoll M-Series monitors \$10,000, Stryker MX Pro R3 Stretchers \$2000. If you have any questions or are interested in purchasing any equipment, email emsequipment4sale@gmail.com. +

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

Miscellaneous

Healthwebce: Healthwebce EMS Education Programs offer online EMS courses and CE. Courses are affordable and convenient. We offer

online first responder, EMT-B, EMS instructor, online CE, IV therapy courses and more. Visit www.healthwebce.com and healthwebce.jbcourse.com for more information or call Joshua Alvarado NREMTLP/RN at 956/639-1503 or 956/398-8226 or email jalvarado@healthwebce.com. +

National College of Technical Instruction: The nation's largest private college of Emergency Medical Services training offers paramedic, EMT-B, EMT-I, and CEU courses in Dallas, San Antonio, and Houston. Visit www.Be-A-Medic.com or call 1-88-609-6284, ext 103, ask for Karin Gasch. +

CE Solutions: www.ems-ce.com offers online EMS continuing education that is convenient, cost effective and interesting. Visit 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. FirefighterCE is accepted by the Texas Commission on Fire Protection. Visit www.FirefighterCE.com for a free test-drive or call 1-888-447-1993. +

Paramedic, Intermediate-85, and EMT-B Courses: Houston Community College EMS Department is currently accepting applications for all levels of EMS courses to meet your educational requirements. Academy style (full-time) and traditional semester course format are designed to meet your schedule. For more information contact HCC EMS Program at 713/718-7694, visit www.hccs.edu or contact Vickie May at Vicki.may@hccs.edu for details on upcoming courses. +

Online Education: Earn college credit. No classroom attendance. Start anytime. Paramedics can get their RN from Excelsior College or Bachelor's in Emergency Health Science from the University of Texas Health Science Center at San Antonio. Call 800/737-2222 or visit www.iStudySmart.com, click on Emergency Services for more information. +

EmergencyResponder.com: Free web based

service for all certification levels of EMT and fire personnel. We have videos, an event calendar, online materials and more. Visit www.EmergencyResponder.com. +

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

Health Claims Plus: EMS and fire department billing. Excellent rates and services. Electronic billing, weekly and monthly reports and educational workshops. Contact 888/483-9893 or visit www.healthclaimsplus.com.*

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

EmCert.com: Dedicated to delivering quality CE credits since 1998 to the EMS/Fire/Rescue community. All courses are DSHS/CECBEMS accredited and meet National Registry requirements. We offer competitive individual, group and military rates. Want outstanding courses, prices, administrative features and customer support? Visit www.emcert.com or call 1-877-EMS-HERO (1-877-367-4376).*

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

Placing an ad? Renewing your subscription?

Placing an ad? To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: Texas EMS Magazine, 512/834-6736 or send to Texas EMS Magazine, MC 0285, PO Box 149347, Austin, TX 78714-9347. Ads will run in two issues and then be removed. Texas EMS Magazine reserves the right to refuse any ad.

Moving? Let us know your new address—the post office may not forward this magazine to your new address. Use the subscription form on page 2 to change your address, just mark the change of address box and mail it to us or fax your new address to 512/834-6736. We don't want you to miss an issue!

Renewing your subscription? Use the subscription form on page 2 to renew your subscription and mark the renewal box.

Deployed Providers for 2008 Hurricane Season

Hurricane Dolly

American Medical Response of Texas, Inc.
Angleton Area Emergency Medical Corps, Inc.
Bells-Savoy EMS
Bulverde-Spring Branch EMS
Champion EMS
City of Frisco FD
City of Roanoke Fire Dept
Clear Lake Emergency Medical Corp.
Copperas Cove Fire Dept/EMS
Cypress Creek EMS
East Texas Medical Center
Kendall County EMS
Kerrville Fire/EMS
Northwest Rural EMS
Washington County EMS
Wise County EMS

Tropical Storm Edouard

American Medical Response
CareFlite-Ground
Champion EMS
First Medical Response
Frio County EMS
New Braunfels FD
Schertz EMS
St. Joseph Regional EMS
Texas Vital Care EMS
Transcare EMS
Washington County EMS

Hurricane Gustav

Air Evac EMS, Inc.
American Medical Response
Bells Savoy/dba EMSTexas Vital Care
Bonham EMS
Bonham Fire Rescue
CareFlite-AIR
CareFlite-Ground
City of Frisco Fire Dept.
City of Mexia
Cook Childrens Teddy Bear Transport
East Texas Medical Center
Falls County EMS

Fisher County Hospital District
Flower Mound Fire Dept.
Halo-Flight, Inc.
Hamilton EMS
Hillsboro Fire Dept
Huntsville-Walker EMS
K and L Transport
Kerrville Fire Dept
Legacy EMS
Lewisville EMS
Los Fresnos Ambulance Service, Inc.
Med-Trans Corp. dba SETX Air Rescue
Montgomery County Hospital District
New Braunfels EMS
Permian Basin Ambulance, Inc.
San Antonio AirLife
San Marcos/Hayes County EMS
Scurry County EMS
South Taylor EMS
Willacy County EMS
Wolfforth Fire and EMS

Hurricane Ike

Air Evac EMS, Inc
All-American Ambulance Service, LLC
American Medical Response of Texas
Americana Ambulance
Bailey County EMS
Bells-Savoy EMS dba Texas Vital Care EMS
Bonham Fire Department
Brady-McCulloch County EMS
Bulverde-Spring Branch EMS
CareFlite-Air
CareFlite-Ground
Carols Ambulance, Inc.
Cedar Hill Fire Dept
Celina Fire/EMS
Champion EMS
City of Colony Fire Dept
City of Frisco FD
City of Paris EMS
Clay County Memorial Hospital
Cook Childrens Teddy Bear Transport
Coppell Fire Dept

Dallas Fire Rescue
Denton Fire Dept
Eagle Creek Volunteer Emergency Services
East Texas Medical Center EMS
Falls County EMS
First Medical Response
Fisher County Hospital District
Flower Mound Fire Department
Halo-Flight, Inc.
Hamilton EMS
Hopkins County EMS
Huntsville-Walker County EMS
Hurst Fire Department
Irving Fire Dept
Jewett EMS, Inc.
K and L Transport
Keller Fire Dept
Kendall County EMS
Kerrville Fire Dept.
Killeen Fire Dept
Lancaster Fire Dept.
LaVernia Volunteer Ambulance Service
Legacy EMS dba CP Professional Services
Leon Valley Fire Department
Lewisville Fire Department
Lifecare EMS
Los Fresnos Ambulance Service, Inc.
Lufkin Fire Dept
Maverick Ambulance
Medina Valley EMS
Med-Trans Corp. dba SETX Air Rescue
Mercy Medical EMS
New Braunfels Fire Department
North Texas EMS
Permian Basin Ambulance, Inc.
Plano Fire Department
Post-Garza Co. EMS
Preston EMS
Samuel E. Benson III, dba. AAA Ambulance
San Antonio AirLife (Texas AirLife)
San Marcos-Hays County EMS
Schertz EMS
Scott and White Pre-Hospital Services
Scurry County EMS
Shackelford County EMS
South Taylor Emergency Medical Service
Stephens Co. EMS
Stephenville Fire Dept
Stockdale EMS
Sweetwater Fire Department
Valley EMS, Inc
West Carlisle Fire/EMS
Wimberley EMS
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