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Services July/August 2007

Texas EMS

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Eagle Pass tornado response
page 30

CE: Culturally Competent Care
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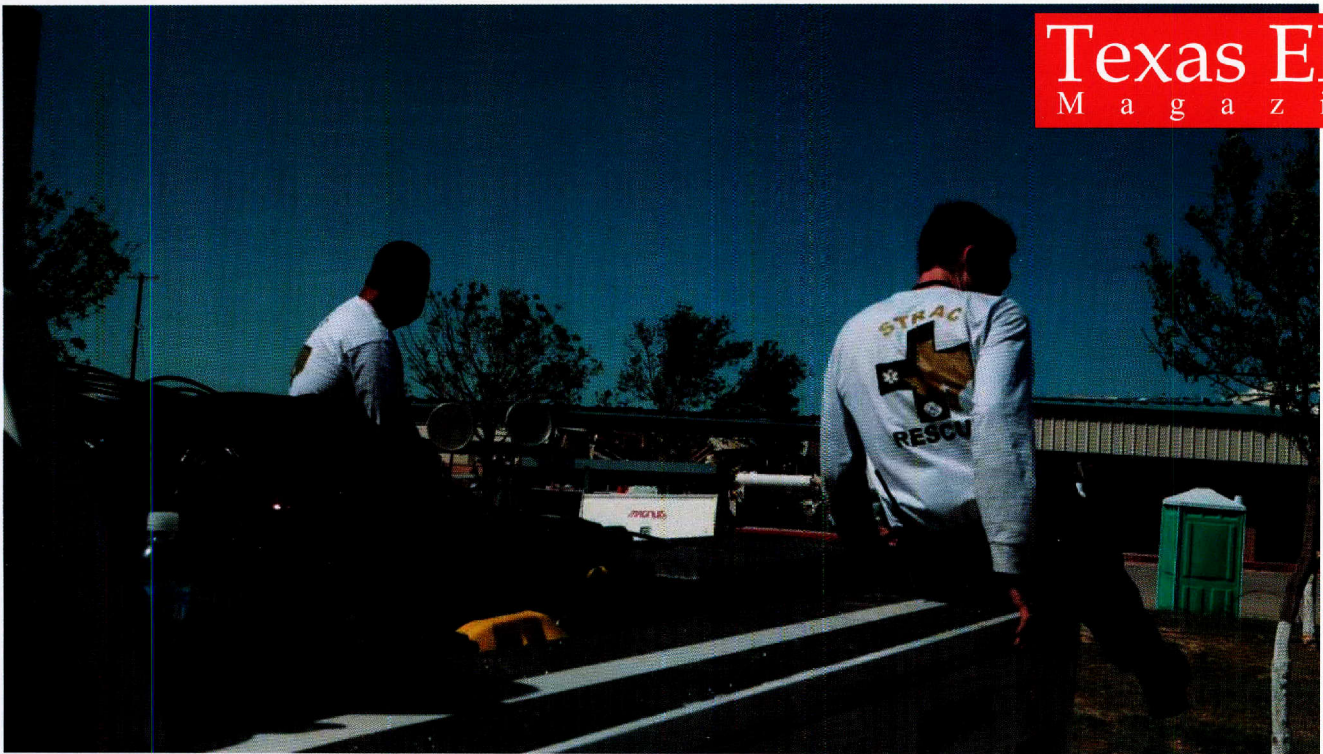
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Photographer Jason Meredith captured the response to the tornado that ripped through Eagle Pass for this month's cover and table of contents photos. Meredith traveled to Eagle Pass with the Southwest Texas RAC in April.

Texas Department of State Health Services

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GETAC
AUGUST 22-24
HILTON AUSTIN
AIRPORT

Texas EMS

M a g a z i n e

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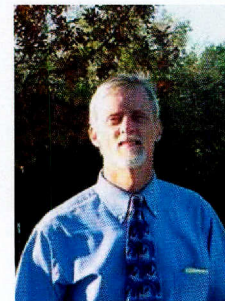
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Researchers predict active hurricane season

FROM THIS SIDE

Although we'd already had two named storms in the Atlantic and the Gulf of Mexico by June 1, that date actually marked the beginning of the official hurricane season here in the U.S. The weather experts are likely correct, and we can expect a more active than average hurricane season (see page 10). DSHS staff has spent a boatload of hours updating its plan and participating in exercises that demonstrate how the state will respond in the event of a hurricane on the Texas coast. More specifically, EMS/trauma systems staff has been tasked with developing plans for evacuations of state facilities, like UTMB, and coordinating requests for medically-supervised transportation when local resources are exhausted. This involves not only identifying what assets are available to evacuate state facilities and to perform other missions, but also how we will help coordinate the action from Austin.



Steve Janda
Office of EMS/Trauma
Systems Coordination

The process works like this: when a request for resources is sent in from a local Disaster Coordination Council (DDC) to the State Operations Center (SOC), staff there will determine where the request goes. If it's a request for anything related to health and medical services, SOC staff sends it to the DSHS Multi-Agency Coordinating Center (MACC), located at the main campus in Austin. The MACC is an emergency operations center serving as a central point of coordination for all of the state Health and Human Services Commission's agencies' response. If the request pertains to our mission in EMS/trauma systems, MACC staff sends it to us, where we have developed a system to track ambulance requests and resources. To put it another way, the SOC and MACC will process requests from local entities, and if they relate to EMS or trauma systems, the staff in EMS/trauma systems will make sure the rubber hits the road.

We still need more providers to help with our state evacuations and state missions. Signing a Memorandum of Agreement (MOA) ensures that you will receive payment promptly from DSHS, instead of waiting on the Federal Emergency Management Agency (FEMA) to pay. DSHS will then seek reimbursement from FEMA. We currently have about 161 EMS ground providers and three air providers who have committed to both facility evacuations and/or state missions. For MOA information, please go to www.dshs.state.tx.us/emstraumasystems/moalist.shtm.

As you may know, the Governor's EMS and Trauma Advisory Council (GETAC) is an active partner with DSHS as we prepare for disaster situations. The Disaster/Emergency Preparedness Task Force has developed a list of recommendations to DSHS intended to improve the response of EMS and hospitals during a disaster. The task force has met monthly since August of 2006 and presented its recommendations to GETAC at the May meeting. GETAC passed a motion to endorse the document and, at the same time, recognized that the recommendations could be amended if necessary. We greatly appreciate the dedication of the multi-disciplinary task force and the enormous amount of time and thoughtfulness that went into putting together the recommendations. You can find the most recent document on our website at www.dshs.state.tx.us/emstraumasystems/GETACMay2007Documents.shtm.

GETAC approved moving several rules forward at its last meeting. In the rules package sent to the DSHS Council for the July meeting are 157.39, the Comprehensive Clinical Management Program rule. Many people across the state, including a GETAC

continued on page 49



Memorial ceremony in Austin.

Fallen EMS honored at memorial service

To honor those in Texas EMS who died in the line of duty, two EMS honor guards in Central Texas held a moment of silence and a memorial ceremony at an Austin EMS station on May 26. The event coincided with the moment of silence at National EMS Memorial Service in Roanoke, Virginia. The annual ceremony in Virginia recognizes the sacrifices fallen EMS personnel have made in service to their communities.

The National Moment

of Silence seeks voluntary participation by all the nation's EMS providers, agencies and emergency communications centers in observing a moment of radio silence timed to coincide with the moment of silence in Virginia.

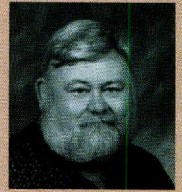
This year, honor guards from Austin-Travis County EMS and Williamson County EMS organized a service in Austin that honored two Texas line-of-duty deaths: Eric Hanson, LP, and Joe Alvarez, Jr., LP.

State EMS Director Maxie Bishop emceed the ceremony, which featured the two honor guards in full dress posting the colors before setting a wreath of red and white carnations before the DSHS' two Hall of Honor plaques. An Austin police officer played Taps. At exactly 7 p.m., District Commander Jason Martin asked all EMS units in the system to observe a moment of silence. The group plans to work with DSHS to expand next year's event.

EMS Obituaries

Rocky Dow

Clare, 52, of League City, died April 28. He was an EMT-P and founding member of the volunteer EMS in Fort Stockton. He later moved to Galveston where he served as a paramedic for 28 years.



Clare

Richard

Frank Smith, 53, of Houston, died April 28. He was an EMT-P and firefighter for Houston Fire Department.



Smith

Michael Jones Chandler, 33, of McKinney, died May 16. He was an EMT and a Garland firefighter.

Mary Lyons Holland, 60, of Meridian, died May 1 after a short illness. She was involved in establishing a volunteer EMS for Bosque County, and she was a certified paramedic.

Ruben Veliz, 46, of North Hood County, died May 4. He was an ECA and firefighter for North Hood County Volunteer Fire/EMS Department where he served as the training captain.

Henry Ritter, 61, of Call, died June 5. He was a paramedic and field training officer for State-Care Ambulance Service in Jasper. He was also a U.S. Marine Corp veteran of the Vietnam War.

A friendly reminder....

don't wait for the last minute to recertify!

Recertification can take at least 26 days. (see Frequently Asked Questions from Texas EMS Magazine, May/June 2007 at http://www.dshs.state.tx.us/emstraumasystems/Mag_MayJune07.shtm).

The process will be slower if there's a hurricane or flood... because state staff will be pulled off of recertification to help with deployment efforts.

So don't delay, recertify today!

The Capitol Report

-Phil Lockwood

The 80th session of the Texas Legislature ended on May 28. What did lawmakers do in this legislative session that will affect EMS and trauma systems? Below is a synopsis of bills that were passed this session and sent to the governor for signature. For a better understanding of each bill, go to www.capitol.state.tx.us and enter the bill number. Click on "Text" and "Enrolled Version."

HB 92, Branch This bill amends the original AED law adopted by the 76th Legislature, 1999. It clarifies that the original statute applies only to defibrillators not approved for over-the-counter sale. The Food and Drug Administration approved over-the-counter sale of AEDs (available for purchase without a prescription) in September of 2004. [Amends the AED law, Health and Safety Code, §779.007.] Effective September 1, 2007.

HB 495, Bonnen Adds emergency services personnel to the list of enhanced penalties enforced for the assault of public servants while performing their official duties. [Amends §22.01, Penal Code.] Effective September 1, 2007.

HB 618, Bonnen The Homes for Texas Heroes program was established to honor certain professionals who serve the public. HB 618 ensured that EMS personnel are included among those who are eligible to participate in low-interest home loans. [Amends Government Code, §2306.553.] Effective September 1, 2007.

HB 1212, Pierson The penalties were increased for intoxication assault and intoxication manslaughter involving the bodily injury or death of peace officers, firefighters or emergency medical services personnel. This legislation amends Penal Code, §49.09, and increases the penalty for causing the public servant's injury from a third to a second-degree felony and the penalty for causing death

from a second to a first-degree felony. Effective September 1, 2007.

HB 1412, McReynolds The Emergency Medical Dispatch law, Health and Safety Code, §771.102, was amended to refer to emergency medical dispatch centers instead of pilot programs. Effective September 1, 2007.

HB 1623, Phillips Directs revenue from certain traffic penalties to the credit of the regional trauma account established under Health and Safety Code, §782.002. The legislation directs the monies from the regional trauma account to fund uncompensated care of designated trauma facilities and county and regional EMS located in the area served. At this time, there is no rider in the appropriation bill to appropriate funding for this program. Effective September 1, 2007.

HB 2117, Parker A non-liability clause for those who administer emergency care as a volunteer first responder (as defined in Government Code §421.095) was added through the amendment of Civil Practice and Remedies Code, §74.151. Effective September 1, 2007.

HB 2827, Taylor, Gonzales, Truitt, McReynolds EMS providers or first responder organizations may acquire, possess, maintain and dispose of epinephrine auto-injector devices (EpiPens), and the department is directed by this bill to develop rules to require EpiPens (or a similar device to treat anaphylaxis) as part of the minimal standards for provider licensing. With proper training, all levels of the entities' EMS personnel may be authorized to carry the device and administer the medication, unless restricted by their medical director. Amends Health and Safety Code, §773.014. Effective September 1, 2007.

HB 3407, Hamilton HB 3407 amends Health and Safety Code, by adding §776.0345. The new section further defines the appointment of

emergency service boards in districts located in more than one county. Effective September 1, 2007.

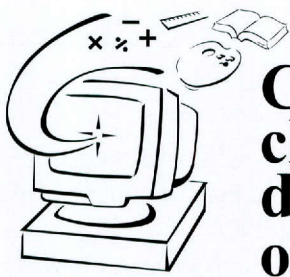
SB 10, Nelson, Brimer, Carona, Deuell, Eltife, Fraser, Harris, Janek, Shapiro All ground transport of patients by stretcher will now require licensure. SB 10 amended Health and Safety Code §773.004 and §773.041 to remove exemption language for physician-directed transfers and calls for the department to adopt rules by May of 2008.

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

ECA Training From the appropriated funds, the department is directed to allocate \$50,000 in 2008 and \$50,000 in 2009 for ECA training grants to communities lacking local training resources. [HB 1, General Appropriations Bill, Rider 53]

Stroke Survival System To the extent funds are available, DSHS shall allocate up to \$750,000 in General Revenue for fiscal year 2008 and \$750,000 in General Revenue for fiscal year 2009 for the purpose of stroke recognition and treatment training, stroke prevention and community education, and stroke facilities. [HB 1, General Appropriations Bill, Rider 80]

Estimated Appropriation for Designated Trauma Facility and EMS Account This account benefits hospitals, EMS and RACs. DSHS was appropriated, to distribute, \$51,762,132 for both 2008 and 2009. In addition, DSHS was appropriated any additional revenues generated in the account above \$98,445,000 in fiscal year 2008 and above \$98,834,000 in fiscal year 2009, for the purpose of trauma facility and EMS activities. The appropriation is contingent upon acknowledgement of additional revenue by the Comptroller of Public Accounts and approval by the Legislative Budget Board and the Governor. ●



Conference class descriptions on web

Looking for descriptions of all the conference workshops? We didn't have room to print them all in the magazine, so we've put a listing, plus short descriptions, of all of the nearly 150 different conference classes on our website. Go to www.dshs.state.tx.us/emstraumasystems.shtm and click on the Texas EMS Conference link on the left side. We'll be publishing the exact times and locations of the classes in the September/October issue. And we've also added three more hotels to our list of hotels offering the conference rate. Turn to page 12 for a complete listing or visit our website.

DVD shows you what you need to know

Looking for info on computer-based testing? NREMT has a DVD called *Making the Switch* available at no charge. The DVD shows how to apply online for the NREMT exam, explains the benefits and qualities of computer-based testing (CBT), demonstrates what computer adaptive testing (CAT) is, and even provides a tour of a PearsonVUE



testing center. Nearly 5,000 copies of the DVD have been distributed to state EMS offices and program directors. Additional copies of this informative DVD are available to educational program directors upon request by contacting NREMT's Community Relations Department at (614) 888-4484 ext. 165.

Uncompensated care funds distributed

The Office of EMS/Trauma Systems Coordination distributed the 2007 Uncompensated Trauma Care funds on April 30. The distribution included three funding sources:



- \$30,092,704 from the Designated Trauma Facility and EMS (DTF/EMS) account (HB 3588 monies) was distributed to 240 eligible hospitals. When added to 2004-2006 disbursements, the grand total distributed since the fund's inception is \$150,921,794.
- \$448,981 from the EMS/Trauma Care System Account (9-1-1 monies) to trauma facilities.
- \$662,611 from the EMS, Trauma Facilities and Trauma Care Systems Fund (SB 1131) was distributed to 228 trauma facilities.
- \$2,269,351 from the three accounts was distributed to EMS providers.
- \$1,052,403 from the three accounts was distributed to RACs.

For detailed information about this disbursement, including a spreadsheet showing individual disbursement amounts, go to www.dshs.state.tx.us/emstraumasystems and click on "2007 Trauma Care Fund Distribution" under News/Features.

Houston website lists restaurants, attractions

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

Michelin offers chance for new tires

As part of its Driving America's Safety program, Michelin is donating tires to 50 first responders and organizations in the U.S., double the number of tires it donated last year. Up to six light truck/SUV tires will be given to each winning first responder organization. Winners will be chosen from nominations detailing how the individual first responder or first responder organization makes a difference in the local community. A form, contest rules and guidelines explaining how to nominate first responders are on the Michelin website at www.michelinman.com. All nominations must be postmarked by November, 15, 2007, and received by Nov. 23, 2007. The 25 winners in last year's contest included one Texas group, Gray Volunteer Fire Department from Jefferson.



FBI check required on reciprocity apps

Anyone applying for reciprocity in Texas will now have one more document to turn in: a national background check through the FBI. You must have the background check even if you are currently certified through NREMT. Go to www.dshs.state.tx.us/emstraumasystems/stdrecip.shtm for more information, or go to the FBI site at www.fbi.gov/hq/cjisd/fprequest.htm.



On Duty

Flooding shuts down EMS/trauma systems building

Did you notice? Your magazine is a little late this month. And if you tried to contact us the last two weeks of June, you might have been frustrated by a busy signal.

Trust me – we were frustrated, too.

In the predawn hours of June 13, a major water line broke under our building, sending silt and water gushing up into the first floor offices. The water damaged everything on the first floor, from furniture to computers to files. That included the phone system, resulting in a fast busy signal for anyone who called. We quickly set up a command center at the DSHS main campus equipped with phone lines and computers that allowed limited contact for the thousands of certifications and licensees processed at the Regulatory offices each month.

EMS and trauma systems offices, on the second and fourth floors, suffered no water damage. The servers that house our network files and databases also avoided damage. But until IT staff could get in the building and be assured of a steady supply of electricity, the servers could not be switched on, which means we could not access our network. That included our certification/licensure database.

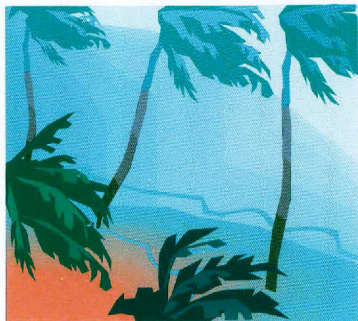
Before we could move back in, we had to wait for engineers to declare our building structurally sound and to run air quality tests. We got the thumbs-up for occupancy the first week of July, and we've been playing catch-up ever since. Our apologies for any inconvenience you experienced. We are working overtime to make sure that the service disruption to stakeholders will be minimized. Thank you for your patience.

Hurricane season here

According to leading hurricane experts, the 2007 hurricane season will be much more active than the average for the years 1950-2000. The researchers have put the probability of a major hurricane (categories 3, 4 and 5) hitting somewhere on the Gulf Coast (Florida Panhandle to Brownsville) at 50 percent. The average for the last century was 30 percent. If Texas is hit, we will need ground and air ambulances to respond to state facility evacuations and other state missions. So far, we've got 161 EMS ground providers and three air providers who have signed a Memorandum of Agreement (MOA). We need more providers to help. Signing an MOA ensures that you will receive payment promptly from DSHS, instead of waiting for the Federal Emergency Management Agency (FEMA)

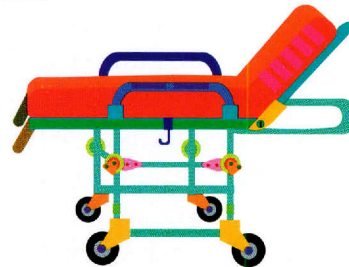
to pay. DSHS will then seek reimbursement from FEMA. For information about this year's predictions for hurricanes from the experts at Colorado State University, go to <http://typhoon.atmos.colostate.edu/forecasts/>.

For MOA information, go to www.dshs.state.tx.us/emstraumasystems/moalist.shtm.



CMS issues important EMTALA memo

The Centers for Medicare and Medicaid Services (CMS) issued a memo in April that addressed one new Emergency Medical Treatment and Labor Act (EMTALA) issue and clarified another. An



EMTALA advisory group had heard testimony that some hospitals had refused to accept an appropriate transfer of a patient with an emergency condition unless the patient was transported using the air medical service owned by the receiving hospital. CMS determined that it is a violation of EMTALA requirements for a receiving hospital to condition its acceptance of an emergent patient upon a particular transport service.

The second issue is a clarification of an earlier memo about patient parking detailed in a July 2006 CMS memo. That memo addressed concerns that hospital staff had deliberately delayed transfer of an emergent patient from the EMS stretcher to an ED bed under the mistaken impression that until that happens, the hospital had not assumed care. In fact, an individual is considered to have been "presented" to a hospital when he/she arrives at the hospital's dedicated ED or on hospital property and a request is made for an examination or treatment of an emergency condition.

Some EMS providers have cited this memo as reason for a hospital to take instant custody of all EMS transports. However, the issue is not that clear. A hospital's failure to take instant custody of a patient may not necessarily mean an EMTALA violation. There may be situations when a hospital does not have capability or capacity to take custody and asks EMS personnel to stay with a patient. The memo cites an instance in which hospital staff is occupied with multiple major trauma cases as an instance in which it would be reasonable for ED staff to ask EMS to stay with a patient until the staff can provide a medical screening examination (MSE). Even if a hospital cannot immediately provide an MSE, it must triage that patient. Cases of this nature will be reviewed for EMTALA compliance on a case-by-case basis. Questions? Contact Donna Smith at (410) 786-3255 or donna.smith@cms.hhs.gov.



Texas EMS Conference 2007 REGISTRATION FORM

George R. Brown (GRB) Convention Center Houston

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

(Please type or print clearly)

You may register online at www.texasemsconference.com

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

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

General Information:

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

Registration information: (512) 759-1720

Credit card registration fax: (512) 759-1719

PRECONFERENCE CLASSES

 Preconference registration deadline: October 15, 2007

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

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

Total Preconference Class Fee \$ _____

* Email address required.

No refunds after November 1, 2007.

\$175 registration at the door

Sunday, November 18, 2007

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

Monday, November 19, 2007

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

Tuesday, November 20, 2007

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

Registration Information: (512) 759-1720

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

Registrations by fax will be accepted only if you are using a credit card — a check, money order or credit card number must accompany your mailed registration. No mailed or faxed registrations accepted after 11/1/2007. No refund after 11/1/2007. There is an 18% administration fee if a refund is necessary.

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

Official Use Only

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

MC Visa AmEx

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

Credit Card No: _____

Card Holder _____ Card Exp _____

Signature of Card Holder _____

Zip Code of Billing Address _____

You may register online at www.texasemsconference.com

November 18-21, 2007

Texas EMS Conference – Houston

(Exhibit Hall open November 18-20)

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

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

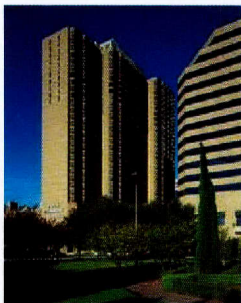
But, as always, we're not content to rest on our laurels. That's why this year we're expanding the selection of two-hour, hands-on classes, which were hugely popular when introduced in 2006. In addition, the exhibit hall will feature a new layout designed to make browsing as easy as possible, and the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

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

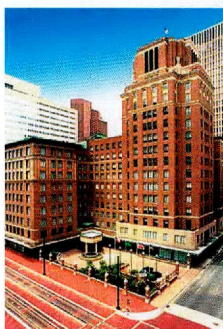
Special room rates for conference attendees and exhibitors are available at three downtown hotels. Hilton Americas-Houston, our host hotel, is connected to the convention center by a skyway, while the Four Seasons Hotel and Doubletree Hotel Houston Downtown are just a short walk away. Don't pass up these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

See you in November!

HOTELS



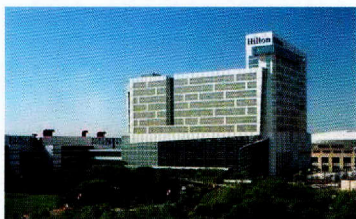
Four Seasons Hotel
1300 Lamar St.
Houston, TX 77010-3017
713-650-1300
www.fourseasons.com/houston
\$149/\$169



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



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



Hilton Americas-Houston
1600 Lamar St.
Houston, TX 77010
713-739-8000
www.hilton.com
\$85/\$125
online booking code: ITM

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



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

Schedule

Conference At-A-Glance

Sunday, November 18

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

Monday, November 19

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

Tuesday, November 20

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

Wednesday, November 21

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

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

2007 Texas EMS Photography Contest entry form

Photographer's Name _____

Employed by _____

Address _____

City _____ State _____ Zip _____

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

E-mail Address _____

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

Deadline for entering: November 12, 2007

Tape this form to the back of the photo.

Brief explanation of scene: _____

Photo Contest Rules

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



Preconference classes

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

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

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

Friday/Saturday/Sunday

National Association of EMS Educators

Instructor Course: \$295; *Fri-Sun, 11/16-11/18; 8a-5:30p (1 1/2 hours for lunch);*

George R. Brown Convention Center; CE:

Additional. NAEMSE's EMS Instructor

Course has been designed and developed

by the same individuals who produced the

DOT/NHTSA 2002 National Guidelines

for Educating EMS Instructors. The

NAEMSE Instructor Course provides

the didactic component and practical

application to become an EMS instructor.

The content of this 24-hour course

aligns the NAEMSE developed modules

with the curriculum objectives of the

2002 National Guidelines. NAEMSE

recognizes that the development of a

professional EMS educator requires

many components including formalized

education in all aspects of the educational

process and practical experience in

teaching and mentoring by other members

of the educational team to foster personal

growth and development. This course does

not include all these components, only the

beginning steps of the process. Individuals

who attend the entire course and pass

the post test will receive a Certificate

of Course Completion from NAEMSE.

Candidates who pass the exam at the

end of the course will be eligible to be

certified as EMS instructors in Texas.

Continuing education hours have been

applied for through NAEMSE, which is

accredited by the Continuing Education

Coordinating Board for Emergency

Medical Services (CECBEMS). For more

information contact Joann Freel at joann.

freel@naemse.org or (412) 920-4775.

Saturday

Helicopter Operations at EMS

Incidents: \$50; *Saturday, 11/17; 8a-12p;*

Location TBA; CE: Clinical Related

Operations. In this class sponsored by

Memorial Hermann Life Flight and other

Texas air medical programs, participants

will be actively involved as they learn the

fundamentals of air operations. This 4-

hour hands-on class will cover the factors to consider, both from the ground and air, when air resources will be utilized during an EMS operation. Students will have an opportunity to participate in hands-on exercises. Lunch provided. For information on class content contact Jeremy Thomas at jeremy.thomas@memorialhermann.org or (713) 898-7515.

Emergency Vehicle Response Safety:

\$60; Saturday, 11/17; 1p-5p; George R. Brown Convention Center; CE: Clinically Related Operations. Every year, more than 100 emergency service personnel are killed in the line of duty - many while responding to incidents. This 4-hour seminar addresses safety concerns for emergency service personnel when operating emergency vehicles. Topics include: safe vehicle operations, intersections, roll-over prevention and liability issues. Real life case studies are used. This program assists emergency vehicle operators in making good driving decisions and provides practical safety guidelines. For more information contact Dave Bradley at dbradley@vfis.com or (717) 487-0170.

Writing Realistic and Valid Multiple

Choice Exams: \$135; *Saturday, 11/17; 8a-5p; George R. Brown Convention Center; CE: Additional.* This 8-hour class will help you construct test items that accurately measure achievement, ability and aptitude. The power to interpret test scores is directly related to the quality of these items. The State of EMS Education Research Project (SEERP) has identified the task of learning to write realistic and valid exams as one of the top ten challenges for EMS educators. This pre-conference workshop introduces the EMS educator to some very simple techniques for improving the quality of their multiple-choice examinations. Taught by Kenneth Navarro and Lynne Dees. For more information contact Kenneth Navarro at kenneth.navarro@utsouthwestern.edu or (214) 648-6877.

Multi-Lead Medics™ 12-Lead ECG

Interpretation for Acute and Critical Care Providers: \$150; *Saturday, 11/17; 8a-5p; George R. Brown Convention Center; CE: Medical.* If anyone told you that you could take a 12-lead class and have fun, would you believe them? Presented by Bob Page, author of the book *12-Lead ECG for Acute and Critical Care Providers*, this 8-hour, highly motivating, non-stop, interactive course on 12-Lead ECG, includes proper lead placement, axis and hemi-block determination, bundle branch blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG. The course includes a workbook with practice problems and handy charts for rapid use in the field. Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly-learned skill. There is also a website that supports graduates of the program with continual competency and feedback from the instructor. The seminar is delivered as a state-of-the-art computer presentation enhanced with sound, graphics, animation, music and video clips. This course is the perfect filler to pick up where ACLS and Experienced Provider courses left off! For more information contact Bob Page at edutainment@mac.com.

Sunday

Patient Care Documentation - A

Proactive Approach: \$80; *Sunday, 11/18; 1p-5p; George R. Brown Convention Center; CE: Clinically Related Operations.* The patient care report is the single item that holds all of the facts related to an event. So often we take this document for granted. This 4-hour class explores the intricacies and importance of completing an accurate and comprehensive PCR. Learn the skills that will set you apart from the crowd! For more information contact Dave Bradley at dbradley@vfis.com or (717) 487-0170.

Preconference classes

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



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

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

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

REP—Radiological Emergency Preparedness: No cost; Sunday, 11/18; 8a-5p; George R. Brown Convention Center; EMS CE: 1 Pt Assess, 2 Med, 2 CRO, 3 Spec Cons. This 8-hour, performance-based course is designed for emergency first responders who may respond to a radiological incident (awareness level). Topics include radiation fundamentals, radiation detection instruments, survey techniques, radiological protective actions, decontamination procedures, patient handling and first responder actions, and radiological terrorist threats. A maximum of 8 Category I continuing medical education contact hours also are available for physicians, physician assistants and advanced practice nurses; 9.6 nursing continuing education contact hours is available for registered and vocational nurses. CE also available for fire, law enforcement and other personnel. For information, contact Mike Rutherford at mike.rutherford@dshs.state.tx.us, (512)834-6688 ext. 2021 or Keith Steinhurst at keith.steinhurst@dshs.state.tx.us, (512) 834-6688 ext. 2137.

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

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

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

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



Preconference classes

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

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

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

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

Slap the Cap! Real Use for Capnography in EMS; \$75; Sunday, 11/18; 1p-5p; George R. Brown Convention Center; CE: Medical. You've had your introduction, heard about it, read about it, now it is time to get down to it. Capnography represents an important upgrade for your clinical assessment skills. In this 4-hour, non-stop session, participants will perform real waveform analysis of actual cases along with some pretty incredible real time video of capnography. Come and see how the tool can be an incredible asset for the intubated and non-intubated patient. Taught by Bob Page. For more information contact Bob Page at edutainment@mac.com.

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

Saturday/Sunday

Coordinator Course: \$325; Saturday/Sunday, times to be announced; George R. Brown Convention Center; course limited to 25 attendees. No CE. This 12-hour course is intended to train course coordinators for Texas. Participants will be selected through a competitive application process. Applications will be accepted until July 20, 2007. To apply, complete the application found at www.dshs.state.tx.us/emstraumasystems/CoordApp.shtm. Along with the application you will need to attach a letter detailing why a coordinator is needed in the area you intend to serve and explain in detail how you plan to meet that need. Those applying must meet the requirements as outlined on the DSHS EMS Course Coordinator Application, specifically section D-1 or D-2 as applicable. Candidates will complete the course application and those that are accepted for the course will be sent additional instructions. Send applications to 1100 West 49th Street, Austin, TX 78756 Attention: EMS – 2007 Course Coordinator. Attendees will be selected by September 1, 2007. Do not send money until told to do so. Lunch will be provided

on one day. For information, contact Phil Lockwood at (512) 834-6700 ext. 2032 or phil.lockwood@dshs.state.tx.us.

Basic Trauma Life Support/ International Trauma Life Support: \$325; Saturday and Sunday, 11/17-11/18; 8a-5:30p (1 1/2 hours for lunch on own) George R. Brown Convention Center; CE: 1 Prep, 2 Airway, 3 Pt Assess, 10 Trauma. This 16-hour comprehensive course is designed for providers who are first to evaluate and stabilize the trauma patient. The course provides complete training in the skills needed for rapid assessment, resuscitation, stabilization and transportation of trauma patients. The ITLS course provides the core of knowledge and skills appropriate for all levels of EMS personnel, including EMT-Bs, first responders and other technicians as well as builds on this knowledge, emphasizing evaluation steps and sequencing as well as techniques for resuscitating and packaging patients. ITLS Advanced is appropriate for advanced EMTs, paramedics, trauma nurses, physicians and other advanced EMS personnel. Hands-on stations include patient assessment and management, basic and advanced airway management, needle chest decompression and fluid resuscitation, and many others. Taught by Michael Nelson and Leon Charpentier. For more information contact Michael A. Nelson at nelsonmichael@air-evac.com or (817) 657-6050.

Ambulance Strike Team/Medical Task Force Leader Course: \$125; Saturday and Sunday, 11/17-11/18; 8a-5:30 p (1 1/2 hours for lunch on own) George R. Brown Convention Center; CE: Clinically Related Operations. This 16-hour course is the introduction to the position of the Ambulance Strike Team (AST)/ Medical Task Force (MTF) Leader. The information presented in this course does not qualify individuals for the position of AST/MTF Leader, but does introduce

WEB EXTRA

Want more?

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

Preconference classes

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



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

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

the concepts. After taking this course, participants are encouraged to develop their skills further through continuing education and experience. Prior to attending this course, participants should be certified to the ICS 100/200 level (ICS 300 preferred) and complete NIMS training. Instructor: TEEX EMS Staff. For more information contact Tony Garcia at tony.garcia@teexmail.tamu.edu or (979) 458-3401.

The Emergency Pediatric Care (EPC) - Combined Provider and Instructor Course:

\$200; Saturday and Sunday, 11/17-11/18; 8a-5:30p (1 1/2 hours for lunch on own) George R. Brown Convention Center; CE: Special Considerations. This NAEMT Course is designed as true continuing education for professionals interested in enhancing their pediatric assessment and treatment skills. Rather than simply reviewing basic skills, this 16-hour course goes beyond the traditional DOT material, making it useful for caregivers at all levels and experience. The Emergency Pediatric Care Course (EPC) is an in-depth study of the pre-hospital care of injured and ill children. This course emphasizes a pragmatic approach and format, based on teaching providers a problem-focused, assessment based approach while concentrating on what they need to know. The curriculum allows for a minimal amount of lecture and an ample amount of actual hands-on practice using case-based scenarios. The material covered in the resources supplements the cognitive material delivered in the program. Because medicine is ever changing, periodic revisions and updates will occur as the scientific and medical fields uncover new advances and techniques. Taught by Robert K. Waddell, II. For more information contact Robert K. Waddell at bobwaddell@bresnan.net or (307) 920-2020.

Outdoor/Rescue Classes

High Angle Rescue: \$125, Saturday, 11/17, repeated Sunday, 11/18; 8a-5p; Off-site (meet at Hilton at 7:15a for bus transport); CE: 2-Prep, 2-Pt. Assess, 4-Trauma. This 8-hour course focuses on working in a high-angle environment. This course covers description of basic equipment used in high-angle rescue, rappelling, belays, simple hauls and lowers, and self-rescue techniques. Students will be required to bring: sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat), canteen or water bottle. Lunch provided. For information on class content contact John Green at john@texasroperescue.com. **Note: one-day class. Class repeats on Sunday.**

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

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

And now, back by popular demand ...

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

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

Profile: EMS Compliance – South Group

The EMS Compliance South Group extends across south central and west Texas, with offices in San Antonio, San Angelo, Midland and El Paso. Eight staff provide technical guidance and regulatory services to more than 160 licensed EMS providers and countless certifiants, across sixty-five counties, three health service regions, five trauma service areas, and two time zones. Staff actively participate in the regional advisory councils (RACs) and provide regional and local public health information and services. EMS Compliance is part of the Patient Quality Care Unit in the Health Care Quality Section. The Section is in the Division of Regulatory Services. Kathy Perkins is assistant commissioner for the Division; Renee Clack is director of the Section; and Derek Jakovich is director of the Unit.

Thanks in part to the leadership, guidance and support we receive from upper management, and most importantly, the trust bestowed on us by the EMS community, the EMS compliance groups, along with the OEMS/TS, are committed to carry out our responsibilities in a fair and consistent manner. The South Group is made up of experienced, diverse individuals, each contributing their skills and styles to serving the EMS community and the citizens of Texas.

Fernando Posada – San Antonio Manager – South EMS Compliance Group
Past/current EMS certifications



South group staff include, from left, front row, Maricela Morales and Carolyn Rutherford, back row, Tim Archuleta, Fernando Posada and Lew Dessormeau.

EMT (1980), EMT-P (1986), LP (2000), LP – Inactive (2006)

How long in EMS?

32 years

USAFR (Ret.)/Senior Medical Technician, RED HORSE (SME)

How long with the state?

22 years

Houston (12 years)/San Antonio (10 years)

Phone Number/email address

(210) 949-2052

fernando.posada@dshs.state.tx.us

Tim Archuleta, Lew Dessormeau, Maricela Morales and Carolyn Rutherford – San Antonio

The San Antonio office provides guidance and regulatory services to approximately 90 licensed EMS providers throughout 25 counties of south central Texas. RAC P, South Texas Regional Advisory Council, (STRAC) and RAC T (Seven Flags) are integral partners in promoting public health issues, safety awareness and injury prevention.

Tim Archuleta

Past/current EMS certifications

EMT-B

How long in EMS?

15 years

How long with the state?

One year

Phone number/email address

210-949-2148

tim.archuleta@dshs.state.tx.us

Lew Dessormeau

Past/current EMS certifications

EMT-B (1992); EMT-I (1993); NREMT-I (1993); EMT-P (1995); NREMT-P (1995); LP (2003), EMS instructor, field training officer, BLS/ACLS instructor; PHTLS instructor; fire fighter; flight paramedic.

How long in EMS?

15 years

How long with the state?

Three years

Phone number/email address

210-949-2007

lew.dessormeau@dshs.state.tx.us

Maricela Morales

Past/current EMS certifications

None currently

How long in EMS?

With the EMS compliance office for 3 years

How long with the state?

12 years

Phone number/email address

210-949-2189

maricela.morales@dshs.state.tx.us

Carolyn Rutherford

Past/current EMS certifications

ECA (1980), EMT (1980), EMT-I (1981), EMT-P (1982), LP (1999), instructor (1985), basic coordinator (1986) advanced coordinator (1999); master level firefighter

(1993), intermediate level fire service instructor (1990). Still work in a rural volunteer fire department as a firefighter, organization's secretary and training officer, and have worked as paid and volunteer firefighter in both rural and suburban areas.

How long in EMS?

27 years

How long with the state?

A little over four years

Phone number/email address

210-949-2145

carolyn.rutherford@dshs.state.tx.us

Raul Guerrero – El Paso

The western-most field office is located in El Paso, which borders the state of New Mexico and the country of Mexico. The El Paso field office is primarily responsible for coverage in Public Health Region 10, which has six of the largest counties in the state. There are 14 EMS



Guerrero

providers and one registered first responder organization within Region 10. Two of the providers are from out-of-state but respond in Texas. Jeff Davis, Presidio and Brewster counties belong to RAC-J and El Paso, Hudspeth and Culberson counties belong to RAC-I. RAC-I is the only bi-state RAC and includes EMS providers from southern New Mexico. RAC-I has recently

established a true communications system by strategically placing repeaters in locations in west Texas and southern New Mexico that allow all providers in the area to communicate with each other and the hospitals located within the RAC territory. A provider can communicate via mobile radio from the I-10/20 junction to the New Mexico/Arizona border or to Santa Fe control. Due to the vast unpopulated areas within Hudspeth and Culbertson counties, this tool is invaluable to all providers in that RAC.

Past/current EMS certifications

EMT (1993), EMT-I (1994), EMT-P (1996), instructor/examiner (1996), licensed paramedic (2000), basic coordinator (2002) ACLS/PALS instructor; AHA BLS instructor

How long in EMS?

14 years

How long with the state?

Two years

Phone number/email address

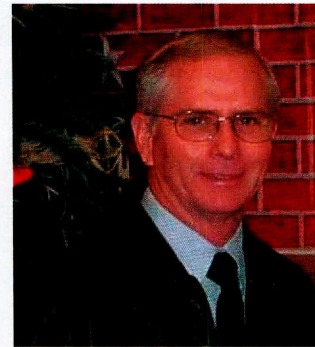
(915) 834-7709

raul.guerrero@dshs.state.tx.us

Charles Smith - Midland

The primary area of responsibility of the Midland office is 16 counties of the Permian Basin. The area is also home to Texas J RAC, which consists of 38 EMS providers and 21 hospitals. The Midland office is also responsible for seven first responders, six initial education programs and 11 continuing educational programs.

The Texas J RAC lists many achievements, including participation in hurricanes Rita and Katrina disaster relief; coordination



Smith

of Trauma Awareness Day with an attendance of over 7,000; establishment of Project Rescue Me with approximately 10,000 registered participants; sponsorship of Shattered Dreams presentations; participation in Yellow Ribbon suicide prevention; and child safety seat and seat belt programs.

Past/current EMS certifications

EMT (1977), EMT-P (1978), LP (2002), master fire fighter (1984), intermediate fire instructor (1984), graduate of the National Fire Academy Executive Fire Officer's Program (2002)

How long in EMS?

30 years, 28 years as EMS chief of the Midland Fire Department

How long with the State?

Six months

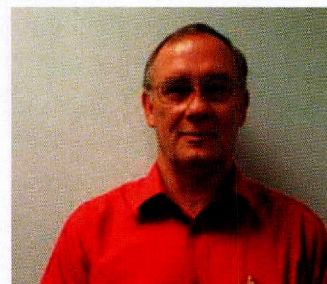
Phone number/email address:

(432) 571-4105

charles.smith@dshs.state.tx.us

Patrick Campbell-San Angelo

The San Angelo office opened in the Dr. Ralph R. Chase State of



Campbell

continued on page 43

by Dean Lofton



A new helipad in South Austin will speed up response time. Attending the opening ceremony are Erol Akdamar, CEO, South Austin Hospital; Dr. Paul Tucker, ED physician; Mike Gregerson, STARflight pilot; Willie Culberson, STARflight director of aviation; Dr. Steve Berkowitz, chief medical officer; and Noel Desapio, ED director.

New helipad improves treatment time

A new helipad at St. David's South Austin Hospital will improve response time for patients in South Austin, Buda, Kyle and beyond. STARflight, operated by Austin-Travis County EMS, will service the helipad. The area south of Austin has experienced rapid population growth which led officials to address the need for emergency services.

"If you live in Kyle, for instance, and you have a heart attack during the peak of rush hour traffic, an ambulance may not be able to reach you fast enough," said Steve Berkowitz, MD, chief medical officer, St. David's HealthCare. "Fortunately for Central Texans, STARflight can reach patients no matter what the traffic is like on IH 35."

Austin-Travis County EMS honor medics

Hundreds of awards and citations were handed out during the annual Austin-Travis County EMS awards ceremonies in May. Here are a few highlights from the ceremony:

The Medical Director Award was presented to Jason Gilliam in recognition of passionate commitment to the art and science of a clinically-sophisticated patient-focused field practice of medicine.

The Distinguished Clinical Performance Award, given to Traci Hardy and Howard Polden, honors ongoing, exceptional delivery of advancement of the practice of medicine.

The Distinguished Service Award acknowledges employees who consistently demonstrate and deliver exceptional service to the community or department. Yvonne Lewis, Chuck Morrison and Millie Zapata received this award.

The Meritorious Service Award recognizes events or actions that positively reflect upon the individual and the department. This award was presented to Scott Anderson, Larry Arms, John Costantino, Beau Durham, Freddie Garcia, Keith Noble, Jay Paladino and H. Thomas.

For a complete listing of the awards presented, please see the Web Extra at www.dshs.state.tx.us/emstraumasystems/webextra.shtm.

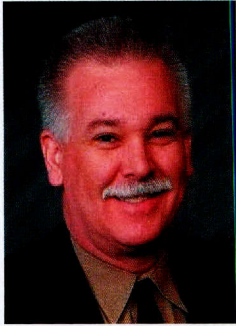


Representative Corbin Van Arsdale presents a state flag to Northwest EMS Chief Brian Petrilla in May when that service was recognized in a house resolution for its 26 years of service. The flag was flown over the Texas Capitol on May 7, 2007, the same day the resolution passed.

Northwest EMS honored by Texas House of Representatives

The Texas Legislature passed a resolution in May honoring Northwest EMS, Harris County Emergency Services District 8, for 26 years of faithful service to Texans. The Northwest Rural Emergency Medical Services Association was chartered in December 1980 by citizens of Tomball, Rosehill and Magnolia, with assistance from Tomball Regional Hospital. Since then the number of weekly calls to the service has tripled. Originally run by volunteers, Chief Brian Petrilla now leads a staff of 30 paid employees and 13 volunteers. The service was also the 2005 Texas EMS Private/Public Provider of the Year.

**GETAC
August 22-24
Austin Bergstrum
Airport**



George W. Hatch, Jr., EdD, LP, EMT-P, is the new executive director of CoAEMSP, an non-profit educational group that sets standards for EMS education programs nationwide.

CoAEMSP appoints new director

The Committee on the Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) announced the appointment of George W. Hatch, Jr., EdD, LP, EMT-P, as executive director of the nation's single accreditation body for EMS educational programs. The CoAEMSP is a non-profit organization responsible for the development and review of program standards for EMS education programs. Hatch took the position in June and brings to it more than 30 years experience as an EMS provider and professional educator. Most recently Hatch was a content level leader (resuscitation) in the National Association of EMS Educators project.

**Texas EMS
Conference
November 18-21
Houston**

Metroplex gets second mobile medical unit

Texas Health Resources, which operates hospitals in North Texas, recently debuted its second inflatable, portable hospital surge capacity unit. The first unit purchased serves Harris Methodist Fort Worth Hospital and Harris Methodist Northwest Hospital, and the newer one serves Arlington Memorial Hospital. Designed to supplement hospital resources in the case of an emergency, these portable hospitals will be used exclusively for emergency needs such as mass casualty events, quarantining patients with an infectious agent or communicable diseases, bioterrorism or a terrorist attack.

The 2,750 square-foot unit is equipped with negative pressure air-flow, providing isolation wards for patients who have

infectious or communicable diseases, insulated siding and climate-controlled temperatures inside the unit and self-sustained generators for inflation and electrical capacity for medical equipment. It holds 40 beds, two nurse's stations and other medical equipment. The unit takes four hours to assemble once on-site, and it can withstand up to 80-mph winds.

Arlington Fire Department manages the newer unit by providing storage, transportation, deployment, and logistical and operational needs. Arlington Memorial Hospital will provide medical staff and equipment when the unit is used. The unit is funded by HRSA grants, the city of Arlington and Texas Health Resources.



Arlington Mayor Robert Cluck, MD; Dinah Cannefax, director of Emergency Preparedness and Safety at Texas Health Resources; and Arlington Fire Department Battalion Chief Jim Self take a look inside the 2750 square-foot portable mobile medical unit, for use when hospitals have reached capacity, which could happen in a disaster.

Local & Regional EMS News

Acadian ambulance service wins communications excellence award

Acadian Ambulance Service won a 2007 Award for Communications Excellence in May from the Employee Stock Ownership Plans Association (ESOP) at the association's annual conference in Washington, D.C. ESOP is a national organization of companies with employee owners. Based in Lafayette, Louisiana, Acadian Ambulance Service has 210 Texas employees serving Orange County and Jefferson County. Acadian won the award for the company's "ESOP Man"



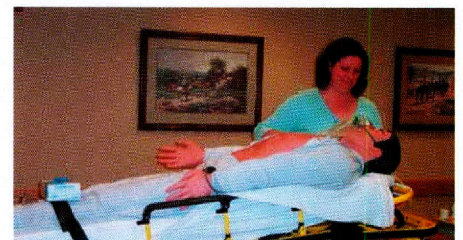
Acadian Ambulance recently won an award for a video created by its employees. Accepting the award are, from left, Keith Simon and Faith Ardoin, of Acadian; Michael Keeling, president of ESOP Association, which gave the award; and David Kelly and paramedic Marc Creswell, both of Acadian.

video, which employees wrote, produced and performed. The video uses a Batman theme to educate fellow employees on how ownership enhances their quality of service.

Piney Woods RAC hold seminar in Palestine

A free one-day seminar sponsored by Piney Woods RAC offered continuing education to first responders in that area. Speakers included: David Giles, assistant director of Palestine EMS; Mike Miriovskhy, director of clinical services for ETMC EMS; Sgt. Rudy Flores of the Texas Department of Public Safety; Kelly Cox, ETMC Air One flight nurse; and Helen Mintor, RN, PhD. Topics included health and wellness of the first responder, spine immobilization, forensics and the first responder, emergency response to active shooter incidents and community mental health issues in emergencies and disasters.

Palestine Regional EMS assisted with training. East Texas Medical Center Air One and Trinity Mother Frances Flight for Life flew in for the LZ course. Skill stations included spine immobilization, bloodborne pathogens, primary and secondary assessment and neurological assessment and documentation. Piney Woods RAC plans to offer the seminar again in the future.



JoAnn Peters, chair of the Clinical Education Committee in RAC G and trauma coordinator with ETMC-Tyler, leads a workshop at Piney Woods RAC First Responder Trauma Conference. First responders received continuing education at no cost.

Brazos Valley RAC ad promotes child safety

If there were a million dollars in your car, would you leave the vehicle unattended?

What about this question... if your child was sitting alone in the car, would you leave the vehicle unattended?

Actually, at least 9,000 children wind up in the emergency room due to injuries from being left alone in or near the car. You would never give your child a loaded gun, to play with so you should never leave her alone in the car?

The Brazos Valley Regional Advisory Council Reminds you, that a car is neither a toy, nor a babysitter.

Brazos Valley created this ad to run in a regional family publication as part of the RAC's injury prevention activities.

In time for the hot Texas summer, Brazos Valley Regional Advisory Council's new ad in *Family Magazine* reminds parents not to leave their children unattended in a car. The ad is a product of the Injury Prevention Committee of the Brazos Valley RAC. The ad was funded by HB3588 funds and tobacco funds. This ad, and others, will run quarterly in the regional magazine, which is distributed for free throughout the seven-county RAC. Texas leads the nation in deaths of children left in parked vehicles.

Local & Regional EMS News



Sealy High School Shattered Dreams program

Sealy High School gets realistic look at DWI

Austin County EMS presented its *Shattered Dreams* program to Sealy High School in May. The students witnessed a mock MVA with two dead on scene, one drunk driver arrested on scene and taken to jail by DPS and five taken to Memorial Hermann Katy Hospital. Four were transported by Austin County EMS ambulances and one was flown by Hermann

Life Flight. One patient was pronounced dead at the hospital. The drunk driver was later taken to the local justice of the peace where she listened to the parents of the two dead on scene and the dead on arrival and then received sentencing for her crime.

Eleven students were taken from class as “the walking dead” during the afternoon and transported, along with the accident victims, to the Cat Spring Retreat for an overnight stay. During the evening, the parents of these students were treated to a catered dinner, speakers and some debriefing from the day’s events.

The next day the students attended a memorial assembly, where they listened to the mother of a victim from a real alcohol-related accident, a recently-released inmate and a current inmate, both of whom were found guilty of intoxication manslaughter. Austin County has presented the program to the students at all three of their counties high schools.

South East Texas Trauma Regional Advisory Council hosts stroke experts

South East Texas Regional Advisory Council (SETTRAC) hosted a Stroke Soiree and Educational Forum in Houston in May. The events brought key leaders together to discuss common goals and identify leadership for an initiative to strengthen the stroke care network in the region. SETTRAC invited acute care hospitals and 9-1-1 EMS agencies in its eight-county region. Dr. James Grotta hosted the Stroke Soiree, which included emergency medical personnel, emergency department physicians, neurologists, interventional neuroradiologists and hospital administrators representing health care systems and EMS agencies. An educational forum followed the second day to give participants more information to take back to their hospitals and agencies. For more information see the Web Extra at www.dshs.state.tx.us/emstraumasystems/webextra.shtm.

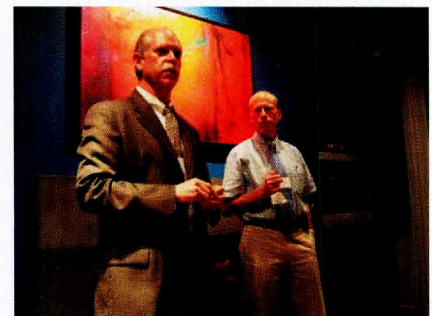
Are you mentioned in Local and Regional EMS News?

You need to be! Are you planning a fundraiser? A training class? A public education program? Do you have new people on board? Have you elected new officers? Send your news to:

Texas EMS Magazine
Kelly Harrell, Editor
1100 West 49th Street
Austin, Texas 78756-3199

or:
kelly.harrell@dshs.state.tx.us
(512)834-6700
Fax (512) 834-6736

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



American Heart Association Stroke Soiree offered fun and education at a May event highlighting stroke response. Dr. David Persse, medical director of the Houston Fire Department, and Dr. James Grotta, UTHSMC, Neurology Department chair were two of the hosts for the event.

The EMS experience

Saluting those with 20 years or more in EMS

Ron Dille, EMT Austin County EMS and Fort Bend County EMS

What was your first day on the job? My first 24-hour shift as a crew member was January 1, 1982, with Fort Bend County EMS, and my first day as a full-time employee was March 1, 1982. I had ridden out as a third crew member on these same ambulances as a volunteer with the Orchard Volunteer Fire Department for approximately two years before that.

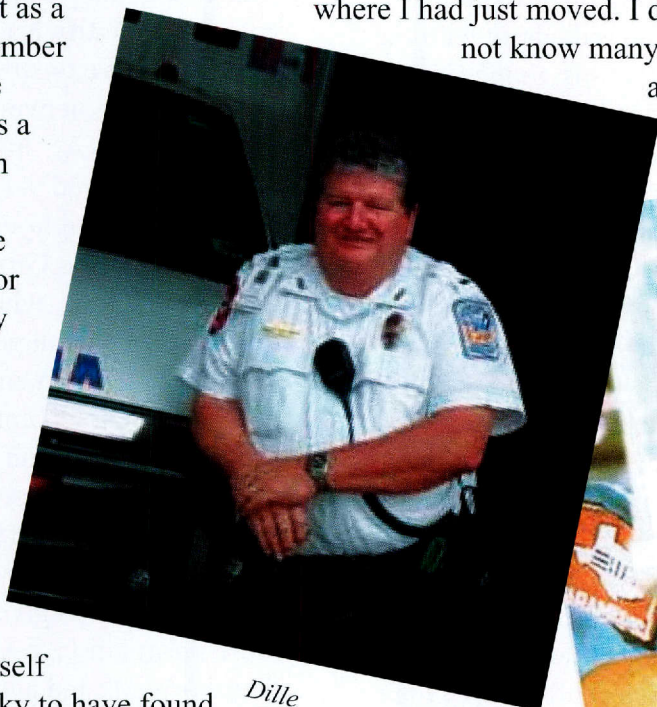
Which services have you worked for over the years?

I consider myself extremely lucky to have found just two EMS agencies and one volunteer fire department during my career. I was a volunteer firefighter with the Orchard Volunteer Fire Department for several years from the late 70s into the middle 80s and then again in the early 90s. I worked for Fort Bend EMS and, in 1994, I went to work at Austin County EMS, where I soon stepped into the role of EMS director. Along the way, I did some contract work with a private provider in Houston who

staffed some of the thrill shows at the Astrodome.

Why did you get into EMS? I got into EMS by accident. I was actually building a feed store in the small town of Orchard (303 people) where I had just moved. I did not know many folks around

where I was first on scene and could do nothing, I decided it was time to learn. Luckily Fort Bend County EMS agreed to put on an EMT class, for free, at our fire station, and I expanded the idea of helping my neighbors to the idea of helping anyone who asked for help.



Dille

so I joined the fire department and fell in love with the idea of neighbors helping neighbors. I trained as a firefighter and assisted EMS at wreck scenes, farming accidents and in people's homes. I quickly realized I knew absolutely zero about anything medical except what my mother had taught me or from my stint in the Boy Scouts. After a couple of fatality accidents



I began learning as much as I could and began riding "third party" on the county ambulance as much as they would allow, which was several times a week. I have often thought the reason I was hired full-time was so they would not have to see me as much. My passion just grew stronger with each passing day and it remains like that today.

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

Technologically and educationally we have advanced incredibly over the past 25 years, but I do not know if we have actually improved our patient care as much. I feel as a profession, we have lost the passion and compassion that once made us stand apart. While the heart and soul of EMS remains, I am afraid there are a growing number of medics who have replaced patient advocacy with patient complacency. I am even more afraid the patient care drive is sometimes replaced by the business drive.

The equipment and diagnostic tools available today are absolutely incredible and certainly give us an edge we never had before, but only when used in conjunction with the actual compassionate, one-on-one, hands-on pre-hospital medicine. The best equipment in the world is extremely limited if we do not listen to what the patient is telling us.

Has EMS improved overall since I first became an EMT? Absolutely, and the technical side will continue to improve. But let's make sure the compassionate art of holding someone's hand, or cleaning them up after an accident to help them maintain their dignity, or putting their dog out, or putting away their items in the refrigerator, will never die. Remember, they are inviting us into their lives. Let's not take that invitation lightly.

Was there a particular

moment or call that stands out?

I have been involved in many potential tragedies that have turned into joyous occasions and even more situations where I could not change the grief a family was experiencing. Unfortunately, as I drive through our community I remember most of them, even 25 years later, as I recognize locations and citizens involved.

I must say though the particular moment that stands out was the look in my young daughter's eyes as I was leaving my house on a stretcher and wondering if I would ever see those eyes again. On July 3, 1998, I was picked up by Austin County EMS and transported to a local hospital after suffering a significant heart attack. I was stabilized at the local hospital and transferred by air to Houston where I had an emergency heart catheterization. All I can say is thank God for the EMS system we have all built together here in Texas. Everything worked perfect for me; my wife would not listen to me and called for an ambulance anyway; the EMS volunteers in my community were at my side in a matter of minutes providing basic care; and a paramedic arrived just a few minutes behind them, loaded me into the ambulance and initiated advanced care while transporting me to the hospital. Our community hospital ER transferred me quickly by air ambulance to Houston. I was later told I was not a very good patient. The best part of all of this

is that not only did I look into my daughter's eyes again, but since then I have seen those same beautiful eyes in her son as I held him in my arms.

Another part of this story that I am very proud of is that I was extremely concerned after my heart attack about what would happen in Austin County without me there. Who would run the county and make sure the calls were run and the reports were completed and the supplies were ordered and the employees were paid and, and, and... Guess what? Everyone stepped up and did not only their own job; but also part of mine. Everything got done, including final preparation of the budget. It proves that in an EMS organization, when everyone works together, the organization can run itself.

What was your favorite part of your career in EMS? I don't really have a favorite part of EMS because every day is better than the day before. I truly learn something every day, be it from the seasoned veterans, untested rookies, firefighters, police officers, patients, nurses, doctors or even my bosses. I enjoy teaching very much whether it be EMS education or public education. My passion still burns strong for EMS. The profession has a bright future – if we don't forget the past. Please take someone under your wing and be a mentor as those did for us so many years ago. ●

Pediatric Case Review: Choking in a 3-year-old

Glenda Grawe, MD

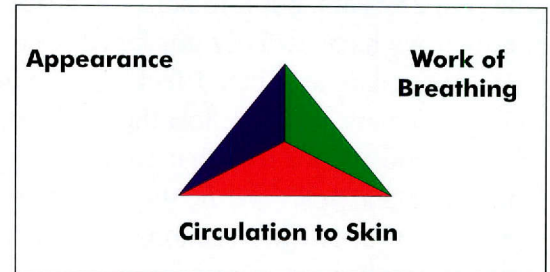
Paul Sirbaugh, DO

Manish Shah, MD

Does the thought of a pediatric call make you hyperventilate? Is there any way to make the prehospital triage, evaluation, management and transport of the pediatric patient less anxiety provoking? In an attempt to reduce at least some of that anxiety, we introduce something new to *Texas EMS Magazine* – The Pediatric Case Review. Occasionally we will present an interesting prehospital pediatric case from beginning to end and include an interactive piece as well as a discussion section. This issue the Baylor Pediatric Prehospital Group will walk us through what appears to be one of the most common presenting complaints for the EMT — the choking child. The discussion will reference techniques in assessment and treatment demonstrated in the Pediatric Education for the Prehospital Provider (PEPP) Manual, the primary text for the course for prehospital providers developed by the American Academy of Pediatrics.¹

Keystone to the principles taught in PEPP is the Pediatric Assessment Triangle (PAT)¹.

The PAT is an initial “general impression” of the child using a developmentally appropriate approach. It is performed before you even touch the child. The triangle has three features: appearance, work of breathing and circulation. From your initial impression you can then establish a level of severity, determine the immediate need for life support, and the general type of physiologic problem (i.e. in shock vs. not in shock).



Pediatric Assessment Triangle

Case Progression

Questions/Concerns

Appropriate Responses to Questions and Concerns

Dispatch

Difficulty breathing, choking child. Three-year-old choking on possible food substance. Unknown duration. Adult caretaker states child is breathing, but uncooperative.

What other questions would I like to know from the history?

Remember SAMPLE (see box, page 29). Dispatch can help with this, too. A definition of uncooperative would be helpful, as well as if the child is breathing, conscious or if any interventions have been attempted.

BLS Scene Arrival

Apartment bedroom, adult male with 3-year-old girl on the floor partially wrapped in a towel, naked, listless, agonal respirations, gray coloring.

What do you know immediately from your Pediatric Assessment Triangle (PAT)? Is this what you expected from the dispatch report?

This child is near arrest and the PAT suggests shock.

BLS Assessment

Child does not respond to verbal greeting or vigorous stimulation/pain. Respirations are gasping and become absent while vital signs are obtained. Pulse is 40, difficult to detect and weak. Pulse oximetry is not reading well and intermittently gives a SaO₂ of 60 percent. Capillary refill is >5 seconds. Unable to obtain a blood pressure. The child has bruising on the chest and abdomen.

Check ABCDE (airway, breathing, circulation, disability/level of consciousness, expose/evaluate)

Why is she naked and why the bruising? Can coloring of the bruise tell you age of the incident?

Do you wait for ALS or load and go?

A: Given history this may be the cause of her respiratory failure
 B: Not breathing
 C: Shock
 D: AVPU=U
 E: Naked and bruises of varying colors

While numerous studies have tried to date bruising no scheme has been proven consistent. When recording bruising, it is best to describe size, color and location and not attempt any correlation with dating.

This will differ for each agency. In larger cities, ALS might be dispatched with BLS – in smaller, rural areas there may only be BLS response available.

BLS Intervention

Jaw thrust maneuver does not change respiratory effort. No foreign body is observed with minimal secretions and no vomit. She is easily ventilated with bag-valve mask (BVM). Few crackles are heard with initial BVM, but clear, aeration is equal bilaterally. Heart rate and pulse are difficult to detect and AED is placed (no shockable rhythm reported). Chest compressions are initiated. Pulses present with CPR. CPR is continued, rechecking AED rhythm every five cycles.

What is your priority until ALS arrives?

Current AHA guidelines stress “hard and fast” chest compressions with minimal interruptions. In pediatric patients respiratory failure is a common initial pathway to arrest. In this case, dispatch reported choking, suggesting respiratory failure would be the reason for this child’s condition. Remember, children with primary respiratory failure recover quickly with only airway and breathing support unless the insult was prolonged and children have become profoundly acidotic.

ALS arrival and assessment

A 3-year-old naked girl in cardiopulmonary arrest, currently receiving CPR, color is ashen, body appears flaccid. Findings on exam consistent with BLS observations. Only available history is choking. Mother’s boyfriend is on scene. Mother is reportedly en route from the grocery store. BLS on scene for 10 minutes, CPR in progress for approximately eight minutes.

ABCDE:

A: Good mask seal with BVM, mild stomach distention
 B: No spontaneous respirations. Good chest rise with BVM 100%O₂
 C: Compression pulse is palpable during CPR; however, color remains ashen, possible hypovolemia
 D: Remains unresponsive: AVPI=U
 E: Exposure suggest possible trauma

ALS Intervention

Intravenous access was obtained in the right antecubital fossa on the first attempt. Glucose 98. Cardiac monitor was placed, sinus bradycardia, unable to palpate pulses. CPR continued.

Attempts/time to place an IV?

Two attempts or 30 seconds.

What intervention(s) do you consider?

Vascular access and airway management with minimal interruption in compressions.

What are the current PALS guidelines for further intervention at this point?

Current PALS guidelines give the option of placing an advanced airway and are determined by medical direction for your group. Once access is gained, administration of epinephrine at 0.01mg/kg every 3-5 minutes, after rhythm evaluation, and continued chest compressions.

What are your other options?

Interosseous access delivers medication very effectively, but become easily displaced and must be adequately secured. If airway is established, access through the endotracheal tube (ETT) could be considered, but is not recommended if other avenues such as an IV or IO are possible.

Endotracheal intubation was performed on first attempt.

Cuffed or uncuffed? What size ETT?

Most systems utilize uncuffed ETT in children less than eight; however, in children beyond the newborn period, cuffed ETT may be used if cuff inflation pressures are less than 20. The preferred method is length based, but if not available the following calculation can be used, or the size of the patient’s little finger may serve as a rough guide.
 Uncuffed ETT size = Age(yrs)/4 + 4
 Cuffed ETT size = Age(yrs)/4 + 3

If you could, would you RSI?

The advantage of RSI is to reduce muscle tone and laryngospasm. Some RSI meds also reduce associated increase in intracranial pressure. Child was obtunded and flaccid; no report of trauma, but this child may be at risk of an anoxic brain injury and increased intracranial pressure.

Endotracheal intubation was performed on first attempt.

No foreign body or food particles were noted when tube was passed through the cords.

Placement was confirmed: ETCO₂ of 75, positive mist in the tube, bilateral breath sounds confirmed after no air movement in the stomach-however stomach was distended.

Monitor continues to show sinus bradycardia and possibly faint rare palpable pulses. CPR continues with BLS assist.

Epinephrine was given in three successive rounds. Med control requested papillary exam followed by a dose of atropine along with a fluid bolus of NS. Before atropine pupils were 5mm and nonreactive.

Wide complex bradycardia on monitor, no pulses. Transport to Children's Hospital.

What does an ETCO₂ of 75 mean?

Why is the abdomen distended?

What else should you consider?

What is this?

Do you pause for ventilation now that the ETT is placed?

What is the dose of Epi to fluids?

What weight would you use?

Why papillary exam?

Why atropine? What dose?

Why the fluid?

Is the child adequately exposed for evaluation and are there findings that suggest etiology of the arrest?

While ETCO₂ of 75 is high, elevated ET CO₂ is correlated with better return of spontaneous circulation (ROSC). It is an indication of circulation of the lungs and effective CPR. Low CO₂ may suggest esophageal intubation (no CO₂ exchange in the stomach) or that circulation is insufficient and is correlated with a poor prognosis.

BVM was performed prior to ETT placement.

Orogastric decompression should be considered.

Pulseless Electrical Activity (PEA)

No

Epi 1:10,000 0.1 mL/kg
NS 20 mL/kg

Weight based on length of tape; or 3-year-olds weigh about 13 kg or 30 pounds.

Atropine causes papillary dilation.

In this case the medics thought they may have palpated a pulse and it was opted to try a dose of atropine (PALS brady algorithm). Atropine 0.02 mg/kg, min dose 0.1 mg max dose 1 mg.

Remember the 5 H's and 5 T's

Hypoxia/Hypoventilation, Hypovolemia, Hypothermia, Hypoglycemia, Hypokalemia (or hyper), **Tamponade, Toxins, Tension** (pneumothorax), **Thrombus, Trauma.**

Children's Emergency Center

On arrival to the hospital CPR continued. Sinus bradycardia on monitors with no palpable pulses.

ETT placement verified by direct visualization and CXR.

Additional IV access obtained. Labs drawn.

Additional three rounds of epinephrine given.

pH 6.79 reported from stat blood gas.

Team review of current status. Child remains unresponsive to pain; pupils fixed and dilated total resuscitation time in excess of 45 minutes with no pulses.

Consensus of team to terminate resuscitative efforts on arrival of family. Code terminated after family discussion.

How is code termination determined?

No predictors are proven to predict survival in children. Children with a witnessed collapse, bystander CPR and rapid arrival of EMS have a better chance at ROSC. Prolonged efforts may be considered in patients with recurrent or refractory ventricular tachycardia/ventricular fibrillation (VF/VT), toxic exposures or hypothermia. In this case the child had PEA, no palpable pulses and no response to interventions.

Always be thinking, "What else could be going on?" Keep an open mind and continually reassess as more information comes available. Previously healthy 3-year-old children don't just die.

Case Review:

The boyfriend stated he was “cleaning her up” when the choking started. He did not give any further description. He had called the mother on her cell phone and later called 9-1-1 when the child would not respond, stating this was what the mother told him to do. He waited to call 9-1-1 hoping she would become more “cooperative.” On the physical there were some discrepancies with what the medics found and what the boyfriend reported as to what had happened. There was no stridor with the agonal respirations she had initially, plus there was no resistance with the BVM. In addition, the basic medic asked the paramedic when the child was intubated if there was “anything” in the airway, then asked the boyfriend what the child had choked on. The answer was tortilla chips. It was in the morning, and there was not any evidence of tortilla chips on or near the body. The boyfriend said he had been “cleaning her up” when it happened and that’s why she was naked in the towel.

These discrepancies were reported to the docs at the hospital and most importantly **recorded** in the run sheet.

Police were contacted and the investigation began in the ED. Autopsy revealed massive internal hemorrhage from abdominal trauma. No evidence of foreign substance in the airway.

These actions made the difference in the conviction of the abuser in this case.

If you question what you see, document it! Such as the 3-week-old who “rolled onto the carpeted floor” and now has a bulging fontanel and rib bruises; and the 6-month-old with the displaced femur fracture from what appears to be a minor fall. Others will see the contradictions as you did. If you write only your observations of the scene and the child you will make a difference. This is a role that is often not stressed in training, but is invaluable for the care of children.

Good work!

Reference:

¹American Academy of Pediatrics: PEPP: Pediatric Education for Prehospital Providers, Second Edition. Sudbury, MA, Jones and Bartlett Publishers, 2006.

For more information on the prehospital assessment, management and transport of the pediatric patient, please reference PEPP (www.peppsite.com).

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Questions to make you think of the call in general:

When you arrived, is this what you expected from the dispatch report?

Why is the child naked and why the bruising?

Given the scenario, does the story fit?

Do you have any other concerns?

Anything else you want to know?

Are you sure there is no trauma history?

Is there something to be learned from this patient, something that doesn’t fit?

Why did this child die?

Points to make note of:

Delay in care is always a red flag.

The story does not fit, also be wary of the story that changes, record all of them.

Since the boyfriend is not the child’s father and the mother is not home, what is their relationship?

You cannot “infer” in your run sheet, but you can document what you found. Not all boyfriends are bad, but studies have shown a higher rate of abuse with non-related care givers...e.g., boyfriends.

Think about who is caring for the child and their relationship.

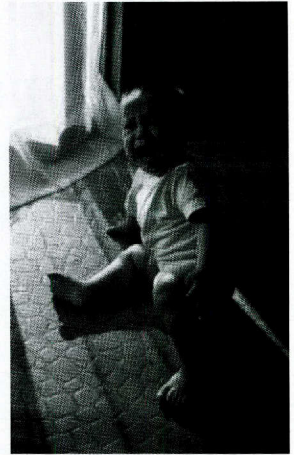


photo from Department of Family and Protective Services Child Abuse Prevention kit

Pediatric Sample Components

Component	Explanation
Signs and symptoms	Onset and nature of symptoms of pain or fever Age appropriate signs of distress
Allergies	Known drug reactions or other allergies
Medications	Exact names and doses of ongoing drugs (including over-the-counter, prescribed, herbal, and recreational drugs) Timing and amount of last dose Time and dose of analgesics or antipyretics
Past medical history	Previous illnesses or injuries Immunizations History of pregnancy, labor, delivery (infants and toddlers)
Last oral intake	Timing of the child’s last food and drink, including bottle and breastfeeding
Events leading to illness	Key events leading to the current incident or injury Fever history

All systems go

Response to tornadoes in Eagle Pass a team effort

by Kelly Harrell

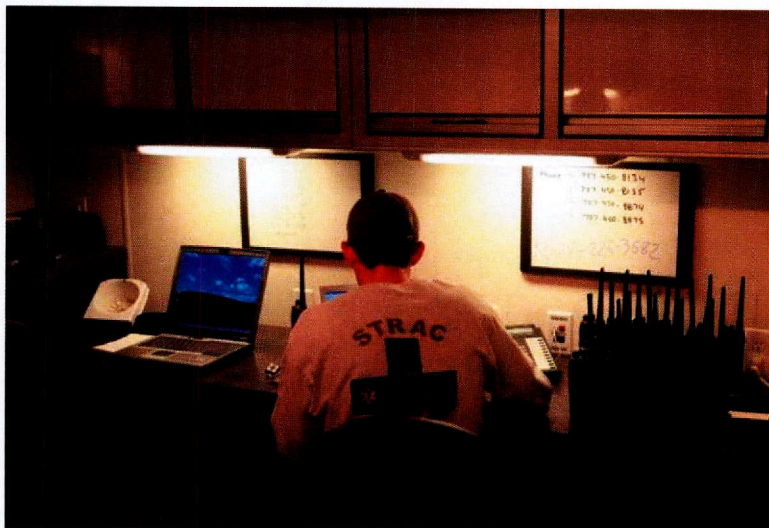
Early in the evening on April 24, EMS administrator Mike Farris settled in to watch *Deadliest Catch*, a cable TV show about fishing crews battling treacherous weather on the open sea. Farris also was watching the weather a little closer to home.

As emergency coordinator and administrator for several EMS systems

in Southwest Texas, he knew a powerful storm developing over the mountains of Mexico might mean trouble for his crews.

A few hundred miles north in San Antonio, staff from the Southwest Texas Regional Advisory Council (STRAC) and regional medical communications (MEDCOM) monitored the storm's progress. STRAC encompasses about 26,000 square miles and 22 counties, including Maverick County, which sits on the Mexican border.

A little after 7:00 p.m., Farris' phone rang. It was Eric Epley, executive director of STRAC. A strong tornado had just hit south of Eagle Pass in Maverick County before continuing northeast toward Uvalde. Hundreds of structures sustained damaged – which



The 38-foot STRAC command trailer was activated for the first time after a tornado tore through South Texas. Equipped with satellite technology and broadband internet access, the trailer allowed rescue personnel to download maps for search and rescue teams.

meant a potential for scores of patients. Several fatalities had been reported. Eagle Pass Fire and EMS, the authority having jurisdiction (AHJ), had called MEDCOM early on to request help. STRAC's 20-foot mass casualty (MCI) trailer and its new, 38-foot command trailer were on the way. Epley needed Farris to manage the ambulance strike team, which coordinates emergency responders from different jurisdictions under one command during a disaster.

"The idea is that it's not just a bunch of ambulances heading down there, but to have someone be a leader and to manage those assets, lessening the burden on Eagle Pass FD," says Farris, who chairs STRAC's Prehospital Committee. "An hour and 40 minutes after Eric called, I was in

Eagle Pass."

Farris jumped in his pickup truck, driving through storms to arrive around 9 p.m. He was in constant contact with staff at MEDCOM, who passed Farris' cell phone number to ambulance crews from Hondo, Utopia, Kerrville, Edwards County and Uvalde.

Meanwhile, Eagle Pass incident command began to get a clearer picture of the situation.

"En route to the scene, I found out that they needed us at the hospital to transport patients," Farris says. "I diverted ambulances to hospitals where we could do transfers."

Fort Duncan Medical Center, a level IV trauma center in Eagle Pass, was quickly inundated with dozens of patients. The strike team ambulances, aided by several private units already there, began transporting. Ten patients, three on ventilators, went by ground to San Antonio and Val Verde Regional Medical Center.

Adrian Davila, an EMT-I with Eagle Pass Fire and EMS for 11 years, was one of the first on scene. He also worked in the city's emergency operations center (EOC) during the event and saw how the system worked.

“As soon as something happens, we call MEDCOM and activate the system,” Davila says. “Everybody was impressed with this effort and rapid deployment.”

Farris and some strike team ambulances returned home before dawn. Many more people stayed behind. DSHS, the agency responsible for public and medical health in a disaster, sent a team of specialists from San



Ambulances from Hondo, Utopia, Kerrville, Edwards County and Uvalde responded to Eagle Pass in April as part of an ambulance strike team led by Mike Farris, an EMS administrator for several services in Southwest Texas.



The tornado that hit south of Eagle Pass on April 24 killed seven people and sent dozens to Fort Duncan Medical Center. Winds also damaged hundreds of structures.

Antonio to handle issues such as immunizations and mental health programs. DSHS and STRAC personnel, including six people from STRAC’s emergency operations division, helped the EPFD Incident Commander manage the search and rescue efforts. They also assisted with development of an incident action plan (IAP), a component of the National Incident Management System training. Responders set up headquarters in the command

trailer, funded by STRAC and bioterrorism funds from hospitals and the Centers for Disease Control and Prevention. Equipped with satellite technology and broadband internet, the trailer provided a way for rescue personnel to access vital information.

“We were able to download maps of neighborhoods and plot coordinates for search and rescue teams from the trailer,” Epley says.

After 48 hours, search and rescue efforts ceased. STRAC

personnel headed north in the trailer, while DSHS staff stayed on the scene 10 more days to assist with public and mental health infrastructure. The response earned praise from U.S. Health and Human Services Secretary Mike Leavitt, who heard about the response from news reports.

At final tally, the twister killed seven people and injured scores more. Winds and rain damaged hundreds of buildings in Eagle Pass and Piedras Negras. The city is still rebuilding. And the different agencies and organizations are ready to respond again, just like they planned.

“When Katrina happened, we came up with all these different ideas of how we could respond,” Davila says. “It paid off – all this training we’ve had, all this planning we’ve done.” ●

FAQ

Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

Q: My certification expired May 31, 2007. Can I choose any of the four recertification options to renew my certificate?

A: Yes. Applicants completing ALL renewal requirements **between the date of expiration up to one year after expiration date** can choose to renew by any of the four available options, but must **also submit a skills verification form** with their application. To see more information about the four renewal options or late renewal, you may view our website at: <http://www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm>.

Q: I am planning to renew my certification by taking the written exam. What happens if I don't pass the exam?

A: If the applicant fails the examination for recertification, the applicant may attempt two retests. For each subsequent retest attempt, an applicant may apply for and retest at a lower level, if applicable. Also, if an applicant who selects option 1 (written exam), attempts the National Registry assessment, and does not pass, she/he may not attempt recertification by any other option and will not qualify for inactive certification. An applicant who does not pass the third attempt at the National Registry assessment examination must successfully complete a formal recertification course; submit a course completion certificate from that course reflecting that the course was completed after the second retest failure; and must pass the National Registry

assessment examination. An applicant shall not qualify for more than a total of six attempts at the exam, in any combination of levels attempted, in accordance to Texas Administrative Code 157.37(b). For more information about the National Registry assessment examination, please contact the National Registry at: www.nremt.org.

Q: After checking the list of EMS personnel certifications on the website, CEDU is listed as a "modifier" after my name. What does this mean?

A: The modifier is the option you chose as your last renewal option. CEDU means continuing education. You will also see NTLR as a modifier. It means that person chose National Registry as their last renewal option. If no modifier is listed in that column and the column is blank, most likely that person was certified as an initial candidate. If you have questions about the certification query, please call our office at (512) 834-6700.

Q: I need to clear up my deficient application. What is the quickest way to get the corrected information to you?

A: You may fax your corrected application, a copy of your National Registry card, out-of-state verification forms (reciprocity applicants), FBI Federal background checks (reciprocity applicants), or a copy of your transcripts (for licensed paramedics) to (512) 834-6714. If you owe additional fees, you will need to mail a copy of your application and the owed amount to the address on the application.

FAQ

Frequently Asked Questions

Q: I just got a “notification” call from someone in my service area who just received an AED. Why are they calling us and how should we react to this information?

A: 25 TAC, Sec. 157.41 requires those who purchase an AED to notify the local EMS. It’s simply an arrangement to help your organization to be aware of AEDs placed in your service area, and could be an opportunity to educate and promote early response to cardiac events.

Q: What is a department-approved Emergency Vehicle Operations Course and where can I get information on courses provided locally? I saw that Texas DSHS EMS Health Media rental library has a video called “EZ-EVOC for EMS - 6494”. If all of the ambulance operators view this media, will this satisfy the department’s minimum criteria for all personnel who drive the ambulance to successfully complete a department approved EVOC?

A: Other than the coursework you received in your initial EMS course, DSHS doesn’t have formal requirements for EMS personnel to receive specific coursework in EVOC training. However, the administrator for the EMS provider who employs you will likely insist on training in this area if you are to be assigned to driving an EMS vehicle. The video you described that’s available from the DSHS Library would serve as an adjunct to continuing education (presented by an instructor), but probably wouldn’t normally be considered to be sufficient on

its own as initial or continuing education training material.

Q: Our newly appointed police chief is also cross-trained as an EMT-I and occasionally responds with our EMS. There have been a few concerns about him responding while he is on duty as an officer because of abandonment and neglect laws. We are capable of providing MICU, but our concern is when we are only running with two EMTs on our ambulance and he responds as well. Are there any laws or rules to protect him if he responds, but does not transport with the ambulance. How should this be handled?

A: If an advanced-level EMS responder initiates advanced care, she/he can only “hand-off” the patient to another individual who is certified/licensed to provide care at that level or higher. If the individual doesn’t hand-off appropriately and the facts warrant abandonment, the responder may receive disciplinary sanctions from the department.

The operational decision regarding police response including emergency medical care is one for your medical director, EMS administrator and possibly the attorney who represents your firm. Each individual is expected to perform patient care appropriate to the level of training received to achieve the certification/license. Although your question implies the police officer is “voluntarily” providing EMS care, the official, on-duty response of trained personnel would undoubtedly need to be authorized by the city police and EMS departments (and medical director), therefore, probably wouldn’t qualify as a voluntary response.

Culturally Competent Care in the Emergency Medical Services

Lynne Dees, MFA, LP, NREMT-P

When two paramedics and an EMT-B responded to a dispatch for an unconscious child, they found a two-year-old who was reported by his father to have collapsed while standing in the bed of the family truck with the man's father and brother. A neighbor trans-

lated information to the EMS crew because the Spanish-speaking parents were too distraught to speak English. The ambulance crew gathered information about the event, treated and transported the child to the pediatric trauma center. The child subsequently died after surviving on life support for three days.

Distraught over their son's death, the parents hired an attorney and filed a lawsuit. The father claimed that the EMS crew spent too much time on the scene to question the parents because they suspected child abuse. He stated that the rescuers saw that he and his family were Hispanic, acted in a discriminatory manner, and as a result did not provide appropriate patient care. Later the father stated to a newspaper reporter that he wanted the responders to treat him like a brother, but instead they treated his family like animals. The child was later found to have suffered a ruptured congenital brain aneurysm which, according to the attending physician, would have killed him even if it had occurred while he was in the emergency room. Although the medics were found to have acted appro-



priately, the family and city settled out of court for \$93,000, and all fire department personnel now undergo mandatory cultural sensitivity training.

In the United States, the population majority is shifting toward a diverse mix of individuals from various cultures, ethnicities, races and faiths. The U.S.

Census projections place Latinos as the largest minority group with 24.4 percent of the population by 2050, followed by African-Americans (14.6 percent), and Asians (8.0 percent) (United States Census Bureau, 2004). By mid-century, Caucasian European descendants will begin to constitute a population minority (Ikeda and Wright, 1998). In 2005, Texas became the fifth state with a majority of the population (50.2%) comprised of minority groups (United States Census Bureau, 2005), including 7.8 million Hispanics, 2.7 million African-Americans, 0.8 million Asians, 0.4 Pacific Islanders and Native Hawaiians, and 0.25 million Native Americans. As the minority population numbers have escalated, the variety of ethnicities and cultures has also increased. Newer immigrants are arriving from Korea, Central America, India, Pakistan (Frey, 1999) and other areas.

Several factors have contributed to the growth of the minority population in the U.S., including immigration, facilitated and increased international travel, high minority fertility rates and a decrease in Caucasian fertility rates (Juckett, 2005). Texas,

Objectives:

1. The learner will identify general concepts that influence a cultural group's perception of health, illness and healing.
2. The learner will define the concepts of culture, cultural competency and ethnocentrism.
3. The learner will differentiate between the concept of generalization and stereotyping when discussing beliefs, attitudes and behaviors of a cultural group.

along with the rest of the country, is experiencing minority growth from the influx of immigrants arriving from mainstream areas (Mexico) and non-mainstream areas such as the Middle East. The ethnic mix in Dallas and Houston has become quite diverse, while other metropolitan areas such as El Paso and San Antonio have large and growing Hispanic communities. EMS personnel in Texas respond to a large number of patients from a variety of cultures. Although cultural competency is not a simple skill or a set of do's and don'ts that can be learned overnight, several points may guide EMS personnel toward a better understanding of their patients.

Culture may be defined as the learned and shared beliefs, behaviors and attitudes by members of a group (Galanti, 2004). Groups are defined geographically, by profession, age, faith, values, ethnicity, race or heritage. Even EMS and other rescue personnel have a unique culture of their own. Each time rescuers respond to a call and walk into a patient's life, they are confronted with elements of the patient's culture, which play a considerable role in communication and medical care provided to the patient.

All members of a group do not assimilate their culture equally. The EMS provider should address patients, their family and bystanders on an individual basis rather than assuming all members share the same viewpoint. For example, all African-Americans do not eat "soul" food, and not all Latinos practice the Catholic faith or have large families. Not all Caucasians are uptight or dance without rhythm. People from a particular ethnic group or culture should not be pigeonholed, which leads to stereotyping. In the United States, most groups do not live in an isolated environment, but are instead influenced by many other factors. Culture is defined and shaped by multiple variables such as religion, politics, education, place of origin and socioeconomic status. To complicate matters further, some individuals adhere to more

than one culture or experience acculturation (adapting or borrowing mainstream practices from another culture).

An individual's culture has a direct effect upon health beliefs, values and practices. Culture also shapes our patients' confidence in and viewpoint of modern medicine and healthcare professionals. It also colors their self-assessment regarding the severity of their own ailments and willingness to take medicine or follow a diet or exercise regime. Most individuals who call 9-1-1 for medical care know what to expect and that they will be treated with principles of modern medicine. However, for some, EMS is called as a last resort, which may not only represent their sole contact with mainstream medicine, but also may conflict with their own belief system.

Beliefs regarding health, illness and healing vary among different cultures. Culture does not exist in a vacuum and depends upon the level of acculturation into the mainstream culture. While most American ethnic groups and minorities adhere to the traditions of preventive medicine such as visiting a physician when ill, taking prescribed medications when necessary, and calling EMS only for dire situations, some cultures follow a different set of practices. Many groups depend first upon their own resources within the family and community to maintain health and heal themselves when ill. The curandero (healer), sobador (massage therapist), herbalista (herbalist) and partera (midwife) in Spanish-speaking communities provide traditionally-accepted rituals and/or cures which may have been exhausted by the time EMS is summoned. Asian-American and Hispanic patients may practice hot-cold or other balancing therapy, and African-American and Native American cultures may rely upon prayer or offerings for healing.

Although most patients EMS providers contact are aware that pathogens, unhealthy lifestyles, and unsafe practices cause illness, some cultures may believe that illness results because of evil spirits, a perceived

injustice, lack of faith, immoral lifestyle, imbalances of the body and/or spirit (hot-cold or wet-dry), a great fright (*susto*), or a hex, curse, or envy (*mal de ojo*). Even if EMS personnel explain the medical cause of a condition with emphasis upon a good prognosis, the patient and/or his or her family may view it with great shame or embarrassment. In some cultures, cancer is considered a curse and a social stigma, and is kept secret from the community and even the patient (Thomas, Saleem, & Abraham, 2005). Members of other cultures may view illness as a personal family matter and resent the intrusion of EMS personnel, even if they themselves call 9-1-1 for help, which may seem perplexing and contradictory to the responding EMTs.

Unfortunately, the health status for minority groups in the United States is worse than for Anglos, even for those who possess sufficient health insurance (Institute of Medicine, 2002). Many individuals do not access health care regularly because of fear of deportation, lack of money, transportation, resources such as sick or vacation time and access to child care. Others mistrust the healthcare system, such as African-Americans who are keenly aware of past injustices. In the 1940s Tuskegee syphilis study in Alabama, physicians withheld syphilis treatment from African-American men in order to document the course of the disease to the men's deaths (Galanti, 2004). Many patients may refuse transport to a medical facility for similar reasons.

Individuals in some ethnic and religious groups such as African-Americans, Native Americans, Hispanics, Filipinos and Muslims may believe in fatalism and God's will, which deters them from seeking medical care for curable diseases and especially for cancer. Researcher Chen-Li Sung (1999) noted that Asian immigrants, who come from cultures with long traditions of herbalist or shamanistic healing, may not feel at a disadvantage if not seeking medical care from American physicians, or by not complying with prescribed medica-

tions, diets, medical tests and procedures, or attending follow-up doctor's appointments.

A language barrier prevents many individuals from accessing health care. More EMS personnel are making an effort to learn Spanish and the emergency services promote the hiring of Spanish-speaking providers. However, recent immigrants and those who live in tightly knit communities continue to experience an enormous language barrier when attempting to access health care.

In Asian populations medical personnel are highly respected. To disrespect or contradict them is a cultural taboo. This can create miscommunication when a patient who doesn't quite understand the EMT or paramedic merely nods affirmatively or states, "yes, yes." Such actions can be misconstrued that the patient understands that which is being told to him or that he has erroneously agreed to treatment. The distaste for contradicting authority figures may lead to the acquisition of inaccurate patient information or medical history when the EMT is interviewing and assessing the patient. Silence on the part of the non-English-speaking patient can be interpreted as open hostility by EMTs (Sung, 1999). Although often construed by EMS providers as manipulative, bilingual patients may revert to their language of origin in times of stress.

In many cultures, close-knit families such as the Roma (Gypsies) look after and take care of each other (Vivian & Dundes, 2004). One common source of consternation for EMTs regards the insistent answering of questions by family and bystanders when the EMT is attempting to establish level of consciousness by directly eliciting information from the patient. In a matriarchal culture such as some African groups, the oldest female may serve as the patient's spokesperson. Conversely, in a traditional patriarchal culture such as that which is seen in the Middle East, the EMT or paramedic may need to address the male

figurehead. However, in situations relating to 'women's problems,' that responsibility may be delegated to a female in the family or group. Personalismo, the establishing of personal relationships, is a concept essential in the Hispanic culture. Although utilized more in the clinical setting and less in the emergency setting, establishing *confianza* (trust) by acknowledging the patient's interests and/or family, especially the children, will increase cooperation by the Hispanic patient and family (Galanti, 2004).

The perception of space and time influences patients' communication with the EMTs and paramedics that respond to their call for help. Most patient-to-EMT contact occurs within a personal and intimate distance of four feet. Whereas middle class Anglo culture views such close proximity appropriate for patient care, similar close contact by family and bystanders may prove uncomfortable to the EMT or paramedic, yet may be the norm for other cultures.

Cultural mores of modesty practiced by traditional Muslim women may provide a conflict because touch and examination by an EMS provider of the opposite gender may be considered inappropriate. Cultural modesty deters many from seeking medical care in the first place; however, ambulance personnel may encounter such patients in vehicle accidents or catastrophic events.

Different cultures maintain varied interpretations of the concept of time which may affect their interaction with the healthcare system. Those from a Chinese or European heritage are more oriented to the past and to traditional values (Galanti, 2004). Middle class Anglos may be more concerned with the future which they exhibit by utilizing preventive care measures such as immunizations and regular check-ups (Spector, 2004). Many cultures, such as African-Americans, are oriented to the present rather than the future (Eshiett & Parry, 2003). EMS providers often become frustrated with patients who, because they

are not oriented to the future, miss clinic appointments, dialysis treatments, and fail to obtain prenatal and early medical care when symptoms first occur. Often patients summon EMS weeks after the onset of symptoms at the point where they have become unbearable, seemingly always at three o'clock in the morning. Poor and homeless populations are also generally more oriented to the present, as many have primary concerns of just surviving each day. Many are not compliant with medicines or follow-up care. With the inability to perceive the future, patients may not take their seizure or hypertension medications as prescribed because they feel fine on that particular day. Tuberculosis patients may not continue their antibiotic therapy because their symptoms have subsided. When interviewing a patient who is present-oriented, the EMT and paramedic must keep in mind that the patient may be unclear exactly when symptoms of a condition began or the time of their last dose of medicine.

Response to pain presents a challenging aspect to patient care. Individuals in some cultures remain stoic, even in the presence of severe pain, while others wail when slightly uncomfortable. In many Asian and Northern European cultures (Galanti, 2004), outward expression of pain designates shame or weakness. On the other hand, emotional expression of pain is accepted and expected in African-American, Hispanic, Jewish, Middle Eastern and Mediterranean cultures, especially during childbirth (Galanti). Unfortunately, the variation in expressing pain can prove difficult for the EMS provider who is attempting to assess and manage pain with analgesics. While the 1-10 pain scale is useful for gauging pain relief for a single patient, it is not useful for comparing pain intensity between different individuals.

Poverty is the culture most seen in EMS. Poverty drives health disparities more than any other factor and is associated with lack of information and resources,

substandard living conditions, increased risk-taking and poor lifestyle, lack of knowledge to cope with life's challenges, and diminished access to health care (Freeman, 2004). Currently, 12 percent of the U.S. population lives in poverty, and 15 percent lacks health insurance, with more ethnicities disproportionately poor (Freeman). Many of the challenging patients EMS providers encounter are members of the culture of poverty. Poor individuals have been viewed as ignorant, undereducated, uncaring and incompetent, but should be treated with the same dignity that all individuals expect and deserve. Poverty exists among myriad elements that complicate health issues that cannot be resolved solely by EMS providers. Poverty is a multifaceted condition which will require extensive governmental and societal changes beyond the scope of the short-term medical care provided by the emergency medical services. Patients in poverty suffer the same diseases as other patients, though their condition is usually encountered in more advanced stages or with combinations of disease processes, as they have not received preventive care or early diagnosis (Benson, 2000).

The homeless population exemplifies the extreme in the culture of poverty, and suffers the same disease complexities. Both poor and homeless people generally function in the present in a crisis mode. Acquiring food and shelter, rather than health care, are their first priorities, and filling prescriptions becomes secondary to accessing food. When disease reaches a crisis state, EMS is summoned.

Many poor and homeless have learned to manipulate the healthcare system to ensure their own survival, and they use EMS to help negotiate the system. Unfortunately, patient education by EMS regarding preventive care, the importance of proper hygiene, compliance with prescription medicines and avoidance of harmful substances such as alcohol, will have little influence on these groups of individuals.

Barriers may include an emphasis upon the present, poor life-coping skills, and often a bleak future outlook. Patients who do not have sophisticated skills to address their problems effectively or competently often do not address them at all and counter or anesthetize their stress by smoking, drinking or using substances. Unfortunately, this behavior only perpetuates the culture of poverty and/or homelessness, and proves frustrating to EMS providers who see simple solutions these patients do not. Assisting these patients in their daily chore of maintaining health for survival rather than attempting to teach them middle class interpersonal skills (Benson, 2000) should be the main emphasis of EMS. Inappropriate interpersonal exchanges by EMS providers exacerbate the culture conflict and language barrier, especially if EMS is the first and/or only contact that these individuals have with the American medical system.

Cultural competency refers to possessing knowledge of, awareness and respect for other cultures and ethnic groups (Juckett, 2005). Generalizations about a group refer to the awareness of cultural norms and serve as a starting point for the understanding of a group, keeping in mind that education, nationality, faith, socioeconomic status and acculturation influence individuals greatly (Juckett). Stereotyping, or assuming that every member of a culture or group believes, acts, and thinks alike, can result in negative community relations as well as poor patient care. Ethnocentrism, the belief that one's own culture is superior to others, can provide a barrier for optimum patient care in the emergency medical services. Assuming a patient has the same accessibility to resources and healthcare can blind the EMT or paramedic to the fact that unhealthy patient decisions are often made from lack of choice, not ignorance (Rosenthal, 2006).

Perhaps a more culturally sensitive approach to the Hispanic family in the opening scenario would have included an acknowledgement of the parents' distress

and fear, and an attempt to establish confidence (trust), with an expression of concern. Perhaps better communication and cultural knowledge would have prevented the mistrust and anger experienced by the family members after their son's death.

Emergency medical services plays a key role as the gateway for health care for many individuals, and can set the tone for the entire healthcare system for culturally competent medical care.

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Continuing Education

Culturally Competent Care in the Emergency Medical Services Quiz

- Many bilingual patients who call EMS use their native language because they
 - Are trying to hide information from the rescuers.
 - Want to maintain their language of origin and culture.
 - Are embarrassed about their English-speaking ability.
 - Feel more comfortable speaking their native language while under duress.
- A cultural reason for non-compliance with prescribed medications includes
 - Lack of current symptoms
 - Lack of money
 - Use of illegal substances
 - Orientation to the present
- What is the largest minority population in Texas and the United States?
 - Asians
 - African-Americans
 - Hispanics
 - Anglo-Americans
- Culture is best defined as
 - Members of a race
 - Beliefs and practices of a group
 - Members of a profession
 - Religion of an ethnic group
- Which comment best exemplifies a stereotype?
 - The African-American culture is oriented to the present.
 - The Latino culture is family-oriented.
 - Anglo cultures are future-oriented.
 - Asian cultures act respectfully toward authority figures.

- e. Native Americans are alcoholics.
6. The homeless population may not consider their health a priority in their lives because they
- Have easy access to free preventive care.
 - Have relatively few health problems.
 - Are too busy trying to survive each day.
 - Do not see the value in being healthy.
7. In order to best serve the increasing number of cultures living in Texas, the EMT and paramedic should
- Learn to speak as many languages as possible.
 - Spend time immersed in a foreign country.
 - Request work assignments in areas of diversity.
 - Be aware how cultural differences can cause communication barriers.
8. While assessing a woman wearing traditional Muslim clothing, you note that she will neither make eye contact with you nor speak to you. You should consider that
- You may first need to address the male family member.
 - The patient probably does not speak English.
 - She probably is not a hearing patient.
 - Muslim women are not allowed to speak to authority figures.
9. While attempting to assess a Latino patient, you note that numerous family members are hovered around her and are all talking at the same time. You should
- Stand up and shout, "Everybody out of the room!"
 - Attempt to complete your assessment amidst the chaos.
 - Summon the police.
 - Have your partner divert the attention of the relatives.
10. An ill-looking elderly African-American patient is adamantly refusing treatment and transport to the hospital because he is afraid he will die there. What is your best approach for the patient?
- Assert your medical authority so he will understand the gravity of his situation.
 - Enlist the help of family members to convince him to go to the hospital.
 - Promise him that he will be able to return home later in the day.
 - Respect his fears and allow him to discuss them.
 - Summon the police.
11. To communicate trust and caring to a non English-speaking family of a critically ill patient, the EMT provider should
- Attempt to enlist the assistance of a neighbor.
 - Avoid acknowledging the family's presence and perform only medical tasks.
 - Use gestures and speak loudly to the family.
 - Maintain eye contact, a look of concern, and promptly attend to the patient.
12. To many ethnic groups and diverse cultures, EMS providers are often viewed as
- Equals
 - Lower-class workers
 - Medical authorities
 - Threatening figures
13. Generally, members of a culture who have resided in the United States for an extended period of time become more
- Religious
 - Traditional
 - Acculturated
 - Resistant to change
14. You are attending to a traditional Native American woman who is currently in labor, and you are preparing to transport her to the emergency room. Which of the following relatives may be the most appropriate to accompany her in the back of the ambulance during transport?
- Husband
 - Daughter
 - Grandmother
 - Father
15. Which of the following situations demonstrates ethnocentrism?
- Telling a homeless patient to stop drinking and get a job.
 - Advising a mother that applying butter to her child's burns is harmful.
 - Suggesting to a patient that he may need additional medical care in addition to his curandero.
 - Discussing with a pregnant patient the benefits of obtaining prenatal care.

This answer sheet must be postmarked by September 3, 2007

CE Answer Sheet Texas EMS Magazine

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

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

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

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

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

Answer Form

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

- | | | | | | | | | | | | | | | | | | | | |
|-----|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|-----|--------------------------|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|
| 1. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 11. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | |
| 2. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 12. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | |
| 3. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 13. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | |
| 4. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 14. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | |
| 5. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | E. | <input type="checkbox"/> | 15. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 6. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | | | | | | | | | | |
| 7. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | | | | | | | | | | |
| 8. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | | | | | | | | | | |
| 9. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | | | | | | | | | | | |
| 10. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | E. | <input type="checkbox"/> | | | | | | | | | |

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

GETAC Recap

Note: For a more detailed recap of GETAC, go to <http://www.dshs.state.tx.us/emstraumasystems/WebExtra.shtm>.

The Governor's EMS and Trauma Advisory Council (GETAC) met Friday, May 25, 2007, in Austin. Written comments concerning the February 23, 2007 meeting minutes were provided requesting that 1) the Air Medical Committee's report to GETAC include the following: the committee chair reported that DSHS legal counsel informed committee members that the department is unable to require Commission on the Accreditation of Medical Transport Systems (CAMTS) deemed status as a condition for air ambulance licensure because states are pre-empted from directly or indirectly regulating areas concerning aircraft safety; and 2) both the Air Medical Committee's report and the combined Air Medical Committee/EMS Committees' report to GETAC include the following: the committee chairs reported that DSHS legal counsel informed committee members that portions of the draft EMS subscription rule may be in conflict with federal pre-emption laws. It was the consensus of the committee members that approval of the draft February 23, 2007, minutes be postponed until the document is edited to incorporate the two changes and the amended minutes reviewed again on August 24, 2007, at the next scheduled GETAC meeting.

Chair Edward Racht, MD introduced David L. Lakey, MD, DSHS state commissioner of health, and made a report. Kathryn C. Perkins, assistant commissioner for the Division for Regulatory

Services, Steve Janda, director of the Office of EMS and Trauma Systems Coordination, and Linda Jones, manager of the Texas EMS/Trauma Registry, made reports.

Air Medical Committee

– Chair Shirley Scholz reported the committee reviewed “lifeguard” helicopters, “prior permission required” helipads, and forwarded related questions to the CMS for an opinion on possible violations; discussed federally pre-empted items during state licensure survey processes and possibility of FAA and DSHS joint surveys of Texas air medical providers; and the possibility of a rule requiring hospitals to designate an area for helicopters.

Education Committee – Chair Jodie Harbert reported the committee discussed the Strategic Planning for EMS Education in Texas; and concerns about DSHS certification and background check processes. The Committee met with the EMS and Medical Directors committees later to discuss the Comprehensive Clinical Management Program (CCMP) rule.

EMS Committee – Chair Pete Wolf discussed the gurney car bill; delivering pre-hospital care reports to receiving hospitals; Trauma Systems database problems; and strategic planning for EMS education in Texas. The Committee met with the Education and Medical Directors committees later to discuss the CCMP rule.

Injury Prevention Committee – In the absence of chair Gary Kesling, committee member Rick Moore reported the committee discussed support for the Regional Advisory Council (RAC) Chairs and Trauma Registry funding. The committee will begin “The Multi-Team Impact

Project” to identify target injury populations, intervention and prevention programs, and evaluative tools.

Medical Directors Committee

– In the absence of chair Steve Ellerbe, DO, committee member Mitch Moriber, DO, reported the committee reviewed the Stroke Committee's draft recommendations; discussed EMS medical directors' concerns including stroke treatment effectiveness and the emergency transport plan; and discussed alternative standards on medical buses during disasters. The Committee met with the Education and EMS committees later to discuss the CCMP rule.

Pediatric Committee – Chair Joan Shook, MD, reported the committee discussed the national Emergency Medical Services for Children (EMSC) performance measures relating to a DSHS grant; support for data acquisition comparing Texas to the nation and developing improvement programs; essential equipment for ambulances; on-line and off-line medical control for EMS providers; and transfer agreements.

Stroke Committee – Chair Neal Rutledge, MD, reported the committee received a presentation pertaining to the history of the RACs; and overviews of the committee's current recommendations for a stroke emergency transport plan, Texas stroke center designation and recent legislative funding.

Other reports were given from the following: Disaster/Emergency Preparedness Task Force, EMS and Trauma Regulatory Task Force, DSHS Preparedness Coordination Council, Traumatic Brain Injury Advisory Council and Texas EMS,

Trauma, and Acute Care Foundation (TETAF). The Council also heard public comment.

For the complete reports on these committees and task forces, go to www.dshs.state.tx.us/emstraumasystems/WebExtra.shtm.

Action Items:

A motion was made by Vance Riley and seconded by Mr. Harbert to postpone approval of the February 23, 2007, meeting minutes until the next scheduled meeting in August. The motion passed unanimously.

A motion was made by Mr. Harbert and seconded by Ms. Scholz to endorse the CCMP draft document that was distributed to council members after it was modified by DSHS staff following discussion at the Education Committee, EMS Committee, and Medical Directors committee meetings. The motion passed unanimously.

A motion was made by Dr. Shook and seconded by Mr. Wolf to endorse and support the EMSC performance measure surveys that will be sent to stakeholders by Texas EMS/Trauma Registry staff. The motion passed unanimously.

A motion was made by Mr. Wolf and seconded by Dr. Shook to support the Trauma Systems Committee's recommendation that the current management structure of the Texas EMS/Trauma Registry and the challenges facing it be re-evaluated, and for the Council to work with DSHS to correct the issues. The motion passed unanimously.

A motion was made by Mr. Harbert and seconded by Mr. Riley to accept the recommendations from the Disaster/Emergency Task Force as presented, while recognizing that it is a "fluid document." The motion passed unanimously.

A motion was made by F.E. Shaheen to accept the recommendations for Title 25 of the Texas Administrative Code, 157. XX EMS Subscription Plans draft document. A friendly amendment was offered by Mr. Wolf to remove the language concerning the air medical providers and accept the document for ground ambulances in order to move forward to approve this document. Mr. Shaheen accepted the friendly amendment and Ms. Scholz then seconded the motion. The motion passed unanimously.

A motion was made by Ms. Scholz and seconded by Mr. Shaheen for the Texas hospital licensing rules to incorporate a process to ensure immediate and rapid access to the emergency department from a designated helipad, helistop, or other safe landing area for air ambulances at all licensed general hospitals. This helipad or other area must be available for use 24 hours a day/7 days a week. The helipad shall be of appropriate size and construction to allow any licensed air ambulance in the State of Texas to land safely. The process would be generally consistent with the requirements for trauma facility designation of all levels as defined in 25 TAC 157.125(x)(1)(2). A waiver process shall be incorporated to accommodate specific concerns. The waiver process shall have independent reviewers as well as a DSHS review process. The motion was passed unanimously.

A motion was made by Mike Click and seconded by Mr. Shaheen to accept the Stroke Committee's draft recommendations in the GETAC report to the legislature

and that DSHS begin drafting a rule. The motion passed unanimously.

Future meeting dates in 2007: August 22-24 in Austin, and November 17-19 in Houston, in conjunction with the 2007 EMS Conference.

Adjournment: The meeting was adjourned at 12:31 p.m. ●

continued from page 19

Texas Service Center four years ago. Prior to that, the Concho Valley providers were handled through the Midland and El Paso offices. The Concho Valley RAC, Trauma Service Area K, covers over 16,000 square miles, including 13 frontier counties in West/Central Texas. TSA K consists of 15 EMS providers, five registered first responder organizations, one air medical service, four education programs and several CE training programs. TSA K has 12 medical centers, with two Level III trauma centers and seven Level IV trauma centers. One of the biggest issues for emergency medical care in Concho Valley is time and distance between the medical facilities and EMS providers.

Past/current certifications:

EMT-B (1975), EMT-I (1996), instructor (1993), advanced coordinator (1998), AHA CPR instructor (1994), volunteer firefighter, EMT-P (1998).

How long in EMS?

32 Years

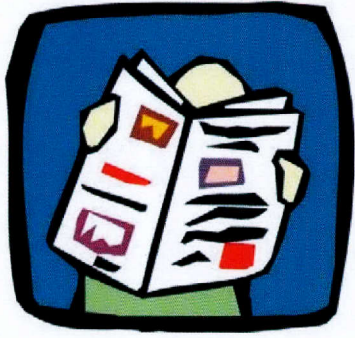
How long with the state?

Four years

Phone Number/email address

325-659-7854

patrick.campbell@dshs.state.tx.us ●



Did you read?

A Centers for Disease Control and Prevention study shows that despite improved oral health in most Americans, tooth decay in toddlers has increased. The study also revealed Mexican American adolescents have significantly higher rates of tooth decay than Anglo children.

If parents lost their teeth to decay as kids, they often just expect it to happen to their kids, too.

The CDC study reported tooth decay in children age two to five increased from 24 percent to 28 percent between the study's years of 1988-98 and 1999-2004. Factors impacting the increase include economic barriers, lack of insurance, inability to pay out-of-pocket costs and transportation issues. The phenomenon known as "baby bottle tooth decay," caused by prolonged contact with almost any liquid other than water, remains a factor despite health education campaigns to prevent it.

Dr. Kevin J. Donly, chairman of pediatric dentistry at the University of Texas Health Science Center said, "A lot of it has to do with educational levels. If a parent lost their teeth to decay as a kid, they often just expect it to happen to their kids, too. But as a profession we're really stressing now that we need to get kids in early – by their first birthday – a lot of this can be prevented."

From: *San Antonio Express-News*, "Decay on rise in mouths of babes," May 1, 2007.

Anticipating future demand, the Gulf Coast Regional Blood Center lowered the minimum age for blood donation to 16. Parental consent is required, and donors must be in general good health and weigh at least 122 pounds.

"The population is growing, baby

boomers are aging and there are more and more hospitals being built," said Dr. Susan Rossmann, chief medical officer at

The center is hoping to attract young donors who will continue giving blood throughout their lives.

the center, about the age limit change.

Less than five percent of the population gives blood. While there is no immediate crisis, a future shortage is inevitable. Fifteen states already allow blood donations at a younger age. Officials noticed 16-year-olds showing interest at high school blood drives. The center is hoping to attract young donors who will continue giving blood throughout their lives. From the *Houston Chronicle*, "Blood center allowing 16-year-olds to donate," May 3, 2007.

Does your body deserve the same quality of workmanship as your washing machine? Geisinger Health System of Pennsylvania thinks so and offers a warranty with surgery. The hospital system began an experiment in February 2006 of guaranteeing its workmanship by charging a flat fee for surgery that includes 90 days of follow-up treatment. If a patient has complications or has to return to the hospital Geisinger will not send the insurance company another bill.

Geisinger presented its first year results to the American Surgical Association in April. Since beginning to offer the warranty and focusing on elective heart bypass surgery, the hospital system has seen fewer patients returning to intensive care, patients spending fewer days in the hospital and found that patients are more likely to return to their

homes instead of a nursing home.

Called ProvenCare, the warranty program challenged Geisinger doctors to identify 40 essential steps in bypass surgery, and to establish procedures to ensure the steps would always be followed. Doctors can elect to not follow a particular step based on patient needs or new medical information. When the program began, doctors were performing all 40 steps only 59 percent of the time. Now an operation is canceled if any of the pre-operative steps are missed.

Dr. Donald M. Berwick, the chief executive of Institute for Healthcare Improvement, a national nonprofit organization with a mission of better patient care, said in almost no other field would consumers tolerate the frequency

In almost no other field would consumers tolerate the frequency of error that is common in medicine.

of error that is common in medicine. It's too soon to tell if the warranty concept will catch on with patients, doctors and insurance companies. From the *New York Times*, "In bid for better care, surgery with a warranty," May 17, 2007.

The buzzing noise and itchy bites aren't the only trouble mosquitoes cause. The pests can also be transmitters of the sometimes deadly West Nile virus. The DSHS Infectious Disease Control Unit statistics show more than 345 cases of the virus reported in Texas last year, with 233 of those cases developing into the more dangerous neuroinvasive form of the disease. About 80 percent of people bitten by infected mosquitoes may never exhibit illness. About 20 percent develop West Nile fever with symptoms of body

aches, fever, headaches and rashes in the torso area. West Nile fever is a milder form of the more dangerous virus, but still causes a serious illness often lasting

About 80 percent of people bitten by infected mosquitoes may never exhibit illness.

for weeks.

From *Killen Daily Herald*, "Mosquito season brings the threat of West Nile virus; learn some steps to avoid the illness," May 31, 2007.

Federal officials with the Centers for Disease Control and Prevention recently released guidelines for masks during a flu outbreak. Recommendations are carefully worded, saying surgical masks "should be considered" by anyone entering a crowd, and thicker industrial masks "should be considered" for anyone caring for the sick in the case of a flu pandemic. Officials

There is a concern that citizens will buy masks and create shortages for health care workers who need them more

are hesitant to use stronger wording because common sense calls for masks to protect against flu germs, but there is little science supporting mask use. There is also concern that citizens will buy masks and create shortages for health care workers who need them more. The federal government, along with many state and city health departments and hospitals are stockpiling masks. Masks are most useful on people who are already sick, to keep germs from spreading.

From the *New York Times*, "U.S. issues guidelines on use of face masks in flu outbreak," May, 4, 2007.



Did you read?

FYI

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

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

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

Acosta, Oscar, El Paso, TX. April 26, 2007, Reprimand, for violating EMS Rule 157.36.

Alexander, Christofer J., Allen, TX. July 7, 2006, Reprimand, for violating the EMS Rules 157.36.

Alfaro, Carlos M., La Vernia, TX. August 14, 2006, Reprimand, for violating the EMS Rules 157.36.

All Nations Group DBA Ang EMS, Houston, TX. September 30, 2006, assessment of an administrative penalty in the amount of \$9,750.00, for violating the EMS Rules 25 TAC §§ 157.11 and 157.16.

Allen, Roger L., Vernon, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

Anders, Scott W., Ponder, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.36.

Arguello, Luis, San Juan, TX. December 22, 2005 through December 22, 2007, 24 month probated suspension, for violating the EMS Rules 157.37 and Texas Occupation Code

Chapter 53 and the Texas Health and Safety Code § 773.061.

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

Barnes, Thomas E., Kerrville, TX. August 14, 2006, Revoked, for violating the EMS Rules 157.36.

Basra, Gurjeet K., Webster, TX. December 11, 2006, Reprimand, for violating the EMS Rules 157.36.

Bayou City EMS Group, INC., Houston, TX. April 17, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 157.11.

Bernal, Luis, Houston, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.

Bishop, Chance C., Lockhart, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.

Bishop, James T., Stephenville, TX. November 20, 2006, Reprimand, for violating the EMS Rules 157.36.

Black, Otilia O., Edna, TX. September 27, 2006, Reprimand, for violating the EMS Rules 157.36.

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

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

Border Ambulance, Carrizo Springs, TX. October 18, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.

Brasher, Jr., John L., Texas City, TX. August 3, 2006, Reprimand, for violating the EMS Rules 157.36.

Bray, Randall, San Antonio, TX. August 25, 2006, Revoked, for violating the EMS Rules 157.36.

Brown, Nicholas G., Portland, TX. March 22, 2007, Reprimand, for violating the EMS Rules 157.36.

Byrd, Michael W., Houston, TX. August 3, 2006, Reprimand, for violating the EMS Rules 157.37.

Cantu, John F., Arlington, TX. September 30, 2006, Reprimand, for violating the EMS Rules 157.36.

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

Carillo, Tito, El Paso, TX. August 25, 2006, Reprimand, for violating the EMS Rules 157.36.

Carmona, Jose E., Rio Grande City, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

Castro-Garay, Joseph, San Antonio, TX. September 11, 2006, EMT certification revoked, for violating the EMS Rules 157.36.

Christus Spohn Brooks EMS, Falfurrias, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.

Clarke, Russell G., Midland, TX. June 5, 2006, 19 month 26 day suspension, for violating the EMS Rules 157.36.

Classen, Trent M., Round Rock, TX. February 22, 2007, Reprimand, for violating the EMS Rules 157.36.

Clear Lake Emergency Medial Corps, Houston, TX. August 25, 2006, Reprimand, for violating the EMS Rules 157.11.

Clements, Elizabeth A., Tyler, TX. July 21, 2006, Revocation, for violating the EMS Rules 157.36.

Coastal Transportation Services, Inc., Victoria, TX. April 26, 2007, Reprimand, for violating EMS Rules 157.11.

Cobb, James E., Dallas, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.

Coleman County Medical Center, Coleman, TX. April 17, 2007, Reprimand, for violating EMS Rule 25 TAC §§ 157.11.

Collier, Nita F., Clifton, TX. November 20, 2006, 1 year suspension through November 19, 2007, for violating the EMS Rules 157.36.

Cooke County EMS, Gainesville, TX. August 14, 2006, assessed an administrative penalty in the amount of \$890.00 for violating the EMS Rules 157.11 and 157.16.

Cooper, Keith A., El Paso, TX. September 27, 2006, Reprimand, for violating the EMS Rules 157.36.

Crain, Chad E., Abilene, TX. February 24, 2007, Reprimand, for violating the EMS Rules 157.36.

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

D & L EMS, Porter, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.11.

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

Davies, Roger, Anna, TX. February 22, 2007, EMT certification revoked, for violating the EMS Rules 157.36.

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

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

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

DISCIPLINARY ACTIONS

- Davis, Jessie J.**, San Antonio, TX. April 17, 2007, 6 month suspension followed by a 42 month probated suspension through April 16, 2011, for violating the EMS Rules 157.36.
- Diaz, Gilbert**, Houston, TX. August 9, 2006, Reprimand, for violating the EMS Rules 157.36.
- Downs, Marcus P.**, Baytown, TX. October 1, 2006, ECA certification revoked and application for ECA renewal denied, for violating the EMS Rules 157.36.
- Duke, Brian R.**, Houston, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.
- Dunn, Joshua D.**, Beckville, TX. September 14, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.
- Dupree, Gregory W.**, Powderly, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.
- Duran, Lisa D.**, Ferris, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.
- East Texas Medical Center EMS**, Tyler, TX. December 11, 2006, assessed an administrative penalty of \$37,300.00; however \$35,300.00 of the administrative penalty is probated for 12 months through December 10, 2007, for violating EMS Rules 157.11 and 157.16.
- Enerman EMS**, Everman, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.11.
- Eppinette, Rose M.**, New Caney, TX. May 10, 2007, Reprimand, for violating EMS Rule 157.36.
- Escamilla, Daniel**, Corpus Christi, TX. 48 month probated suspension of EMS certification through September 2007, misdemeanor convictions and misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).
- Experts EMS**, Houston, TX. April 23, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rule 157.11.
- Feemster, Bobby**, Stephenville, TX. October 18, 2006, 24 months suspension with 18 months probated suspension after serving an actual six-month suspension through October 18, 2008, for violating the EMS Rules 157.36.
- Fenner, Lisa L.**, Pasadena, TX. September 30, 2006, 24 months probated suspension, for violating the EMS Rules 157.36 and 157.37.
- Fickey, Bobby**, College Station, TX. August 25, 2006, Reprimand, for violating the EMS Rules 157.36.
- Firmin, Susan**, Longview, TX. March 16, 2007, 3 month suspension followed by a 9 month probated suspension, for violating the EMS Rules 157.36.
- First Response Medical Services**, McAllen, TX. July 21, 2006, assessed an administrative penalty in the amount of \$9,800.00 for violating the EMS Rules 157.11.
- Flower Mound Fire Department**, Flower Mound, TX. September 30, 2006. assessment of an administrative penalty in the amount of \$1,050.00, for violating the EMS Rules 157.11.
- Franks, Steven L.**, Sherman, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.
- Garcia, Albert S.**, Kingsville, TX. February 27, 2007, ECA certification revoked and application for ECA renewal denied, for violating the EMS Rules 157.36.
- Garcia, Ismael N.**, Odem, TX. June 5, 2006, 12 month 25 day suspension, for violating the EMS Rules 157.36.
- Garza, Diana**, Weslaco, TX. August 14, 2006, Reprimand, for violating the EMS Rules 157.36.
- Gemni Ambulance**, San Antonio, TX. April 26, 2007, assessed an administrative penalty of \$1,500.00, for violating EMS Rules 157.11.
- Giannotti, Koy R.**, Sugar Land, TX. February 15, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.
- Gonzales, Mark A.**, San Antonio, TX. April 17, 2007, 6 month suspension followed by a 42 month probated suspension, for violating the EMS Rules 157.36.
- Gonzales, Robert**, San Antonio, TX. August 9, 2006, Revocation, for violating the EMS Rules 157.36.
- Gonzalez, Donna**, Princeton, TX. 48 months probated suspension of EMT-P license through July 2007. EMS Rules 157.36(b)(1), (2), (26), (27) and (28).
- Gonzalez, Fernando**, Zapata, TX. December 22, 2005, 48 months suspension with 45 months probated suspension, for violating the EMS Rules 157.36.
- Goodson, Angela R.**, Amarillo, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.
- Grabs, Teresa**, Valley Mills, TX. 108 months probated suspension of LP through September 26, 2010. EMS Rules 157.37(c)(2)(3)(G).
- Graham, Kevin W.**, Nemo, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.36.
- Graham/Young County EMS**, Graham, TX. September 11, 2006, Reprimand, for violating EMS Rules 157.11.
- Granado, Sammy S., Jr.**, Midland, TX. August 25, 2006, Reprimand, for violating the EMS Rules 157.36.
- Gray, Javiya**, Houston, TX. 60 month probated suspension of EMT certification through December 17, 2007, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).
- Griggs, Clayton**, Bagwell, TX. Forty-eight (48) month probated suspension of EMS certification through November 1, 2008, for three (3) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).
- Guin, James A.**, Bloomburg, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.36.
- Guthrie, Tammy L.**, Kempner, TX. August 14, 2006, 24 months suspension with 23 months probated suspension after serving an actual one-month suspension, for violating the EMS Rules 25 TAC § 157.36.
- Hall, Lee**, Victoria, TX. Forty-eight (48) month probated suspension of EMS certification through June 29, 2008, for six (6) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).
- Hartz, Mikel**, North Richland Hills, TX. September 20, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.
- Hendrickson, Andrew A.**, Carrollton, TX. August 9, 2006, Reprimand, for violating the EMS Rules 157.36.
- Hernandez, Francisco**, Del Rio, TX. October 20, 2006, Application for EMT denied, pursuant to EMS Rules 157.36.
- Hernandez, Rogerio**, Brownsville, TX. Thirty-six (36) month probated suspension of EMS certification through November 1, 2007, for one (1) felony deferred adjudication probation. EMS Rules 157.37 and 157.36(b) and (c).
- Herrera, Jorge**, El Paso, TX. June 5, 2006, 24 month 5 day suspension, for violating the EMS Rules 157.36.
- Highland Village Fire Department**, Highland Village, TX. April 26, 2007, Reprimand, for violating EMS Rules 157.11.
- Hiltbrunner, Lois**, Shamrock, TX. 48 month probated suspension of EMS certification through September 30, 2007, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).
- Johnson, Doyle D.**, New Caney, TX. February 22, 2007, Revocation of EMT-Basic certification, for violating the EMS Rules 157.36.
- Kennedy, William L.**, Gun Barrel, TX. September 6, 2006, 12 month suspension, for violating the EMS Rules 25 TAC § 157.36.
- Kinney County EMS**, Brackettville, TX. February 22, 2007, Reprimand, for violating EMS Rules 157.11 and 157.16.
- Kline, Kyle**, San Leon, TX. Forty-Eight (48) month probated suspension of EMS certification through June 29, 2008, for three (3) misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).
- Knox County EMS**, Knox City, TX. March 22, 2007, Reprimand, for violating EMS Rules 157.11.
- Krodel, James R.**, Royse City, TX. December 2, 2005 through December 2, 2007, 24 month probated suspension, for violating the EMS Rules 157.36.
- Langdale, Charles T.**, Killeen, TX. September 27, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.
- Lifeguard Ambulance Service**, Dallas, TX. September 6, 2006, assessed an administrative penalty in the amount of \$5,650.00 with \$50,850.00 administrative penalty probated for 12 months, for violating the EMS Rules 157.11 and 157.16.

DISCIPLINARY ACTIONS

- Lifetime Ambulance Service, Inc.**, Houston, TX. May 17, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 157.11.
- Llano County EMS**, Llano, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.11.
- Loar, David R.**, Lubbock, TX. August 25, 2006, Reprimand, for violating the EMS Rules 157.36.
- Longoria, Leonard**, Murphy, TX. August 9, 2006, Reprimand, for violating the EMS Rules 25 157.36.
- Lopez, Frank X.**, Houston, TX. April 17, 2007, Reprimand, for violating the EMS Rules 157.36.
- Lugo, Karim**, Houston, TX. February 27, 2007, Reprimand, for violating the EMS Rules 157.36.
- Luna, Stephanie D.**, Lewisville, TX. June 5, 2006, 15 month suspension, for violating the EMS Rules 157.36.
- Lutz, Scott J.**, Stephenville, TX. May 17, 2007, Reprimand, for violating EMS Rule 157.36.
- Mackinnon, Monica L.**, Dallas, TX. September 30, 2006, 7 month suspension through April 30, 2008, for violating the EMS Rules 157.36.
- Martello, Joseph**, Cooper, TX. December 22, 2005, 36 month probated suspension, for violating the EMS Rules 157.37.
- Martin, Brandon R.**, Texarkana, TX. September 30, 2006, application for EMT certification denied, for violating the EMS Rules 157.36.
- Martinez, Desiderio**, La Feria, TX. September 30, 2006, Reprimand, for violating the EMS Rules 25 TAC § 157.36.
- Martinez, Oscar**, Lindale, TX. 48-month probated suspension of EMT-P certification through September 2007. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).
- Massey, Charles D.**, Fort Worth, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.36.
- Mata, Daniel**, McAllen, TX. December 11, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.
- Matagorda County EMS I, LLP d/b/a Americare EMS**, Bay City, TX. April 26, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 157.11.
- McDonald, Larry**, Paris, TX. September 14, 2006, Reprimand, for violating the EMS Rules 157.36.
- McMeans, Nancy H.**, Santa Fe, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.36.
- Med-Alert EMS**, McAllen, TX. May 21, 2007, assessed an administrative penalty of \$7,500.00, for violating EMS Rules 157.11.
- Mendoza, Carlos**, El Paso, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.
- Metro-Med**, Edingburg, TX. July 21, 2006, assessed an administrative penalty in the amount of \$3,750.00 for violating the EMS Rules 157.11.
- Mid-Valley EMS**, McAllen, TX. April 23, 2007, assessed an administrative penalty of \$5,800.00, for violating EMS Rules 157.11 and 157.16.
- Mitlacher, Carol L.**, Leander, TX. June 7, 2006, 18 month 23 day suspension, for violating the EMS Rules 157.36.
- Naccarato, Cameron J.**, Abilene, TX. February 8, 2007, EMT certification revoked, for violating EMS Rule 157.36.
- Needham, Christopher**, Troup, TX. Twelve (12) month suspension followed by a thirty-six (36) month probated suspension of EMS certification through November 4, 2008, for EMS rule violations. EMS Rules 157.37 and 157.36(b) (1), (2), (26), (27), (28), and/or (29).
- Nichols, James J.**, Lavon, TX. April 19, 2006, 24 month probated suspension, for violating the EMS Rules 157.36.
- Nix, Jaime L.**, Cleburne, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.
- North East Texas EMS**, Center, TX. September 14, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.
- Padron, Jason**, San Antonio, TX. October 18, 2006, Reprimand, for violating the EMS Rules 157.36.
- Page, Samantha L.**, New Caney, TX. May 17, 2007, EMT-I certification revoked and re-certification application for EMT-I is denied, for violating the EMS Rules 157.36.
- Pappas, James**, Wake Village, TX. August 25, 2006, Assessed a \$700.00 administrative penalty against EMS Coordinator certification, for violating the EMS Rules 157.43.
- Parker, Alvin**, Jefferson, TX. August 12, 2005, Twenty four (24) month suspension of EMT certification with twenty one (21) months probated, for violating EMS Rules 157.36. (August 12, 2005-August 12, 2007)
- Paul, Jon**, Rowlett, TX. 48 month probated suspension of EMS certification through September 2, 2007, felony convictions. EMS Rules 157.37, 157.36(b), and/or (c).
- Pendergrass, Cassandra D.**, El Paso, TX. August 25, 2006, Reprimand, for violating the EMS Rules 157.36.
- Pirkle, Lisa L.**, Cleburne, TX. December 4, 2006, Reprimand, for violating the EMS Rules 157.36.
- Pitts, Edward D.**, Teague, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.36.
- Pointer, Lonnie W.**, Whitewright, TX. February 19, 2007, Reprimand, for violating the EMS Rules 157.36.
- Pompa, Veronica**, Corpus Christi, TX. December 2, 2005, 36 month probated suspension, for violating the EMS Rules 157.37.
- Possum Kingdom Lake Volunteer EMS**, Graford, TX. February 22, 2007, Reprimand, for violating EMS Rule 157.11.
- Quality Ambulance Service**, Pleasanton, TX. May 10, 2007, assessed an administrative penalty of \$3,750.00, for violating EMS Rules 157.11.
- Ramsey, David W.**, Mabank, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.
- Reed, Carroll**, Houston, TX. 48-month probated suspension of EMS certification through August 22, 2007, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).
- Ridings, Bert**, Plano, TX. September 14, 2006, 6 month suspension of EMT certification, for violating the EMS Rules 157.36.
- Rio Grande Ambulance Service**, El Paso, TX. January 25, 2007, assessed an administrative penalty of \$1,000.00, for violating HSC 773, EMS Rules 157.11 and 157.16.
- Rivera, Adrian G.**, Houston, TX. November 20, 2006, Reprimand, for violating the EMS Rules 157.36.
- Roberts, Michael Y.**, Lewisville, TX. October 24, 2006, Reprimand, for violating the EMS Rules 157.36.
- Rones, Robert S.**, McKinney, TX. April 26, 2007, Reprimand, for violating EMS Rule 157.36.
- Roth, Peter W.**, Bandera, TX. August 14, 2006, EMS Instructor certification Revoked, for violating the EMS Rules 157.32 and 157.44.
- Royal EMS Ambulance Service**, Houston, TX. July 7, 2006, Administrative penalty in the amount of \$5,200.00 with \$2,700.00 probated for three months, for violating the EMS Rules 157.11 and 157.16.
- Russell, Richard A.**, Lufkin, TX. July 21, 2006, 12 month suspension with 11 months and 3 weeks probated after serving an actual 1 week suspension, for violating the EMS Rules 157.36.
- Saenz, Hector**, Edinburg, TX. May 21, 2007, 1 year probation, pursuant to EMS Rule 157.36(f).
- Salas, Rosa M.**, Brady, TX. August 25, 2006, Reprimand, for violating the EMS Rules 157.36.
- Scarborough, Samuel L.**, Hamilton, TX. August 25, 2006, Reprimand, for violating the EMS Rules 157.36.
- Scarborough, Samuel L.**, Stephenville, TX. April 17, 2007, Reprimand, for violating EMS Rule 157.36.
- Schertz EMS**, Schertz, Texas, February 27, 2007, assessed an administrative penalty of \$1,220.00, for violating HSC § 773, EMS Rules 157.11 and 157.16, these violations were self-reported.
- Sherman Fire Department**, Sherman, TX. December 23, 2007, assessed an administrative penalty of \$1,260.00, for violating EMS Rule 157.11.
- SF Diamond Corporation**, Houston, TX.

August 14, 2006, assessed an administrative penalty in the amount of \$500.00 for violating the EMS Rules 157.11.

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

Simmons, Kevin W., Bryan, TX. September 6, 2006, Reprimand, for violating the EMS Rules 157.36.

Singletary, Barbara, Nocona, TX. September 14, 2006, ECA certification revoked, for violating the EMS Rules 157.36.

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

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

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

Southeast Texas EMS, Beaumont, TX. July 21, 2006, administrative penalty in the amount of \$5,000.00, for violating the EMS Rules 157.11.

St. Emmanuel EMS, Houston, TX. February 22, 2007, Reprimand, for violating EMS Rule 25 TAC §§ 157.11.

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

St. Mary's Ambulance Service, Inc., Westlaco, TX. February 27, 2007, Reprimand, for violating HSC § 773.061 and EMS Rules 157.11 and 157.16.

Stat Services Of Jefferson County, LLP d/b/a Stat Care EMS, Beaumont, TX. April 17, 2007, Reprimand, for violating EMS Rules 157.11 and 157.16.

Stewart, Alvin D., Comanche, TX. August 25, 2006, Reprimand, for violating the EMS Rules 157.36.

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

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

Thompson, Syler R., San Antonio, TX. February 27, 2007, EMT certification revoked, for violating the EMS Rules 157.36.

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

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

Torrez, Adriana L., Hurst, TX. July 7, 2006, Reprimand, for violating the EMS Rules 157.36.

Torres, Johnny, McAllen, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

Torres, Jr., Roberto C., Houston, TX. June 12, 2006, Reprimand, for violating the EMS Rules 157.36

Trevino, Guadalupe, Harlingen, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

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

Tuijillo, Thomas, Fort Worth, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

USA Ambulance Service, Sugar Land, TX. July 3, 2006, Reprimand, for violating the EMS Rules 157.11 and 157.16.

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

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

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

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

Wheel Care EMS, Houston, TX. August 25, 2006, assessed an administrative penalty in the amount of \$15,000.00 for violating the EMS Rules 157.11.

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

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

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

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

Wilson, Keni M., Clyde, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

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

Woody, William K., Cleburne, TX. July 21, 2006, Reprimand, for violating the EMS Rules 157.36.

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

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

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).

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strike force, worked extremely hard on this project, and we are very grateful to all for their outstanding work. We think this program will ultimately improve patient care in Texas.

The next GETAC meeting will be in Austin at the Hilton Austin Airport on August 24. Committee meetings will take place on August 22-23. The November meeting will take place during the conference at the Hilton Americas, next to the George R. Brown Convention Center, on November 19. Committee meetings will take place the two preceding days at the same hotel.

We think you'll like the set-up this year: the Hilton is connected to the convention center by a couple of skywalks. We could only get a limited number of rooms at the hotel at the conference rate, so make your reservations soon if you'd like to stay there. The other hotels are within easy walking distance of the center. Turn to page 12. We've added a few more hotels in recent weeks.

Here's hoping for sunny skies and a calm Gulf wind...for as long as possible.

Meetings & Notices

Calendar

July 2-3, 2007. Pediatric Education for Prehospital Professionals (PEPP). Presented by Children's Medical Center Emergency Services and sponsored by North Central Texas Trauma Advisory Council (NCTTRAC). Will be held in the Moore Auditorium at Children's Medical Center, 1935 Motor Street, Dallas, Texas. Limited to 24 participants, register early to ensure enrollment! To register, contact Vickie Thedford, NCTTRAC, at 817/608-0390 or vickit@ncttrac.org. For course information, contact Lanie St. Claire, RN, Children's EMS Liaison at 214/456-7308 or lanie.st.claire@childrens.com.

August 2-3, 2007. Fourth Annual Emergency and Trauma Care Conference. The SouthEast Texas Trauma Regional Advisory Council (SETTRAC) is hosting the conference at the Humble Civic Center, north of Houston. Continuing education hours for physicians, nurses and EMS providers have been applied for. For registration information visit www.settrac.org or email emsandtraumacare@yahoo.com.

August 20-22, 2007. 13th Annual San Antonio Trauma Symposium. San Antonio, Texas. For more information, contact Patti Ruffin 210/567-2247; email ruffin@uthscsa.edu; or visit www.hjf.org/events/index.html.

Deadlines and information for meetings and advertisements

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

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

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

Jobs

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

EMT/EMT-P: Fort Stockton EMS is hiring all levels of EMT/EMT-P. FSEMS is a rural 911 service covering 3200 sq miles. We are city based, with good benefits and retirement. ACLS and PALS are paid for in addition to in-house CE and online CE. We offer a variety of shifts and great pay. We have excellent equipment and aggressive protocols. Positions also open in dispatch and the police department. For immediate consideration and information contact Shanna Worthington at fsems@ci.fortstockton.tx.us+

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

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

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

Faculty Position: University Health Science Center – San Antonio, Department of Emergency Health Sciences has an immediate opening for a full-time faculty position, instructor or assistant professor rank, based on education background and experience. Candidate will assume responsibility for didactic instruction, student advocacy, and as course director. Duties include classroom and web-based instruction, and clinical supervision of EMT certificate and EHS degree students; teaching AHA Life Support courses to HSC

students; testing EMT skills using criteria from NREMT. Some evening and/or weekend work necessary. Requirements include: Bachelor Degree in Education, Health Sciences, or related field required, Masters level preferred. Current DSHS and/or NREMT Paramedic certification; Texas EMS Instructor certification preferred; 3 years formal teaching experience; 2 years experience in advanced prehospital emergency care. Qualified applicants may send resumes to: Lance C. Villers, UTHSCSA/Emergency Health Sciences, 7703 Floyd Curl Drive, Mail Code 7775, San Antonio, TX 78229-3900 or call 210/567-8760.+

EMT-Paramedic: Baptist St. Anthony Health System EMS in Canyon, TX has an immediate opening for an experienced full-time paramedic. Applicants must hold a paramedic certification or licensure by DSHS, BLS, ACLS, PHTLS, PALS, or PEEP and NIMS within 80 days of employment. Candidate must have an excellent driving record with a valid, minimum Class C Texas drivers license, restriction "A" permissible. Field experience preferred. Benefits package, with continuing education and more. Interested applicants can apply online at www.bsahs.org or contact Dustin Knowles at 806/655-7726.+

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

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

Paramedic: Rockwall County EMS has openings for full-time paramedics. Competitive pay and progressive protocols, applications online at rockwallEMS.com or call 972/772-4148. *

EMT/EMT-I/Paramedic: Central Texas Regional EMS is seeking EMT's, Intermediates, and Paramedics for both our Temple and Georgetown operations. Both PRN and full-time, with benefits, competitive pay and great working conditions. For an on-line application visit www.centraltexasems.com or contact Scott Evan at 512/864-9956 or email Scott.centraltexasems@gmail.com.*

Paramedic: Childress Regional Medical Center EMS has a full-time paramedic position available. Competitive salary with benefits. We provide 911 coverage for Childress County and provide hospital transfers for CRMC.

Meetings & Notices

Contact Gerardo Garcia, NREMT-P, Director of EMS, at 940/937-9218 or email ggarcia@childresshospital.com for more information. *

EMT/EMT-I/Paramedic: American Medical Response (AMR) is now hiring EMT, EMT-I, and paramedics across the state. AMR offers competitive wages and benefits, tuition reimbursement, paramedic and CCT sponsorship programs and much more. For information regarding openings in Dallas, Arlington, Hunt County, and Wichita Falls, please contact Melissa Bode, HR Generalist, at 214/535-7610 or email mbode@amr-ems.com. For information regarding openings in Houston, Austin, San Antonio, Milam County and Alice, please contact Carrie Jordan, HR Generalist, at 713/741-7474 ext. 3007, or email cjordan@amr-ems.com. *

Paramedic/SSM Controllers: MedStar EMS is seeking experienced paramedics and SSM controllers in the Dallas/Fort Worth metroplex. For detailed information, visit their website at www.medstar911.org. *

EMT-B/EMI-I/Paramedic: Permian Basin Ambulance has immediate openings with competitive wages. Contact 432-550-9410 or apply online at permianbasinambulance.com. +

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

Miscellaneous

Health Insurance: N3A is a national ambulance association making an impact when it comes to health benefits for your employees. We've developed the EMS profession's ONLY non-profit Health and Benefits Trust that is owned by those ambulance services who participate. The N3A Health Plan offers quality, cost effective healthcare with many benefits such as plan design flexibility, an average 20% cost savings and over 60+ PPO networks nationwide. +

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. +

Bachelor's degree: St. Edward's University, Austin. Degree in public safety management, designed for working adult students. Credit for prior learning through life learning experiences is available. A degree completion program is available on-line or may be blended with classroom courses. Visit www.stedwards.edu/

new/pacepsm.htm or call 512/428-1050 for more information. +

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

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

EMS Staffing Agency: EMS Connect Staffing Agency is now accepting membership in Houston, Galveston, Beaumont, Austin, San Antonio, and Dallas. We have full or part-time employment opportunities for all emergency personnel. Annual membership fee is \$65.00. You have your choice of assignments anywhere from working on an ambulance to offshore. Don't limit yourself to the same old routine. We connect you to thousands of companies needing skilled professionals like yourself. Work as few or as many hours as you wish. Join the first emergency personnel staffing company designed just for emergency personnel. For more information visit www.staffingemstexas.com or call 713/688-2003 or 877-212-2003 or by fax at 713/688-2033. +

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

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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. *

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Blinn College – Bryan Campus is accepting applications for Paramedic Training Program that will start on August 27, 2007. For more information please contact Jason Segner at 979-209-7508 or go to www.blinn.edu/twe/mhs/paramedic%20academy.htm. *

+ This listing is new to the issue.

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EMS Profile: UMC Lubbock EMS



UMC Lubbock EMS

Number of personnel: UMC Lubbock EMS is a paid MICU service with a staff of 92 EMS professionals within the UMC Health System. Of these, 76 are paramedics, 13 staff the communications center as emergency medical dispatchers and three keep things running in the office. The dispatchers are certified EMTs, EMT-Is and paramedics. UMC Lubbock EMS is lead by an Administrative council that consists of UMC Health System Vice-President John Geist; Shift Chief Alan Harrison; Shift Chief Bruce Mowrey; Shift Chief Tim Berry; and Communications Chief Renee Sandefur. Each shift also has an assistant shift chief: Scott Sandefur, A-shift; Bryan Stewart, B-shift; and Ruben Cuevas, C-shift. UMC Lubbock EMS provides training for new employees, continuing education for current staff, monthly case reviews and quality improvement. On the training staff is Debra Morris, training coordinator; Marcus Bauler, communications training officer; and Lynn Wallis, Andrew Ochoa, Lindell Forbes, Brian Lankford and Dianne Draper, field training officers. On the administrative staff are Melissa Peebles, department secretary; Annette Hood, office coordinator; and Darla Harrison, billing coordinator. Dr. E. Joe Sasin, MD, is medical director.

How many years of service and Number of Units: UMC Lubbock EMS began service in November 1975 with one ambulance and five crew members, adding two ambulances and 13 more crew members by mid-December 1975. The communications center was

put into operation with one dispatcher on duty a shift. Today, there are six stations with seven Type I MICU ambulances staffed by two paramedics providing service 24 hours a day, seven days a week. To help provide for a more rapid response, UMC Lubbock EMS has up to five paramedic-staffed first responder units posted in the city. The first responders drive Ford F-250 pickups, each equipped with advanced life support equipment.

Number of Calls: UMC Lubbock EMS serves a population of over 220,000 in the city of Lubbock and portions of unincorporated Lubbock County. In 2006, UMC Lubbock EMS responded to 25,654 calls with an average response time of less than 5 minutes.

Current activities: The ambassadors of UMC Lubbock EMS are the Lubbock EMS Honor Guard. The honor guard has made numerous appearances at Texas EMS Conference, presenting the colors at the opening and making moving presentations during the Hall of Honor presentation at the annual awards banquet. Members have also traveled throughout the state paying tribute to those that have paid the ultimate sacrifice. Members of UMC Lubbock EMS are active members of Regional Advisory Council Trauma Service Area B, serving on the board of directors and as officers. UMC Lubbock EMS also has representation on two GETAC committees. UMC Lubbock EMS is also an active member of South Plains EMS, with members participating at all levels of the organization. Members are involved in emergency management as part of the South Plains Incident Management Team, a regional Type III incident management team. Public education is provided through various health and safety fairs, school show-and-tells, and by helping to stage mock accidents at local high schools with their Shattered Dreams programs. ●



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